EDUCATION & TRAINING
Services Section

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF FAMILY & CHILDREN SERVICES

Family Team Meeting Training for Facilitators

Developing facilitators who will form strong teams and help shape stronger families in Georgia

DHR

PARTICIPANT GUIDE

Family Team Meeting Facilitator Training

Participant's Guide

Developed for:
Georgia Division of Family and Children Services

By:
The DFCS Education and Training Section

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Table of Contents

Acknowledgements

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Individuals	Resources
Linda Bayless, Ph.D ***Cornelius Bird*** ***George Veltri, MS*** ***June Hirst, MSW***	*Bayless, Bird, Hirst: Building and Maintaining Trusting Relationships* *Bayless, Bird, Hirst: Convening and Managing Teams* *Bayless, Gilder: Individualized Service Planning* *Bayless, Bird: Creating and Maintaining the Child and Family Team* *Bayless, Bird, Pratt: Family Meetings, Assessment and Case Planning*
	Peter Block: Flawless Consulting
	Vera Fahlberg: Attachment and Separation: Project Craft
	Ivor Groves: Qualitative Case Review Protocol
	William Madsen: Collaborative Therapy with Multi Stressed Families
	The Iowa Department of Human Service' Family Team Decision-Making Building trust Based Relationships & Family Team Meeting Facilitation Part 1 & 2, Revised September 2006
	New Jersey Child Welfare Training Academy's Family Team Meeting Training Curriculum Trainer's Guide, draft-in-progress January, 2005
	Okamura, A., & Quinnett, E. (2000). Family group decision-making models for social workers in the child welfare setting. Berkeley: University of California at Berkeley, California Social Work Education Center

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Audrey Richards and Betsy Lerner, Project Administrators for the Georgia DFCS Education and Training Services Section Curriculum Design, Development and Writers

Course Objectives

At the end of this training participants will be able to:

- Describe the process of Family Team Meetings and model the core conditions, principles, values, and strengths utilizing different methods of facilitation.
- Describe and explain the process of change as it affects families and the role of facilitators and team members in promoting successful change in families.
- Identify and address various forms of resistance that may emerge during a Family Team Meeting using strengths based, solution focused strategies.
- Demonstrate how genograms, sculpting, and the strengths inventory tools may be used when working with families to identify and address family dynamics before, during, and after a crisis.
- Discuss and model strategies for strengthening partnerships to create positive sustainable change in families utilizing the Family Team Meeting process.
- Demonstrate the skills and underpinning knowledge necessary to facilitate a culturally relevant Family Team Meeting.

Agenda

DAY ONE

8:30-10:00	Module One: Family Team Meeting Overview
10:00-10:15	**BREAK**
10:15-11:00	Module One, continued
11:00- 12:00	Module Two: Process of Change
12:00-1:15	L**UNCH**
1:15-1:45	Module Two, continued
1:45-2:45	Module Three: Skills for Building Trusting Relationships
2:45-3:00	**BREAK**
3:00-4:30	Module Three, continued

DAY TWO

8:30-10:00	Module Four: Family Dynamics Before, During, and After Crisis
10:00-10:15	**BREAK**
10:15- 12:00	Module Four, continued
	Module Five: Forming Partnerships for Positive Change
12:00-1:15	**LUNCH**
1:15-2:30	Module Five, continued
2:30- 2:45	**BREAK**
2:45-4:30	Module Five, continued

DAY THREE

8:30-10:45	Module Six: Facilitation Skills
10:00-10:15	**BREAK**
10:15-11:45	Module Six, continued
11:45-1:00	**LUNCH**
1:00-4:00	Mock FTM skills practice
4:00-4:30	Journaling, Field practice overview, Evaluations

Module Seven: Field Practice

Module One: Family Team Meeting Overview

This module introduces participants to many of the what's, why's, and when's of Family Team Meetings while modeling and demonstrating core conditions, principles, values, and strengths-based methods of facilitation.

LEARNING OBJECTIVES:
At the conclusion of the module, participants will be able to:

- Describe ways facilitators engage team members in getting acquainted and getting comfortable—1st step for building a team.
- Explain ways to create a safe secure climate for Family Team Meetings.
- Explain how "ground rules", expectations, and "non-negotiables" are developed.
- Explain the value of ground rules for group safety and movement of the process.
- Describe how a focus on family strengths serves as a catalyst for change.
- Explain benefits and strengths of FTM process.
- Explain how FTM's assist DFCS to meet standards of GA PIP.
- Create links between FTM process and CSFR goals and requirements.

Guide to Effective FTM Facilitation

Keys to a Facilitator's Success

1. Stand true to FTM format and process
2. Listen, trust the group
3. Ensure family's voice is heard, needs are met
4. Adjust when conflict surfaces, manage power and control issues that arise, manage the flow of the discussion to ensure that all are heard and no one dominates
5. Ensure all agency/legal "non-negotiable" are explained and addressed
6. Be sure all identified safety/risk factors are clearly explained and addressed
7. Remember three rules of facilitation:
    - Keep it simple
    - Keep it clear
    - Keep it moving

Preparation Interview

- ☐ Engage the family, build trust
- ☐ Describe FTM process/purpose
- ☐ Emphasize that the FTM is driven by the family
- ☐ Explain FTM outcome: plan or decision
- ☐ Explain specific agency/legal non-negotiable issues that will be discussed during FTM
- ☐ Explain "family story" during FTM
- ☐ Identify family purpose
    - *"What would you like to see happen as a result of FTM?"*
- ☐ Identify who in the family wants to attend
- ☐ Identify anyone else who needs to attend, come to agreement
- ☐ Identify/discuss any potential conflicts
- ☐ Be sure HIPAA Release Form is explained and signed
- ☐ Answer any questions the family may have
- ☐ Meeting time, place, date
- ☐ Complete CFSR Preparation Interview Worksheet
- ☐ Time frame for preparation interview: 45 minutes – 1 hour

Family Team Meeting: Stages

- **Welcome and Introductions**
  - ☐ Have "Welcome to the Georgia Family Team Meeting" posted on Easel Pad
  - ☐ Facilitator and co-facilitator begin, explaining their roles
  - ☐ Primary FTM person (mom, dad)
  - ☐ Family, describing relationship to primary
  - ☐ Professionals, describing relationship to primary/FTM
  - ☐ Food

- **FTM Outcome** "What we will leave with."

  For DFCS cases, always a decision or a Family/Case plan.

  Choose one:

  - ☐ **For Family Preservation**
    - **45 day FTM**: Creating a Family Plan
    - **Closure FTM**: To celebrate case closure and create a personalized Family Plan (NOT DFCS driven)
    - **Critical Situation**: Requires an immediate decision to be made or new goals or steps to be added to the Family Plan due to new safety/risk factors arising

  - ☐ **For Foster Care**:
    - Imminent risk/considered removal: To determine whether or not the children can remain in the home or have to come into care
    - To create a preliminary Family Plan, finalized at the MDT
    - To preserve a child placement or change the placement
    - Change in permanency
    - Case plan review/barriers to achieving permanency
    - Reunification/transitional case plan
    - Case closure/needed after care services

  - ☐ **OFI**:
    - Determine need for TANF at beginning of case
    - Plan for time when TANF runs out (24th month)
    - Plan long term family self-sufficiency

- **Family Purpose**
  - ☐ Refer to "family's purpose" statement posted on EP on wall
  - ☐ Read to group
  - ☐ If no family purpose is posted (e.g., was not identified during preparation interview), ask family
    - *"In addition to {OUTCOME}, what would you like to see happen as a result of today's Family Team Meeting?"*

- **Non-negotiable/confidentiality**
  - ☐ Use neutral, general language. DO NOT be "family specific" or use the term "non-negotiable" in the FTM
    - *"By law or policy there are certain things that have to be in the plan—we'll talk about what those are later."*
  - ☐ **NOTE to DFCS:** Non-negotiable issues are all safety/risk factors, court orders, or other legal requirements—NOT services or predetermined case plans. These issues will be identified and discussed later in the FTM
  - ☐ Discuss confidentiality and **HAVE EVERYONE SIGN FORM**. Use FTM Sign In form, which includes HIPAA clause.
    - *"By signing this, you agree that everything that is said today in this room stays in this room. Can everyone agree to that?"*
  - ☐ Explain exceptions to confidentiality: mandated reporter requirement (use clear, neutral general language), threats to self or others
    - *"There are a couple of exceptions to confidentiality. Because of our jobs, some of us in the room are 'mandated reporters'. If you're a 'mandated reporter', can you raise your hand?' Thanks. This means is that if something is said here today that rises to the level of child abuse or neglect, a report has to be made to DFCS—and this is something said about anyone in the room, about me, or anyone else. The only other exception to confidentiality is if anyone makes a threat to hurt themselves or somebody else."*

- **Ground Rules**
  - ☐ Have set of predetermined ground rules in mind (but NOT prewritten)
  - ☐ Ask group to create, then add any you need to
  - ☐ Co-facilitator writes on EP
  - ☐ Examples:
    - "Agree to disagree"
    - "One person speaks at a time"
    - "Respect each other"
  - ☐ Always have "no blaming"
  - ☐ Always have the "Golden Ground Rule of FTM's*":*
    - *"Speak to a person, not about a person, and look at a person when you speak to them."*

- ☐ Always ask the "agreement question"
  - *"Does everyone agree to abide by these ground rules while we are together?"*

- **Family Story**
  - ☐ Facilitator introduces
  - ☐ Chance for primary family members (mom, dad) ONLY to tell story to everyone in room
  - ☐ Prompt primary person to tell story:
    - *"Would you please explain how you got here today?"*
  - ☐ Do NOT go around room and have entire family share their "story"
  - ☐ Chance for further assessment/info gathering
  - ☐ Everyone begins "on same page"
  - ☐ For Foster Care FTM's: Have an update on how the children are doing presented here

NOTE: In some Family Preservation or Foster care FTM's you may need to discuss Family Safety and Risk factors here in the FTM—in between "Family Story" and "Strengths". "Needs" will always be discussed after "Strengths". This should only be done if the family refuses to tell their story, if the family genuinely does not understand, if denial would impede the FTM, or if telling the story would place the person or FTM in jeopardy.

- **Strengths (to build on and achieve Outcomes)**
  - ☐ Begin by asking primary persons (mom, dad, and child)
    - *"What is one strength or positive quality you have?"*
  - ☐ Go around Team: Openly ask for each person in room to share one strength for the identified person, but DO NOT solicit each person independently.
  - ☐ Each DFCS personnel should give at least one strength
  - ☐ Co-facilitator records on EP
  - ☐ Critical to FTM success: Builds hope

REMEMBER! Ask clarifying/probing questions. For example, if the mother says her strength is "I really love my children," then ask "If I'm ____(child's name), how do I know that about you? What do you do with me that shows me you love me?" This helps the whole team see behavioral specifics that demonstrate strengths.

REMINDER! Remove children after Strengths section, especially if under age 12. Do not move to the needs discussion until after children have exited the room.

- **Needs/Growth Areas and Identification of Individual and Family Safety/Risk Factors**
  - ☐ Introduce
    - *"Now we're going to discuss 'needs' or 'concerns'—the issues that brought us here today."*
  - ☐ ***Begin with primary family person*** (who the FTM is for)
    - *"What needs do you want us to discuss today?"*
  - ☐ ***Then turn to DFCS SSCM or DFCS representative***, asking:
    - *"From the department's point of view, what needs or issues do we need to discuss today?"*
  - ☐ Be sure all past and present **safety and risk** factors (identified in the risk assessment or disclosed during services of the case) are discussed by DFCS SSCM or representative. If safety and risk factors have been resolved, this must be noted.
  - ☐ Facilitator may have to **prompt SSCM** to discuss all known agency and legal "non-negotiable" and safety and risk factors. Ask DFCS SSCM:
    - *"So, from the agency's point of view, are these ALL the safety/risk factors or issues by law or policy, we need to discuss to achieve (OUTCOME) today?"*
  - ☐ Foster Care:
    - Identify the barriers to obtaining permanency
    - Discuss the safety and risk factors to preserve or change a placement
  - ☐ Then, open to rest of team
  - ☐ Identify additional safety and relative resources. (There must be discussion in the FTM regarding relatives) In Family Preservation, FTM's ask:
    - *"Would you please tell us who your family members are and friends who help you with your child(ren) or you would trust to watch your child(ren) in an emergency?"*

    For Foster Care FTM's, these are the family members who may be able to help with childcare or transportations issues and may wish to have home evaluations.
  - ☐ Co-facilitator records on EP

- ☐ Facilitator or Case Manager may need to add specific needs if family does not (e.g., DV, substance abuse, neglect, child abuse, inadequate supervision)
    - **IF DV is an issue**, focus on victim and child safety, abuser accountability, and prevention. Do not use the terms "DV or Domestic Violence issues" in FTM if abuser is present. This will place victims at RISK. Instead use terms such as "safety concerns or safety factors." Abusers should not be in the same FTM without a DV professional present.

REMEMBER, SERVICES ARE NOT NEEDS! Do not let team discuss services/resources during this stage. If a service or resource is brought up, ask how it would help/benefit the family. "How would 'Parenting Classes' help mom?", or "Mom, you say your family needs 'family counseling.' What would family counseling do for your family now? How would it help?" This ensures identity of the family's true needs, and avoids having a superficial "service driven plan."

- ■ **Select Needs**
    - ☐ Family and team decide which needs belong on plan
    - ☐ Use "check marks"; and DO NOT number needs in order of importance
    - ☐ Convert selected "need" to "goal"
        - Co-facilitator records each on separate EP
    - ☐ Use parking lot for resource referrals, safety plan, or other items like personal improvement goals that will *not* be part of case plan
    - ☐ Facilitator may need to help in sorting out which needs belong on the plan
        - **Must** include needs related to why case was opened in conjunction with safety/risk factors

- ■ **Brainstorm to Create Plan or Make a Decision:** Formal Agency plan (Family Preservation 45 day Family Plan, Foster Care) or "informal" family plan (Family Preservation Closure FTM)
    - ☐ *Facilitator/DFCS does not plan for the team but helps the team create a plan that builds on the family's functional strengths, and which addresses all agency/legal "non-negotiable" issues. Goals and steps must be written in clear language and terms that **the client** understands.*
    - ☐ Agreed-upon goals for the family include measures of behavioral changes and action plans that are consistent with safe case closure requirements (safety, permanency, and family well-being)
    - ☐ Co-facilitator records steps on EP in clear language from the group

- ☐ Determine if an evaluation of the child and/or parent is necessary to ensure the development of an appropriate case plan.
- ☐ For each need on the plan, team brainstorms possible solutions
- ☐ Help team be very specific in "steps." For each need on the plan, team identifies who will do what, when, for how long, and how often. **Must** include:
    - agency contact standards
    - duration of plan
    - established time limits
    - clear explanations, and alternatives
- ☐ Be sure all family supports are included in steps along with professional service providers.
- ☐ Plan should include community and sustainable resources, whenever possible
- ☐ Arranged-for supports and services are most likely to work for the family and are culturally competent
- ☐ Teens and children must be included in creating their plan but do not have to be present as long as someone is advocating for them
- ☐ For Foster Care, or situations where the children are not in the home, include in plan:
    - All changes required for children to be returned home
    - Visitation agreement documented in clear steps
        - o Minimum number of visitations to be completed weekly/monthly
        - o Sibling visits if not in the same home
- ☐ Domestic Violence:
    - Couples or marriage counseling are not appropriate services; family counseling should only be done when recommended by a DV expert
    - Anger management classes alone are not appropriate for a batterer/abuser (DV is about power and control not anger); Refer to individual/group Batterer's Intervention counseling
    - Individual/group counseling for victims focus on victimization and overcoming barriers
- ☐ Substance Abuse
    - Include and anticipate relapses in family plan

■ Assess What Can go Wrong

- ☐ Once family/case plan is created, explained, and agreed, ask:
    - *"Now, what can go wrong with this plan?"*
- ☐ Address contingencies
- ☐ Check: Are alternative permanency plans, safety plans, crisis plans, and any necessary transition plans identified?

