Engaging Families
And
Building Trust-Based Relationships

Participant Workbook

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ACKNOWLEDGEMENTS

This document represents the integration of materials used by The Child Welfare Group in a variety of learning settings throughout the many years of organizational development services to mental health and child welfare organizations.

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Fahlberg, Vera: Attachment and Separation: Project Craft, Michigan Department of Social Services (1979)
Iowa Supervisory Training, “Supervision As A Set of Trusting Relationships,” University of Iowa (2009)
Madsen, William: Collaborative Therapy With Multi-Stressed Families, Guilford Family Therapy Series (2007)
Miller and Rollnick: Motivational Interviewing: Preparing People to Change, Guilford Press (2002)
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ACTIVITY ONE
WELCOME AND INTRODUCTIONS

Handouts
- Introduction Activity
- Practice Wheel
- Training Outcomes
- Goals for Attending This Training
- Agenda
- Topics I Am Prepared to Discuss

Notes
INTRODUCTION ACTIVITY

Instructions:

Each of you are to provide answers to the following questions. As the other person is sharing his or her information, listen and make notes to information that is similar or different from your experiences.

Also be prepared for one person in your group to summarize and report out what you found interesting in learning about each other. The trainers will also ask the reporter to provide a summary of the responses to the last question, “What is one belief or value you would never compromise in your work with children and families?”

• What is your birth name?

• Where did your name come from?

• Where were you born?

• What do you enjoy most about your family culture?

• What is one health belief that has been passed down in your family?

• What is one belief or value you would never compromise in your work with children and families?
PRACTICE WHEEL

- ENGAGING
- TRACKING AND ADJUSTING
- PLANNING
- TEAMING
- ASSESSING
TRAINING OUTCOMES

Participants will be able to demonstrate the ability to ...

1. Develop trusting relationships with families by using interpersonal helping skills to demonstrate genuineness, empathy, respect and competence.

2. Develop an effective Working Agreement. Effectiveness means that the family and social worker agree on the family’s problem and their underlying needs that must be addressed. The agreement also addresses the roles and responsibilities of both the family and the social worker and others involved with solving the problem at hand.

3. Identify the family’s functional strengths and underlying needs.

4. Use a solution-focused approach in work with families involved in the Child Welfare System.
GOALS FOR ATTENDING THIS TRAINING

IT WILL BE A WORTHWHILE TRAINING IF I WALK AWAY KNOWING AND DOING...

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ACTIVITY TWO
DEVELOPING A WORKING AGREEMENT

Handout
- Steps of the Working Agreement

Notes
STEPS OF THE WORKING AGREEMENT

**Step 1: Personal Expression**
In this step you will express how you feel about being with the person(s). A personal disclosure will convey your genuine interest in resolving or addressing the issue at hand. It is effective modeling to take the risk to express emotions.

**Step 2: Understanding the Problem**
In this step you will express what you view as the immediate issues to be addressed. Your understanding of the problem can help you develop empathy if you and the family members view the problem in a similar way. If there is not full agreement about the problem, it opens the discussion so that reflections or other interpersonal helping skills can be used to gain clarity and mutual understanding.

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

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

**Step 5: Gain Agreement**
In this step you will clarify with family members what steps and tasks will be done and by whom. If there are things you want from them that they cannot provide, this should be clear. If there are things they would like from you and that you cannot provide, that should be clarified.
Step 6: Assess What Could Go Wrong With the Agreement
In this step you will determine whether there is anything you foresee that could go wrong with this plan. Ask the family members whether they can think of anything that might go wrong. If they have any concerns, you can go back to Steps 3 and 4 and determine what you could provide to help the family members with this concern. As your work with them progresses, update what you want and can provide one another to accommodate new issues.

Step 7: Affirm the Value of the Work You Have Done Together
You will let the family members know what they have done well. Restate your agreement and be specific about who will do what and specify timeframes.
ACTIVITY THREE
THE PROCESS OF CHANGE

Handout
- Stages Of Change and Worker Tasks in the Process of Change

Notes
STAGES OF CHANGE
AND WORKER TASKS IN THE PROCESS OF CHANGE

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<td><strong>Stage 1:</strong> Worker Tasks</td>
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<td>The first stage is an acknowledgement and clear understanding of the problem(s). This is where the individuals or group are aware of the discomfort within the family and see a need for change. Or if the individual does not see the need for change, it becomes necessary to illustrate the discrepancies in their lives. People change when there is enough discomfort and pain or when they strive to seek a greater level of pleasure. The first stage is necessary for all family members to see a need for change and to acknowledge that what they are doing is not producing the consequences or outcomes they desire. People often need to reach an awareness or agreement with others that the pain is too great or believe there is a better way to do things. In this stage, individuals will go back and forth from a willingness to change to a desire to keep the status quo.</td>
<td>1. Ask each person to describe his/her perspective of the problem/need. You may choose to have each person write the perspective and then you can come back together to discuss.</td>
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<td>2. Observe the family member at times when the problem occurs.</td>
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<td>3. Provide feedback to the person about your observations.</td>
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<td>4. Help family members see discrepancies among what they say and what they do, and the outcomes they want and the outcomes they are getting.</td>
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<td>5. Help the family members define a vision for their desired change.</td>
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<td>6. Use solution-focused questions to understand the individual’s needs.</td>
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<td>7. Use reframing to understand the positive intent of behaviors or attempted solutions that may not be effective.</td>
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## STAGES OF CHANGE

