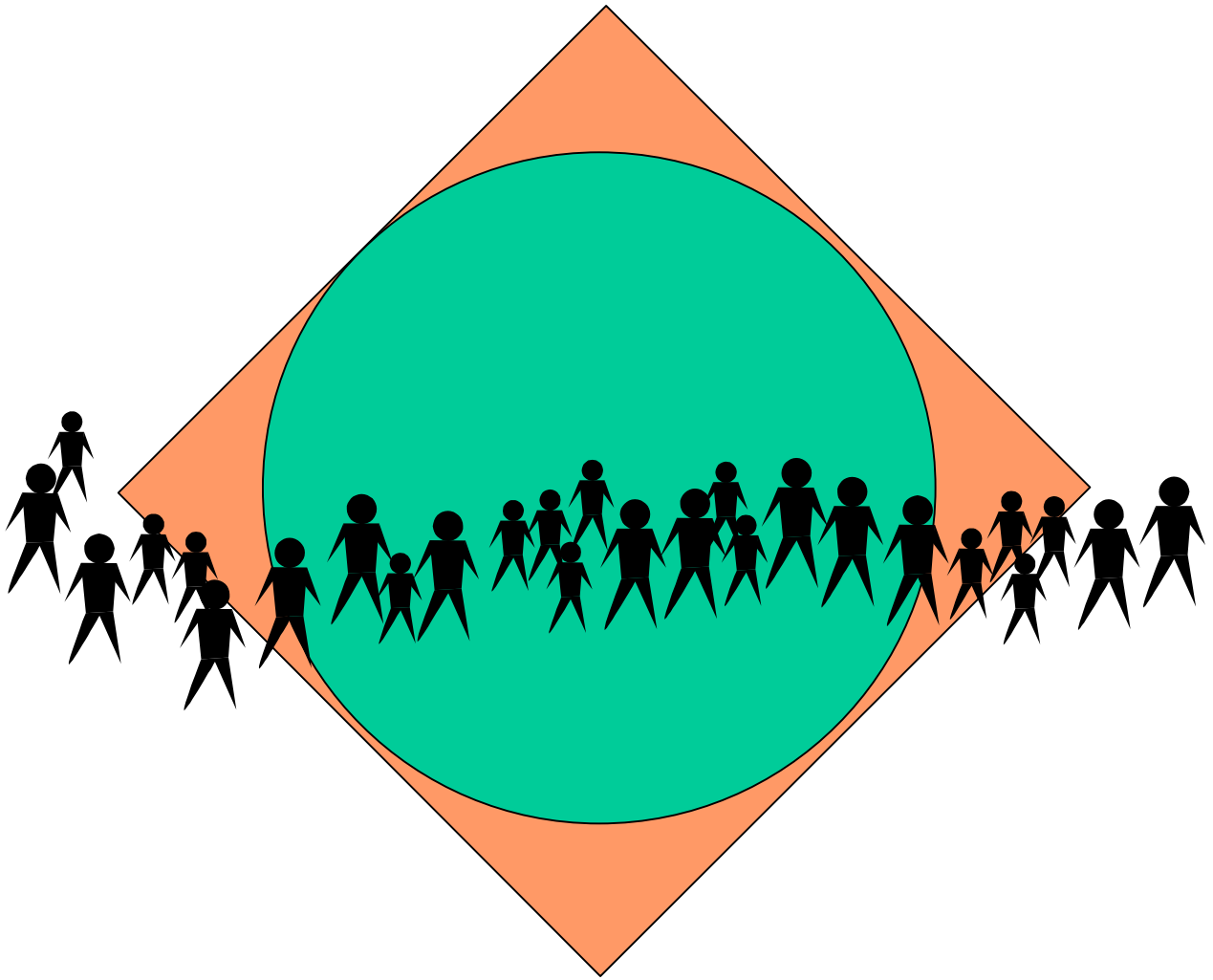


New York State Coordinated Children's Services Initiative



Developing Child and Family Teams - Training Manual -



George E. Pataki
Governor

Acknowledgements

We are indebted to a number of nationally recognized people who made major contributions, both through training and writings, to the development of this training manual. Of particular note are John VanDenBerg, John Franz, John Whitbeck, Naomi Tannen and Karl Dennis who have influenced our thoughts and practice over the years.

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Introduction

Westchester County's efforts to reform its children's service delivery system began in 1989, with a small grant to create a coordinated system of care that would work collaboratively across all of the child serving systems on behalf of seriously emotionally disturbed (SED) children and their families. Eventually known as the Coordinated Children's Services Initiative (CCSI), Westchester based the design of its system on the federal Child and Adolescent Service System Program (CASSP) that provided guiding principles for a family-focused system of care. The Westchester design for policy formulation, program development and service delivery was built on the following core principles:

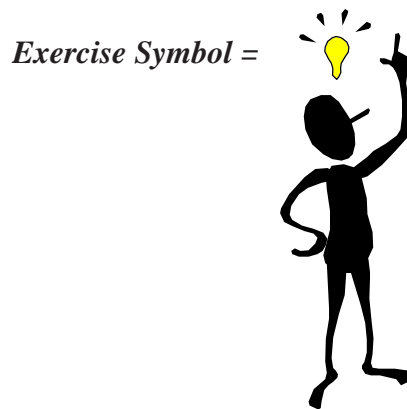
- Families must be viewed as partners and colleagues;
- Children are best served in their own homes, schools, and communities;
- The supports required by children with SED should be found in the community;
- Child serving systems/agencies must collaborate to create a seamless system;
- Services must be individualized to meet the needs of each child and family;
- Services must focus on strengths and competencies, rather than on deficiencies;
- Services and care must be unconditional;
- Interventions and supports must be available to "wrap services around" the child and family;
- Services must be culturally competent and respect differences of ethnicity, religion, family composition, class, gender, and sexual orientation.

For the past six years, Westchester County has embarked on an ambitious training regimen to infuse these key principles into all of the child serving systems/agencies. During that time we have facilitated over 100 training programs, impacting more than 4,500 service providers and parents. We have been greatly influenced and energized by many of the pioneers in the wraparound field, including John VanDenBerg, Karl Dennis, John Franz and New Zealand's "Just Therapy".

Due to the large demand for additional training, the Westchester County Department of Community Mental Health has recently established a training team in the county, in conjunction with Family Ties. The training team is the locus of culturally competent education, training and development work for the system of care. All training activities reflect the CASSP principles, which promote child and family-centered, strength based, culturally competent work with children and families. The training unit ensures that the principles and strategies of individualized care are implemented throughout the system of care and that standards for best practices are met.

How To Use This Manual

The CCSI Training Manual is a compellation of our training experiences. We hope the exercises and discussions are helpful tools in motivating, energizing and, most importantly, influencing participants' adapting CASSP values. An important point to remember about the training is that it can always be adapted to meet the audience's needs. All chapters begin with a brief introduction on the topic, followed by discussion worksheets and exercises. We have included several exercises for each theme. As trainers, select the exercises that best meet your training needs and are most suitable to your audience. All exercises are coded by the following symbol at the top left corner of the page:



Individualize your training team. In the spirit of individualized care, use someone who is part of the community or system/agency to connect with the audience. This person will add credibility and will help to infuse training principles into their particular system/agency.



Chapter One - Training Tips

Getting Started

This section of the manual is designed to review basic presentation skills. Remember that everyone has his or her own unique style. Utilize your strengths and be aware of areas in which you need to improve. Most important, be yourself!

Helpful hints . . .

- 1. ENERGY!**
Be excited about your work and the information you are sharing. Energy is contagious and the more effort and enthusiasm you put into the training, the more energized your audience will be.
- 2. KNOW THE MATERIAL**
Spend time in advance reviewing the material. If possible, rehearse some of the exercises so that you become more familiar with them. The extra effort will be evident during your presentation.
- 3. KNOW YOUR AUDIENCE**
Remember that each group has its own “culture”. If possible, familiarize yourself with some of the dynamics of the group. What are some of the experiences of the group related to the material?
- 4. BE AWARE OF YOUR VERBAL & NON-VERBAL COMMUNICATION**
When communicating, always make eye contact. When speaking, try to make direct contact with the audience. Be aware that your tone of voice must be energizing and clear.
- 5. LEARN TO USE NAMES**
Learning people’s names helps to connect with your audience. Learn tricks that will help you to remember names or use nametags.

6. ENCOURAGE PARTICIPATION

Encourage the audience to share their thoughts and experiences. Help them to challenge each other, and themselves, throughout the training. This can be accomplished by asking or re-directing questions back to the audience, in an effort to have them problem-solve or make comments.

7. GIVE POSITIVE FEEDBACK

Support participation by giving positive feedback after a person is willing to share. Acknowledge individual and group successes during the training.

8. RELAX, BE POSITIVE & ENJOY YOURSELF

“Those who bring sunshine to the lives of others cannot keep it from themselves.” - James M. Barrie

9. ACTIVE TRAINING

Yes, there is a whole lot more to training than lecturing! Learning is not an automatic consequence of pouring information into another person’s head. It requires the learner’s own mental and physical involvement. Lecturing and demonstrating, by themselves, will never lead to real, lasting learning. Only training that is *active* will. What makes training “active”? When training is active, the participants do most of the work. They use their brains – studying ideas, solving problems, and applying what they learn. Active training is fast-paced, fun, supportive, and personally engaging. Often, participants are out of their seats, moving about and thinking aloud. Why is it necessary to make training active? In order to learn something well, it helps to hear it, see it, ask questions about it, and discuss it with others. Above all else, we need to “do it.” That includes figuring out things by ourselves, coming up with examples, rehearsing skills, and doing tasks that depend on the knowledge we have.