- **Scaling Question, Next Steps and Closing**
  - ☐ Thank everyone for coming
  - ☐ Do a "check in" with primary parent(s), ask scaling question:
    - *"On a scale of 1 to 10, with '1' meaning you're feeling anxious, confused, like you just can't do this, and '10' meaning you're feeling good, comfortable, like you can succeed, where were you when you came here today before the meeting? And, on a scale of 1 to 10, where are you now? What has helped you move from a '___' to a '___'?"*
  - ☐ Close meeting

- **Time frame: 1.5 - 2 hours**

Principles of Family Team Meetings

- All people and families have strengths.
- Strengths are discovered and confirmed when people are affirmed, listened to, acknowledged, and encouraged; Families are experts on themselves.
- Most families can make well-informed decisions about keeping their children safe when supported.
- Involving families in decision making improves outcomes.
- People are capable of change, and most people are able to find the solutions within themselves especially when they are helped in a caring way to identify the solution.
- A solution that a family generates with a team is more likely to fit that family because it will respond to its unique strengths and needs.
- The focus is on needs rather than symptoms. Unless the underlying conditions producing the behavior are addressed, symptoms will be suppressed only to reappear later.
- A family is more invested in a plan in which family members believe that they are full partners in the decision-making process.
- When extended family members and friends become part of a team, they frequently identify solutions that no formal system would be able to generate.
- Family and friends provide love and caring in a way that no formal helping system can. That support during a family team meeting helps a family to take supported risks.
- When you bring together a number of caring people in the same room you obtain energy that fuels the engine of change.

ACTIVITY

Facilitation/Co-facilitation Practice, Introductions

"What do you bring to the table?"

Time: 10 minutes

Facilitator Name: _____Co-facilitator name: _____

1. Choose a facilitator and co-facilitator. (For this first activity, have a mentor act as facilitator)

   Facilitator: ensure everyone's voice is heard within the timeframe, summarize for larger group

   Co-facilitator: act as "back-up" should the facilitator miss something, accurately record the information

2. The facilitator will (starting with him/herself) have each person introduce themselves, giving this information:
   - Your name
   - Your experience with FTM's and ONE strength you will "bring to the table" as a facilitator
   - One example of a meal time tradition, expectation, habit, custom, or practice specific to your family when you were growing up that you might have realized when you got older was different when you went to other people's houses. What did that say about your family? (Example: "We passed a serving plate around the table, and at my husband's house, the plates were already served out when you sat down.")

3. At the end of 10 minutes, each facilitator will quickly introduce each group member *giving name and strength only*; then will present a **summary** of what the group learned from the "mealtime" discussion.

   Note what you want to remember from this exercise:

   _____

   _____

   _____

   _____

DFCS Family Team Meeting Confidentiality Agreement

(Revised January 2008)

_____ _____

Family Name Facilitator(s)

_____ _____

Date: Location:

Family Team Meetings are an organized way for people to meet and work together to help families find ways to address concerns, make a decision, and/or create a plan for the future. Within the Family Team Meeting, some sensitive information will be discussed. This includes protected health information (PHI) about the client and/or child(ren) as outlined in Form 5459. Out of respect for family members and their privacy, what is discussed in the Family Team Meeting must remain confidential. By signing this paper, you are agreeing to keep the information shared here private and confidential, except as otherwise permitted in separate and properly executed Releases of Information and in pending Juvenile Court or other Court actions.

Signature of Agreement on Confidentiality	Printed Name	Address and Phone Number	Relationship to Family	Date

Child and Family Safety Review (CFSR)

Outcome Measures

Safety

S1 – Children are first and foremost protected from abuse and/or neglect

Item 1 – Timeliness of initiating investigations of reports of child maltreatment

Item 2 – Repeat Maltreatment (and maltreatment of children in foster care)

S2 – Children are safely remained in their home whenever possible

Item 3 – Services to families to protect in home and prevent removal

Item 4 – Risk of harm to child

Permanency

P1 – Children will have permanency and stability in their living situation

Item 5 – Foster care re-entries

Item 6 – Stability of foster care placement

Item 7 – Permanency goal for child

Item 8 – Independent living services

Item 9 – Adoption

Item 10 – Permanency goal of other planned permanent living arrangement

P2 – The continuity of family relationships and connections will be preserved

Item 11 – Proximity of foster care placement

Item 12 – Placement with siblings

Item 13 – Visiting with parents and siblings in foster care

Item 14 – Preserving connections

Item 15 – Relative placement

Item 16 – Relationship of child in care with parents

Child & Family Well-Being

WB1 – Families will have enhanced capacity to provide for their children's needs

Item 17 – Needs and services of child, parents, and foster parents

Item 18 – Child and family involvement in case planning

Item 19 – Worker visits with child

Item 20 – Worker visits with parent

WB2 – Children receive appropriate services to meet their educational needs

Item 21 – Educational needs of the child

WB3 – Children receive services to meet their physical and mental health needs

Item 22 – Physical health of the child

Item 23 – Mental/behavioral health of the child

ACTIVITY

Facilitation/Co-facilitation Practice, Strengths

"Does the Family Team Meeting model support CFSR outcomes?"

Time: 10 minutes

3 groups: Safety
Permanency
Child & Family Well Being

Facilitator Name: _____ Co-facilitator name: _____

1. Choose a facilitator and co-facilitator.

   Facilitator: ensure everyone's voice is heard within the timeframe, summarize for larger group

   Co-facilitator: act as "back-up" should the facilitator miss something, accurately record the information

2. Brainstorm behaviorally specific ways in which FTM model supports outcome measures identified for your group. Consider:
   - What have you seen done in FTMs that ensure outcome is achieved?
   - Where in the FTM process would you consider this outcome and why?
   - Is the assigned measure relevant or not relevant to the FTM process?

4. At the end of 10 minutes, each facilitator will present a **summary** of the group's discussion

Note what you want to remember from this exercise:

_____

_____

_____

_____

_____

LEARNING JOURNAL

MODULE ONE – Family Team Meeting Overview

1. On a scale of 1 to 10, with 1 being totally unprepared to facilitate FTM's and 10 being fully confident you could facilitate a meeting tomorrow, where are you right now?

1	2	3	4	5	6	7	8	9	10
Totally unprepared									**Fully confident**

2. If you do not feel fully confident right now, what do you need to increase your level of confidence (i.e. what additional knowledge, skill, or resources do you need)?

_____

_____

_____

_____

_____

3. Based on what you've seen in your county and what you've learned so far in training, what could "go wrong" with your facilitating plans?

_____

_____

_____

_____

_____

Module Two: The Process of Change

This module offers an overview of the process of change for families and the role of facilitators and team members in helping families succeed in making changes. The issue of resistance is also examined, including steps for working through resistance in order to help families create ways to move closer to their goals.

LEARNING OBJECTIVES:
At the conclusion of the module, participants will be able to:

- Identify stages of the change process.
- Describe team members' and professionals' role in facilitating change.
- Illustrate awareness of the difficulty involved in change for everyone.
- Demonstrate awareness of the challenges of change in building trust with families and helping them make desired changes.
- Employ empathy and sensitivity in work with families in FTM plan development.
- Describe and recognize various forms of resistance.
- Use specific techniques and skills to work with resistance.
- Demonstrate ways to construct and apply exploring, focusing, and guiding questions.

Change Process Exercise

Copy the following sentences using the hand you normally do not usually use to write (if you are right-handed, use your left hand):

1. Change is a very natural process.

_____

_____

_____

2. Change, although difficult, can be accomplished very quickly.

_____

_____

_____

3. Change is always a healthy process and is welcomed by all.

_____

_____

_____

Steps for Working with Resistance

"Resistance is a predictable and natural emotional reaction to feeling forced to change and to face 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. Also, identify the emotions you feel in reaction to the form of resistance. Be aware of the nonverbal messages and the messages heard in the person's voice. Trust your own feelings and accept them as a cue to the possibility that you are encountering resistance.

Step 2: Manage your emotions and reactions

Examine your emotions and select ways you can manage them effectively. For example, remind yourself resistance is a normal response to the process of change. Do not take the expression of resistance personally. Identify the positive intent or the benefit to the person for experiencing the resistance.

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. Make your statement succinct and genuine. Use "I messages" such as, "When I ask 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. For example, "If it were true that your drinking has had a negative effect on your child, what would that mean to you?" Help them and you understand some of the feelings of vulnerability and losses being experienced.

Continuum of Change Activity

Think of a family you are currently working with or have worked with in the past. Where would you place this family regarding their readiness and willingness to be involved in the case planning process at the time you first began to work with them? Mark it on the continuum.

Not Willing **Sometimes Willing** **Very**

What are factors that contribute to your decision to place him/her at this spot?

_____

_____

_____

Make a second mark on the same continuum at the place where you see him/her in six months. What are the factors that contribute to movement or lack of movement on the continuum in the next six months?

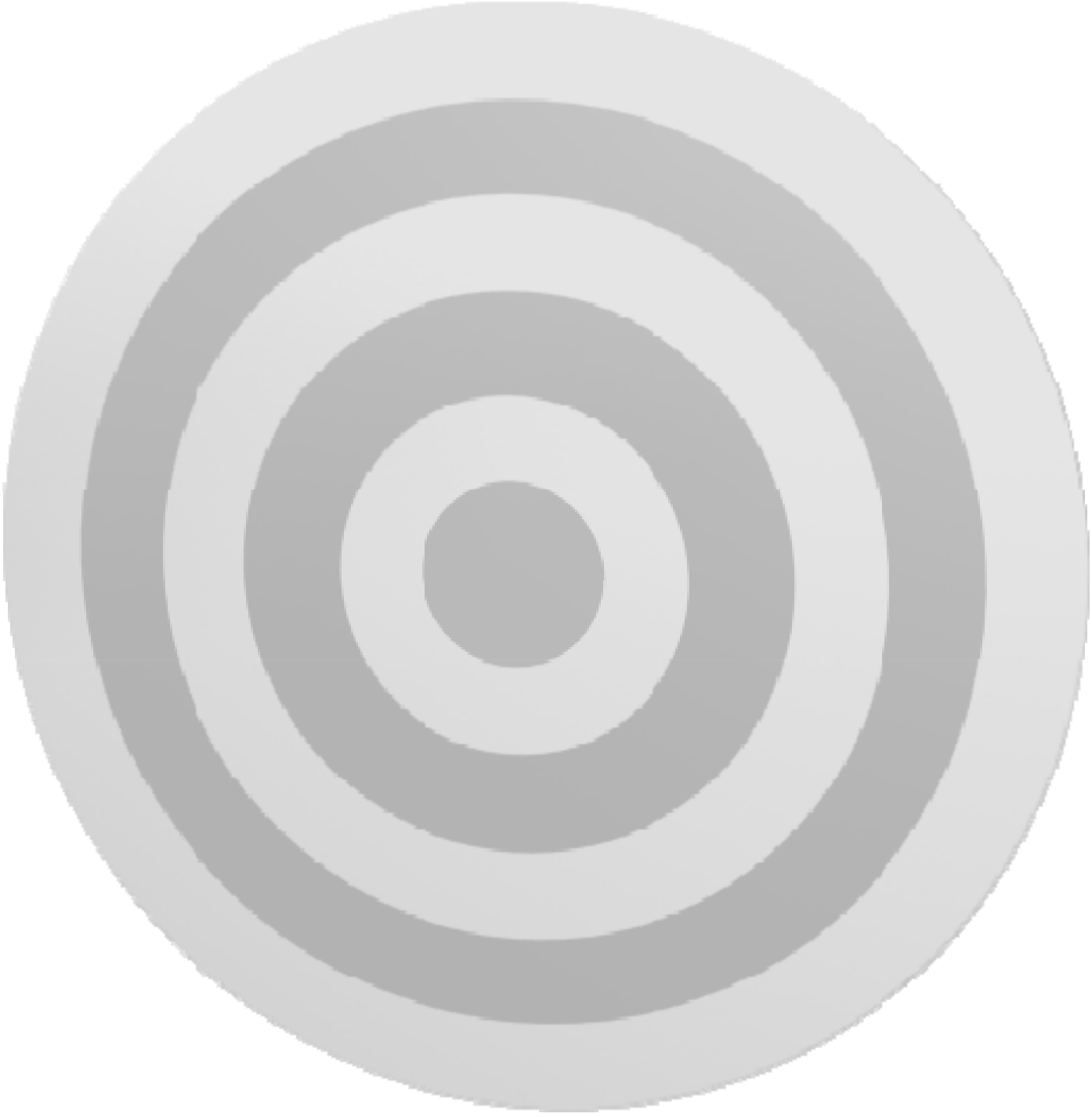
_____

_____

_____

Using a continuum to view what you believe are the chances of successfully engaging a family in the case planning process and in the lives of their children will assist you in thinking about the actions you might need to take to reach this success. If you view the family's success rate as being toward the right end of the continuum, you may achieve involvement with minimal input on your behalf. However, if you view the family's success rate as being more toward the left end of the continuum, you may need to work more intensely with the family for a longer period of time. Viewing success on a continuum will also assist you in feeling less frustrated with those cases you view as a being a challenge. Even if a family is presently at the "Not Willing" end of the continuum, if he achieves even very small goals such as sending his child a birthday card or attending the Family Team Meeting, there is hope that he will move forward on the continuum. View the family's involvement as a **process**, not an event.

Empathy Circle Activity



LEARNING JOURNAL

MODULE TWO – The Process of Change

1. Just because change is obvious and necessary does not mean it is easy. Resistance is a predictable and natural reaction to feeling forced to change and to facing difficult issues.

   Consider your specific work environment and think about some of the resistance to the Family Team Meeting process that you might face—either with families or co-workers—as you work with families toward needed change. List some of these possible areas of resistance.

   _____

   _____

   _____

   _____

   _____

2. What are some possible solutions to address these areas of resistance to the FTM process? What strategies can you use?

   _____

   _____

   _____

   _____

   _____

Module Three: Skills for Building a Trusting Relationship

In this module, participants review the skills needed to establish and maintain a trusting relationship between facilitators and/or case managers and family members. Participants also practice these skills and receive strengths-based feedback they can use to improve their interactions.

LEARNING OBJECTIVES:
At the conclusion of the module, participants will be able to:

- Identify and discuss skills used in developing trust with families.
- Recognize how the Core Conditions of Helping are used in developing trust-based relationships.
- View and discuss a full range of interpersonal helping skills for use in engaging families.
- Recognize the origins and purposes of a solution-focused approach.
- Identify various forms of solution-focused questions.
- Identify situations in which to use these questions.
- Apply solution-focused questions in an interview.
- Recognize how use of solution-focused questions and basic engagement skills are used in introducing and developing a family plan.

Core Conditions and Engagement Continuum

Building Trust-Based Relationships

Core Conditions:

- **Genuineness**
- **Respect**
- **Empathy**

Genuineness means: "being *you*," being congruent in what you say and do, being non-defensive and spontaneous. To be genuine, you need to be aware of your feelings; and at the same time, respond to the family member in a respectful manner that opens up rather than closes communication. Genuineness helps to reduce the emotional distance between you and the family member and helps the family member identify you as another human being similar to him/herself. You can demonstrate genuineness by:

- Being yourself and not taking on a role or acting contrary to how you feel or believe
- Making sure your nonverbal behavior, voice tone, and verbal responses match or are congruent
- Communicating trustworthiness and acceptance
- Being able to express yourself naturally without artificial behaviors
- Being non-defensive
- Self-disclosing in a purposeful and brief manner

Respect means: believing there is value in each human being and potential in that person as well. There are two aspects of respect:

1. Your attitude or value about people and;
2. Your ability to communicate respect in observable ways.

Respect involves valuing the family member as a person, separate from any evaluation of his/her behavior. When communicating respect, you convey warmth that says you accept people, you like them, you care about them, and you have concern for them. Respecting a person does not mean sanctioning or approving his/her thoughts or behaviors that society may disapprove. Values and beliefs that convey respect include

belief in the following: all human beings are worthy; each person is a unique individual; people have the right to self-determination and to make their own choices; and people can change. Respect can be communicated and demonstrated by:

- Communicating warmth
- Showing commitment
- Recognizing and using a person's strengths
- Being open-minded

Empathy is a process through which you attempt to experience another person's world, and then communicate an understanding of and compassion for the person's experience. You develop a sense of what the situation means to the other individual. The two-step process involved in demonstrating empathy is:

1. Recognizing the person's experience, feelings, and nonverbal communication.
2. Communicating with words your understanding of the person's experience.

Your communication will reflect your understanding of the person's ideas and feelings. Accurate empathy helps create a climate where the family member is willing and able to explore his/her issues and problems. Communicating with empathy results in more openness in people.

Optimal Skills Distribution Checklist

Review each skill description and circle the ranking that best describes your skill level.

Ranking: 3 - I do this most of the time, it's a significant strength; 2 - I do it sometimes; 1 - I definitely need to work on this.