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<td>Stage 2 focuses on the need to specifically examine how the change will affect each person. In this stage, people will become aware of what change will occur and begin to see the primary and secondary losses that will be experienced. Endings refer to the ending or loss of what is familiar. Emotions and behaviors common to the grieving process will be experienced and expressed as people begin to let go of their old ways. As people experience letting go of the old way, it is common for them to become resistant to the change. The experiencing of new loss will trigger the person’s previous experiences with loss and their previous ways of managing the loss. It is a time of vulnerability for many. This is a time where family members will need to revisit their commitment to change.</td>
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## TASKS

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<td>2. Determine who will lose what or what each person will have to let go.</td>
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<td>3. Expect and give permission to grieve.</td>
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<td>4. Try to find ways to compensate for the losses.</td>
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<td>5. Begin to build the team that supports the individual.</td>
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<td>6. Find ways to recognize and show respect for each person’s self-worth.</td>
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<td>7. Evoke reasons to change and the consequences for not changing.</td>
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<td>8. Recognize the feelings of confusion, vulnerability and loss of control.</td>
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<td>9. Review the person’s previous experiences with loss to identify strengths and needs.</td>
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### STAGE

**Stage 3: Ambivalence or Discomfort Zone**

Stage 3 is entitled the Ambivalent (or Discomfort) Zone because there is a great deal of confusion and uncertainty when family members have to let go of what is familiar and are unable to fully achieve the desired outcome. It is in this stage that family members want to change and at the same time don’t want to change. They may become self-protective and resentful. People feel disoriented and unsure of themselves. It is a time where old habits can easily resurface. Some family members will be highly motivated to move forward, other family members will want to go back to the old and familiar way of doing things. The family system is out of balance and family members will be struggling to redefine it and try to achieve some balance. As one family member changes, it influences and causes others in the family to react. The new behaviors may not be as comfortable or as beneficial as the family had hoped. It is a time of ambivalence.

### TASKS

**Stage 3: Worker Tasks**

1. Recognize and normalize feelings.
2. Examine the ambivalent feelings about the change and address ways of managing the pull toward old behaviors.
3. Identify and use strong role models to guide the individual forward.
4. Select small steps and implement small incremental steps.
5. Try to minimize the amount of change being experienced.
6. Select short-range goals.
7. Provide new information to help build the family member’s capabilities.
8. Strengthen the person’s team and support system.
9. Monitor progress more frequently.
10. Identify the purpose for the change, the consequences of going back and the consequences of the desired behaviors.
11. Recognize when one person begins to change and the influence that will have on the other team members.
12. Coach families through the uncomfortable stage of learning.
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<td><strong>Stage 4:</strong> Practicing the Desired Behaviors</td>
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| Stage 4 occurs when family members are ready to make the behavioral commitment to do things the new way. The desired behavior will precede new understandings, new values and new attitudes. Practicing the new behaviors that will provide the person with a new balance may look awkward at first, or even like they are *faking it*. Supervisors and mentors do better when they remember that practice of new behaviors leads to new values, so *faking it* may be part of real change. The practice of new behavior develops new balance, and new and healthy interactions. This stage has both a positive and hopeful element to it as well as an unsettling and anxious part. The unsettling and anxious part has to do with a realization that the old way is really gone. The new way may be a bit risky because it is neither as familiar nor as comfortable yet. New beginnings can trigger past experiences where family members have made changes and may have been successful or may have experienced some failures. This is a time where goal setting and a vision for the future are reestablished and redefined. | 1. Specify with the team exactly what new behaviors will be practiced.  
2. Recognize that people will be ready to commit to the new balance at their own pace.  
3. Recognize that each person will define commitment differently.  
4. Reinforce in a variety of ways the purpose behind achieving their desired outcome.  
5. Reiterate problems experienced; plan in case a relapse occurs.  
6. Help the person determine ways to use their informal and formal supports on an ongoing basis.  
7. Use the visual images and descriptions of the desired outcomes to measure if the outcome is being maintained.  
8. Develop a plan to recognize old behaviors and to change them if they should reoccur.  
9. Help the person develop the new skills that may be necessary to maintain their behavior. |
### Stage 5: Maintaining the Desired Behaviors

Stage 5 recognizes the need to ensure that the desired behavior can be maintained over time. It is easier to change behavior than it is to maintain the desired behavior. Therefore, supports need to be put in place to assure that the new balance becomes familiar and comfortable for all family members.

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<td>Stage 5: Worker Tasks</td>
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<td>1. Revise the plan for change so it focuses on support and reinforcement of the desired change.</td>
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<td>2. Empower people to take a more active role.</td>
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<td>3. Identify ways to lessen your role while assuring that progress for the family continues.</td>
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<td>4. Recognize the range of feelings being experienced by the person.</td>
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ACTIVITY FOUR
STEPS FOR WORKING THROUGH RESISTANCE

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- Steps for Working Through Resistance
- Types of Resistance

Notes
STEPS FOR WORKING THROUGH RESISTANCE

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

Step 1: Recognize the Cues

Identify the form of resistance. Also identify the emotions you feel in reaction to the form of resistance. Be aware of the nonverbal messages and the messages heard in the person’s voice. Trust your own feelings and accept them as a cue to the possibility that you are encountering resistance.