Successful Training

1. Think back on presentations you have attended.
 - a. What kinds of presentations held your attention?
 - b. Was it the content of the presentation?
 - c. Was it the presenter's use of props?
 - d. Was it the tone and inflection that they used?
 - e. Did they use statistics?
 - f. Did they use personal stories?
 - g. Did they use stories they had heard or examples they had seen?
 - h. Is the environment that you speak in important to you as the presenter?
 - i. If so, how do you manipulate the environment to create a better experience?
 - j. If there were co-presenters what was it about their style that you liked?
 - k. After considering the answers to these questions, develop a presentation using some of the techniques that caught your attention, they will just as likely catch the attention of others.
2. Some of the goals for presenting to an audience on family support are:
 - a. Sensitize the audience to the experience of being a parent/caretaker of a child with challenging social/emotional difficulties. "What does it really mean to live 24/7 with a youngster with these difficulties?" Inform/educate to: the biases, misunderstandings, blatant disregard, difficulty of accessing "help", mixed messages, systems that don't connect or speak to each other, as well as the value of the family support movement.
 - b. Empower the audience to look:
 - At families and other professionals in other systems in a new way.
 - At the strengths they have and to believe by looking at their own experiences; in the power of change. It is the strengths we have that help us get through the difficult times, we need to look at each other for the strengths we bring to any and all situations. They are what will ultimately make the difference. It is the paradigm shift from what is wrong to what is good and right. This becomes the bedrock for any foundation or plan. It is a shift in thinking and reframing from deficit to strength.
 - c. Always inject some humor in your presentation.
3. When presenting, think of the stories (whether yours or those you have heard) that help to emphasize the points you are trying to make. Remember, less is more. Only tell the stories you are comfortable with. Let a short story bring alive the points you are making.
4. Develop an outline based on your goals. Then recall the answers to the questions above. Decide what statistics/stories you will tell to keep their attention and make it real and alive for the audience. You need to create for your audience environments where they get to experience emotion and feelings related to the topic you are speaking about. This is a critical part of our work. We CANNOT over dramatize but we must engage the audience. It is a delicate balance and you learn by doing!
5. Always leave the audience with an upbeat message. A recipe for working with families that includes us working as partners both as families with special kids and as family advocates in the family support movement. *Together we can!!!*



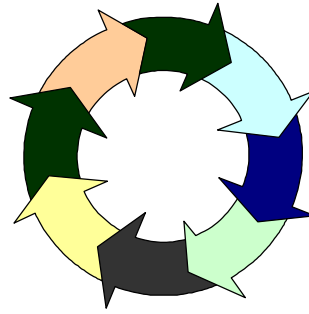
PARTICIPANT'S AGREEMENT

I will:

- Suspend Disbelief
- Be Flexible
- Find What is Useful To Me
- Challenge Myself, Take Risks
- Exercise My Mind
- Be Open- To Others, To Content
- Talk In Ways That Make Others Listen To Me
- Listen In Ways That Make Others Talk To Me

MOST OF ALL, ENJOY!

Signature



Chapter Two – Paradigm Shift

Introduction

Nationally, the field of Human Services has witnessed several significant changes during the past several years, and many of those changes have been mirrored in New York State. New York State Coordinated Children's Services Initiative (CCSI) is one of several movements which recognizes a change in how our systems conduct business. This movement was initiated by an overall dissatisfaction in the way services are organized and provided, and the outcomes that they have produced.

The children's system has frequently been described as categorical, duplicative and lacking positive outcomes for both families and professionals. Systems each have their own language, mandates, eligibility requirements and case managers. Services tend to be crisis driven and revolve around what is wrong with families and communities rather than recognizing resiliency and strengths. Planning is often decided without family member's involvement.

In redesigning our system of care, Westchester County recognized that first and foremost, there had to be an attitudinal change in the system. This change includes moving to a more rational system, which could better meet the needs of children and their families. This includes expanding resources in a more efficient manner and finding different ways of conducting business which support systems working collaboratively. It also includes involving parents as partners and developing a more individualized service system.

In the early 1990's, the State Office of Mental Health developed a multi-tier plan that incorporated principles based on the federal initiative, the Child and Adolescent Service System Program (CASSP) of 1983. This initiative was built on the belief that a family or family-like setting was the most desirable setting to rear children. Recognizing the need to work across systems, the State Office of Mental Health convened a group of other state agencies representing the Department of Social Services, Office of Probation and Correctional Alternatives, the State Education Department, the Division for Youth and the Council of Children and Families. CCSI later added Office of Alcohol and Substance Abuse Services and Office of Mental Retardation/Developmental Disabilities. The state group invited key county agency representatives who had been involved in local cross-system efforts to participate in the state-level discussions. The state group continued to meet regularly and designed the model that evolved into the CCSI.

This chapter explores the paradigm shift in our system and some of the challenges in the change process.

COORDINATED CHILDREN’S SERVICES INITIATIVE

PURPOSE

The purpose of the Coordinated Children’s Services Initiative (CCSI) is to ensure that families are supported in staying together and that children remain at home and in their community through improving the quality of decision making for children with emotional and behavioral disturbances through state and local interagency partnerships.

PRINCIPLES

To have a shared commitment to serve children with emotional and behavioral disturbances, with the goal of supporting families’ efforts to stay together.

To share resources among child-serving systems that meets the needs of the child and family.

To increase each child-serving systems’ accountability to each other.

To increase family involvement in service delivery decision making, to base those decisions on the family’s strengths and to meet identified family needs.

To utilize an individualized care model of service planning and delivery, which focuses upon “one child at a time”.

To provide services and supports while maintaining a holistic view of the child and family.

To provide services and supports that will prevent residential placements and to reduce the number of existing placements, through periodic reviews that ensure the shortest appropriate length of stay and that services and program options are employed to enhance family, school and community readjustment.

To provide services and supports that are culturally competent and build on the unique strengths of the state’s culturally diverse populations.

To enable workers to deliver services in a manner that encourages innovation and creativity.

To develop state and local partnerships through more effective collaboration and the removal of barriers which impede interagency service delivery.

To have active parent participation at all levels of developing CCSI.

Source: Tier 3 CCSI Purpose and Principles



OUR EXPERIENCES

Exercise

Number of participants: Any number

Estimated time of exercise: Depending on group size (suggested 10 – 20 minutes)

Purpose: The objective of this exercise is to engage the audience and “set the tone” for their participation throughout the training. The exercise also models a strength-based discovery process by recognizing their abilities and interests.

Directions: Go around the room and ask each participant to answer the following questions:

1. Introduce themselves;
2. Share how they entered the field;
3. What strengths do they bring to their work?

Discussion: As people are sharing information, record answers on a poster board. List why they entered the field and what strengths they bring to their job. Acknowledge the talents, experiences and skills they bring to their work. Relate these topics to the concepts of the paradigm shift. Are they reaching their goals in deciding to enter the profession and are their values and principles being supported by their agency and the system?



CHANGE

“Change is inevitable; growth is optional”

Exercise

Number of participants: Any number
Estimated time of exercise: 10 minutes

Purpose: Changing the way human service providers engage families, moving from a deficit-to-strength based approach, and having them participate as partners in planning may be a new concept for many participants. This exercise is a helpful way of introducing the topic of change and how challenging it can be.

Directions: Ask the group to stand and pair up in twos. The pairs should stand facing each other. Ask participants to take inventory of each other’s appearance. Next, ask them to stand back to back. Each person should alter their appearance in two ways. Have partners turn around and face each other again. Each person should identify the changes made. Repeat this again. After the second time, the exercise is finished and everyone should be seated.

Discussion: The exercise illustrates the challenges when faced with change. Our training and experiences help to reinforce certain beliefs and values over the years. When change is indicated, it is often difficult and we usually resist. Most of us, in this exercise, find it difficult to make changes and to recognize change in others. When participating in this exercise, people usually do not step-out of their “box” and work with a group next to them to make changes in their appearance. Notice the reaction of people when they are told that the exercise is finished. They often straighten themselves out and change back into their original appearance. People are usually more comfortable with their “old ways”.



PARADIGM SHIFT

Exercise

Number of participants: Between 10 – 30

Estimated time of exercise: 20 minutes

Purpose: Changing the paradigm within systems from a deficit approach to a strength-based approach, from a categorical system to a creative, individualized, wraparound approach, will not be an easy transition. This exercise will examine the system’s culture and the desired paradigm shift. It will help participants to explore and discuss their own value system.

Directions: Post the following quotes on poster size paper around the room:

- *Use missteps as stepping stones to deeper understanding and greater achievement.*
-Susan Taylor
- *Three bricklayers were asked what they were doing. One said, “I’m laying bricks.” The second replied, I’m building a wall.” The third stated, “I’m constructing a temple.”*
-Anonymous
- *The object is not to see through one another, but to see one another through.* -Peter Devries
- *The miracle is this – the more we share the more we have.* -Leonard Nimoy
- *To promote cooperation, remember people tend to resist that which is forced upon them. People tend to support that which they help to create.* -Vince Pfaff
- *Successful people use their strengths by recognizing, developing, and utilizing the talents of others.* -Zig Ziglar
- *The greatest good we can do for others is not to share our riches but to reveal theirs.*
-Anonymous

Discussion: Ask the group to go around the room and read each quote. They should select one quote that has the most significant meaning to them. Stand by the quote and spend ten minutes discussing the following questions with others in the group.