Skill Description	**Ranking 1-2-3**		
I use both verbal/non-verbal messages to communicate my understanding of the family members' experience	1	2	3
I often identify and convey the content and feelings in a person's message	1	2	3
I intentionally use my body language, verbal and non-verbal skills in a way to show respect, acceptance, and interest in family members	1	2	3
I can naturally match the speaker's body language, expressions, and intonations during the interview/meeting	1	2	3
I routinely help individuals change their frame of reference in order to approach the situation in a positive way	1	2	3
Clarification is a skill I use to help a family member better understand and become aware of himself/herself	1	2	3
I frequently use questions that encourage communication, explore issues, and gather information	1	2	3
I can target specific information through my questioning technique	1	2	3
I regularly use statements that imply questions so I may explore sensitive subjects	1	2	3
It is my practice to move information gathering from reframing problems to identifying solutions	1	2	3
I can synthesize a wide range of facts and feelings being communicated without adding to or changing the speaker's words	1	2	3

I know when and how to offer suggestions to direct or project a specific course of action	1	2	3
I can pull information together so that the family may identify options from which to make choices	1	2	3
I provide constructive, descriptive feedback to help obtain and maintain desired behavior, conditional, or situational changes	1	2	3

Skills to Achieve Core Conditions:

Exploring Skills	***Focusing Skills***	***Guiding Skills***
Active Listening	Reframing	Advice
Reflections	Clarification	Options
Attending Behaviors	Open Questions	Suggestions
Mirroring	Closed Questions	Feedback
	Indirect Questions	
	Solution-focused Questions	
	Summarization	

Exploring Skills are those skills related to attending to the person. They include all the attending behaviors such as active listening, mirroring, and use of reflections.

Active Listening – and the Use of Reflections: Listening is an active process that requires you to focus on what the family member is saying, both in the content of his/her message and in the emotional process of his/her message. It is the most powerful interpersonal helping skill that promotes rapport and the building of a trusting and caring casework relationship. Active listening involves using both verbal and nonverbal messages to communicate your understanding of the family member's experience. Your verbal response can focus on what the person is describing, how the person is feeling, or both. You can reflect what the person is saying and/or reflect what the person is feeling. Active listening is used to empower families to explore and discuss topics. It conveys your understanding of the family's situation. It can help you gather certain information, and it develops a broader and deeper understanding of the person's circumstances.

Attending Behaviors: These are behaviors that convey respect, acceptance, and trust to family members. Following are two categories of attending behavior:

Physical attending is the intentional use of the environment and body to demonstrate respect for, acceptance of, and interest in the family member. You want to create a comfortable environment absent of distractions. You want to assure open communication by not placing any barriers between you and family members.

Remember "**SOLER**" posture:	
S	Sit squarely
O	Open posture
L	Lean towards the client
E	Eye contact
R	Relax

Psychological attending involves observing and listening to the family member and responding. It involves observing the person's nonverbal behavior, hearing what the person's voice communicates, and assessing the congruence between the person's words and behaviors. Examples of verbal following and minimal encouragement are, "Oh, can you tell me more?" and, "Um-hmm," and, "Really?"

Mirroring may include matching and reflecting the speakers' body language, expressions, tones, or choice of words, and happens very naturally when people are conversing. The listener will typically smile or frown along with the speaker talking to them, building rapport. *Paraphrasing* is when the listener reflects back what s/he heard and understood in his/her own words.

Focusing Skills are used to focus a discussion with family members about their strengths and needs.

Reframing is helping the person change his/her frame of reference in such a way that the problem can be approached in a positive way. It refers to the process of assisting the family member in identifying a different framework for understanding and responding to a problem. For example, we can view change as painful or frightening, or we can reframe change as manageable stages leading to a new opportunity.

We also use reframing to look at the positive intent behind a person's behavior. For example, the positive intent of a father who physically disciplines his teenage child for staying out late at night is the father's concern for his child's safety.

Clarification is a process you use to help family members develop an understanding and awareness of their feelings, thoughts, and behaviors. Clarifying responses facilitate the development of the family member's awareness and understanding of himself/herself.

Questions: Effective communication involves combining different types of questions. Questions should be used carefully and sparsely. Questions are a way for the child welfare worker to focus a conversation.

Open-ended Questions are used to encourage communication, gather information, and explore issues. Family members can answer as they choose, giving them an opportunity to explore their thoughts, feelings, and experiences. Questions starting with the words how or what encourage the person to explore and allow him/her to express his/her own feelings, views, and perceptions.

Closed-ended Questions are used to gather specific factual information. Closed questions begin with the words who, when, will, is , or where and usually can be answered with a one- or two-word answer.

Indirect Questions are statements that imply a question. Indirect questions can begin with, "Tell me …" or, "I've been wondering …" Indirect questions can be used to explore sensitive subjects and can lessen the harshness of a series of questions.

Solution-focused Questions are used to move from reframing to solutions. Solution-focused questions empower families to find their vision of success and their own strategies that have worked or will work for them. Solution-focused questions can be used to define the problem, determine when the problem does not exist, and encourage family members to specify what they want. Types of solution-focused questions include: solution defining, exception finding, past successes, miracle questions, and scaling questions.

Summarization helps to synthesize a wide range of facts and feelings communicated. Effective summarizations contain no new or additional information but bring together information regarding facts or feelings previously discussed. Summarizations can be used for a variety of purposes. Some of the purposes are:

- To keep the interview focused and on track, especially in rambling or disjointed conversations.
- To check your understanding of what the person is saying.
- To highlight contradictions or ambivalence. (The phrase “I am confused” can be helpful in assuring greater clarity.)
- To structure the interview, particularly in the beginning and in the end of the interview.

Guiding Skills are used to influence the conversation with family members. They include:

Giving options, advice, directions or suggestions. You will provide a family member an opinion or suggestion that will direct the person into a specific course of action. This skill can give the family member options that s/he had not considered before but is usually most effective after the family has come up with its vision of success, and some steps the family would like to take to begin to reach the vision.

Providing effective feedback, both positive and negative, helps to reinforce or maintain desired behavior and to change behavior where needed. Positive feedback, positive reinforcement, or supportive statements provide family members with tangible or intangible approval for their behavior and actions. Positive rewards are motivators and can empower family members into action.

Developmental feedback on strengths, needs, and progress is essential for family members to be aware of what is not working and the consequences of their behavior. Effective feedback messages enable a family member to be aware of and consider issues s/he may have been avoiding or could not see. Feedback should be provided using the qualities and conditions for effective feedback messages.

Purposes for Using Reflections

- Help the family find solutions.
- Convey understanding and build relationships.
- Encourage the family member to continue talking.
- Clarify for the family member and for the worker.
- Focus discussion.
- Help focus worker concentration.
- Buy time when the worker does not know what to say.

Types of Reflections

Reflecting Content

- Stating the beliefs, opinions, events, and facts of the person's message.
- Paraphrasing the objective verbal content.

Reflecting Feeling

- Stating the emotions or emotional aspect of the person's message.
- Accurately identifying and labeling the person's emotional state and then communicating your understanding.

Using Combined Reflection

- Identifying content and feelings in the person's message.
- Conveying an understanding of what the person is feeling and why s/he is feeling that way.

Combined Reflections - Family Member Statements

Respond to the following family member statements with a combined reflection of content and feeling.

1. “I feel like it doesn’t matter what I do; things just aren’t going to get any better.”

2. “I’ve been looking for a job for three weeks, and nothing seems to be open.”

3. “Well, when the baby was born, he just up and left. So now, it’s just me and the baby.”

4. “I don’t know, the night before he left, he beat me up pretty bad. I don’t know what he’d do if he thought I put the law on him to get child support.”

5. “My husband and I have talked about it, and we don’t feel that we could adopt a child with a severe handicap. We have one handicapped child now and really don’t feel like we could handle another, both from the financial and emotional points of view.”

6. “With all the complications and everything, the doctor made me quit work and stay in bed the last couple of months before she was born. I really got behind with all my bills and, of course, I lost my job.”

7. “I’m pretty lucky because my mother can take care of Terry, and I don’t have to worry about him while I’m at work.”

8. “I checked into night school, and there’s a bookkeeping course I could take. The only thing is who would take care of the kids while I’m gone?”

9. “Ms. Johnson from the employment office called me this morning, and said she thinks I have a good chance at that job I applied for last week. They must be interested because they want to interview me again. Wouldn’t it be great if they really did hire me?”

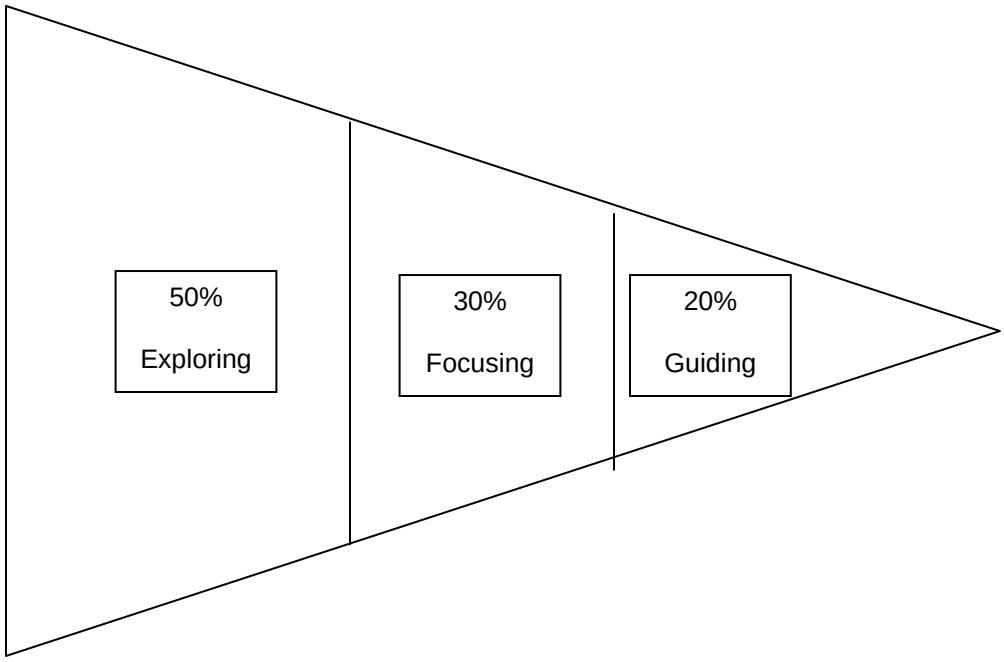
10. “Well, you know I got that job I applied for last week, and I’m supposed to start Monday. So, I’ve been trying to find some place for Donny and Janey to stay when they get out of school until I get home from work. I’ve called about 10 different places, and they don’t have any room, or they can’t pick them up from school. So, I’m kind of afraid I won’t find any place by Monday.”

11. “I think it could be a lot of fun to have a baby and take care of it. I’ve always really enjoyed kids. But I really don’t think he’s going to give me money. I mean, he wasn’t really thrilled with the idea anyway. I don’t know how I could support it if I did keep the baby.”

12. “I don’t like the way that woman is taking care of him. I thought you said he’s getting taken care of in foster care as good as in his own home. I think I should take him back home. She just doesn’t treat him right.”

Adapted from Linda Bayless, et al. *Alabama Certification Training: Interpersonal Helping Skills*. A training program for the Alabama Department of Human Resources, Division of Family and Children’s Services.

Optimum Distribution of Skills



Exploring Skills

Active Listening

Reflections

Attending Behaviors

Mirroring

Focusing Skills

Reframing

Clarification

Open Questions

Closed Questions

Indirect Questions

Solution-focused Questions

Summarization

Guiding Skills

Advice

Options

Suggestions

Feedback

ACTIVITY

Attending behaviors, Combined Reflections

"Are you listening to me?"

Time: 5 minutes

PART ONE

Speaker: say statement from "Combined Reflections - Family Member Statements" using appropriate emotion.

Listener: reflect content and emotion, but assume a NON "SOLER" POSTURE.

PART TWO

Speaker: say statement from "Combined Reflections - Family Member Statements" using appropriate emotion.

Listener: reflect content and emotion, but assume a "SOLER" POSTURE.

Trade roles, repeat exercise.

Note what you want to remember from this exercise:

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_____

_____

_____

_____

ACTIVITY

Attending behaviors, exploring and focusing skills, giving feedback

Time: 30 minutes

Talk for 5 minutes, then process feedback. Switch roles.

Repeat so participants rotate through each role.

Roles:

Talker: To provide the listener with the opportunity to practice exploring and focusing skills, talk about a personal issue, challenge, decision, or change you want to make.

Listener: Use exploring and focusing skills *without jumping into the directing/guiding skills.*

Observer: Facilitate the discussion, provide strengths/needs-based feedback, to list what you felt was done well.

Use "Guidelines for Effective Feedback" as model; ask listener to self-assess first, then talker. Encourage behaviorally specific feedback. (Example: "That is great that you think you engaged Ms. Smith well. Specifically, what did you do that made a difference?")

After confirming what was effective (strengths), ask the listener what s/he would do differently to be even more effective.

Once the listener has had the opportunity to self-assess, acknowledge and affirm the assessment (Wow, that is great insight!).

Then, ask the talker to offer feedback to the listener.

("What is one skill the listener could have used that may have made a difference in exploring or focusing in on your topic?")

Observation of Skills/Techniques: Demonstration Worksheet

Core Conditions

- Genuineness
- Respect
- Empathy

Exploring Skills

- Active Listening
- Attending Behaviors
- Reflections
- Mirroring

Focusing Skills

- Questions including solution-focused questions
- Summarization
- Clarification
- Reframing

Guiding Skills

- Options, advice, directions or suggestions
- Effective feedback

List the skills and techniques you observed:

_____

_____

_____

_____

Guidelines for Providing Feedback

- **Start with strengths.**
- **Be behaviorally specific.**

Feedback is most helpful when it is both **specific and positively stated**. It is easier to stop doing something that is counterproductive when a more helpful behavior can be substituted so positively stated feedback is useful feedback.

Steps for Use in Practice in Triads: Listener – Talker – Observer

1. Observer: Start by asking the listener to describe what s/he did well or what s/he felt was effective in use of exploring and focusing skills.

2. Observer: **Encourage the listener to be behaviorally specific!** "That's great that you think you engaged the Smiths well. What did you do that made a difference?"

3. Observer: Once the listener has had the opportunity to self assess what s/he did well, **ask the talker to provide behaviorally specific feedback on something the listener did well to encourage the talker to explore his/her topic**.

4. Observer: Once the talker has presented strengths-based feedback, **then present your feedback to the listener on what s/he did well**.

5. Observer: After confirming what was effective, **ask the listener what s/he would do differently to be even more effective**.

6. Observer: Again encourage the listener to be behaviorally specific in the assessment of what s/he would do differently.

Observation of Skills/Techniques:

Practice Worksheet

Core Conditions

- Genuineness
- Respect
- Empathy

Exploring Skills

- Active Listening
- Attending Behaviors
- Reflections
- Mirroring

Focusing Skills

- Questions including solution-focused questions
- Summarization
- Clarification
- Reframing

Guiding Skills

- Options, advice, directions or suggestions
- Effective feedback

List the skills and techniques you observed:

_____

_____

_____

_____

A Focus on Solutions

It is clear that the nature and pervasiveness of the problem of child maltreatment is serious and needs a remedy that is quick, effective, and reliable. Child Welfare Workers should be encouraged to use a Solution-Focused Approach in work with children and families, with special emphasis on families with at-risk children.

From: Solution Focused Therapy for Child Welfare

The Solution-Focused Approach focuses on solutions rather than problems. Clients are encouraged to think about times when their problem did not exist, how these times contributed to the *absence* of the problem, and how to recreate such circumstances in their present situations. Focus is on the clients' strengths and abilities rather than their weaknesses. The clients themselves derive solutions. Therefore, clients are more involved in their success, and the solutions fit their unique lifestyles. Finally, because the clients find their own solutions that work, often self-esteem is increased.

SOLUTION-FOCUSED QUESTIONS

Solution Defining: These questions help family members define the who, what, why, where, when, and how of the problem and the solution. It helps to identify the nature of the problem and the solutions, as well as who else is interested in this problem or has information that might be helpful in solving the problem. It helps to provide a video replay of how and under what circumstances the problem occurs.

Examples include:

- Under what circumstances is this likely to occur?
- When this happens (your husband loses his temper and threatens the children), what do you do?
- What are the positives for you in 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?

Past Successes: Through the interview process, you can focus on the family's past successes; that is, when the family member was functioning well enough not to require child protective services intervention. It is empowering to the family member to realize that there was a period in his/her life when s/he was more successful than s/he feels at this moment.

Examples include:

- 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?
- What has and is making it possible for you to cope?