Step 2: Manage your Emotions and Reactions

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

Step 3: Reflect the Form of Resistance You Observe and Allow Silence

Use reflection to state in a neutral way the form of resistance you are seeing and hearing. Make your statement succinct and genuine. Use “I” messages such as, “When I ask about the affect of your drinking on the children, I notice you change the subject.” Then fall silent and allow this reflection to “echo” for them.
Step 4: Use Active Listening and Empathic Reflection to help them discuss their vulnerability

Now is the time to be quiet and help the person more clearly discuss their feelings of vulnerability or their concerns about control. Use your empathy, active listening, attending, reframing and clarification, which will enable the person to explore their vulnerability. For example, “If it were true that your drinking has had a negative effect on your child, what would that mean to you?” Explore the stages of change, especially Stage 2, Endings and Loss, to help them and you understand some of the feelings of vulnerability and losses being experienced.
### TYPES OF RESISTANCE

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<td>• flight to health</td>
<td>• blaming</td>
<td>• blaming</td>
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<tr>
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- Physical resistance
- Flooding with details
- False compliance
- Flight to health
- Pressing for solutions
- Silences
- Excuses
- Denial
- Blaming
- Rationalizing
- Threats
- Aggressive posturing
- Blaming
ACTIVITY FIVE
SKILLS FOR BUILDING A TRUSTING RELATIONSHIP

Handouts
- Core Conditions and Core Trust-Building Skills
- Optimum Distribution of Skills
- Types of Reflections
- Writing Reflections
- Reframing Case Examples

Notes
## CORE CONDITIONS AND CORE TRUST-BUILDING SKILLS

### Core Conditions:  Genuineness  Respect  Empathy  Competence

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**Genuineness** is “being you,” being congruent in what you say and do, being non-defensive and spontaneous. To be genuine you need to be aware of your feelings and at the same time respond to the family member in a respectful manner that opens up rather than closes communication. Genuineness helps to reduce the emotional distance between you and the family member and helps the family member identify you as another human being similar to himself/herself.

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

**Respect** is the demonstration of value for each human being and the potential in that person. There are two aspects of respect: 1) your attitude or value about people; and 2) your ability to communicate respect in observable ways. Respect involves valuing the family member as separate from any evaluation of his/her behavior. When communicating respect, you convey warmth that says you accept people, you like them, you care about them and you have concern for them. Respecting a person does not mean sanctioning or approving his/her thoughts or behaviors that society may disapprove. Values and beliefs that convey respect include belief in the following: all human beings are worthy; each person is a unique individual; people have the right to self-determination and to make their own choices; and people can change. Respect can be communicated and demonstrated by:

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

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

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

**Competence** is the demonstration of your proficiency in carrying out your professional role and implementing knowledge of human behavior, dynamics of abuse and neglect, and dynamics of domestic violence, etc. Children and families have to believe that you have the capacity to help them solve problems. A relationship where there is competence of one’s experience and abilities produces confidence and satisfaction.

Competence is demonstrated by:

- Listening
- Commitment
- Making progress toward a goal
- Follow-through
- Being open-minded
- Being knowledgeable of current information and resources
- Providing and welcoming feedback
EXPLORING SKILLS

Exploring skills are used to help the family tell their story from their perspective. It gives the person who is listening to them the opportunity to discover the view of the family from their reality. In using exploring skills, the listener/interviewer will be using a variety of techniques to encourage the speaker to keep talking, to let the person know that you are interested in what they are saying, and that you hear and value the effort to provide you a picture of the concerns, problems, behaviors and desire for change. Several of these skills combine to form the process of active listening, a way of hearing what people have to say and inviting them to say more before you work with them toward solving the problem. These exploring techniques will help develop a connection between the worker and the family that says I care about you and what you are experiencing and I view you as the expert on your family and I need to know as much as possible so I can be helpful to you. Exploring skills will give the message that learning about a family’s unique situation is indispensable to working together.

- **Attending.** These are behaviors that convey you are interested in what the person has to say and what they are feeling as they tell you their story. Attending behaviors help to convey respect, acceptance and trust to family members. There are two categories of attending behaviors: physical and psychological attending. **Physical attending** is the purposeful use of the environment, your body and attention to the physical and non-verbal responses of the person you are talking with. **Psychological attending** involves observing the person’s nonverbal behavior and the congruence between the person’s words and behaviors. It involves noticing the pace and tone of a person’s speech and how that matches with the content of the message. Minimal reinforcers are non-verbal and verbal encouragers that let the speaker know you are listening and want him or her to keep talking. Non-verbal encouragers include headshakes, smiles and gestures that say keep talking, I hear you and I want to hear more. Verbal encouragers are sounds you make that also say I want to hear more such as uh-uh, or mmm.

- **Recognizing Strengths.** Workers will acknowledge and emphasize the talents, skills, abilities and positive desires of the family members. When
we focus on strengths, our view of the family changes and they recognize that we see them as more than the problem they are experiencing. Agreement about strengths builds a foundation for the change process.

- **Ventilation: Encouraging the Expressions of Feelings.** Workers must encourage families to express positive and negative feelings. Family members must be free to express anger, resentment, fear, sadness and other emotions they are experiencing. The worker should not discourage the expression of these feelings. The worker may want to think about safe and reasonable limits as the person lets off steam. It may be important to remember not to personalize some of the negative feelings that may be expressed about involvement in this process or with the agency.

- **Validation** is the act, process or instance of confirming or corroborating the meaningfulness and relevance of what another person is saying. Validation draws on the skills of listening and attending to the person and supports the demonstration of empathy. Validations are effective when it genuinely helps people to know they are of worth, their feelings matter, and someone really cares about them. Validation can also help give voice and value to a person’s emotions: “Wow, I bet that was difficult,” or “What a difficult position to be in,” or “I don’t blame you one bit,” or “That’s a tough position to be in.” When you are validating someone, you are listening to the events and ideas being related. You want to hear the feelings being expressed. In addition, you want to hear the needs being expressed. In validating someone you may use their own words, and you may also use touch (touch someone’s hand or give them a hug) to let them know that you care about what is being said and that you value the willingness and ability to share that information.