1. Why did you select the quote?
2. Is the quote similar or different from the attitude of your agency or system? How?
3. How do we achieve the stated quote in our paradigm shift?
4. What are some of the benefits and challenges of the paradigm shift?

After ten minutes of discussion, ask each group to present their ideas and their response to the questions.



Chapter Three – Family Support/Empowerment

Introduction

The Child and Adolescent Service System Program (CASSP) of the National Institute of Mental Health (NIMH) was the genesis for the family support and empowerment services that have evolved in the United States over the last dozen years.

Historically, children with emotional or behavioral challenges were frequently removed from their homes for care and treatment; did not receive appropriate services in the community; parents' interactions were often considered the "cause". Children were institutionalized and parents were blamed. In most cases, parental involvement in the child's care was unwelcome by the professionals. The "parentectomy" was considered a "therapeutic" intervention. In that era, it was expected that "professionals" knew what was best for the rest of us; authority figures were respected and unquestionably revered; a title was analogous to omnipotence; their superiority commonly accepted.

As in the adult system of care, public policy has since shifted away from children's "placement" or institutionalization. Concomitant with this trend, it was recognized that families must receive support in order to cope at home with the special needs of their children and the stress and isolation that often accompanies caring for them.

This chapter emphasizes the benefits of developing partnerships with parents and children and the methods used to empower families. John Whitbeck, Researcher for the State of Washington's Department of Social & Health Services has spent several years trying to identify the common process elements in successful human service methodologies. He has identified three primary data clusters among programs with consistent positive outcomes. Dr. Whitbeck's research focuses on "Access, Voice and Ownership" as fundamental aspects of strategies with positive outcomes. *Access* means being included in the decision making process; *voice* means that there is ample opportunity to speak, and be heard, at every stage of the planning process; *ownership* means that there is not only agreement with, but a commitment to, the plan or services developed. Empowerment is creating a context in which clients can discover the considerable power within themselves. To achieve this, one must be empowered. Characteristics of the empowering role include: focusing on client strengths and capacity to achieve goals; shifting responsibility to clients for problem-solving and decision-making; building plans with clients that they feel committed to implement; teaching problem solving skills; sharing responsibility for arranging resources with clients (Professional Development Program Rockefeller College, University at Albany, 1998).

Family empowerment is not a singular “program” but is an approach that develops from awareness, information, communication, advocacy, mentoring, participation, interaction, collaboration, etc. But most of all, family empowerment is based on the fundamental premise that a family knows itself best and can identify its own needs. Parents are not just a part of the “treatment” team but are the most important members. Partnering with parent advocates, educators and professionals often enables a family to obtain the necessary resources to capitalize on the family’s expertise. Family empowerment expects community services to be flexible, accessible, comprehensive, and responsive to the unique strengths and needs of children and families. Yet, family empowerment is a dynamic “win-win” process that crosses all human service systems.

There are multiple core principles that guide the family support movement, or family development model. It is a positive, strength-based and individualized partnering with families as part of their community and the human services system with which they are involved.

Primary to this philosophy is the practice of recognizing that all people and all families have strengths. Every family needs and deserves support regardless of their ethnicity, culture, socioeconomic status, family composition, educational level and past history. Successful families are neither totally dependent on, nor totally isolated or independent of, society, but rather interdependent upon extended family, friends, schools, community and agencies.

Parent advocates (who have been there) are pivotal to the success of the collaborative parent-professional partnership/team. Their roles are identified and their perspectives are portrayed. In essence, parent advocates mentor new families into a community network and often lay the groundwork for ongoing support. Family Support training sensitizes professionals to the journey from parent to parent-advocate and the emotions and motivation during this transition. The training emphasizes the rationale and methods of true partnering with parents, parent advocates and professionals within an integrated and individualized system of care. Older adolescents and young adults, who themselves have been in residential treatment programs, can be an ongoing source of mentoring for younger children and their families and this perspective is also incorporated in the training.

Strategies for family empowerment will be explored from the perspective of parents themselves, service providers, professionals, schools, communities, and states.

The Roles of a Family Advocate (Family Support Worker or Family Resource Specialist)

The above titles are often used interchangeably but denote a person who is someone to talk to who will provide support, integrate services, and help to make decisions about what to do for the child and family. A family advocate is usually someone who has “been there” as a parent of a special needs child. Having experienced the challenges of parenting a child with emotional or behavioral concerns, they are uniquely qualified to empathize with other parents who have similar children. These parents have had first-hand experiences with special education classification rules and regulations, as well as various clinical treatment modalities. Family advocates learn from trial and error. It is fitting to recognize that “experience is the best teacher”. Any special training and education become an adjunct to formalize the parents’ experiential foundation.

In order to respond to the multiple needs of a special needs family, a myriad of public services frequently become involved. Despite the multitude of agencies, services offered do not always meet the specific needs of the child or the family. Furthermore, services are not always coordinated, causing confusion and often mixed messages for family members. A child with emotional or behavioral issues often passes through a range of systems from family based care, through multiple community based services to placement in a residential facility or psychiatric hospitalizations. Not all children require every level of care, but many with serious emotional behaviors cross more than one level of care. Families are often faced with many different agencies and personnel as they travel through countless service providers.

Because they are not affiliated with any one service, a family advocate (whether volunteer or paid) stays **with** the family as they enter and leave various clinical or educational settings. Parents are assisted in understanding the nature of a “crisis” and the appropriate interventions across the full spectrum of services. When hospitalization becomes necessary, a family advocate can often bridge the gap between the professionals and the family. A family support worker is often the only constant as the child and family negotiate the systems.

Family advocates are pivotal to the success of the collaborative parent-professional partnership/team. Their roles are identified and their perspectives are portrayed. In essence, family advocates mentor new families into a Child and Family Team (see Chapter Four) and often lay the groundwork for ongoing “support circles” (see Chapter Six). This training sensitizes professionals to the journey from parent to “family-advocate” and the emotions and motivation during this transition. The training emphasizes the rationale and methods of true partnering with parents, family advocates and professionals within an integrated, individualized and holistic system of care.

Empowerment

Empowerment is defined as “a process of increasing personal, interpersonal or political power so that individuals can take action to improve their life situations” (Oxford American Dictionary). Empowerment can be either from a personal perspective or a group/systems perspective; our philosophy combines both a sense of personal control with the ability to affect the behavior of others, focusing on the existing strengths of both.

The process of empowerment is a way of interacting with the world and encompasses four psychological stages:

1. Increasing self-efficacy – a belief in one’s ability “to produce and to regulate events in one’s life”;
2. Developing group consciousness – a shared focus or similarity of experiences (often self-help/support groups, etc.);
3. Reducing self-blame – a shift from an individualized and self-critical basis which can often be paralyzing;
4. Assuming personal responsibility for change – becoming an active participant in the resolution.

It is important to foster collaboration, trust and the sharing of power. These are characterized by genuineness, mutual respect, open communication and informality. It is important to actively involve the family, so that empowerment skills can actually be experienced and practiced.

In order to facilitate these skills, there are several fundamental strategies that should be remembered.

1. Accepting the Family's Definition of the Problem. This acceptance validates the family's ability to identify and understand the situation, places it in a culturally relevant context and provides a basis for problem solving.
2. Identifying and Building upon Existing Strengths. This identification and recognition draws on the family's abilities to cope with other problems and provides a positive framework for future responses.
3. Engaging in a Power Analysis of the Family's Situation. This review focuses on the interplay of how personal power affects the situation and how changes in influence might shape the outcome.
4. Teaching Specific Skills. Many of the skills needed are life skills, such as parenting, job seeking, interpersonal skills, social competency and self-advocacy and problem solving.
5. Mobilizing Resources and Advocating for Family's. This is best done in concert with the family in order to apply the principles of empowerment.

The concept of empowerment is fundamental to all family-based programs. Neither academic training nor clinical training prepares professionals for this perspective.

Family empowerment is not a singular "program" but is an approach that develops from awareness, information, communication, advocacy, mentoring, participation, interaction, collaboration, etc. It is non-traditional in practice. The design, delivery and evaluation of services for children with emotional, behavioral or mental disorders and their families have witnessed a paradigm shift over the last decade. One of the most important characteristics of this change is the full participation of families in every phase of the planning process; family members are increasingly viewed as partners in the system.

Families of children with emotional and behavioral disorders are faced with a number of complex issues that go well beyond the everyday challenges of family life.

Most of all, family empowerment is based on the fundamental premise that a family knows itself best and can identify its own needs. Parents are not just a part of the "treatment" team but are the most important members. Partnering with family advocates, educators and professionals often enables a family to obtain the necessary resources to capitalize on the family's expertise.

Yet, family empowerment is a dynamic “win-win” process that crosses all human service systems. Several principles are paramount:

- All families deserve respect;
- All families have strengths;
- All families *can* make changes in their lives;
- All families are resilient;
- All families can gain *access* to their power;
- All families deserve support.

These principles must be applied regardless of the family’s ethnicity, culture, socioeconomic status, family composition, education, addiction or criminal reputation. Successful families are neither totally dependent on, nor totally isolated or independent of society, but rather interdependent upon either informal or formal supports – extended family, friends, schools, community and agencies.