Exception Finding Questions: In solution-focused interviewing, exceptions are 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. Essentially, you are trying to discover how the patterns around the problems are different, especially what is different when the problem does not occur. In addition, problematic behaviors usually happen only within certain physical, relational, or social contexts. It is important to find out in detail what happens when the person does not have the problem. That information can be used to identify the abilities the family uses successfully in one setting. Those strengths/abilities could be transferred to another setting.

Examples include:

- I can see you have every reason to be depressed. When do you suppose you get a little bit less depressed?
- How would you say you are different when you are a little bit less depressed?
- When you force yourself to get out of bed and walk the kids to school, what do you suppose your children will notice different about you?
- What would it take to force you to get up in the morning more often?
- You are saying that you didn't drink for five days last week. How did you do it?

- Tell me what is different for you at those times when you don't lose control.
- How do you explain to yourself that the problem doesn't happen at those times?
- What would have to happen for you to do it more often?
- When the problem is solved, how do you think your relationship with your son will be different? What will you be doing then that you are not doing now?

Miracle Questions: The miracle question literally asks clients to disregard their current troubles and for a moment imagine what their lives would be like in a successful future. It creates a vivid image or vision of what life will be like when the problem is solved and the family member(s) can see some hope that life can be different. The question is:

Suppose one night there is a miracle while you are sleeping and the problem that brought you to child protective services is solved. Since you are sleeping, you don't know the miracle has happened or that the problem is solved. What do you suppose you will notice that is different the next morning and will tell you that the problem is solved? Follow-up questions include:

- If the miracle happened, what will be the first thing you notice?
- If the miracle happened, what will be the first change you notice about yourself?
- What will your spouse notice different about you?
- If you were to take these steps, what would you notice different around your house?

Minor miracle questions also help family members look at a more hopeful future. These questions help you and them envision positive outcomes that can become part of the change process. These questions include:

- If you had three wishes, what would they be?
- 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 could paint a picture for me of what your family would be like if all this were solved, what would that picture look like?

Scaling Questions: Scaling questions are an interesting way to make complex features of a person's life more concrete and accessible for both the family member and the child protection worker. Scaling questions can be used to assess self-esteem, self-confidence, investment in change, prioritization of problems, perception of hopefulness, etc. They usually take the form of asking the person to give a number from 1-10 that best represents where the family member is at some specific point. Ten is the positive end of the scale, so higher numbers are equated with more positive outcomes or experiences.

Examples include:

- 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 be different in your life when you move up just one step?

You can use scaling questions to assess client motivation to change.

- On a scale of 1-10, how much would you say you are willing to work to solve the problem?
- If the client gives a low answer, you could ask: What do you suppose your husband would say you need to do to move up one point on the scale?

Additional Solution-Focused Questions

Often family members have more solutions available than they realize. Solution-focused questions are questions the helper can frame to help the family member direct attention to useful answers that will move him/her forward. These questions can empower family members to find their own solutions. Here are some additional examples of solution-focused questions:

- How do you keep making it work for you and your family?
- What are some of your family's strengths that can be used to accomplish the plan/steps/changes?
- What needs to change to make you feel safe?
- Under what conditions have you been able to make your family safe?
- On a scale of 1-10, how important do you think this decision is to your family?
- What solutions have worked for you in the past regarding _____?
- When was the last time _____ didn't happen?
- Who else is interested in helping your family change?
- How have you been able to change/accomplish things that are important to you before?
- What is the role of other family members in helping your family change?
- What do you get from continuing this behavior?
- How will this step/service help you?
- What is happening in your family that keeps you from doing this?
- What would need to be done to help you do this?
- What do you want right now?
- What would make this possible?
- What have you tried that has not worked?
- If you could change one thing, what would it be?
- When are you and your son able to have a good time together?
- When things are going well, what is your family doing?
- Describe the last good day you had together.
- On a scale of 1-10, how important is it that _____?
- What are the common issues that unite your family?
- What do you see as the things that stop you?
- What could help you be more in control and less vulnerable?

- How can you increase the involvement of each family member in the plan?
- On a scale of 1-10, how difficult is it for you to maintain the behavioral plan for Tim?
- Where do you feel stuck?
- How do you describe what it feels like to be stuck?
- What is one step that you could take to move forward?
- What is the most important to address for you?
- When and under what circumstances is this behavior likely to occur?
- How and under what circumstances is this behavior likely to occur?
- With whom is this behavior likely to occur?
- What are some ways you can disrupt/change the patterns of behavior that aren't working for you?
- What are some ways that the positive/effective behaviors could increase?
- What motivates you?
- What causes you to be uncomfortable?
- What new understandings/experiences would help you to change?
- What are you concerned about that could go wrong if you follow this course of action?
- What are you afraid might happen?
- If you were to wake up tomorrow and find that this problem was gone, how would you and your family be different?
- If you were to wake up tomorrow and find that this problem was gone, what do you think would have happened to make it go away?
- When was the last time you expected this _____ to happen and it didn't?

Solution Focused Interview: Observation Worksheet

1. What types of solution-focused questions were used during the interview?

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2. What Engagement Continuum skills were used during the interview?

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ACTIVITY

Solution-focused questions to explore strengths, needs, and solution patterns

Time: 10 minutes

Talk for 3 minutes, switch roles.

Repeat so participants rotate through both roles.

Roles:

Talker: To provide the listener with the opportunity to practice using solution-focused questions to explore strengths, needs, and solution patterns, continue talking about a personal issue, challenge, decision, or change you want to make.

Listener: Use solution-focused questions to explore strengths, needs, and solution patterns.

Note what you want to remember from this exercise:

_____

_____

_____

_____

_____

LEARNING JOURNAL

MODULE THREE – Skills for Building Trusting Relationships

1. Reflect on what was covered during this module: core conditions of genuineness, empathy, and respect; the exploring, focusing, and guiding skills to create core conditions; and the optimal distribution of skills.

   What are your personal strengths concerning these skills?

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2. What are your challenges concerning these skills? Include the skills you would like to work on during field practice.

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Module Four: Family Dynamics - Before, During and After Crisis

In this module, participants are introduced to the family case to be used later in training through a "sculpting" exercise. The module also includes a brief review of genograms and discussion on how genograms are another way to view families. Finally, participants learn how to differentiate "inventory" strengths from functional (i.e. mitigating) strengths and practice recognizing underlying needs of the family.

LEARNING OBJECTIVES:
At the conclusion of the module, participants will be able to:

- Identify sculpting as a technique for viewing families.
- Read and interpret a genogram.
- Recognize and identify interdependencies among family members.
- Describe how underlying needs can manifest as symptoms of dysfunction.
- Identify early events in individuals' lives that may lead to separation and loss later on.
- Recognize strengths, challenges, and resiliency in a family.
- Identify personal feelings of empathy in relation to a case family.
- Appraise needed interventions and partners suited to assist with family's needs.
- Identify strengths and needs in a case study family.
- Distinguish between "inventory" strengths and mitigating strengths.
- Translate inventory strengths into mitigating strengths.
- Explain the significance of the cycle of need.
- Distinguish between services, treatment approaches, and family's needs.

Genogram

A genogram is a pictorial display of a person's family relationship and medical history. It goes beyond a traditional family tree by allowing the user to visualize hereditary patterns and psychological factors that punctuate relationships. It can also be used to identify repetitive patterns of behavior and to recognize hereditary tendencies. The genogram maps out relationships and traits that may otherwise be missed on a pedigree chart.

Genograms were first developed and popularized in clinical settings by Monica McGoldrick and Randy Gerson through the publication of a book titled *Genograms: Assessment and Interventions* in 1985. Genograms are now used by various groups of people in a variety of fields such as genealogy, medicine, psychiatry, psychology, social work, genetic research, education, and many more. Some practitioners in personal and family therapy use genograms for personal records and/or to explain family dynamics to the client.

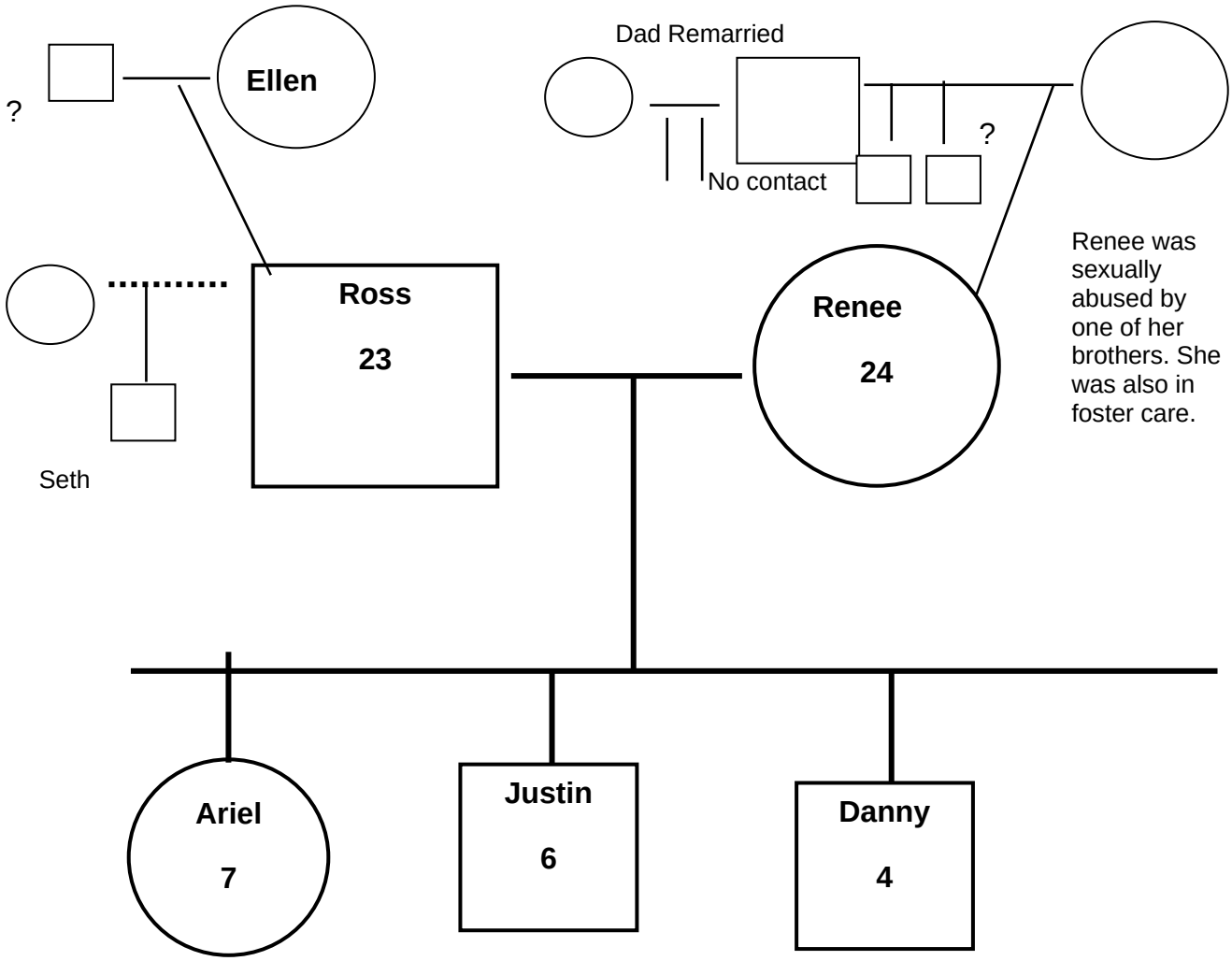
A genogram is created with simple symbols representing the gender, with various lines to illustrate family relationships. Some genogram users also put circles around members who live in the same living spaces. Genogram symbols will usually have the date of birth (and date of death if applicable) above, and the name of the individual underneath. The inside of the symbol will hold the person's current age or various codes for genetic diseases or user defined properties: abortions, still-births, SIDS, cohabitations, etc.

A genogram can contain a wealth of information on the families represented. It will not only show the names of people who belong to the family lineage, but how these relatives relate to each other. Within family relationships, you can illustrate if a couple is married, divorced, common-law, engaged, etc. Genograms usually also include emotional relationships. These provide an in-depth analysis of how individuals relate to one another. Additional data may include education, occupation, major life events, chronic illnesses, social behaviors, nature of family relationships, and social relationships. Some genograms also include information on disorders running in the family such as alcoholism, depression, diseases, alliances, and living situations. Genograms can vary significantly because there is no limitation as to what type of data can be included.

In social work, genograms are used to display emotional bonds between individuals composing a family or social unit. A genogram will help social workers to make an assessment of the level of cohesiveness within a family or a group and to evaluate if proper care is available within that unit. Genograms also allow displaying social relationships that illustrate the places people attend such as schools, churches, youth facilities, associations, or retirement homes.

"Genogram." *Wikipedia, The Free Encyclopedia.* 18 Aug 2008, 06:36 UTC. 22 Aug 2008<http://en.wikipedia.org?w?index.php?title=Genogram&oldid=232635138

Simmons Family Genogram



Simmons Family Timeline

1999	o Ross and Renee meet in high school.
2000	o Renee is living at Ross' mother's home, becomes pregnant and delivers a baby girl named Ariel. o Ross finds a job and begins working. o Both quit high school.
2001	o Ellen (Ross' mother) calls CPS. She is upset with Renee for not taking care of Ariel. o Services are recommended. There is no follow-up. o Ross and Renee move after finding a trailer home. They later get married.
2001-2002	o Justin is born. o Drug use by both parents increase.
2002-2003	o Second encounter with DFCS for denial of critical care. o Ross and Renee volunteer for services which includes a parenting class and home visits. o Renee actively participates and services are closed. o Ross continues to work and spends less time at home.
2003-2004	o Ross and Renee are becoming increasingly frustrated with each other. o Both continue to be active in their drug use. o Ross learns of pending layoff and is eventually laid off. o Renee becomes pregnant with their third child (Danny). o Conflict is high in the home and Ross almost hits Renee. o Ross leaves the home and moves back in with his mother.
2004-2005	o Renee, along with her children, moves in with her mother, Judy. o Ross loses his job and then learns he has another child and child support enforcement wants to collect past due child support. o Danny is born.
2005-2006	o Ross begins working once more. o Ross and Renee move back into their trailer home. o Both parents are more active in their alcohol and other drug use. o Ariel is becoming a big help to both parents. o Ross does not manage his behavior and hits Renee. Ross leaves the home and moves back in with his mother. o Renee calls the police. o DFCS opens a case on the family. o Renee gets a protective order on Ross. Case is referred to the DV. Resource Center. The family's CPS case is closed.
2007	o Ross is working his Batterer's program and starts treatment. He is still angry with Renee. o Renee is depressed and is starting to sell drugs to make ends meet. o Renee is arrested for being at a place where drugs are being sold. o Children are placed in foster care. o While in jail, Renee tests positive for marijuana and meth. o She is later released and the drug charges are dropped. o Renee and Ross are wanting to get back together but are still living apart.

Worksheet for the Simmons Family Story

Strengths

Challenges

Potential Team Members

Simmons Family's Strengths and Needs Worksheet

Strengths	Needs
(Include the names of the family members)	

Functional Strengths Inventory

The words facilitators use to describe the family during the strengths and cultural discovery often do not give much information to build on when trying to match assets to needs. Without further exploration of the strength and a move into a functional description, there is little information to work with. For example, saying someone is strong or looks nice may be true, but these descriptions do not help us build toward goal achievement. However, if what was discovered was that this person has shown strength in the face of great struggles, or that "looking nice" reflects the ability to take care of him/herself, then we have functional strengths we can tap into. Similarly, saying a child can play soccer describes a strength in itself; however, functional strengths associated with this might include the ability to participate in an activity with peers, the ability to follow coach's directions, and the ability to work toward a clear goal.

Inventoried Strength	Functional Strengths
1.	a.
	b.
	c.
	d.
	e.
Inventoried Strength	**Functional Strengths**
2.	a.
	b.
	c.
	d.
	e.
Inventoried Strength	**Functional Strengths**
3.	a.
	b.
	c.
	d.
	e.

Sample Questions for a Strengths and Cultural Discovery

For Families:

1. What were you like as a child?
2. Who has had the biggest influence on your life?
3. What makes you happy? What is the best time you ever had?
4. Who are your closest friends, and why are they special to you?
5. What do you like to do in your free time?
6. What is your neighborhood like?
7. How did you meet your significant other?
8. What are the best things about you? Your family? Your neighborhood?
9. What do you admire the most about your parents?
10. What do you like best about your son/daughter?
11. How do you “blow off steam”?
12. What was the best vacation you ever took? What made it the best?
13. What are your favorite TV shows, movies, books, etc?
14. Name a celebrity who is most like you.
15. Describe the best time you ever had with your son/daughter.
16. When was that? And what was your life like at the time?
17. Who helps you out when you’re in a crisis?
18. What is your most prized possession and why?