- **Conciliatory Gestures** can be a magic ingredient to promote cooperation, peace and even to restore power so that a person feels valued or wanted. To be conciliatory means to bring into agreement; to reconcile. One example of being conciliatory is to apologize: “I am sorry that my comment did not accurately reflect what you said.” Or owning responsibility: “I see that the way I organized those ideas could have left anyone confused.” When we are conciliatory, we are voluntarily vulnerable. By reaching out to a family member, we may realize that what they once thought irresolvable
is solvable. Conciliatory gestures can help to turn a “me against you” climate to “us against the problem.” In working with a family, you may need to reinforce the conciliatory gestures of others. You also need to allow other family members to express their feelings because authentic conciliatory gestures usually occur after aggressive feelings have been discharged through catharsis and ventilation.

- **Normalization and Universalization.** These techniques are designed to point out that what the family member is experiencing is normal under the circumstances and that other individuals in their circumstance feel and act in similar ways. Universalization can help the family member feel less alone in the situation. Be careful in using this technique to not minimize the person’s unique experience or concerns.

- **Self-Disclosure.** This technique allows you to reveal some of your connection to the experience of the family member. In self-disclosure you can make a brief statement of a similar experience that you might have to the person who is telling the story. An important part of disclosing effectively is to put the focus back on the person you are talking to after you relate your experience.

- **Objectivity:** This is the worker's ability to see different points of view. This means the worker does not come to the family with “preconceived notions” or “foregone conclusions.” The worker must consider previous information known about the family but should not consider it as “gospel.” It requires that the worker truly listen to the child’s/family’s explanation and perception of the problem. It also means that workers must be culturally competent in their practice.

- **Reflections.** These are verbal responses that focus on what the person is telling you. Reflections may focus on the content of the message, the feelings in the message, or a combined focus on both the content and feelings. It conveys your understanding of what the person is saying. An effective reflection holds a mirror up to the person and says *this is what I understand, is this understanding the same as yours?* When your verbal response conveys understanding, it encourages the person to continue to talk and to develop a broader and deeper understanding of the family’s
situation. Reflections empower the speaker to explore and discuss topics and feelings. It can help you gather information by encouraging people to volunteer more ideas and feelings as you help them think in a deeper and broader way about their circumstances. Reflections say *I am interested, I think I understand and I want you to tell me more.*

Reflections:

- Help the family find solutions
- Help team members understand one another and build relationships
- Encourage the family and team member to continue talking
- Ensure clarification
- Focus discussion
- Help focus facilitator/worker concentration
- Buy time when the worker does not know what to say
FOCUSING SKILLS

**Focusing skills** are used to center a discussion with family members about what they need to address at this time. In the focusing stage of the discovery to decision-making process, the information that was gathered during the exploration stage with the family is both narrowed and expanded to gather additional information and begin to draw conclusions that are most relevant for addressing the issues related to safety, permanence and well-being. Through focusing, the family and the worker will be able to identify strengths, needs, the way the problem plays out in the family, past steps to solve the problem, and possible ways to define or look at the problem from a variety of perspectives. The family joins with helpers in gaining an understanding of what behaviors/conditions they need to address to assure safety, well-being and permanence, what change may have to take place to successfully address it, and what resources the family can use to resolve the situation. Focusing will lead to the next part of the conversation in which options are explored and a course of action and specific interventions are chosen. Focusing builds the partnership with the family in looking for solutions once agreement on the issues is obtained. When focusing skills are used effectively, a direction will emerge and guiding will seem to be the logical next step.

- **Summarization**: When you summarize, you provide structure and focus to the conversation. In summarizing you provide a synthesis of facts and feelings. Summarizing helps you to put the picture together and to make transitions. In summarizing you have the opportunity to review and establish the next steps in the conversation. Summarization enables you to bring together a wealth of information to form a whole that may be greater than the sum of the individual statements the child and family has made. It allows the child and family to see the interrelatedness of the facts and feelings and to develop clarity on the nature of the problem and share in the selection of alternative courses of action. Summarization enables you to determine if you understand and if you and the family have agreement about that view.

- **Clarification** is a process you use to help family members develop an understanding and awareness of their feelings, thoughts and behaviors. Clarifying responses facilitate the development of the family member’s awareness and understanding of himself/herself.
Questions. Questioning is used to let the child and family tell their story, to obtain specific information from the child and family to understand their circumstances, to check the accuracy of the information or your understanding of what the child and family are saying, to invite discussion regarding feelings and thoughts, to bring up sensitive topics, and to guide discovery and decision-making. There are four types of questions: closed, open, indirect and solution-focused. Closed questions search for factual information. They help you determine the what, when, where, who and why of the story. Open questions encourage the speaker to provide information in his or her own way. These questions are designed to gain a wide range of information about topics and feelings. Indirect questions are a type of closed-ended question without the question mark. For example, “Tell me more about that,” and “let me hear about your experience at the clinic,” are examples of indirect questions.

Solution-Focused Questions is an approach focused on solutions rather than problems. Family members are encouraged to think about times when their problem did not exist, how these times contributed to the absence of the problem, and how to recreate such circumstances in their present situations. Focus is on the families’ strengths and abilities rather than their weaknesses. Because solutions are derived by family members themselves, they are more involved in their success. And, the solutions fit their unique lifestyles. Finally, because the families find their own solutions that work, often self-esteem is increased.