Family empowerment is sensitive to variations among families in regard to their strengths, coping styles, difficulties, ability to advocate for themselves, cultural and ethnic connections, sexual preference, and access to formal and informal supports. It is necessary to dispense with the pathological view of families. The worker and the family must develop strategies to problem-solve together with the family taking the lead. Families are assisted in realizing that they have alternatives and options, but most of all, hope.

It is important that workers begin by addressing concrete needs of the family prior to dealing with psychological issues. A holistic perspective begins by addressing issues such as hunger, poverty, language, emotional and physical disabilities, substance abuse and lack of child care otherwise, they become barriers to the growth and development of children and families. For example, when a family has had initial success in obtaining enough food (by exploring with a worker what resources are accessible), there is an increase in self-esteem, self-confidence, trust, and a belief that positive change can occur. Having successfully resolved some small tangible issues, family members are encouraged to expect that victory in pursuing more ethereal goals.

Family empowerment anticipates that community services will be:

- individualized
- strength-based
- flexible
- accessible
- comprehensive

Family empowerment is integral to the Tier I/Child and Family Team model. Follow-up meetings, support circles, family training, respite, individual advocacy, and ongoing family-support groups add to the menu of an enriched community and society – one family at a time!



GOING TO THE SOURCE

(Ruth Fennelly, Joan Valery, Walk A Mile In My Shoes)

Exercise

Number of participants: Between 10 – 40
Estimated time of exercise: 20 – 30 minutes

Purpose: Sensitize human service providers to the issues and stressors family members encounter.

Directions: Have participants get into pairs. Each pair should have a copy of the “Pig Story – Going to the Source”. Ask each pair to decide who will be the parent and who will be the child. Explain to all that this is a homework assignment that the child has copied off the blackboard. They need to read the story and, when finished, answer these two questions:

- (1) What was the problem?
- (2) How did the three pigs solve their problem?

Remind them that dinner is almost ready! Explain that you will stop them at times to give them more information. Remind them throughout the exercise that they have to hurry up! Let them begin.

First Interruption – Advise them that the child is dyslexic and this is what he/she sees on the board.

Second Interruption – Announce that the parent never completed high school.

Third Interruption – Show the letter chart to help figure out words. Letter “d” is a “b”, “b” is “d”, “p” is “q”, “q” is “p”.

Final Interruption – Time is up, dinner is ready.

Discussion: There are several objectives of the exercise. The exercise illustrates the stress many of our families endure. As human service providers, it is important to be sensitive to this and to recognize the resiliency of many of our families. Although well intended, our systems all have different mandates and speak different “languages”. This can be a further stress for families and leads to confusion by having to satisfy conflicting mandates.

PIG STORY EXERCISE***“GOING TO THE SOURCE”***

(Ruth Fennelly, Joan Valery, Walk A Mile In My Shoes)

Once upon a time, there was a little boy who was very
 curious and he wanted to know where his pig came from.

One day he went to the source of the pig and he
 found out that the pig was from a farm.

The pig was very happy and he lived on the farm
 with his family. All the time he was there.

He thought that his pig was very special and he
 loved to be with him. He was very happy.

He thought that his pig was very special and he
 loved to be with him. He was very happy.

He thought that his pig was very special and he
 loved to be with him. He was very happy.

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He thought that his pig was very special and he
 loved to be with him. He was very happy.

PIG STORY EXERCISE

“GOING TO THE SOURCE” – ANSWER GUIDE

(Ruth Fennelly, Joan Valery, Walk A Mile In My Shoes)

Once upon a time there were three little pig brothers who fought daily. Due to this problem, they decided to live separately. One lived in a house made of straw and one lived in a house made of stone and one lived in a house made of bricks. All three pigs thought their house would protect them from the neighborhood problem. They thought that they would be safe from the big bad wolf who likes to huff and puff and blow down houses where little pigs live. Of the three pigs, only one pig would be safe from the big bad wolf. That pig made his house out of bricks. After the big bad wolf huffed and puffed down the other two pigs' houses, the two pigs moved in with the pig who had the brick house.

“WHAT DID YOU HEAR?” EXERCISE



Exercise

Number of participants: Any number
Estimated time of exercise: 10 minutes

Purpose: This exercise emphasizes the uniqueness of each individual and simulates a classroom/work experience of properly following directions.

Directions: Each participant is given an identical piece of paper and told to close their eyes. They are all given the same instructions to fold the paper and tear it in specific places. When completed, and everyone opens their eyes, the results show that each paper looks different from the others.

Discussion: This exercise demonstrates the importance of true individualized planning for families. Families are often given the same “instructions”; however they respond and react in different ways. Plans must look like the family. They must meet their needs, not what we as professionals think they need.

NEEDS & SERVICES



Exercise

Number of participants: Any number
Estimated time of exercise: 15 minutes

Purpose: This exercise will enable the participant to experience the confusion that parents often feel as they attempt to do what is best for their child.

Directions: Participants will be assigned various roles: parents, probation officer, therapist, social service worker, teacher, etc. Each will be seated in a “van” with the parent driving. The destination is to arrive at a place called Adulthood, USA. Everyone gives different directions to the parent along the journey.

Discussion: Families are often given several different messages by service providers. Although often well intended, due to their mandates, requirements, rigidity and limitations, systems are not always working in collaboration with each other. This often leads to confusion for the parent and does not always help to meet the needs of the family.



Chapter Four – Child and Family Teams (Understanding Tier I, Network and Child and Family Teams)

Introduction

What is Tier I?

Tier I is the service planning team which utilizes an individualized care approach to meet the service needs of children with emotional and behavioral challenges. Tier I takes referrals, compiles assessment/referral materials, and develops, coordinates and implements individualized service plans for children and their families. Staff assigned to participate on the Tier I team(s) have the authority to make agency decisions and commitments regarding service planning and implementation. Tier I membership is flexible enough to allow for the inclusion of specialized service providers to accommodate the individual needs of each child and family (CCSI, Tier III). Tier I, also known as the Child and Family Team, creates a wraparound plan to meet the unique needs of a child and family. The plan is based on an assessment of the family and child’s unique strengths, capabilities, interests and experiences. It is family driven and utilizes natural as well as professional supports. The plan is flexible, creative and takes into account the need to plan for a variety of different situations, including crisis situations.

What is Network?

Network is the Tier I approach developed in Westchester County. It is an innovative approach to working with families who need the help of a variety of service systems. Like all Tier I’s it is a “family-friendly” approach that concentrates on a family’s strengths rather than just on problems, and includes parents, family members, professionals and others of the family’s choosing. Network, however, is a forum which brings together all of the principal service providers in a community. The goal is to jointly create a coordinated, individualized plan for each family member, utilizing all of the service resources of the community. The plan is family driven, since a Network meeting always focuses on what the family needs.

While the Network model originated in Westchester, and is used in other counties and boroughs of New York City, we know that not all counties will use this model. It does, however, illustrate the importance of mobilizing communities on behalf of the families we work with. Some counties may utilize a Tier I approach that is family specific and creates a Child and Family Team that does not have

the same community membership component as Network. We advise such communities to seriously consider how they will alternatively use and strengthen community support for what may be the most “difficult” families the community encounters.

Another benefit of the Network model is that it inevitable highlights needed programs and services, raises systems issues to be presented to a “Tier II” body, and serves as a cross system training ground for workers serving these high risk families. Consider how your community may accomplish these “system of care” tasks if using another model.

Why would a family go to a Tier I/Child and Family Team meeting?

Families turn to a Child and Family Team meeting when they feel that they have “tried everything”. Service providers might also feel that everything in the “menu of service” in many different systems just hasn’t worked. The family needs a creative, non-traditional, individualized plan that will “wrap services around” the child and family. The notion of “service” must change from that which is professionally designed and delivered, to an expanded view that includes the “services” provided by a neighbor, a football coach, a mentor, clergy; anyone significant in the life of the child and family who can contribute to the family’s success.

Who will be there?

In many counties a list of participants appears on the release form signed by parents before the meeting. The family should always know who will be at their meeting, and do as much of the inviting as they may wish to do themselves. Child and Family Team meetings are family-friendly meetings. Participants are committed to treating families with respect and share the viewpoint that they are the experts on their family’s situation. Families are equal partners in the planning process. Relatives, friends, neighbors and professionals are welcome to attend, if families want them to. Also in attendance, whenever possible, will be at least one parent who has already experienced the Child and Family Team process. The parent will meet with the family just prior to the meeting, enter the meeting with them, and assist them in any way possible during the meeting.

What will happen at a Child and Family Team Meeting?

Child and Family Team members will introduce themselves to the family. The style of the meeting should be informal. Families are asked why they are bringing their situation to a Child and Family Team and how they feel the meeting can help them. Each family member present has input into this process. Child and Family Team members will help families to identify the unique strengths, special interests and accomplishments of each family member. From this combination of the family’s identified strengths, a preliminary plan, making use of all of the communities resources, is shaped by the family and the Child and Family Team members. Families are asked who is it that helps and supports them; both professionals and others who are important to their success. These people are considered part of the family’s “support circle” (or ongoing Child and Family Team). The “support circle” will meet or communicate regularly, helping to support and, when necessary, to adjust the family’s plan.

What will the result be?