For Kids:

1. What is the best thing you can tell me about yourself?
2. What is your favorite color? Subject in school? Sports figure? Musician? Person?
3. Who is your best friend and why?
4. What would your best friend tell me about your personality?
5. Tell me about your friends.
6. If you could live anywhere, where would you live and why?
7. Do you have a favorite pet? What do you like about your pet?
8. Name two good things about your family. Your school. Your neighborhood.
9. Whom in your family are you most like? Why?
10. Whom do you admire most?
11. Whom do you admire most in your family? Why?
12. What is your favorite activity/sport?
13. What do you like to watch on T.V.? Why?

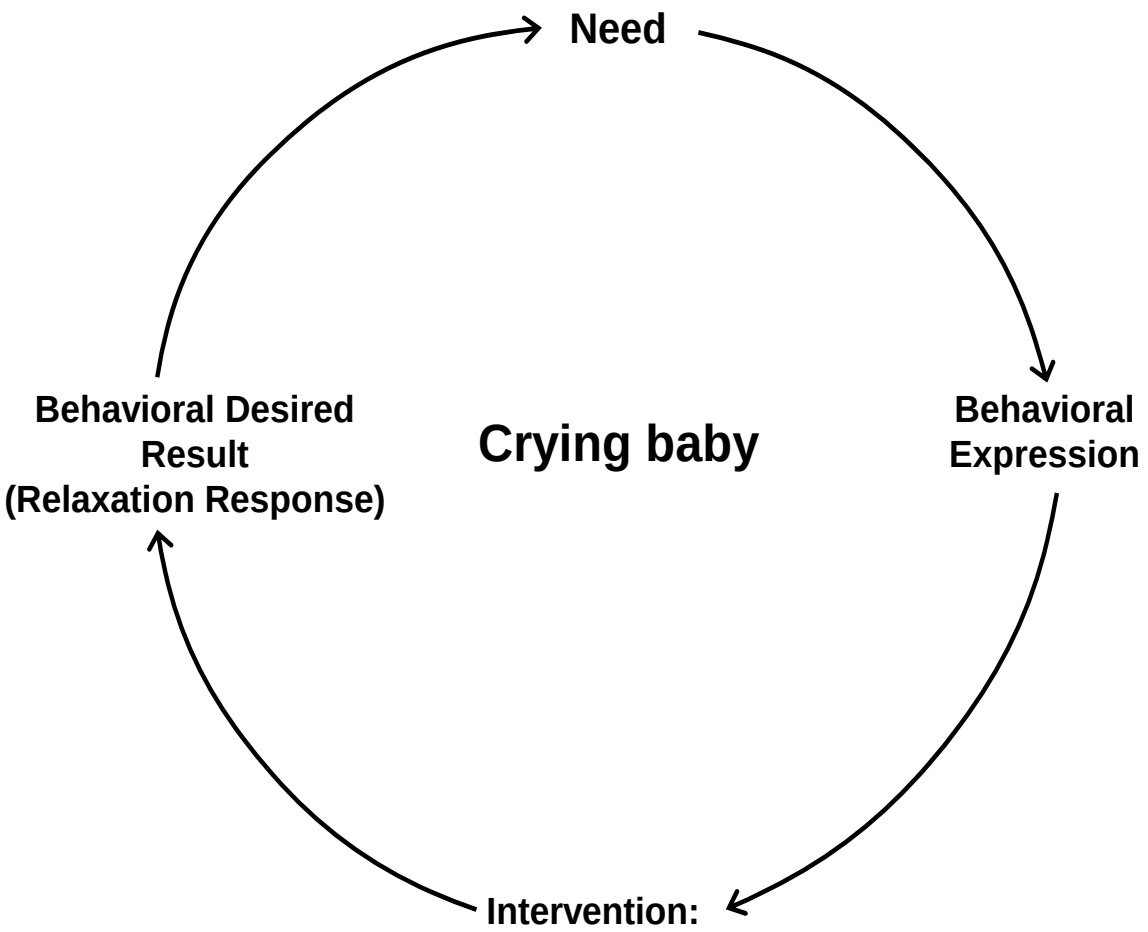
Needs and Needs Statements

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.

A need statement:

- Is positively stated in the family's language or in language that is clear to the family.
- Is usually related to one of the fundamental or essential needs of human beings from survival to realization of a dream.
- May be a reframe of a problem.
- May identify the underlying condition or the source of the behavior.
- Helps us to gain greater understanding of the underlying issues related to the behavioral symptoms.
- Helps the family envision what would be happening differently when the problem, issue, concern is addressed.
- Is prioritized to respond to the issues that may put a child or a family at risk.

The Cycle of Need



Adapted from V. Fahlberg. *Attachment and Separation: A Workbook,* Project Craft: Training in the Adoption of Children with Special Needs (Ann Arbor, Michigan: University of Michigan School of Social Work, 1980).

LEARNING JOURNAL

MODULE FOUR – Family Dynamics: Before, During, and After Crisis

1. Reflect on the material covered in this module–genograms, inventory and functional strengths, the cycle of need, and underlying needs.

   What are the most important skills, values, or knowledge you learned in this module?

   _____

   _____

   _____

   _____

   _____

2. Envision you are facilitating a Family Team Meeting. How would you use the important knowledge, skills, or values in this FTM? What would you be doing or saying?

   _____

   _____

   _____

   _____

   _____

3. What additional training do you need on any of the topics discussed in this module to make your ideal FTM a reality?

   _____

   _____

   _____

   _____

   _____

Module Five: Forming Partnerships for Positive Change

This module examines the process of actually bringing the family together to begin and support the change process. Content will address how to determine who needs to attend the FTM, participant roles, meeting preparation, and promoting team effectiveness.

LEARNING OBJECTIVES:
At the conclusion of the module, participants will be able to:

- Recognize how informal and formal supports may be used within the family team process.
- Identify and use techniques to help people discover and share hidden information that would be useful in the family team process.
- Define consensus-building and how it reduces/manages conflict.
- Identify different leadership styles and its effect on the family team process.
- Conduct a preparation interview with a family team member.
- Explain the role of the facilitator and the co-facilitator.
- Explain each team member's role in the family team process.
- Recognize the need to maintain neutrality.

Johari's Window

	Known to Self	***Not Known to Self***
Known to Others	Open	Blind
Not Known to Others	Hidden	Unknown

Johari's Window Worksheet

Open Window

_____

_____

_____

_____

_____

Blind Window

_____

_____

_____

_____

_____

Hidden Window

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_____

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Unknown Window

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My Support System Worksheet

Informal Supports	Formal Supports	

Family Team Meeting Description

The child and family team meeting is a process that brings together (a) family (b) interested people (such as friends, neighbors, and community members) and (c) formal resources (such as child welfare, mental health, education, and other agencies) with the family to:

- Learn what the family hopes to accomplish.
- Set reasonable and meaningful goals.
- Recognize and affirm the family strengths.
- Assess family needs.
- Find solutions to meet family needs.
- Design individualized supports and services that match the family's needs and build on their strengths.
- Achieve clarity about who is responsible for agreed upon tasks.
- Agree on the next steps.

It functions to serve the child and family's achievement of safety, permanency, stability, and well-being. The child and family team will bring together the wisdom/expertise of family and friends as well as the resources, experience, and expertise of formal supports. This team will work together to assure safety and meet the needs of children and families.

Family Team Meeting Process

- ***Welcome and Introductions***:
  - ☐ Introduce facilitators, explain roles, and briefly explain FTM philosophy. Team member introductions. Set the tone for the meeting by engaging with the team with genuineness, empathy, and respect.

- ***Outcomes*** for the meeting:
  - ☐ To make a decision or develop a Family Plan.

- ***Purpose*** for the meeting:
  - ☐ The family establishes the meeting purpose. The facilitator will also help to gain agreement from the team to work on the purpose.

- **Non-negotiable issues** and **Confidentiality**:
  - ☐ Facilitator identifies that there are issues by law or policy that must be addressed and adhered to in the meeting and in planning. These may be orders of protection that bar someone from having contact with others, court ordered placements, supervised visitation, policy expectations, etc. Another non-negotiable issue is a reminder that whatever plan is devised will need to address safety, permanency, and the well-being for the children and family.

  - ☐ Confidentiality: The team is asked to sign a statement that they agree to keep the families information confidential. The facilitator should discuss what confidentiality means for the team and the exceptions such as new child abuse information being shared, or if there are concerns that someone is a threat to themselves or others. The facilitator should also share with the team how the facilitator notes will be distributed and to whom. If the family is involved with the Juvenile Court system, they should be reminded that the facilitator's notes may be shared with the judge and attorneys involved.

- ***Ground Rules***:
  - ☐ Facilitator leads a discussion to generate ideas to help manage emotions and keep the meeting focused on the outcomes.

- ***Family Story***:
  - ☐ This is the first time the team hears the family's perspective of how it became involved with the agency. The facilitator will help introduce this part of the meeting and make it safe for parent(s) to tell their story.

- ***Strengths to Achieve Outcomes***:
  - ☐ Facilitator asks team members to identify family strengths and family resiliencies to achieve outcomes.

- ***Identification of Individual and Family Needs***:
  - ☐ Facilitator asks the family members what they need to achieve the outcomes. This discussion is also open to the rest of the team.

- ***Selecting Needs***:
  - ☐ Facilitator helps the family and team to select needs to include in the plan. Look at each need to see if it can be looked at again to move closer to the underlying need from the behavioral expression (cycle of need).

- ***Brainstorm How to Meet Needs, Develop the Plan, and Assign Responsibilities***:
  - ☐ Team creates a list of ideas, not limiting possibilities based on available funding or services as needed. Ensure that steps are small and measurable with time limits. Identify what, who, and when to accomplish steps. Design some steps to be short-term to permit early success. Each team member gets a copy of the plan.

- ***Assessing What Can Go Wrong***:
  - ☐ Facilitator helps the team to explore if there is anything anyone can foresee that can go wrong with the plan. Create plans to address ***What Can Go Wrong*** by creating contingencies.

- ***Closing***:
  - ☐ Thank family and team members for their efforts. Schedule next meeting (future meetings may not require the full team) and commit to provide a written copy of the plan to essential team member if necessary. Ensure that someone has been designated to ***make the first follow-up phone calls*** to team members to discuss their responsibility to the plan.

Role of the Facilitator

Three most important responsibilities for the facilitator:

1. Building the team
2. Directing the process
3. Resolving differences

Ways to carry out the above responsibilities:

Building the Team

- Help each participant in the meeting to see the value and worth of each team member.
- Encourage team members to be honest and open with each other.
- Ensure team members demonstrate respect for each other.
- Make sure the team has a common purpose and goal.
- Express empathy for the pain and concerns communicated.
- Use solution-focused questions to keep participants viewing opportunities for change.
- Help the team work through differences.

Directing the Process

- Encourage participants to talk directly to one another.
- Cue the group so its efforts develop a plan that will work for the family and team.
- Use reflections to let the family and team know what is being expressed both verbally and non-verbally.
- Refocus discussion toward the positive, toward the task, and toward solutions.
- Use interruptions only to maintain ground rules; and, when necessary, to bring the group back to task.
- Use summarization purposefully to focus the group and reinforce agreement.
- Use solution-focused questions to draw out options and help the team use solutions that have worked in the past.
- Add key points of information if the family member forgets.
- Offer support.

Resolving Differences

1. Assess and decide if all family and team members should discuss the conflict or differences. To make this decision, some questions to consider are:
    - Does the issue involve the whole team?
    - Does the issue need the whole team to solve it?
    - How might this conflict impact the development and implementation of the family's plan?
    - Does this conflict influence the ability of the team or family to assure greater safety, well-being, and permanence for the child?
    - Do you need help or support from someone who is not a participant in this conference to resolve this issue?

2. Use strategies to build consensus such as:
    - Clarifying the areas of agreement and disagreement.
    - Helping participants lay out options and then see their choices.
    - Identifying higher principles that members can agree on.

3. Use skills and techniques for conflict resolution such as:
    - Clarifying what the real disagreement is about.
    - Finding the common goal.
    - Generating as many alternatives as possible.
    - Focusing on points of agreement.

Role of the Co-Facilitator

- The co-facilitator needs to know what the responsibilities of facilitating the meeting are and what the basic principles are.

- The co-facilitator shares responsibility with the facilitator for all aspects of the team process.

- The co-facilitator needs to pay close attention to the process and capture significant information on flip charts or newsprint for easy viewing by all in the meeting (letters should be large enough and clear enough for everyone to see and understand; otherwise, it appears what you are doing is for you and not the team).

- The co-facilitator requires skill in listening and being concise in documenting.

- The co-facilitator should feel free to speak up and ask clarifying questions in order to both extend the engagement process and help the team stay focused.

- The co-facilitator is a member of the team.

Agency Team Member Roles within FTM Process

Role of Social Services case manager:

- Actively participate as part of team.
- Assist with preparation work.
- Respectfully advocate and present the Agency's position.
- Ensure all Agency non-negotiables are addressed.
- Ensure all unresolved safety and risk issues are addressed.
- Write family plan on tablet, or transcribe family plan from flip chart after the meeting.

Role of OFI case manager:

- Actively participate as a part of the team.
- Bring a different perspective to the team.
- Compliance with CFSR.
- May have specific knowledge to address individual cases/needs.
- Answer questions about available services and resources.
- May have knowledge of the family make-up and support system.
- Can answer questions and provide on the spot service to the family.
- Help plug the gaps with TANF, Food Stamps, Medicaid, community resources.

Role of Supervisors:

- Create a new culture and positive climate within Agency that will support FTM's.
- Actively participate as a part of the team.
- Support facilitators, co-facilitators, and case managers.
- Conduct quality evaluation of county FTM process.
- Respectfully advocate the Agency's position.
- Ensure all Agency non-negotiables are addressed.
- Ensure all unresolved safety/risk issues are discussed.

Top 30 Reasons to Involve OFI in the FTM Process

1. Answers questions about available services and resources.
2. Demonstrates unity between Social Services and OFI within the Agency.
3. Information Sharing.
4. Allows both SS and OFI to understand each other's roles and programs with families.
5. Helps OFI to empathize with a family's circumstances and recognize the need for flexibility to continue working with a family.
6. OFI knows family history of participation.
7. OFI has knowledge of the family make-up and support system.
8. OFI has the ability to identify community resources.
9. OFI staff can answer questions and provide on the spot service to the family.
10. OFI would know what type of services a family may be eligible to receive.
11. Shared information within the Agency.
12. OFI can provide additional resources.
13. OFI can easily obtain verification or information from a family to enable eligibility.
14. OFI knows more about the family and this helps with diligent search, etc.
15. OFI brings a different perspective to the FTM.
16. Plug the gaps, with TANF, Food Stamps, Medicaid, community resources.
17. OFI already has a lot of information and may already know the family.
18. 2 heads are better than 1.
19. Referrals can be made immediately.
20. Increases support and accountability.
21. OFI has a greater overall knowledge of eligibility services.
22. OFI may have specific knowledge to address individual cases/needs.
23. Takes a holistic approach when dealing with family needs.

24. ****Compliance with CFSR.

25. To gather more information about the family for the diligent search.

26. More available resources for the family.

27. Family sees that the Agency works together.

28. OFI can notify in person about deadlines, reviews, or information that is needed.

29. To improve communication.

30. Comforting for family to know they have continued support.

Preparation Interview

The preparation interview is one of the most important events in the child and family team process. It is during the preparation interview that a working agreement and a social contract are established. Here, the facilitator helps parents identify their outcomes and define their team; helps the team members determine if they are ready, willing, and able to participate on the team and what role they will play in the team process; and identifies any barriers to contributing toward outcomes. The preparation interview enables team members to participate and contribute fully by helping them:

1. focus on strengths as well as on needs;
2. explore any potential conflicts and discover ways to manage emotions positively; and
3. determine what the team members need to participate in a positive way.

Key Steps in the Preparation Interview

- Engage the team member genuinely, with empathy and respect.
- Describe the meeting process and explain purposes of the meeting.
- Explain that the focus is on strengths and needs.
- Explain that family members will tell the family story.
- Define and come to agreement on the outcomes.
- Explore what the team member can contribute toward the outcomes and what is needed to contribute toward the outcomes.
- Ask if there are any potential conflicts (emotional, legal, etc.).
- Ask what is needed to be able to fully participate.
- Discuss time and place and work toward resolving any conflicts.
- Explore alternatives for input if the person cannot attend.