Solution-defining questions help family members to define the who, what, why, where, when and how of the problem and the solution. They help to identify the nature of the problem, but more importantly they help to seek solutions along the lines of who else is interested in this problem or has information that might be helpful in solving the problem.

Past Success questions help to focus the interview process on the families past successes, that is, when they were functioning well enough not to require child protective services intervention.
Exception finding questions in solution-focused work are times when problems could have happened but did not. It helps to identify when natural or unexpected solutions occur.

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

Scaling questions are an effective way to make complex features of a person’s life more concrete and accessible for both the family member and the child protection worker. They usually take the form of asking the person to give a number from 1 to 10 that best represents where the family member is at some specific point.

Coping questions help you examine with people how they manage difficult times and things they might like to change but can’t right now. Coping questions help you to find the areas of resiliency that support people in troubled times.

- **Concreteness.** These skills help family members clearly and specifically describe concerns or problems. You may find people describing their problems or circumstances in vague or abstract terms. For example, family members may leave out important aspects of information that are essential to you in understanding their circumstance (e.g., I’m really feeling angry – angry at what?). In addition, you may assume you understand what the person means without clarifying (e.g., I’m upset about what he did – what does the word upset mean to that person?). And, the family member may reach a conclusion without the supporting data (e.g., Things always turn out bad.). This technique is critical to assessment because if you don’t have a complete understanding of the problem, you may choose the wrong corrective solution.

Concreteness also refers to your ability to communicate your thoughts and ideas clearly and specifically. It means that when you talk to family members you must communicate at their level and in the language they can understand.
You need to make sense and get to the point. When we use social work jargon or acronyms, it negatively impacts on the development of rapport.

- **Reframing.** We use reframing to help bring clarity and a greater understanding to the positive intent behind behavior. For example, the positive intent of a father who physically abuses his daughter for staying out late at night may be reframed as his concern for his daughter’s safety. The interviewer might use reframing skills by stating, “So you are really worried what will happen to your daughter if she is out late and you are concerned about her safety.”

  In validating his concern through reframing, you create a starting place for a deeper conversation that may lead to strategies in which safety can occur without the physical abuse. For example, you may continue the conversation by saying, “So on the one hand you are really worried about your daughter’s safety out after dark and on the other hand, you’ve said that you don’t like how you respond to her when you catch her out after dark. What is something we could do different that is effective to protect her and you would feel good about?”

  Consider: When we reframe behavior, we may be revealing the underlying need.
GUIDING SKILLS

Guiding skills are used to help formulate decisions and create a path to carry out the decisions. The skills used in guiding synthesize the information gathered in exploring and focusing to develop possible solutions to achieve the desired change. The family in partnership with their team formulates options and chooses goals and steps that will lead to safety, permanence and well-being. Team members will use the information they have gathered and the observations they have made to provide feedback that can help the family develop a course of action. During guiding, the family and team members will develop and evaluate options that meet the family’s needs. Helpers will be offering suggestions and professional advice during guiding. The whole team should be aware of the unique strengths and needs of the family. This will help to ensure that choices considered reflect the family’s resources and draw on the strengths from their culture and community.

Formulating Options: Developing more than one course of action to follow and evaluating the choices presented. Brainstorming can be one of the ways to identify and evaluate options.

- **Suggestions.** Helping to provide ideas for consideration in addressing a need or to resolve a problem.
- **Partialization.** This technique helps people see the concern/problem/behavior in pieces that can be addressed separately. This helps to minimize the feelings of being overwhelmed. It supports the mobilization of action on things that can be dealt with.
- **Professional Advice.** This directs family members to specific choices for taking steps to solve a problem or meet a need. You may also give advice in helping a family member select among options that have been formulated.
- **Strengths- and Needs-Based Feedback.** Positive and developmental feedback can help people to reinforce, maintain or change behavior. Positive feedback can be motivators and can empower the family to take action. Developmental feedback can help people see what is not working and the consequences of behavior.
OPTIMUM DISTRIBUTION OF SKILLS

- 50% Exploring
- 30% Focusing
- 20% Guiding
TYPES OF REFLECTIONS

Reflecting Content

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

Reflecting Feeling

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

Using Combined Reflection

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

Reflections of Content

There is nothing I can do about it. He says he wants to stop using drugs but he doesn’t.

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

I want you to know that I love my child and I would never hurt her.

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

He tells me he is going to stop drinking. Going to jail was a bottom for him and there is no place to go but get better. He is going to AA meetings and has started back to church. He has never tried so hard to change. I hope it will be different this time.

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
Reflections of Feelings

I can’t do one more thing. You couldn’t possibly understand how stressed I am right now. I don’t have the energy to start anything new.

___________________________________________________________

___________________________________________________________

___________________________________________________________

My mom really did believe me. My stepfather said that she would never believe me if he told her I was lying.

___________________________________________________________

___________________________________________________________

___________________________________________________________

I am so worried about my granddaughter. You know Carrie is a little slow. Does the family who is keeping her really understand her? I wish she could have come to live with me rather than going to live with strangers.
Combined Reflections of Content and Feelings

Do you really want me to tell you one more time what happened that night? How many people have to hear my story? Doesn’t anyone think about how it makes me feel to keep talking about it?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

He tells me it will not happen again. This is the first time he has hit me in front of the kids. I want to believe that things can be different but I don’t know if I can believe that he will change.

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___________________________________________________________________

My mom says when she comes to visit next week she will bring my brother who just came home from Iraq. I can’t wait to see him. He has been gone for over a year. When he left, I was still at home with my mom.