The result of the Child and Family Team process is that the family will have one coordinated service plan that is shaped by:

- what works for the family
- what the individual strengths are of each family member
- the unique needs of the family

The plan will draw on the resources of the entire community and will be supported by a circle of family, friends and professionals identified by the family. Family members will also have immediate access to the support services of family support organizations in the community

In summary, families should:

- EXPECT to be treated with respect in a family friendly atmosphere;
- EXPECT a real plan, based on their strengths;
- EXPECT to identify a support circle of people THEY want to work with;
- EXPECT to have opportunities to connect with other parents, if they wish to.



KEY ELEMENTS OF SUCCESSFUL COLLABORATION

“Trust is Fundamental”

Before establishing a Tier I/Child and Family Team process within a community, it is important to consider the most fundamental issue underlying efforts of coordination, trust. Good working relationships between agencies and systems require trust between the people who represent them. Trust grows overtime, and the ongoing relationships promoted by the Child and Family Team process help to establish and consolidate trust.

Collaboration is necessary for Child and Family Teams to be successful. The process involves systems/agencies with different mandates and their own unique language and experiences coming together in the spirit of working together towards a common goal – supporting families. This concept of coming together has not always been supported by our system of care.

The Oxford American Dictionary defines collaboration as, “to work in partnership; exchange information, altering activities, sharing resources and enhancing the capacity of another for mutual benefit and to achieve a common purpose”.

Key elements:

- Need to Collaborate
- Sharing Vision and Goal
- Joint Strategic Planning
- Defined Roles and Decision-Making Responsibilities
- Mutual Respect, Understanding and Trust
- Open and Frequent Communication
- Shared Resources
- On-Going Evaluation of the Process

NEW ZEALAND STORY**Exercise**

Number of participants: Any number
 Estimated time of exercise: 20 minutes

Purpose: The following story was created by a multi-agency group from New Zealand called “Justice Therapy”. They share the following story as a way of illustrating the challenges of the work we do and the complex system of which we are all a part.

Directions: Read and draw the following story:



It is a beautiful day; the sun is shining, the sky is blue and the water is clear. A boat sailing in the water not too far off shore gets stuck in a reef under the water. “Help”, the passengers begin to shout.

There are people below the mountain, by the beach, who can see the boat and hear the cry for help. But the people on the beach have no way of getting to the people on the boat.

There are people on top of the mountain. They can see the beautiful water, the blue sky and the bright sun. However, from their position, they cannot see the boat.

A few people are gathered behind the mountain. They hear the screams for help. However, they do not know from where the screams are coming.

A plane is flying overhead. A truly magnificent plane. The pilot can see everything below. The plane also has the resources needed to help the people in the boat. Unfortunately, the pilot has no way of getting the resources to the boat.

Discussion: Discuss the following questions:

1. Where do you see yourself, your supervisor, administrators, and families in this scenario?
2. Do the positions change in certain situations? Why?
3. Who has the resources?
4. What do we need to do to access the resources?

KEY ELEMENTS OF A CHILD AND FAMILY TEAM

- Forum for Support/Blame Free
- Inter-Agency Collaboration
- Community-Based Focus
- Strength-Based
- Creative Thinking
- Family Access, Voice & Ownership
- Needs Driven
- Explore Life Domains
- Individualized & Culturally Competent
- Unconditional Care

WHAT A CHILD AND FAMILY TEAM IS NOT

- A Program
- A Quick Fix/Magic
- A Referral Out
- Shaming and Blaming Meeting
- A “One-Time” Event
- NO TWO PLANS SHOULD LOOK THE SAME!



MANY ROLES OF A CHILD AND FAMILY TEAM FACILITATOR

- Dynamic Performer setting the interactive tone for the meeting
- Group Skills facilitate the group process
- Leadership Skills provide leadership in the group process
- Mediator ability to provide ground rules for the meeting
- Expert on Resources knowledge of resources in the community
- Language Expert ability to speak “the languages” of the different systems involved
- Clinician understanding of the clinical issues
- Comedian having a sense of humor
- Artist ability to think creatively
- Architect ability to create; think “outside of the box”
- Belief in Family Strengths the foundation for all of the work
- “Mensch” a real person

CHILD AND FAMILY TEAM PROCESS

I. Determining Eligibility

- **Who could benefit from the process?**

Not all children and families require the intensity of a Child and Family Team meeting or wraparound plan. Child and Family Teams are developed for those families who have multiple stressors – physical and mental illness, alcoholism, drug dependency, poverty, physical and sexual abuse, loneliness and alienation. These families require the resources of several systems. The “high-risk” nature of these families situations often leads human service providers, agencies and systems, hindered by fragmentation and contradiction, to give up in frustration or “burn out”, and sadly, in all communities everywhere, children and families are lost (Network: A Model For Interagency Case Coordination, Myra Alfreds 1993).

II. Preparation

- **Who should be invited to Child and Family Team Meetings?**

The family should decide who they would like to attend their meeting. The primary worker who has invited the family to the Child and Family Team should sit down with all family members prior to the meeting and discuss individuals who have supported the family. This may include relatives, friends, neighbors, clergy, coaches and professional service providers.

Community supports and service providers should be introduced to the family as possible resources for their meetings. A typical Child and Family Team meeting will include representatives of the principal youth and family service providers in a community. They include:

- mental health clinics and services
- schools
- youth programs
- the police department
- the department of social services
- the probation department
- drug and alcohol programs
- family service providers
- hospitals
- the health department
- recreation programs
- domestic violence programs
- housing services
- homeless programs
- cultural and ethnic groups
- family support organizations

There are instances when family members may be encountering a “difficult worker”. It is better to include, not exclude, a “difficult” worker or “problematic agency”. There will undoubtedly come a time when the family will have to work with them. The Child and Family Team process should be used to positively influence this relationship. However, families do have the final say on this issue of who’s included in their meeting.

- **Preparing families for Child and Family Team Meetings**

The Child and Family Team meeting is a unique experience for families. The experience includes families being valued as equal partners in planning, being recognized for their strengths and talents (rather than blamed and shamed), and, ultimately, deciding the outcome for the meeting (their plan) and who they wish to include in their support circle. It is often helpful for service providers familiar with the Child and Family Team process, or for the local family support organization, to spend time on the telephone or in person prior to the meeting going over the structure and objectives of the meeting with the family.

- **Preparing service providers for Child and Family Team Meetings**

Just as families need to be prepared for the meeting it is imperative that service providers be educated on the Child and Family Team process. Specifically, providers should be educated on the strength-based discovery model and what to expect.

III. Child and Family Team Meetings

- **Role of the facilitator**

The role of the Child and Family Team facilitator is a crucial position. The facilitator should have experience conducting a strength-based discovery meeting. Ideally, the facilitator should be a respected, enthusiastic individual, practiced in group process and able to build a sense of group and community commitment. The facilitator should be experienced working with multi-stressed families and knowledgeable about community systems.

- **Role of the recorder**

It is extremely helpful for the facilitator to have an “assistant” during a Child and Family Team meeting. The recorder will often assume this role. The responsibilities of the recorder include charting on a large poster board the sections of the strength-based discovery process. This includes a section on Family Strengths, Goals, Supports, Issues/Concerns/Needs and Family Plan. The recorder plays a pivotal role in “checking-in” with the “discovery process.” Facilitators are so involved with the many challenges of the group process that a recorder can step back and help the group reflect on the process. This may include summarizing, clarifying, highlighting, asking how the family members and group members are feeling and perhaps adding some humor to lighten up the meeting.

- **“Setting the Stage for the Meeting”**

The meeting should always begin with the facilitator reviewing the rules and values of the meeting. These may be summarized as follows:

Each participant and agency is a valued member.

It is expected that the integrity and boundaries of each agency will be understood and respected, not changed.

Child and Family Team members and their guests are always bound by the laws of confidentiality. A release of information form should be signed by all participants.

The strength-based discovery process involves learning the skills, resources and strengths of the family and community. The objective of the meeting is to explore these strengths and connect them to strategies. Avoid negative blaming and shaming statements which are counterproductive to the process.

Note of Issues of Confidentiality: It is not uncommon for concerns about confidentiality to come into conflict with efforts at coordination. However, most privacy and confidentiality laws permit information to be shared if the parent or guardian consents and if the sharing is for the benefit of the child or family. Each human service system has its own laws and regulations concerning the disclosure of information and details vary by state and program.

Often, when issues of confidentiality become serious barriers to the Child and Family Team process, they may actually be symptomatic of an underlying lack of trust on the part of the agency involved. Sometimes the only answer is through the experience of being part of a Child and Family Team. Child and Family Teams are, in fact, a safe setting where member and family confidentiality is fully respected, following accepted standards of professional conduct (Alfreds, 1993).

- **Discovery Process (strengths/support circle/issues/plan)**

You are now ready to begin the discovery process. Try to keep the tone of the meeting informal and relaxed. It should not feel like a formal interview. Try to have a conversation with the family and group members.

Every facilitator has his/her own unique style in approaching the strength-based discovery. The primary objectives include spending time on exploring strengths of the family, individual family members and even in exploring the community strengths. Identify resiliency factors and coping skills that the family has demonstrated in the past. Explore skills, hobbies and “when things are better, what is working or different”? The facilitator should attempt to engage all participants in the process of exploring strengths and supports. As the conversation develops,

issues/needs/concerns should be recorded. Spend time discussing the concerns. It is important to record the concerns in a manner that is constructive (not blaming/shaming). The last part of a Child and Family Team meeting is to develop the beginnings of individualized family plan. The plan should be the family's plan (not service providers'). The plan should be simple, driven by their strengths, and not include too many tasks which may be unattainable or overwhelming. After each of the plan's tasks, record the person responsible for follow-up. This will help to be goal-oriented and build in accountability. The last step before the meeting ends is to determine a follow-up support circle meeting date. The evolving plan will be refined and maintained over time by the support circle. The facilitator should review the purpose of a support circle and who should be involved.