Sample Questions for Preparation Interviews

The following are sample questions that may be used in preparation interviews: These are not steps; they are just some possible questions you might want to use.

To the parent(s):

- What would you like to have happen as a result of this meeting?
- What do you see as your family's strengths? What do you need?
- What are your child's strengths? What does your child need?
- Describe what success is for your family. What would (family member or support person) be doing differently to achieve success?
- Can you think about what you would like team members to know about your family story including how you got involved with the agency?
- Who are the people who care about you…your family…your child?
- Who would you want to be at your team meeting?
- If we invited all the people who care about your family to come to a meeting, what would be some good things that might come from their participation?
- Where would be the best place for the Child and Family Team Meeting?

To other team members (and possibly the parent(s) as well):

- Child and Family Team Meetings come from the heart and can be emotionally charged. What might be some of your concerns?
- Considering we are bringing together a lot of folks, what can go wrong? What are your concerns?
- What is the family doing at this time that may help the family achieve its goals?

- Can you identify strengths now (and possibly jot them down in preparation for presenting them at the meeting)?
- Can you be prepared to discuss the needs of the family? Do you understand the difference between behavior and needs?

- Do you have any concerns about your participation on the team?

- What value do you see yourself bringing to the team process?

- Do you need more information about the role of the facilitator?

The First Meeting with the Family

Observer Worksheet

1. What is the goal(s) of the family?

_____

_____

_____

_____

2. Describe what strengths/assets that they family has.

_____

_____

_____

_____

3. Describe the constraints/needs that get in the way of achieving the goal.

_____

_____

_____

_____

4. List potential team members who can help them achieve their goals. List informal and formal supports.

_____

_____

_____

_____

Preparation Interview Observer Worksheet

1. Engage the team member genuinely with empathy and respect.

_____

_____

_____

_____

2. Describe the meeting process and explain purposes of the meeting.

_____

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_____

3. Explain that the focus is on strengths and needs.

_____

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_____

4. Understanding of the problem. Define and come to agreement on the outcomes.

_____

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5. Explore what the team member can contribute toward the outcomes.

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_____

6. Discuss what is needed to contribute toward the outcomes.

_____

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_____

7. Ask if there are any potential conflicts (emotional, confidentiality, etc.). Ask what is needed to be able to fully participate.

_____

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8. Discuss time and place and work toward resolving any conflicts.

_____

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9. Explore alternatives for input if the person cannot attend.

_____

_____

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_____

The Story

A businessman had just turned off the lights in the store when a man appeared and demanded money. The owner opened a cash register. The contents of the cash register were scooped up, and the man sped away. A member of the police force was notified promptly.

1. A man appeared after the owner had turned off his store lights.	**T F ?**
2. The robber was a man.	**T F ?**
3. The man who appeared did not demand money.	**T F ?**
4. The man who opened the cash register was the owner.	**T F ?**
5. The owner scooped up the contents of the cash register and ran away.	**T F ?**
6. Someone opened a cash register.	**T F ?**
7. After the man who demanded the money scooped up the contents of the cash register, he ran away.	**T F ?**
8. While the cash register contained money, the story does not state how much.	**T F ?**
9. The robber demanded money of the owner.	**T F ?**

10. A businessman had just turned off the lights when a man appeared in the store.	**T F ?**
11. It was broad daylight when the man appeared.	**T F ?**
12. The man who appeared opened the cash register.	**T F ?**
13. No one demanded money.	**T F ?**
14. The story concerns a series of events in which only three persons are referred to: The owner of the store, a man who demanded money, and a member of the police force.	**T F ?**
15. The following events occurred: someone demanded money; a cash register was opened; its contents were scooped up; and a man dashed out of the store.	**T F ?**

Group Leadership: Styles and Effectiveness

AUTOCRATIC: CHARACTERISTICS

- Tells others what to do.
- Limits discussion on ideas and new ways of doing things.
- Group does not experience feeling of teamwork.

WHEN EFFECTIVE

- Time is limited.
- Individuals/group lack skill and knowledge.
- Group members do not know each other.

WHEN INEFFECTIVE

- Goal is developing a strong sense of team.
- Some degree of skill/knowledge is in members.
- Group wants an element of spontaneity in its work.

DEMOCRATIC: CHARACTERISTICS

- Involves group members in planning and carrying out activities.
- Asks before tells.
- Promotes sense of teamwork.

WHEN EFFECTIVE

- Time is available.
- Group is motivated and/or a sense of team exists.
- Some degree of skill or knowledge among members of group.

WHEN INEFFECTIVE

- Group is unmotivated.
- No skill/knowledge is in members.
- High degree of conflict present.

LAISSEZ-FAIRE: CHARACTERISTICS

- Gives little or no direction to group/individuals.
- Opinion is offered only when requested.
- A person does not seem to be in charge.

WHEN EFFECTIVE

- High degree of skill and motivation.
- Sense of team exists.
- Routine is familiar to participants.

WHEN INEFFECTIVE

- Low sense of team/interdependence.
- Low degree of skill/knowledge is in members.
- Group expects to be told what to do.

LEARNING JOURNAL

MODULE FIVE – Forming Partnerships for Positive Change

1. Reflect on the material covered in this module - informal and formal supports, understanding hidden information, consensus-building, leadership styles, preparation interviews, the role of the facilitator, co-facilitator and other team members' roles, and maintaining neutrality. What are the most important skills, values, or knowledge you learned in this module?

_____

_____

_____

_____

_____

2. Envision you are facilitating a Family Team Meeting. How would you use the important knowledge, skills, or values in this FTM? What would you be doing or saying?

_____

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_____

_____

3. What additional training do you need on any of the topics discussed in this module to make your ideal FTM a reality?

_____

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_____

Module Six: Facilitation Skills and Family Team Meetings

In this module, participants get an opportunity to practice and incorporate the facilitation skills, responsibilities, and best practice learned in training through participation in a simulated FTM.

LEARNING OBJECTIVES:
At the conclusion of the module, participants will be able to:

- Describe what is meant by facilitation, values, purposes, duties, ethics, and positions.
- Discuss importance of maintaining a neutral position throughout process.
- Describe and discuss basic group dynamics and characteristics and implications for facilitators.
- Discuss importance of facilitators' awareness and need to "self-adjust" to needs.
- Recognize responsibility and methods to safeguard participatory decision-making.
- Identify ways to balance members' needs with safety and well-being.
- Differentiate principles and methods of group consensus, negotiation, barrier and conflict resolution within each stage of FTM work.
- Recognize group attending skills of a facilitator.
- Identify methods and characteristics for engaging diverse cultures, help members participate comfortably in team decision-making while managing "dominators" non-offensively.

Family Team Meeting Steps

- Preparation
- Welcome and Introductions
- FTM Outcome
- Family Purpose
- Non-negotiable/Confidentiality
- Ground Rules
- Family Story
- Strengths (to build on, and achieve Outcomes)
- Needs/Growth Areas and Identification of Individual and Family Safety/Risk factors and Select Needs
- Brainstorm to Create Plan or Make Decision
- Assess what can go wrong
- Scaling Question, Next Steps, and Closing
- Follow-up

ACTIVITY

Transitioning to Facilitator Role/Responsibilities

Time: 10 minutes

Facilitator Name: _____ Co-facilitator name: _____

1. Choose a facilitator and co-facilitator.

   Facilitator: ensure everyone's voice is heard within the timeframe, summarize for larger group

   Co-facilitator: act as "back-up" should the facilitator miss something, accurately record the information

2. The role of FTM Facilitator is different from the role you've had as a Case Manager, Supervisor, CRS, etc. Some of the responsibilities or skills (pp. 5:8-5:9) are similar to your other roles, and some quite different. Identify 2 or 3 skills you feel confident about and will likely do well and 1 skill or area of responsibility that will likely challenge you.

   Strengths:

   _____

   _____

   Challenge:

   _____

   _____

3. Facilitator: Get everyone's input, brainstorm ways to become more comfortable the identified challenge areas.

   Strategies to meet challenges:

   _____

   _____

   _____

   _____

Family Team Meetings in Domestic Violence Cases

Challenges to Family Team Decision Making Meetings

The primary concern for **family team meetings** with families where there is domestic violence is the safety of all team members, before, after, and during the family team meeting. A thorough safety and risk assessment must be completed prior to a family team meeting being arranged. A critical piece of this assessment process is working with the adult survivor to determine what she believes will help ensure her and her children's safety and well-being. If you do not feel you have the specific domestic violence expertise necessary for a particular situation, it is necessary to involve an individual who has specialized knowledge and skills in the area of domestic violence as a team member, co-facilitator, or as a support person for a team member. In domestic violence situations, it is recommended that you engage one of our community partners or a domestic violence liaison for assistance.

This job aid is a summary of the Family Team Conferences in Domestic Violence Cases: Guidelines for Practice; by Lucy Salcido Carter; The Family Violence Prevention Fund; The Child Welfare Policy and Practice Group; October 2003. It is recommended that social workers who conduct family team meetings use this guide as a reference in its entirety.

Copies may be downloaded from: **http://endabuse.org/programs/children/files/ftm_rev02.pdf**

Assessing for Family Team Meeting Preparation

If domestic violence is identified as a concern during the assessment, the following questions should be answered to determine if a family team meeting is an appropriate course of action:

- Is the survivor afraid of the abuser?
- Is the abuser threatening to harm the mother, the children, or himself?
- Are the severity and frequency of the violence escalating?
- Have the children been used to threaten the survivor or keep the abuser from inflicting further violence? How?
- Does the abuser or survivor have access to weapons?
- Have weapons been involved in prior assaults?
- Has the criminal justice system been involved? If so, are there pending charges, or is there a probation or parole officer assigned to the case?
- If the abuser has participated in some type of education or treatment program, how has he responded to that intervention?
- What has been the extent of the survivor's injuries? Have there been injuries requiring hospitalizations?
- Is the abuser or survivor chemically dependent?
- Is there a history of mental illness?

A yes to any of the question does not eliminate the possibility of using a family team meeting; however, it does indicate the issues that must be addressed sufficiently during the preparation phase, or a family team meeting should not be held.

Clearly identify the range of possible emotional responses typical for the family will assist the facilitator contend with participants' behaviors during the meeting.

Preparation for a Family Team Meeting

You must determine whether the abuser should participate or can participate safely. If the survivor says “no,” it is too dangerous for him to be present, then the decision needs to be “no.”

Factors to consider include:

1. his access to the victim
2. the patterns of abuse
3. his state of mind
4. the suicidal ideation of the survivor, children, or abuser
5. the presence of other stressors or risk factors
6. past failures of the system to respond appropriately

As the facilitator, you should also be able to answer the following questions:

- Is there a restraining order?
- Do they live together?
- Is domestic violence a topic that has been addressed publicly with him, the police, a judge, the case manager, and other family members? How did he react?
- What are her goals for having him there or not?
- What is the biggest fear if he does participate?
- What is the hope if he is there?
- Is he involved in any services? For how long?
- Are there any current stressors in his life that might make him more violent?

If the abuser cannot safely attend, you may be able to allow the abuser to participate without actually being present:

- Two separately family team meetings may be conducted.
- A service provider who has worked with the abuser could be his representative with his permission.
- The abuser could write a letter, responding to questions being asked at the meeting.
- He could videotape his response to the questions being asked, the tape should be reviewed prior to showing to ensure there is no hidden manipulation.

To prepare the survivor when the abuser is attending the meeting; safety is the first priority. Safety planning should be done prior to the meeting:

- Are there any specific topics to avoid?
- Are there safety concerns about anyone else who may also be attending?
- Does she want to discuss the domestic violence?
- How safe does she feel discussing the domestic violence with the abuser present?
- If the children will be present, does she want to discuss the violence?
- What does she want to do if the child or other parties bring it up?
- What has she already discussed with the children regarding the violence?
- How have the children been impacted by the violence?
- What will the impact be on the children if their father's violence is discussed in the meeting without him present? With him present?
- How will the abuser react if his violence is brought up? By her? By others?
- What has happened in the past when his violence has been discussed?
- Are there other community or family members that he wants at the meeting? How will others feel about that?
- Does she want someone who is an expert in dealing with domestic violence survivors or batterers present at the meeting? How will he react to that?
- Does she feel that she can safely speak out about her wishes and concern if they are different from those of the abuser?
- How will the facilitator know if the mother begins to feel afraid during the meeting? Can they plan to signal each other if she begins to feel afraid?
- Of all the people, she wants to invite to the meeting with whom has she discussed the domestic violence? What have their reactions been?
- What does she think the reaction of people at the conference will be to disclosure of the violence? Will they support her need to be safe and his need to be non-violent?
- What does she fear could go wrong in the meeting? What would be the consequences?
- To avoid surprises, what else does the facilitator need to know about her and her family? If, for example, an aunt is invited, what might she tell the group that would be a surprise?

Preparation with the abuser includes: Listening to the abuser and understanding his perceptions are vital to assessing safety and risk. Questions can probe the extent to which he has taken responsibility for his actions and provides the facilitator with the opportunity to discuss how the abuser can be a constructive participant in the meeting. The following questions can be helpful to you in determining how the abuser might react in the meeting and how to conduct a safe meeting with him present:

- Are there any specific topics to avoid?
- Would it be helpful if a batterer intervention program staff person attends the meeting?
- If the woman wants to discuss the domestic violence, how will he manage that discussion?
- Are there other community or family members that he wants at the meeting? How does he think the woman will react to that? Will these other people support her need to be safe and his need to be non-violent?
- Have any of the people attending the meeting seen him escalate situations when disagreements arose in the past? Will this be a fear or concern of others at the meeting? How can those issues be addressed?
- How can he let the facilitator know that he needs a break during the meeting because of topics being discussed?
- If it has been agreed that the domestic violence will not be discussed, how will he respond if another party brings it up?
- What has happened in the past when the violence has been discussed?
- What has he discussed with the children regarding his violence?
- How have the children been affected by the violence?
- What might the impact be on the children if the violence discussed in their presence in the meeting?
- How can he convey to the woman that she can safely speak out about her wishes and concerns if they are different from his?
- What does he fear could go wrong in the meeting? What might the consequences be of that?
- To avoid surprises what else does the facilitator need to know about him and his family?

Prepare other team members: Determine who else should participate. If both the survivor and the abuser are to be present, speak with them about having an advocate for domestic violence survivors and a provider of batterer intervention services at the meeting. To participate effectively, these advocates will need to be given information about the family team meeting process, see its value for families, and discuss their role in the meeting, especially given that they are not accustomed to working with the family all together.

As the facilitator, you will also want to have contact prior to the meeting with any extended family members who want to participate in the meeting. You will want to assess their motivation for participation, and the role they can play in developing an effective plan for meeting the goals of the meeting. If a member wants to bring up the domestic violence but the survivor does not believe it is safe, acknowledge their concerns but counsel them not to bring up the violence during the meeting to ensure the safety of everyone involved.

Preparing children: Determine whether the children should participate.

As the facilitator you will need to assess whether:

1. The children are developmentally capable of participating.
2. The children will benefit from the meeting.
3. The meeting will cause further trauma to the children.
4. The children can help achieve the desired outcomes for the meeting.

As the facilitator, you will need to consider how the children's presence may inhibit honest conversation by the adults, and how the children will feel about discussing the violence in front of the abuser, if he is there. You will also want to take into consideration that the children are likely aware of the violence, depending on age may want to be heard about how the violence has impacted them, and they may be concerned for everyone's safety. One option may be for the children to only participate in part of the meeting.

Facilitating the Meeting

The facilitator must be vigilant regarding the verbal and non-verbal interactions during the meeting. Relying on survivors, survivor advocates, and the DV experts participating in the meeting to monitor these interactions can increase the level of safety. The survivor and facilitator can agree ahead of time on a signal that conflict is escalating, or there is a threat.

If conflict escalates during the meeting, implement a pre-determined plan that may include:

- Empathizing with the fear or pain the key players are expressing; do not confront the abuse directly; remind them that the meeting participants are there to provide them with support and resources;
- Without discounting harms past violence has caused, focus on solutions for the future;
- Call a break to allow de-escalation;
- Have the person getting angry or escalating the conflict leave the meeting with someone who can help them manage their emotions; or
- Stop the meeting.

Family team meetings are emotional events. If you perceive that tensions are escalating to the point of danger, check with the survivor using the prearranged signal. The meeting does not necessarily need to be stopped; however, you will need to use your skills, or the skills of others on the team to manage the emotions, and de-escalate the conflict. It may be necessary to call a break to allow for everyone to calm down. During the break, take the opportunity to assess with the survivor and the abuser, separately, whether or not the meeting can safely continue.