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
REFRAMING CASE EXAMPLES

Scenario #1

You are working with a foster parent who is having a lot of difficulty with a child in her care whose name is Daniel. Daniel is 7 years old. This is his fourth placement this year. The current foster care provider said that for about four weeks after Danny was placed with them, he was an ideal child. He gave them no problems. Now his behavior is extremely oppositional. Everything is a battle! He will cuss his foster parents out when they try to get him to follow simple family rules such as brushing his teeth before he goes to bed. They are at their “wits’ end.” They are so frustrated that they are almost at the point of asking to have him removed from their home.

Please reframe this situation.

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Scenario #2

You have been shadowing an experienced worker. He tells you he is taking you out to see an extremely resistant client. He tells you that the parent has not complied with any of the goals in her service agreement. He says that she is still in denial about her alcohol use. She doesn’t show up for her urine screens. When you observe the interaction between the worker and the parent, it is clear that she is engaging in resistant behaviors. As you observe this worker, he speaks to the mother in a negative manner that seems to show he is frustrated and upset about her not telling the truth about her alcohol use. She seems to be extremely passive.
Please reframe the mother’s behavior.

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Scenario #3

You are mentoring a new worker who is working with a mom who is a victim of domestic violence. The mother refuses to stop seeing her boyfriend, even though he's been abusive to her and the children many times in the past. The worker feels the mother has to make a choice – either her boyfriend or the kids – she wants both. The worker can’t understand the mother. She loves her children and misses them. Why would she risk losing her children over a man who is clearly no good?

Please reframe the mother’s behavior.

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___________________________________________________________________
ACTIVITY SIX
TRAINER DEMONSTRATIONS:
EXPLORING AND FOCUSING SKILLS
AND PROCESSING STRENGTHS- AND NEEDS-BASED FEEDBACK

Handouts
- Observation of Skills/Techniques
- Guidelines for Providing Feedback

Notes
OBSERVATION OF SKILLS/TECHNIQUES

Core Conditions
- Genuineness, Respect, Empathy, Competence

Exploring Skills
- Attending: Physical Attending, Psychological Attending
- Recognizing Strengths
- Encouraging the Expressions of Feelings: Validation, Conciliatory Gestures and Ventilation
- Reflections
- Normalization and Universalization
- Self-Disclosure
- Objectivity

Focusing Skills
- Summarization
- Clarification
- Questions: Open, Closed, Indirect, Solution-Focused
- Concreteness
- Reframing
GUIDELINES FOR PROVIDING FEEDBACK

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

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

1. Observer: Start by asking the listener to describe what s/he did well or what s/he felt was effective in use of exploring and focusing skills. For example, “Mary, what skill did you use well that helped Bob tell his story?”

2. Observer: Encourage the listener to be behaviorally specific! “That’s great that you think you engaged Bob well. What did you do that made a difference?”

3. Observer: Once the listener has had the opportunity to self-assess what s/he did well, ask the speaker to provide behaviorally specific feedback on something the listener did well to encourage the speaker to explore his/her topic. For example, “Bob, what did Mary do well that helped you talk about your personal topic?”

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

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

6. Observer: Again encourage the listener as well as the speaker to be behaviorally specific in the assessment of what s/he would do differently. For example, “If you had the opportunity to do this interview again, what is one skill you would use to help Bob tell his story?”
ACTIVITY SEVEN
PRACTICE OF ENGAGEMENT AND TRUST-BUILDING SKILLS

Handouts
- Observation of Skills/Techniques Practice Worksheet
- Guidelines for Providing Feedback (from ACTIVITY SIX)
- Topics I Am Prepared to Discuss (from ACTIVITY ONE)

Notes
OBSERVATION OF SKILLS/TECHNIQUES
PRACTICE WORKSHEET

Core Conditions
- Genuineness, Respect, Empathy, Competence

Exploring Skills
- Attending: Physical Attending, Psychological Attending
- Recognizing Strengths
- Encouraging the Expressions of Feelings: Validation, Conciliatory Gestures and Ventilation
- Reflections
- Normalization and Universalization
- Self-Disclosure
- Objectivity

Focusing Skills
- Summarization
- Clarification
- Questions: Open, Closed, Indirect, Solution-Focused
- Concreteness
- Reframing

List the skills and techniques you observed:
___________________________________________________________________
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ACTIVITY EIGHT
CLOSING DAY ONE

Handout
- Day One Training Evaluation

Notes
## EVALUATION – DAY ONE

<table>
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<tr>
<th>List the one thing that worked well for you today</th>
<th>List the one thing that did not work well for you today</th>
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</thead>
</table>

What is one learning idea that you can immediately put into practice?
ACTIVITY NINE
WELCOME TO DAY TWO

Handout
- Refer to the Agenda

Notes
ACTIVITY TEN
USING SOLUTION-FOCUSED QUESTIONS

Handouts

- A Focus On Solutions
- Solution-Focused Questions
- Solution-Focused Questions: Observation Worksheet

Notes
A FOCUS ON SOLUTIONS

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

– Solution-Focused Therapy for Child Welfare

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

Solution-Defining: These questions help family members define the who, what, why, where, when and how of the problem and the solution. It helps to identify the nature of the problem and the solutions, as well as who else is interested in this problem or has information that might be helpful in solving the problem. It helps to provide a video replay of how and under what circumstances the problem occurs. This is done by first asking the question such as, “Under what circumstance is this likely to occur?” and then following up with the statement “And then what happens?” and following that response to say, “And then what happens?” This sets the condition for the family member to provide a video replay of the circumstance under which the problem exists.