IV. Follow Up

- **Support Circles**

(See Developing Support Circles – Chapter Six)

- **Identification of systems issues**

Systems' challenges and issues often emerge from a Child and Family Team meeting. They help to identify what barriers or resource gaps exist in a community or service system. For example, a Tier I/Child and Family Team meeting might reveal that there is a lack of after school activities available for a particular family. Several such meetings for different families might highlight a need in the community. It is recommended that a community-based planning council be utilized to help address these systems issues. The council can assist in the development of a community system of care which can better support Tier I/Child and Family Team individualized wraparound plans. If there is no community based planning group in your area consider how systems issues can be addressed in your community by those who develop local policy and create community programs.



DEFINING & EVALUATING CHILD AND FAMILY TEAM SERVICE NEEDS

The ultimate objective of a Child and Family Team meeting is to develop an individualized service plan with families. The question should not be “what is out there that this family/child can get”. That is a service-driven mindset. Child and Family Teams is a process that is needs-driven. What does the child/family need and how do we access it, tailor it or create it?

Questions that Child and Family Team members should process include:

- What services are necessary to implement the plan?
- What existing services meet the needs of the child/family?
- Are there services that need to be tailored to meet their needs?
- Are there services that will need to be created?
- How will these services be coordinated?
- Are more services being provided than are needed?
- Are services being provided in the most normalized setting?
- Are all services tied directly to a need?
- Is there any duplication of services or any gap in services?
- Are services flexible enough to change as child/family needs change?
- Is the plan tied to outcomes?
- How does the team evaluate restrictiveness/responsiveness of service?



Chapter Five: Skills in Facilitating a Child and Family Team Meeting

Introduction to Strength-Based Planning

Language is essential for effective communication to exist. Words are how we express our thoughts and communicate what we are trying to express. The use of vocabulary is critical to the strength-based discovery process. The objective is to use words to help reframe “negative, closed” words and use vocabulary that highlights the strengths of an individual rather than deficits. Just as a carpenter has his/her set of tools, vocabulary will be the most important piece of equipment in your tool-box.

Many of the terms used in the strength-based discovery training will be familiar to you; however, they may not be typical vocabulary used in the culture of your agency. It takes most staff several months of practice to learn the language of strength-based, so be patient. Strength-based planning for families requires a significant change in perspective for many human service professionals. Much of our literature, training and statutory mandates have been deficit-based. Access to support and services is not based on what is right with a family, but what is wrong. The level of services a person receives is determined not by how good things are, but how bad. In this context, how can we honestly build our plans of care on the good news we can discover about a family’s values, traditions, skills and accomplishments? How can we build on anything else? Building on deficits is like building on quick sand. Whatever is erect will soon fall.

Mobilizing a family’s strengths requires the skill of reframing. Reframing helps you to “discover” the family in a unique way, by recognizing their skills, gifts and capacities rather than just their problems and diagnoses. Many human service systems tend to use negative language to describe families. When working with families, many times staff falls into deficit-oriented patterns, which we can change through the skill of reframing. First, we tend to label family members and then think they can’t improve their lives. For example, when we use words such as “lazy”, “dysfunctional”, “unmotivated”, and “resistant” to describe family members, we are, in effect, saying that their situation is unworkable. We are not seeing the individual as a “whole person”. In contrast, when we use the skill of reframing, we see the family member as a person with skills, talents, and capacities – we emphasize what the person does well. Reframing provides a forum for a worker to “build a new window” and generate hope around a person, by highlighting their strengths, skills and abilities.

We often tend to do too much for families. This is because it is easier to do things for families than to help them to do things for themselves. When we use the skill of reframing, we encourage families to use their strengths to achieve what they want in life, taking one small step at a time. Finally, we tend to pay too much attention to a family's deficits. Dealing with deficits takes so much of our energy that we fail to recognize and build on their strengths. We don't pay enough attention to what family members can do or what they could accomplish. When we use the skill of reframing, we build on family strengths by encouraging them to pursue areas that have higher chances for success – areas that will give the family (and us) positive feedback for what they do well.

The skill of reframing is the process of turning stumbling blocks into stepping-stones. A family would not be in this process if there were not several concerns. This is a given. Those concerns can not be ignored, but often from the midst of what appears to be negatives, a skillful worker can extract many positive traits. The individual is seen as a whole person rather than simply as walking pathologies. This shift in approach can be a challenge in systems that are highly pathology-driven.

Reframing is not the process of developing excuses for harmful and illegal conduct by families. It is a skill to be able to approach a family in a strength-based perspective while at the same time addressing serious issues. The ultimate goal is to be able to link the strengths to strategies as part of the planning process.

COMPARISON OF DEFICIT AND STRENGTH-BASED MODEL

(Adapted from material prepared by Gordon R. Hodas, M.D., September 1996)

Deficit Model

Professionals conduct meetings alone.

Community resource persons and family supports are not used.

Parent/caretaker sit passively. Professionals do not seek out parents' ideas. Parental comments disregarded when offered.

Professionals use jargon, distance themselves from the family being served.

Separate agendas exist, without reaching consensus on common mission.

Lack of comprehensive planning.

Failure to recognize cultural dimension or disregarding its relevance.

Lack of clear "blueprint" for follow-up tasks and responsibilities.

Strength-Based Model

Meetings include parents and child.

Other non-professionals and community resources chosen by family are present.

Parents participate in discussion.

Professionals are real and accessible.

Team agreement on collective mission, based on supporting normal development of the child.

Identification of goals and barriers, with plan to overcome barriers - creative process.

Exploration and incorporation of relevant "cultural" factors into planning.

Clear plan of follow-up responsibilities and creation of a support circle.



FOUNDATION FOR EXPLORING FAMILY STRENGTHS

- True belief that family strengths exist;
- Ability to have conversations with family members, not just formal interviews;
- Good engagement, people skills;
- Ability to use strength-based vocabulary & questions;
- Ability to identify and celebrate the family's successes. Keep a focus on learning the good news about the family;
- Remember that the parent/caretaker is the senior partner.

STRENGTHS DISCOVERY EXERCISE**Exercise**

Number of participants: Any number
Estimated time of exercise: 20 minutes

Purpose: This exercise introduces participants to the concept of resiliency. The primary objective in strength-based planning is to recognize the resiliency of family members and their strengths and then link them to strategies.

Directions: Think of someone that you are very concerned about. The person could be a client, family member or friend. On a blank piece of paper draw three columns. List your concerns about the person on the left column of the sheet of paper. In the middle column, list all of their strengths. Think of as many strengths as you can. Save the right column for discussion with facilitator.

Discussion: After participants have finished listing concerns and strengths, help them recognize the importance of linking these strengths to strategies.

WHAT ARE WE SAYING?

The importance of vocabulary

Deficit-Based

Dysfunctional

Resistant

Case

Over-involved

Problems

Strength-Based

Multi-stressed

Cautious

Family, person, individual

Advocate

Issues, areas of concern

Helpful questions in facilitating a strength-based discovery

The goal of the strength-based discovery process is to “open doors” not “close them”.

“What works?”

“Tell me about your family?”

“What do you do best?”

“Was there a time when things were better? What was different?”

“When you’ve handled a problem before, how did you do it?”

“What was your best mistake?”

“What are your dreams and interests?”

“What works best for you?”

“What plan “looks like” you?”

“How do you cope with ...?”

“Whom do you call for help?”

“Who are some of the people you can count on?”

“What’s better?”

“Who is your support?”

“How do you picture your life two years from now?”

“If things could be better, what would it look like?”

PRACTICING THE SKILL OF REFRAMING



Exercise

Number of participants: Any number
Estimated time of exercise: 20 minutes

Purpose: This exercise provides an opportunity for participants to practice the skill of reframing.

Directions: Each participant should think of one situation to reframe. The situation can be a negative/or problem statement regarding their job, co-worker, client, friend or family member. They should write down the statement on a piece of paper. The facilitator should then collect all of the responses and read them out loud to the group. The group should then attempt to reframe the response into a positive or possibility statement.

Some examples of reframing:

Deficit-Based

“I hate being told what to do all the time.”

“My job is very rigid.”

“My job is very busy and demanding.”

Strength-Based Reframe

“Sounds as if you like to have control over situations.”

“The expectations and roles at my job are made very clear.”

“My job provides me with many opportunities and challenges.”

EXPLORING STRENGTHS



Exercise

Number of participants: Any number
Estimated time of exercise: 30 minutes

Purpose: Practice exploring strengths and linking them to strategies.

Directions: Instruct the group to read the following paragraph and identify possible issues and strengths. Then ask the group to try to link some of the strengths to possible strategies.

Scenario

Ms. Mouse has been referred to the Department of Social Services for residential placement for her ten-year-old son, Mickey. Mickey has been experiencing school problems and has been getting into trouble in the community. Ms. Mouse has her two children in the home (Minnie, age 16 and Mickey) and Minnie's 9-month old baby-boy, Donald.