Continue the meeting if:

- The survivor says she wants to continue and she feels safe doing so.
- The facilitator believes that reconvening will not jeopardize anyone's safely.
- It appears that the abuser is constructively managing his anger.
- The facilitator and survivor believe continuation of the meeting will be productive.
- The safety of the survivor will not be compromised.

During family team meetings, domestic violence may surface as an issue unexpectedly. You may decide not to address it right away. You can defer the discussion to a later time, perhaps a future meeting. This will allow time to prepare the participants and address safety issues. You may also choose to pause the meeting so you can check-in with the parents and other team members separately, and then reconvene if it seems safe and productive to do so.

Planning and Follow-up

Planning and follow-up after the meeting: The case plan should include a safety plan that specifically addresses the family safety issues. If the abuser was present at the meeting and his violence was discussed, someone should contact the survivor within 24 hours to assess whether or not there were any negative consequences from the meeting.

Principles of Drug Addiction Treatment: A Research Based Guide

Principles of Effective Treatment

1. No single treatment is appropriate for all individuals. Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

2. Treatment needs to be readily available. Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.

3. Effective treatment attends to multiple needs of the individual, not just his or her drug use. To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.

4. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs. A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.

5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness. The appropriate duration for an individual depends on his or her problems and needs. Research indicates that for most patients, the threshold of significant improvement is reached at about 3 months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.

6. Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction. In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding nondrug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the

individual's ability to function in the family and community. (Approaches to Drug Addiction Treatment section discusses details of different treatment components to accomplish these goals.)

7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies. Methadone and levo-alpha-acetylmethadol (LAAM) are very effective in helping individuals addicted to heroin or other opiates stabilize their lives and reduce their illicit drug use. Naltrexone is also an effective medication for some opiate addicts and some patients with co-occurring alcohol dependence. For persons addicted to nicotine, a nicotine replacement product (such as patches or gum) or an oral medication (such as bupropion) can be an effective component of treatment. For patients with mental disorders, both behavioral treatments and medications can be critically important.

8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way. Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.

9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use. Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment (see Drug Addiction Treatment Section).

10. Treatment does not need to be voluntary to be effective. Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.

11. Possible drug use during treatment must be monitored continuously. Lapses to drug use can occur during treatment. The objective monitoring of a patient's drug and alcohol use during treatment, such as through urinalysis or other tests, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to patients who test positive for illicit drug use is an important element of monitoring.

12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection. Counseling can help patients avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.

13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.

Available for download at:

http://www.nida.nih.gov/podat/PODATIndex.html

What is Mental Illness: Mental Illness Facts

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.

Here are some important facts about mental illness and recovery:

- Mental illnesses are biologically based brain disorders. They cannot be overcome through "will power" and are not related to a person's "character" or intelligence.
- Mental disorders fall along a continuum of severity. Even though mental disorders are widespread in the population, the main burden of illness is concentrated in a much smaller proportion—about 6 percent, or 1 in 17 Americans—who suffer from a serious mental illness. It is estimated that mental illness affects 1 in 5 families in America.
- The best treatments for serious mental illnesses today are highly effective; between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports.
- With appropriate effective medication and a wide range of services tailored to their needs, most people who live with serious mental illnesses can significantly reduce the impact of their illness and find a satisfying measure of achievement and independence. A key concept is to develop expertise in developing strategies to manage the illness process.
- Stigma erodes confidence that mental disorders are real, treatable health conditions.

Adapted from: NAMI, the National Alliance on Mental Illness

http://www.nami.org/Hometemplate.cfm

Critical Issues for Parents with Mental Illness and their Families

Prevalence

Nearly half of the women and men in the United States report a lifetime prevalence of psychiatric disorder, and 30% report the prevalence of at least one disorder in the previous 12 months (Kessler et al., 1997). Two-thirds of these women and over half of these men are parents (Nicholson, Larkin, Simon, & Banks, 2001). The impact of parental mental illness on family life and children's well-being cannot be overstated. The impact of parenting experiences on the well-being of adults with mental illness is largely unexplored. Stigma distinguishes mental illness from other serious or chronic conditions like heart disease, diabetes, or cancer. Being labeled with a psychiatric diagnosis profoundly negatively affects the experiences of parents and their family members, adults, and children alike. However, undiagnosed, untreated mental illness takes its toll on families as well (U.S. Department of Health and Human Services, 1999).

- Parents with mental illness may be quite vulnerable to losing custody of their children with studies reporting rates as high as 70% to 80%.
- Adults with mental illness have a high likelihood of past or present victimization; symptoms associated with trauma survivorship may interfere with successful parenting.
- Parents with mental illness often feel responsible or blamed for their children's difficulties, which are more prevalent than in children whose parents are well.
- Parents with mental illness are more likely to be living without partners.
- Patterns of care giving and social support vary among ethnic and racial groups; family members may be viewed as a resource or as a source of stress.

Service Needs and Barriers

- Parents and their service providers identify needs generic to all parents, as well as needs specific to their illnesses.
    - Generic needs include access to safe, affordable housing, transportation, employment, or educational or vocational training opportunities, access to benefits and entitlements when work is not possible, recreational activities for families, safe, dependable child care, health care, support for advocating for themselves and their children's needs, particularly with the school system and respite from the 24-hour-a-day challenges of parenting.
    - Illness-related needs include the financial and emotional resources necessary to manage symptoms, obtain services, implement treatment regimes, support for learning parenting skills, trusted respite care for

children when parents need to be hospitalized, and maintain relationships with helping professionals.

- The stigma accompanying mental illness is a pervasive factor affecting parents' access to and participation in services.
- Services tend to be problem-focused and deficit-based rather than preventive or strength-based.
- Funding streams and program eligibility requirements may limit participation to eligible adults or children, but not both.
- Services are not integrated or coordinated across or within systems.
- The Adoption and Safe Families Act (ASFA) intended to promote safety and permanency for children, imposes timelines that may be difficult for parents with mental illness to meet given the often uneven course of illness and recovery, the time needed for comprehensive family evaluation and treatment, and the lack of relevant services.
- Without appropriate family and work supports to overcome barriers to employment, parents with mental illness, especially single mothers, may be unable to comply with the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA/TANF) regulations, resulting in the loss of benefits to families and children in greatest need.
- The high prevalence of violent victimization and trauma among women with mental illness is likely to have ramifications for those among them who are mothers. These issues are frequently not addressed in mental health assessment or treatment.
- Mothers with mental illness in focus groups also talk about what their children need: nurturance, discipline, encouragement to develop their talents and interests, positive role models and friends, a dependable home environment, safe places to go away from home, to feel "regular" or "normal" like other families, open communication with their parents, and to understand that they are not responsible for their parents' illnesses, nor are they responsible for "fixing" them (Nicholson & Henry, in press).
- Stigma of mental illness:
    - Fear of custody loss (assumptions made about individuals with mental illness, i.e., that they are incompetent, violent, or potentially dangerous).
    - Fear of losing custody can keep parents from acknowledging problems and requesting services.
    - Worry about losing custody or contact with children can contribute to parents' stress.
    - Removal of a child may undermine a parent's motivation to recover and contribute to a deterioration of the parent's condition

- Focus on deficits and the assumed or real inadequacies of parents with mental illness, rather than their strengths, contributes to a cycle of hopelessness and a view of the "helping" relationship as adversarial.

Child Outcomes: Having a Parent with Mental Illness

Two decades of research indicate that children who have a parent with mental illness are at significantly greater risk for multiple psychosocial problems. Despite these risks, many children are resilient and appear to avoid significant problems.

- Mental illness in parents interacts with, or is associated with many variables and processes than can enhance resilience or confer risk upon children.
- Rates of child psychiatric diagnosis among offspring range from 30% to 50%, compared with an estimated rate of 20% among the general child population.
- Children may show developmental delays, lower academic competence, and difficulty with social relationships.
- Mediators or mechanisms relating parental mental illness to child outcomes include genetic influences, biological influences, illness characteristics, and environmental influences such as characteristics of parenting, marital relationships, and family functioning.
- Moderators that can enhance or worsen child outcomes include spouse or partner characteristics, environmental stressors such as poverty, child characteristics, and therapeutic interventions.
- As with any illness, the effects of parental mental illness vary with the ages of adults and their children at illness onset; illness severity and duration; the nature of any consequent impairment in parental functioning; and the strengths and resources of the parents and children.
- Research has demonstrated that some psychiatric disorders have an inherited component, and children whose parents have these mental illnesses may be more likely to develop similar disorders themselves (Biederman et al., 2001). However, the environment in which children grow has as much, if not more, to do with their development and emotional well-being as does the genetic component (Silverman, 1989).
- May be confusion in family roles with children assuming many adult responsibilities (caring for younger brothers and sisters, managing household duties, taking care of the emotional, or physical needs of their parents).

Opportunities:

- Interventions that focus on (the listed factors below) can improve outcomes for parents and children. Efforts to enhance children's understanding of mental illness and parents' understanding of children's needs have shown promising results.
    - Ensuring a safe, stable home environment
    - Reducing parent-child discord
    - Enhancing parent-child communication
    - Developing parenting skills
    - Reducing environmental stressors
    - Supporting children's resilience
- Interventions with adults have worked when their parenting status, goals for themselves and their children, and feelings they have regarding connection, loss or reunification with family members are considered.
- Children have also shown positive outcomes in programs that focus on the interaction of parental and child well-being over the life span.
- Family-centered intervention strategies, developed for situations in which children have disabilities or illness, are appropriate and can be adapted to situations in which parents are the "identified client."

Adapted from: Critical Issues for Parents with Mental Illness and their Families
http://mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0109/default.asp

Center for Mental Health Services Research

Substance Abuse and Mental Health Services Administration

July 30, 2001

LEARNING JOURNAL

MODULE SIX – Facilitation Skills

1. Review your first journal entry from Module One – Family Team Meeting Overview. How did you assess your confidence for facilitating a FTM? Indicate your initial rating on the scale.

1 2 3 4 5 6 7 8 9 10

Totally unprepared **Fully confident**

2. On a scale of 1 to 10, with 1 being totally unprepared to facilitate FTM's and 10 being fully confident you could facilitate a meeting tomorrow, where are you now after having completed three days of training?

1 2 3 4 5 6 7 8 9 10

Totally unprepared **Fully confident**

3. What do you need from your field practice to move you closer to 10 (fully confident) on this scale?

_____

_____

_____

_____

_____

Module Seven: Family Team Meeting Field Practice

In this module, participants get an opportunity to observe experienced facilitators and to apply the facilitation skills, responsibilities, and best practices learned in training through participation in actual Family Team Meetings. Participants will work with assigned local mentors (experienced facilitators) within their home region. Participants will complete structured assignments and receive feedback from mentors. At the conclusion of assignments, the trainee will facilitate a Family Team Meeting and be observed by State Trainer for approval as a facilitator.

LEARNING OBJECTIVES:
At the conclusion of the module, participants will be able to:

- Conduct a preparation interview with a family while demonstrating respect, empathy, and genuineness.
- Explain the framework of the FTM model to the family, including non-negotiable and confidentiality issues.
- Arrange FTM logistics to ensure the relevant support people identified by the family and by the agency can participate.
- Facilitate FTM with planning built on functional strengths and resulting in a decision or plan that addresses required child safety issues and has consensus support of the team.

Field Practice Activities

1. Family Team Meeting Preparation Interview (Observation)

The purpose of this activity is to provide an opportunity for the trainee to observe, identify, and apply the interviewing skills learned in FTM Facilitator classroom training.

2. Trainee Conducted Family Team Meeting Preparation Interview

The purpose of this activity is to provide an opportunity for the trainee to demonstrate identifying and applying the preparation interviewing skills learned in FTM Facilitator classroom training and during observation as part of the field practice.

3. Family Team Meeting Trainee Co-Facilitation

The purpose of this activity is to provide an opportunity for the trainee to co-facilitate and observe facilitation of a FTM.

4. Family Team Meeting Trainee Facilitation

The purpose of this activity is to assess transfer of learning, measure competency as a FTM Facilitator, identify areas of competency not met, approve trainee as a FTM Facilitator, or make recommendations as to what skills need to be developed further in order to be approved as a Facilitator.

Division of
FAMILY & CHILDREN SERVICES
DHR GEORGIA DEPARTMENT OF HUMAN RESOURCES

FTM Facilitator Approval Evaluation

Name:	**Family Name:**	**Date:**

The Facilitator must score at least satisfactory in the critical items in **bold print** and satisfactory in the majority of the other items for approval as a facilitator.	**Meets DFCS Expectations**					
"1" Unsatisfactory "2" Needs Improvement "3" Satisfactory "4" Highly satisfactory "5" Excellent	**N/A**	**1**	**2**	**3**	**4**	**5**
Preparation						
Introduce and engage the family around the function of family team meetings and the need for focusing on child/family and stability. The family is approached from a position of respect, empathy, and genuineness.	☐ N/A	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Comments:						
The facilitator ensures participants are prepared to:	N/A	1	2	3	4	5
• Be ready, able, safe, and eligible candidates for team participation.	☐	☐	☐	☐	☐	☐
• Speak about their concerns in constructive ways.	☐	☐	☐	☐	☐	☐
• Listen with respect to others' concerns.	☐	☐	☐	☐	☐	☐
• Recognize and build on family strengths and needs.	☐	☐	☐	☐	☐	☐
• Share information, ideas, and resources.	☐	☐	☐	☐	☐	☐
• Maintain personal and confidential information privacy.	☐	☐	☐	☐	☐	☐
Comments:						

Preparation (continued)

Non-negotiables have been determined before the meeting. Confidentiality (limits and issues) and non-negotiables have been discussed with participants; FTM Release of Information is explained and signed.	☐ N/A	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Comments:

	N/A	1	2	3	4	5
Collaboration and assessment have determined the right people are invited to the meeting:						
• People necessary for the major decisions to be made.	☐	☐	☐	☐	☐	☐
• **People invited by the family for their own support.**	☐	☐	☐	☐	☐	☐
• **People invited by the family and agency for service provision.**	☐	☐	☐	☐	☐	☐

Comments:

	N/A	1	2	3	4	5
Logistic arrangements are made, including establishing a:						
• Meeting place and time that is mutually convenient for the family and other participants.	☐	☐	☐	☐	☐	☐
• Meeting place that is conducive for private and confidential conversations.	☐	☐	☐	☐	☐	☐
• **CFSR Preparation Interview Worksheet is completed**.	☐	☐	☐	☐	☐	☐

Comments:

Facilitation						
Convenes the meeting, prompts introductions of participants and their roles, reviews or develops ground rules of the meeting, defines the goals and clarifies decisions to be made, ensures confidentiality is understood, Confidentiality Statement is signed by all participants.	☐ N/A	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Comments:

The facilitator:	N/A	1	2	3	4	5
• **Monitors and manages the flow of the discussion to ensure that all are heard and no one dominates.**	☐	☐	☐	☐	☐	☐
• Encourages maximum, appropriate involvement in all decisions.	☐	☐	☐	☐	☐	☐
• Assists the family to develop natural supports that will enhance the family's capacity and build a circle of support that will see the family through difficult times.	☐	☐	☐	☐	☐	☐
• **Ensures that all share strengths of the family as well as needs, safety and risk factors are identified.**	☐	☐	☐	☐	☐	☐
• Focuses on results, processes, and relationships.	☐	☐	☐	☐	☐	☐
• **Focuses on safety, permanency, and well-being.**	☐	☐	☐	☐	☐	☐
• Celebrates successes and accomplishments.	☐	☐	☐	☐	☐	☐
• Coaches others to do their best thinking, especially in regard to how services should relate to needs.	☐	☐	☐	☐	☐	☐
• Designs pathways for realizing opportunities, building capacities, and solving problems.	☐	☐	☐	☐	☐	☐
• **Balances family-centered decision making with protective authority to keep children safe and help parents be successful.**	☐	☐	☐	☐	☐	☐

Comments:

Facilitation (continued)

Time management – the facilitator:	N/A	1	2	3	4	5
• Refocuses the meeting as necessary to stay on task and on time.	☐	☐	☐	☐	☐	☐
• Brings discussion to closure; summarizes decisions made, next steps, assignments, and commitments to implementing the plan.	☐	☐	☐	☐	☐	☐

Comments:

Conflict resolution – the facilitator:	N/A	1	2	3	4	5
• **Makes adjustments when conflict surfaces.**	☐	☐	☐	☐	☐	☐
• Confronts problems honestly and respectfully.	☐	☐	☐	☐	☐	☐
• **Manages power and control issues that arise.**	☐	☐	☐	☐	☐	☐
• Checks-in with participants to ensure accurate assessment/ information.	☐	☐	☐	☐	☐	☐

Comments:

Service Planning and Follow-up						
The Family Team Meeting provides a basis for service planning, coordination, communication, and accountability as evidenced by:	N/A	1	2	3	4	5
• **Agreed-upon goals for the family that include measures of behavioral changes and action plans that are consistent with safe case closure requirements (safety, permanency, and family well-being).**	☐	☐	☐	☐	☐	☐
• Secured commitment from participants for plans made.	☐	☐	☐	☐	☐	☐
• Addressed needs for attachment and security, family preservation or reunification, as indicated.	☐	☐	☐	☐	☐	☐
• **Identified alternative permanency plans, safety plans, crisis plans, and any necessary transition plans; anticipation of what could go wrong with the family plan.**	☐	☐	☐	☐	☐	☐
• **Arranged-for supports and services that are most likely to work for the family and are culturally competent when able to achieve.**	☐	☐	☐	☐	☐	☐
• Definition of how goals are to be measured through behavior changes.	☐	☐	☐	☐	☐	☐
• **Established time limits, clear explanations, and alternatives.**	☐	☐	☐	☐	☐	☐
• Identified consequences of not making behavior changes.	☐	☐	☐	☐	☐	☐
• Defined accountability for actions of the family and service providers and a way that accountability will be ensured.	☐	☐	☐	☐	☐	☐
Comments:						

The family team develops, monitors, and evaluates and individualized child service plans for a child with special needs. The child family's plan follows the domains and:	N/A	1	2	3	4	5
• Addresses the special needs of the youth or child.	☐	☐	☐	☐	☐	☐
• Addresses any placement concerns.	☐	☐	☐	☐	☐	☐
• Defines treatment goals and strategies.	☐	☐	☐	☐	☐	☐
• Builds resiliency and improves the child's functioning in daily settings, including home and school.	☐	☐	☐	☐	☐	☐
• **Uses collaboration as appropriate, with health care, mental health, special education, developmental disabilities, and juvenile justice services.**	☐	☐	☐	☐	☐	☐
• Provides integration and coordination of services across settings, providers, levels of care, and funding sources.	☐	☐	☐	☐	☐	☐
• Provides for age-appropriate transitions.	☐	☐	☐	☐	☐	☐
• Prevents unnecessary disruption of the child's education	☐	☐	☐	☐	☐	☐

Comments:

CFSR FTM Summary is completed by the facilitator and required information has been documented on the Summary.	☐ N/A	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Comments:

Strategies to address needs and plan for follow up coaching and observation for areas rated less than 3:

Approval Determination	
Facilitator:	**Date:**
☐ It is my recommendation that this facilitator NOT be approved as a FTM facilitator by DFCS at this time. ☐ It is my recommendation that this facilitator complete the strategies to address needs and be observed and evaluated before approval as a facilitator. ☐ It is my recommendation that DFCS APPROVE this facilitator to conduct Family Team Meetings. The facilitator has the skills and has demonstrated competency in FTM facilitation.	
Evaluator:	**Date:**

*Items in **BOLD print** are considered critical items and must be scored at least 3 in these areas to be approved as a facilitator.*

NOTE: It is expected that the facilitator achieve a score equal or greater to "3" in all categories to be considered proficient at facilitating Family Team Meetings.

Appendices

SIMMONS FAMILY TEAM MEMBER ROLES

1. **Ross and…**

2. **…Renee** are nervous about the meeting. **As the meeting progresses**, you let their roles develop.

3. **The Substance Abuse Treatment Provider** has never participated in a child and family team meeting. You like the idea of participating in a meeting process and offering your expertise. At the meeting, you take on the expert role and are very high on accountability. You are willing to talk about Ross and Renee's strengths but want to interject comments about their need to work their recovery program. **As the meeting progresses**, you become more of a team member.

4. **The Foster Parent** has had the children for 4 months. You believe Renee and Ross love their children and also know the children love them. However, the children have been through a lot, especially Ariel; thus, you are very cautious about the reunification goal. You come to the meeting as a willing participant, yet you are concerned about Renee and Ross's sincerity to get it together and keep it together so that they will not fail the kids again, especially Ariel. **As the meeting progresses**, you begin to trust and empathize with Ross and Renee.

5. **The Paternal Grandmother** wants to be a support to her son and daughter-in-law and grandchildren. You are confused about how to help and whom to trust. At the meeting, you are protective of your son. **As the meeting progresses**, you offer help and still want to know what you can do.

6. **The Caseworker** has never participated in a child and family team meeting. You like the idea of participating in a meeting process; however, you do not know if you can do this with every family and wonder if this is a practical way to do your job. **At the meeting** you take on the expert role and are very high on accountability. **As the meeting progresses**, you become more of a team member.

7. **The Parent Educator** is a strong advocate for parents in general and especially for those parents in recovery. You have been in recovery for eight years. At the meeting, you are there and ready to be supportive. You have lots of strengths to share about Renee's parenting skills and her new recovery lifestyle. You are also supportive of Ross and believe that if the two of them stay true to their program they will make it. **As the meeting progresses**, you are extremely supportive.

Family Team Meeting: Preparation Interview/CFSR Worksheet

Family Name:

_____

List everyone present at Preparation Interview:

_____

_____

Preparation Interview Date: _____

Preparation Interview Location: _____

Who conducted Preparation Interview (e.g., Case Manager, Facilitator)?

_____

_____

PREPARATION INTERVIEW STAGES

1. **EXPLAIN FTM PROCESS**. Give parent FTM Brochure. Explain "This is a different kind of meeting." Emphasize the family's role in the FTM, and that FTMs are "solution focused and strengths based." COMMENTS:

   _____

   _____

   _____

2. **EXPLAIN MEETING OUTCOME** (e.g., creating Family Plan) and how family drives this process. COMMENTS :

   _____

   _____

   _____

3. **FAMILY PURPOSE**. Ask "In addition to <formal outcome>, what would YOU like to have happen as a result of this meeting?"
   COMMENTS:

   _____

   _____

   _____

4. **EXPLAIN ROLE OF FACILITATOR AND CO-FACILITATOR**. For example, "My role as 'facilitator' is to help you, your family, and everyone in the room feel safe and valued and be an active part of the process."
   COMMENTS:

   _____

   _____

   _____

5. **DESCRIBE AND LISTEN TO FAMILY STORY**: For example, "What brought you here today? What brought DFCS into your life?"
   COMMENTS:

   _____

   _____

   _____

6. **IDENTIFY STRENGTHS**. Sample questions: "What do you see as your strengths? What do other people praise you for? What do they say they like about you? What do you do with your child that makes him/her smile or laugh?"
   COMMENTS:

   _____

   _____

   _____

7. **IDENTIFY NEEDS**. Sample questions: “What issues or concerns do you have now? Are there areas of your life you’d like help with? “
   COMMENTS:

   _____

   _____

   _____

8. **EXPLAIN SAFETY/RISK FACTORS AND AGENCY “NON-NEGOTIABLES”**. Explain (1) what an agency “non-negotiable” issue is, and then (2) explain all Safety/Risk Factors and all agency “non-negotiable” needs that must be part of the FTM planning or decision making process. Emphasize role of Facilitator is to keep FTM solution focused and avoid “blaming”. **If Safety/Risk Factors have been successfully addressed by the family, LIST BELOW how family did this**.
   COMMENTS:

   _____

   _____

   _____

9. **IDENTIFY WHO THE FAMILY WANTS TO BE PART OF FTM**. Sample questions: “Who are the people who care about you and your family? Who do you turn to for help? Who could help you meet YOUR goals for the meeting?” **LIST ALL INVITEES**.
   COMMENTS:

   _____

   _____

   _____

10. **LIST ALL CHILDREN AND WHETHER PART OF FTM.** If any children are not part of FTM, document who will involve children in FTM planning/decision making process prior to the FTM.
    COMMENTS:

    _____

    _____

    _____

11. **IDENTIFY OTHER FTM PARTICIPANTS, COME TO AGREEMENT**. Explain who needs to be part of the FTM from a DFCS perspective and come to agreement. Be sure and discuss how having these formal resources in the FTM can help the family meet THEIR goals. **LIST ALL INVITEES**.
    COMMENTS:

    _____

    _____

    _____

12. **FATHER'S INVOLVEMENT**. If the father is not part of Preparation Interview, document reasons and how their perspective will be solicited for FTM.
    COMMENTS:

    _____

    _____

13. **IDENTIFY ANY POTENTIAL CONFLICTS IN FTM**. Sample question: "Now that we've discussed and agreed on why we're having a FTM, and who will be there, can you think of any conflict that might be there with these folks together in the room?"
    COMMENTS:

    _____

    _____

    _____

14. **EXPLAIN HIPAA RELEASE FORM AND HAVE FAMILY SIGN**. Be sure to build value here, explaining how discussing these "Protected Health Information (PHI)" issues are critical to the family achieving THEIR goals more quickly.

HIPAA Release Form Signed YES ☐ **NO** ☐

If "no", please explain:

_____

_____

_____

15. **AGREE ON FTM TIME AND PLACE**.
COMMENTS:

_____

_____

_____

16. **OTHER COMMENTS, OBSERVATIONS FROM PREP INTERVIEW**:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

For More Information

Module 1: Family Team Meeting Overview

Family-Centered Practice

Child Welfare Information Gateway
http://www.childwelfare.gov/famcentered/
Resources and information including an overview, cultural competence, specific casework practice, family centered-services, and evaluation of the effectiveness of the approach.

Child and Family Services Review and Program Improvement Plan (CFSR, PIP)

http://www.gacfsrpip.org/index.cfm
Background information about Georgia DFCS work related to the federal (CFSR) and related PIP, progress in improving outcomes.

Kenny A. v. Perdue

The Barton Child Law and Policy Clinic
http://www.childwelfare.net
Children's Rights
http://www.childrensrights.org/
Information about the lawsuit filed by a children's advocacy group, Children's Rights, Inc. in 2002 to force improvements in foster care in Dekalb and Fulton Counties, the consequent settlement, and progress reports.

Family group decision-making

Child Welfare Information Gateway's links to history, research, and best practice resources for various family intervention approaches (family team conferencing, family team meetings, family group conferencing, family team decision-making, family unity meetings, and team decision-making).
http://www.childwelfare.gov/systemwide/assessment/approaches/family.cfm
The Child Welfare Policy and Practice Group
http://www.childwelfaregroup.org/documents/FTC_History.doc
A history of Family Team Conferencing usage in child welfare

Module 2: The Process of Change

Continuum of Change

How People Decide to Act: The Change Continuum
http://www.nea.org/neanow/howpeopleact.html
An examination of the steps people must take before they decide to do something about their bad situation.

Stages of Change

Prochaska and DiClemente Stages of Change Model
http://www.cellinteractive.com/uda/physician_ed/stages_change.html
Identifies the stages of change, characteristics and techniques for handling resistance.

Stages of Change Model

http://www.etr.org/recapp/theories/StagesofChange/index.html
Examines six distinct stages of change developed by Prochaska and DiClemente.

Dealing with Resistance

Recognizing and Dealing with Resistance
http://www.hypnocenter.com/article.php?article_id=28
A resistant client is not to be condemned or disapproved of but the therapist must accept the fact that the client needs the resistance at that time. How to help the client move forward.

Module 3: Skills for Building a Trusting Relationship

Core Conditions

The Association for the Development of the Person Centered Approach
http://www.adpca.org/coreconts.html
Excerpt from Carl R. Rogers' *Way of Being* explaining the three core conditions for therapeutic change

Engagement

University of Pittsburgh, School of Social work
http://www.pacwcbt.pitt.edu/Organizational%20Effectiveness/Practice%20Reviews/EngagingFamilies.doc
Engaging Families in Child Welfare: A Brief Review of the Literature.

Module 4: Family Dynamics Before, During and After Crisis

Genograms

http://www.genopro.com/genogram

Defines genograms and provides a basic template that can be used in developing genograms.

www.familytiesproject.org/genograminstructions.htm

What is a genogram? How can it be used in social services?

Module 5: Forming Partnerships for Positive Change

Johari Window

The Johari Window

http://www.teleometrics.com/info/resources_johari.html

http://en.wikipedia.org/wiki/Johari_window

Comprehensive definition of Johari Window and its use in social services.

Supervision

The Good Supervisor

http://www.cyc-net.org/cyc-online/cyc01-0401-supervision.html

Lists strengths and limitations as supervisor and identifies how personal traits and interpersonal style may affect supervision.

Module 6: Facilitation Skills and Family Team Meetings

Domestic Violence

Family Team Conferences in Domestic Violence Cases: Guidelines for Practice; by Lucy Salcido Carter; The Family Violence Prevention Fund; The Child Welfare Policy and Practice Group; October 2003

http://endabuse.org/programs/children/files/ftm_rev02.pdf

Downloadable guide for conducting family team meetings when domestic violence is involved.

Drug Addiction

Principles of Drug Addiction Treatment: A Research Based Guide

http://www.nida.nih.gov/podat/PODAT12.html

The National Institute on Drug Abuse (NIDA) Guide includes: Principles of Effective Treatment; Frequently Asked Questions; Drug Addiction Treatment in the United States; Scientifically Based Approaches to Drug Addiction Treatment.

Mental Illness

http://www.mentalhealthamerica.net

Clearinghouse for mental health issues and resources

http://www.nmha.org/go/information/get-info/strengthening-families

Factsheets:

When a Parent Has a Mental Illness: Child Custody Issues

When a Parent Has a Mental Illness: From Risk to Resiliency—Protective Factors for Children

When a Parent Has a Mental Illness: Issues and Challenges

When a Parent Has a Mental Illness: Interventions and Services for Families

When a Parent Has a Mental Illness: Serious Mental Illness and Parenting

Effective Discipline Techniques for Parents: Alternatives to Spanking

Positive Parenting

Overview of Kenny A. v. Perdue

In June of 2002, Children's Rights filed a class action against the state of Georgia on behalf of the approximately 3,000 children in foster care in Atlanta. The federal complaint cites numerous systemic problems with dangerous consequences for children, among them:

- Children languish for months in dangerous emergency shelters without necessary treatment and services, exposed to violence, sexual assault, and other illegal activity;
- Children in foster care experience unacceptably high levels of abuse and neglect;
- Children are routinely shuffled from foster home to foster home, spending many years in state custody; and
- Children in foster care receive inadequate health care and educational services.

A settlement agreement was reached with Georgia officials in July of 2005, requiring the state to meet specific reform benchmarks in 31 areas of service to children. The federal court approved the settlement in October of 2005, and appointed two independent monitors to report on the state's performance.

Two additional settlements were subsequently reached with Fulton and DeKalb counties (metro Atlanta), which guarantee every child the right to effective legal representation throughout their involvement with the child welfare system. In May of 2006, the federal court approved the right-to-counsel settlements and appointed two separate, independent monitors for Fulton and DeKalb counties respectively.

Recent monitoring reports show that while legal representation for children continues to improve, overall reform of Atlanta's child welfare system is stalling. In August of 2008, Children's Rights filed a contempt motion against the state, citing its failure to meet court-ordered requirements for finding permanent homes for hundreds of children who have languished in foster care for years. Children's Rights is currently awaiting the court's ruling.

From: http://www.childrensrights.org/reform-campaigns/legal-cases/georgia-kenny-a-v-perdu

The nine children who appear as named plaintiffs in the lawsuit include, among others:

*Kenny A., a two-year-old boy needing an adoptive home but instead is repeatedly wrenched from one foster home to another by Fulton DFCS.

*Kara B., a 14-year-old girl who went through 15 different placements to end up in a DeKalb County residential treatment facility where she was sexually abused by a staff member.

*Maya C., a former honor student now confined in the DeKalb shelter where she is losing the opportunity to complete her education, is depressed, and fears for her safety.

*Phelicia D., a 12-year-old girl for whom Fulton DFCS has failed to provide necessary mental health services despite a history of being sexually abused and threatening to take her own life is now placed in a facility with sexually aggressive children.

*Sabrina E. and Korrina E., three-years- and one-year-old sisters who have a couple longing to adopt them. DeKalb DFCS denied the adoption because the couple is not African-American like the girls.

The full stories of all nine named plaintiff children are available on through [*sic*] Children's Rights.

From: http://library.adoption.com/articles/class-action-lawsuit-filed-on-behalf-of-vulnerable-foster-children-in-georgia.html