Examples include:

- Under what circumstances is this likely to occur?
- When this happens (your husband loses his temper and threatens the children), what do you do?
- What are the positives for you in continuing to stay in this relationship?
- Who else is concerned about this problem in your family?
- What would have to be different for you not to be afraid?
- How often did it happen last week?
- Who was there when it happened?
- Where were you when Johnny had his temper tantrum?

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

Examples of past success questions include:

- It’s not easy to raise three children on your own. How did you do it?
- After having been through what you’ve been through, how did you find enough strength to keep pushing on?
- What do you need to do so that you’ll feel good about yourself and in control of your life again?
- What would it take for you to bring back the confidence you had when you were in high school?

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

**Examples of exception-finding questions include:**

- I can see you have every reason to be depressed. When do you suppose you get a little bit less depressed?
- How would you say you are different when you are a little bit less depressed?
- When you force yourself to get out of bed and walk the kids to school, what do you suppose your children will notice different about you?
- What would it take to force yourself to get up in the morning more often?
- You are saying that you didn’t drink for five days last week. How did you do it?
- Tell me what is different for you at those times when you don’t lose control.
- How do you explain to yourself that the problem doesn’t happen at those times?
- What would have to happen for you to do it more often?
- When the problem is solved, how do you think your relationship with your son will be different? What will you be doing then that you are not doing now?
**Miracle Questions:** The miracle question literally asks family members to disregard their current troubles and for a moment imagine what their lives would be like in a successful future. It creates a vivid image or vision of what life will be like when the problem is solved and the family member(s) can see some hope that life can be different.

Suppose one night there is a miracle while you are sleeping and the problem that brought you to child protective services is solved. Since you are sleeping you don’t know the miracle has happened or that the problem is solved.

**The question is:**
What do you suppose you will notice that is different the next morning that will tell you the problem is solved? Follow-up questions include:

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

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

- If you had three wishes, what would they be?
- If you had a magic wand and could grant yourself one thing that would solve the problem/meet the need that your family is now facing, what would you wish for?
- If you could paint a picture for me of what your family would be like if all this were solved, what would that picture look like?
Scaling Questions: Scaling questions are an interesting way to make complex features of a person’s life more concrete and accessible for both the family member and the child protection worker. Scaling questions can be used to assess self-esteem, self-confidence, investment in change, prioritization of problems, perception of hopefulness, etc. They usually take the form of asking the person to give a number from 1 to 10 that best represents where the family member is at some specific point. Ten is the positive end of the scale, so higher numbers are equated with more positive outcomes or experiences.

Examples of scaling questions include:

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

You can use scaling questions to assess a person’s motivation to change.

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

Coping questions help you examine with people how they manage difficult times and things they might like to change but can’t right now. Coping questions help you to find the areas of resiliency that support people in troubled times. These questions can also help you to identify the personal strengths and other resources that people use to cope and can use to make advances. Coping questions in combination with other questions such as the miracle questions or scaling questions can help you identify what needs to happen to keep coping in the most productive way.

Examples of coping questions include:

- What has and is making it possible for you to cope?
- How do you keep making it work for you and your family?
• Given the nature of everything going on in your life, what keeps that smile on your face?
• I’m sure there are days you want to pack it up and leave. What helps you stay?
• There are lots things people are asking you to do for your children. What helps you meet those demands?

**Additional Solution-Focused Questions:** Often family members have more solutions available than they realize. Solution-focused questions are questions that can help the family member direct attention to useful answers that will move him/her forward. These questions can empower family members to find their own solutions.

**Here are some additional examples of solution-focused questions:**

• What are some of your family’s strengths that can be used to accomplish the plan/steps/changes?
• What needs to change to make you feel safe?
• Under what conditions have you been able to make your family safe?
• On a scale of 1 to 10, how important do you think this decision is to your family?
• What solutions have worked for you in the past regarding ________?
• When was the last time ________________ didn’t happen?
• Who else is interested in helping your family change?
• How have you been able to change/accomplish things that are important to you before?
• What is the role of other family members in helping your family change?
• What do you get from continuing this behavior?
• How will this step/service help you?
• What is happening in your family that keeps you from doing this?
• What would need to be done to help you do this?
• What do you want right now?
• What would make this possible?
• What have you tried that has not worked?
• If you could change one thing, what would it be?
• When are you and your son able to have a good time together?
- When things are going well, what is your family doing?
- Describe the last good day you had together.
- On a scale of 1 to 10, how important is it that ________?
- What are the common issues that unite your family?
- What do you see as the things that stop you?
- What could help you be more in control and less vulnerable?
- How can you increase the involvement of each family member in the plan?
- On a scale of 1 to 10, how difficult is it for you to maintain the behavioral plan for Tim?
- Where do you feel stuck?
- How do you describe what it feels like to be stuck?
- What is one step that you could take to move forward?
- What is the most important thing for you to address first?
- When and under what circumstances is this behavior likely to occur?
- How and under what circumstances is this behavior likely to occur?
- With whom is this behavior likely to occur?
- What are some ways you can disrupt/change the patterns of behavior that aren’t working for you?
- What are some ways that the positive/effective behaviors could increase?
- What motivates you?
- What do you enjoy doing?
SOLUTION-FOCUSED QUESTIONS