Ms. Mouse has been proudly employed for the past five years, as a nursing assistant in a nursing home. She is in the process of completing her nursing degree at night school. Unfortunately, due to Mickey's behavior, she has decided to take time off from school. Ms. Mouse has reported an abusive childhood and although a concerned parent, she struggles to show affection and compassion towards her children. Due to Mickey's difficulties, the family has been involved with several agencies and workers. Thus, Ms. Mouse has found it rather difficult to trust workers and is not always receptive to services. Previous workers have described Ms. Mouse as resistant and difficult to engage.

Mickey is in the 7th grade and maintains a C average, although he has greater potential. In the past, he has been at risk of failing the school year due to poor attendance. Mickey enjoys reading, writing poetry and playing video games. Mickey responds to structure and adult attention. Minnie, at times, can be a very responsible daughter, who has been providing supervision for Mickey and her own child while her mother goes to work and school. At times, this has been frustrating for her and leads to conflict. Minnie has a desire to complete her education. The school, however, is unable to provide any child-care arrangement. Other stressors that the family faces include accessible transportation and adequate housing.

Complete the following:

1. List all of the Life Domain Areas on yellow post-it notes. Areas should include: Crisis/Safety, Social/Fun, Emotional/Behavioral, Legal, Medical, Family, Spiritual/Cultural, School/Work, Neighborhood, Living Situation, Attitudes/Values, Skills/Abilities.
2. In small groups, think of all the strengths that you can discover in this scenario.
3. As a larger group, share the strengths you have discovered. Facilitator should record the identified strengths on different colored post-it notes. Place each note under the appropriate life domain. The group should come up with as many strengths as possible.

After strengths have been identified, discuss what some of the needs are for the family. Families should be asked to share their needs and concerns. In the spirit of this exercise, based on the scenario, the group should identify areas of need. It is important to emphasize with the group the difference between a need and services. The needs should drive the planning at a Child and Family Team meeting, not the services available.

CHILD AND FAMILY TEAM - FISHBOWL



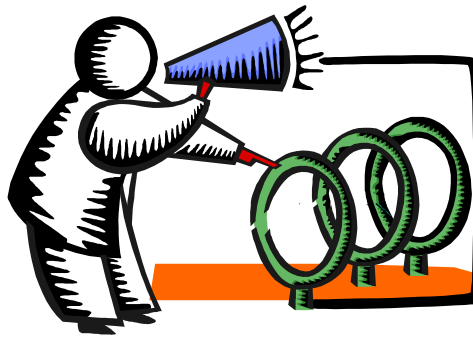
Exercise

Number of participants: Any number
Estimated time of exercise: 1 – 1.5 hour

Purpose: Participants will have an opportunity to observe a Child and Family Team meeting and practice facilitating a meeting.

Directions: Training team will “role play” a Child and Family Team meeting and, after modeling interviewing techniques, have participants join the interview.

Discussion: Throughout the fishbowl experience, facilitators and participants will pause and comment on the meeting.



Chapter Six - Developing Support Circles

Introduction

A connection to others is essential for an individual to successfully face the daily challenges of life. The relationships we develop over a lifetime provide us with a variety of connections to different systems, such as community, religion, culture, ethnicity and family. These relationships serve to help identify who we are and how we co-exist among others. They further serve as a support to us in different ways.

Over time, these relationships can change - some grow and some are discontinued. Nevertheless, it is important for humans to have a sense of connectedness to other people.

These relationships with others are so crucial that we are unconsciously building them and using them all the time. So often, when someone experiences a crisis, it is not a place or a program that is identified as most helpful, but an individual.

Families that participate in a Child and Family Team meeting have often been isolated from many of the supports they have had in the past. They may not believe they can rely on anyone or trust anyone, due to negative experiences in the past with family, friends, systems or service providers. Some families may not be aware of their strengths at all.

This is the first goal in developing a support circle – helping the family to recognize those supports that already exist and assisting them to establish new supports. The development of a support circle is perhaps the most critical phase of the Child and Family Team process. This is where the facilitator will gather information from the family by asking questions that will ascertain who helps the family during a crisis, who knows the family best, who the family has fun with, who has been there for the family in times of need and other similar questions. By listening to the answers, and identifying those key individuals, a support circle is beginning to develop. Support circles will evolve over time and carry the family well past the initial Tier I/Child and Family Team meeting; however, this is the beginning.

In the identification process, families will often identify other family members as supports. They will also identify friends, clergy, neighbors and a variety of service providers. Wraparound expert, John VanDenBerg, believes that a healthy support circle should be comprised of at least 70% non-professional people. Sometimes, when the family truly has very limited or no supports, the majority of

support circle members will be professional in the beginning. It then becomes the job of professionals to help the family expand its support circle beyond professionals. Eventually, the family's natural supports should become the core of the support circle. It is normally these natural supports who will stay committed to the family over time. While many professionals certainly have this commitment, they are more likely to leave the support circle as their professional relationship with the family changes.

The composition of the support circle must be determined by the family. Clearly, the circle should have individuals who support the family in a positive manner, who do not blame the family and who know the family well. It makes sense that the family should feel comfortable with the circle members and feel a positive connection to them. It is hoped that this circle of individuals will become the family's support system.

Professionals may assist family members in creating support circles by helping them to identify and access potential support circle participants within the community; but support circles change and grow, just as families do. The family, just like the professionals who have modeled the behavior, can learn to become their own best case managers, inviting new members into the support circle and sustaining the process over time. They are not simply an "identified family", they are the developers, the experts and the planners of their own future. The process builds self-sufficiency within families, and within the larger community. Many of these families will continue overtime to be involved with service providers in some manner. However, the support circle can maximize the families' ability to see the resources within themselves, their natural supports and their communities.

Maintaining A Support Circle

Once a support circle has been identified, the real challenge begins – maintaining the circle. The first consideration in maintaining the circle needs to be identifying a "point-person." Often this person is a case manager working with the family. This person's role will be to work with the family to bring the members together and mobilize them. Eventually the family itself will take on this function.

The circle needs to take a pro-active role as it develops. The circle should be a group of people who can respond quickly to a crisis. They also need to continue their commitment to unconditional care, so that despite current events in the family's life, the circle still exists. This can be difficult, as it will require not only a commitment of time and effort, but of emotional involvement.

Another consideration in maintaining a support circle is that the members will change over time. As the family's needs change or as they make progress, members may leave the circle while others enter. However, there needs to be a core membership to help withstand these changes. This is one reason why natural supports are so important.

While the maintenance of a support circle can be intensive, it can also serve to support the service providers. Instead of having all case responsibility on one person's shoulders, it is spread out among circle members. It also promotes close, supportive working relationships among different service providers in different agencies and systems.

In the beginning, support circles will meet frequently, sometimes twice a month. The support circle's activity will encompass both day-to-day and crisis concerns. Eventually, as the family strengthens, the support circle will need to meet less frequently and formally, but will be there for the family in times of crisis.

An important goal of the support circle is to reemphasize and recognize the family's strengths that were identified at the Child and Family Team meeting. These strengths need to be linked to strategies that will enable the plan to be successful. It should be understood that oftentimes plans need to be reworked and modified, as the family's situation changes. Frequent changes may cause the circle to become unsettled and members may be focused on different goals and plans. At these times, meetings may need to be increased, to re-establish the cohesiveness of the group.

Above all, the family should be the driving force within the support circle. A well-functioning support circle helps to promote family empowerment, especially as the family begins to identify their own natural supports and uses them to achieve the goals they have set for themselves.

KEY PRINCIPLES OF A SUPPORT CIRCLE

- Composed of the people who know the child and family best;
- Committed to unconditional care;
- Builds on natural supports;
- Supports strong parent and child involvement;
- Creates a blame free environment;
- Knows family strength and needs;
- Knows the strengths and resources of the community;
- Remains over time;
- Adjusts the plan as needed; is the locus of crisis planning



THINKING SUPPORT CIRCLES - CREATING SOCIAL ATOMS

Exercise

Number of participants: Any number

Estimated time of exercise: Between 15 – 30 minutes

Purpose: To explore how people access their own support systems during a challenging period. The exercise recognizes the role of culture and its role in how we accept support and what is most comfortable to us.

Directions: Ask the participants to think of a crisis in their life or a time they needed support. Below, have participants list their name next to the dot. Then draw several circles around the dot, each circle getting larger. Participants can draw as many circles needed. On the innermost circle, write the name of their biggest support during this crisis or event. Continue to list important people around the circles. Continue to list the names of people on the circles from most important to secondary supports. On the bottom right-hand corner of the page, participants should list “cut-offs”. These are people who, for whatever reason, are not considered a support during this period.

The second assignment is for participants to think of their own strengths during this period. Place a square on the circle and list all of the strengths.

Discussion: Ask participants to share their support circles with the group. Remind them that they do not have to disclose the crisis or event however, ask them to share the process and how they received support. How did they get through it? How many of the participants said that they got their support from a formal service? How many of them named family, friends or faith? Are there any surprises in their cut-off area? What role did culture play, if any? What strengths did they recognize?

After participants have shared their support circles, make the connection between this exercise and their experiences to that of families who participate in Tier I/Child and Family Team meetings. Highlight the importance of establishing support circles for families to help them achieve their goals.



Appendices

The following documents have been included as example forms for Tier I/Child and Family Teams. They should be adapted to meet the needs of your particular Child and Family Team membership and community.

- Child and Family Teams - Two-Day Training Outline
- Inviting A Family To a Child and Family Team Meeting - A Presenter's Guide
- Child and Family Team Presentation Checklist - A Presenter's Guide
- What To Expect At A Child and Family Team Meeting - A Family Guide
- Parent/Caretaker Child and Family Team Satisfaction Survey
- Child and Family Team Plan
- Child and Family Team - Coordinated Consent Form
- Child and Family Team - Consent to Release Confidential Information
- Child and Family Team - Support Circle Update Guide
- Support Circle Meeting Sign in Sheet

CHILD AND FAMILY TEAMS TRAINING**TWO-DAY TRAINING OUTLINE****Day 1**

Ice Breaker on Change

Introduction/Orientation to Training

CASSP Core Values and Principles

- Historical Perspective
- Paradigm Shift
- Family Movement
- Integrating Core Values and Principles in our Work

Role Play:

- Traditional and Strength-Based Model

Exercise

- Creating our Social Atom
(Introduction to strength-based discovery process)

Strength-Based Discovery Model

- Technique and Skill Development
- Exercises

Wraparound Planning

- Core Concepts
- Creative Wraparound Planning
- Culturally Competent Planning

Closing Exercise

** Exercises and Examples integrated throughout workshop*

Day 2

Child and Family Team Process

- Introduction to the Process
- Purpose and Objectives of Child and Family Team Process

Child and Family Team Structure

- Eligibility/Preliminary Work
- Roles of Participants
- Meeting Process
- Skills in Interviewing
- Support Circles
- Challenges

Practicing Child and Family Team Meetings

Wrap Up Discussion

Closing Exercise

** Exercises and Examples integrated throughout workshop*

INVITING A FAMILY TO A CHILD AND FAMILY TEAM MEETING

PRESENTER'S GUIDE

What is a Child and Family Team Meeting?

Child and Family Teams is an innovative approach to working with families who need the help from a variety of service systems. It is a “family friendly” approach that concentrates on a family’s strengths rather than on problems. Child and Family Teams bring together all of the principal service providers in a community, who meet with parents, family members, and others of the family’s choosing, to jointly create a coordinated, individualized plan for each family member, utilizing all of the service resources of the community. The plan is family driven, since a Child and Family Team meeting always focuses on what the family needs. Families turn to Child and Family Teams when they need the help of more than one system or agency. Child and Family Teams both simplifies the situation by providing one coordinated plan, and expands the pool of services available to the family.

Listed below are some questions and an outline that will help you in organizing your presentation.

A. QUESTIONS

1. What is the reason you are inviting the family to a Child and Family Team meeting?
2. What is it that a Child and Family Team can do for you?
3. Which agencies and resources are involved with the family that should be invited?

B. STRENGTH-BASED DISCOVERY

1. Please remember that the Child and Family Team will be developing the individualized plan based on the family’s identification of issues and goals, an exploration of the strengths of family members, and development of a support circle. You and the family can help to prepare for the Child and Family Team meeting by considering the following:
 - a. What are the areas of strengths/special interest for each family member?
 - b. What has been tried previously? How has this helped? How has this hurt?
2. Since the Child and Family Team will be identifying a support circle with the family, please ask family members to consider which relatives and friends, as well as which professionals are most important and helpful to the family.

CHILD AND FAMILY TEAM PRESENTATION CHECKLIST

PRESENTER'S GUIDE

Child and Family Team meetings can be a valuable experience for families and service providers. To ensure that the Child and Family Team meeting time is most productive and worthwhile for everyone, please review the following information.

What you can expect from Child and Family Team facilitators:

- To help assess with you the appropriateness of a Child and Family Team meeting.
- To help brainstorm possible resources for the meeting.
- To explain the Child and Family Team strength-based discovery process.

Child and Family Team facilitators are committed to ensure that meetings are most productive to all involved. Please look over the checklist below to make sure you have completed all the steps for your Child and Family Team presentation.

- Have you invited the child involved and key family members to attend the Child and Family Team meeting?
- Have you discussed meeting location and transportation arrangements with the family and given them directions to the Child and Family Team meeting?
- Have you discussed the Child and Family Team process with the family and told them what to expect?
- Have you invited all the key professionals involved with the child and family to attend the Child and Family Team meeting and notified them of the directions to, as well as the time, date and place of the meeting?
- Have you discussed with the Child and Family Team facilitator the family's needs for special resources or services?
- Have you informed the Child and Family Team facilitator if a translator or baby-sitter is needed for the meeting?
- Would it be helpful for the family to contact a representative from Family Support organization for support and information prior to the meeting?
- Please call the Child and Family Team facilitator if family members or key professionals have last minute changes in schedule and cannot attend the meeting.

Thank you for helping to make the Child and Family Team meeting a productive and worthwhile experience.

WHAT TO EXPECT AT A CHILD AND FAMILY TEAM MEETING

A FAMILY GUIDE

What is a Child and Family Team Meeting?

Child and Family Teams is an innovative approach to working with families who need the help of a variety of service systems. It is a “family-friendly” approach that concentrates on a family’s strengths rather than just on problems. Child and Family Teams provides a forum which brings together all of the principal service providers in a community. The group meets with parents, family members and others of the family’s choosing. The goal is to jointly create a coordinated, individualized plan for each family member, utilizing all of the service resources of the community. The plan is family driven, since a Child and Family Team meeting always focuses on what the family needs.

Why would a family go to a Child and Family Team meeting?

Families turn to a Child and Family Team when they need the help of more than one system or agency. Child and Family Teams both simplifies the situation by providing one coordinated service plan, and expands the pool of services available to the family.

Who will be there?

A list of member agencies appears on the release form signed by parents before the meeting. Child and Family Teams is a family-friendly meeting. Members are committed to treating families with respect and share the viewpoint that they are the experts on their family’s situation. Families are equal partners in the planning process. Relatives, friends, neighbors and non-member professionals are welcome to attend, if families want them to. Also in attendance, whenever possible, will be at least one parent who has already experienced the Child and Family Team process. The parent will meet with the family just prior to the meeting, enter the meeting with them, and assist them in any way possible during the meeting.

What will happen at a Child and Family Team Meeting?

Child and Family Team members will introduce themselves to the family. The style of the meeting should be informal. Families are asked why they are bringing their situation to the Child and Family Team and how they feel the meeting can help them. Each family member present has input into this process. Child and Family Team members will help families to identify the unique strengths, special interests and accomplishments of each family member. From this combination of the family’s identified strengths, a preliminary plan, making use of all of the communities resources, is shaped by the family and the Child and Family Team members. Families are asked who is it that helps and supports them; both professionals and people in their lives. These people are considered part of the family’s “support circle”. The “support circle” will meet or communicate regularly, helping to support and re-shape the family’s plan.

What will the result be?

The result of the Child and Family Team process is that the family will have one coordinated service plan that is shaped by:

- what works for the family
- what the individual strengths are of each family member
- the unique needs of the family

The plan will draw on the resources of the entire community and will be supported by a circle of family, friends and professionals identified by the family. Family members will also have immediate access to the support services of family support organizations in the community. Families may return to the larger Child and Family Team as needed.

In summary, families should:

- EXPECT to be treated with respect in a family friendly atmosphere;
- EXPECT a real plan, based on their strengths;
- EXPECT to identify a support circle of people THEY want to work with;
- EXPECT to have opportunities to connect with other parents, if they wish to.

PARENT/FAMILY
CHILD AND FAMILY TEAM SATISFACTION SURVEY

We would greatly appreciate you taking a few minutes to let us know about your experience with the Child and Family Team. The survey will help us to improve the process so that we can better serve families. Please read each of the statements below and circle the response that comes close to how you think planning and services were provided during the Child and Family Team meeting and follow-up process. Please answer all of the questions. Thank you for your assistance.

- | | | | | |
|---|-------|----------|--------|-----------|
| 1. Was the purpose of the Child and Family Team meeting explained to you prior to the meeting? | No | Somewhat | Mostly | Very Much |
| 2. Do you feel that you were treated respectfully and with consideration at the Child and Family Team meeting? | No | Somewhat | Mostly | Very Much |
| 3. Did you feel like you were a “partner in planning” in working towards a better plan for your child and family? | No | Somewhat | Mostly | Very Much |
| 4. Did you find the Child and Family Team meeting useful? | No | Somewhat | Mostly | Very Much |
| 5. Did the staff from the different agencies work together on behalf of your child and family? | No | Somewhat | Mostly | Very Much |
| 6. Were the services your child needs made more available? | No | Somewhat | Mostly | Very Much |
| 7. Do you feel that your rights to make decisions as a parent/caretaker were respected? | No | Somewhat | Mostly | Very Much |
| 8. Who first introduced you to the Child and Family Team? | _____ | | | |
| 9. Is there any other information you care to share about your experience? | _____ | | | |

CHILD AND FAMILY TEAM PLAN

Community: _____

Family/Youth: _____ Date: _____

Family Members/Friends in Attendance: _____

Strenghts	Support Circle	Issues/Needs/Concerns	Plan

Professionals in attendance (See attached sheet)

Facilitator: _____ **Update:** _____

Westchester County Department of Community Mental Health

CHILD AND FAMILY TEAM - SUPPORT CIRCLE UPDATE GUIDE

Family Name _____ Phone _____

Community _____

Meeting Facilitator _____ Date _____

Changes since the last meeting:

Accomplishments

Barriers

Additional supports/resources identified:

Plan and assignment

Next support circle meeting _____
Date, time location

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