OBSERVATION WORKSHEET

SOLUTION-DEFINING QUESTIONS

Strengths

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Needs

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

PAST SUCCESS QUESTIONS

Strengths

______________________________________________________________________

______________________________________________________________________

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Needs

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EXCEPTION-FINDING QUESTIONS

Strengths

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Needs

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MIRACLE QUESTIONS

Strengths

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Needs

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SCALING QUESTIONS

Strengths

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Needs

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COPING QUESTIONS

Strengths

________________________________________________________

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Needs

________________________________________________________

________________________________________________________
ACTIVITY ELEVEN
THE CHALLENGE MODEL

Handouts
- The Challenge Model
- Relational Stance

Notes
THE CHALLENGE MODEL

The Problem Lens

The Challenge Lens

The Resiliency/Strengths Lens
RELATIONAL STANCE
Taken From William Madsen: Collaborative Family Therapy

Element 1  A Belief in Resourcefulness:
From an Emphasis on Problems to an Emphasis on Competence

Rationale
Our expectations influence what we see. All families have abilities, competencies, success in some areas as well as the potential for growth and change. Our work with families is enhanced when we make a conceptual shift from an identification of pathology to competence, connection and hope. Focusing on what resources there are and what can be is more effective and rewarding than concentrating on what doesn’t exist and should be.

A belief in resourcefulness does not minimize the difficulties that families face. A commitment to respectful practice dictates that we acknowledge both family strengths and the difficulties they face. The critical conceptual shift starts with a strong appreciation of family competence as a foundation for helping them address the problems that enter their lives.

Behavioral Indicators
- Expressing genuine curiosity
- Finding exceptions to the problem
- Expressing confidence in a family’s abilities
- Conveying appreciation for resiliency
- Communicating an interest in an individual’s or family’s preferred view of themselves
- Eliciting examples of resourcefulness and competence
Element 2 Engaging in Empowering Processes:
Shifting Our Role from Expert to Accountable Ally

Rationale
In order to work effectively with families, we need to have a clear, shared understanding of the tasks and goals the families want help with. Our efforts to help the family may be counter-productive, despite our best intentions, unless we ask them specifically how we can be most useful to them. This requires openness to feedback and the flexibility to adjust our way of working with families in ways that are most effective for them. In this way we frame our work in a context of mutual accountability, with both sides responsible for creating a collaborative relationship.

Behavioral Indicators
- Soliciting feedback from families about our work with them
- Reflecting on the effects of one’s actions on families
- Attentiveness to actions that support family empowerment
- Flexibility in response to families’ preferred ways of working together
- Demonstrating a commitment to work with families rather than on families

Element 3 Working in Partnership:
Shifting Our Work from Professional Turf to Family Turf

Rationale
“Partnership is a two-way street. Since helpers are in a leadership position in relationships with families, collaboration begins with helpers finding ways to cooperate with families rather than simply expecting families to cooperate with helpers. Working in partnership suggests a shift from working on professional turf to working on family turf.” (Madsen)

Behavioral Indicators
- Demonstrating curiosity about a person or family’s beliefs
- Conveying respect toward family
- Viewing the person separate from the problem (“the problem is the problem; the person is not the problem”)
- Considering the effects beliefs and values have on people’s lives
Element 4  Striving For Cultural Curiosity:  
Shifting Our Direction from Teaching to Learning

Rationale
In order to understand a family better in our efforts to be helpful, it can be useful to see ourselves in an anthropologist’s role, seeking to know the family members through their view of themselves. It is a stance that says, in effect, “Although I have my own experience or definition of family or some knowledge about families in general, I don’t know about yours in particular. Please tell me, teach me about you and your family.” This stance requires profound respect and persistent curiosity.

“It is often difficult to stay anchored in cultural curiosity when we observe events that challenge our own values and beliefs.” (Madsen)

The following questions may provide some help in this process:

- In what context might this behavior make sense?
- What might be the positive intent behind the behavior I find frustrating?
- How can I come to respect and appreciate that positive intent even if I don’t condone the behavior?
- What do I not know about this family that would change my opinion of them?
- What could I learn from this family?

Behavioral indicators
- Expressing genuine curiosity
- Conveying respect
- A willingness to learn from the family
- Eliciting people’s expertise on their own lives
- Appreciating positive intent in behavior observed
- Ability to admit “not knowing” about a particular person, family or problem
ACTIVITY TWELVE
FUNCTIONAL STRENGTHS

Handouts
- Functional Strengths Inventory
- Examples of Strength-Based Questions

Notes
**FUNCTIONAL STRENGTHS INVENTORY**

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

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<tr>
<th>Inventoried Strength</th>
<th>Functional Strengths</th>
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EXAMPLES OF STRENGTH-BASED QUESTIONS

For Families:

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

For Kids:

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

Handouts
- The Cycle of Need
- Services Versus Needs
- Needs and Needs Statements
- Possible Needs Statements
- Denise’s Story
- Tory’s Story

Notes
CYCLE OF NEED

Underlying Need → Desired Results → Behavioral Expression → Intervention Solutions → Underlying Need
## SERVICES VERSUS NEEDS

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<th>SERVICES</th>
<th>NEEDS</th>
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<tr>
<td>Carl needs anger management counseling.</td>
<td>Carl needs to learn to soothe himself when he becomes angry.</td>
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<tr>
<td>Mom needs transportation to attend supervised visits.</td>
<td>Mom and her son need frequent contact with each other.</td>
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<tr>
<td>Maria needs therapy for her feelings of rejection.</td>
<td>Maria needs to understand that because her mom can’t care for her doesn’t mean she doesn’t love her.</td>
</tr>
<tr>
<td>Darius needs a mentor.</td>
<td>Darius needs to succeed in forming positive relationships with peers.</td>
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NEEDS AND NEEDS STATEMENTS

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

A need statement:

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

Needs Statements Are Not

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

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

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

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

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

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

- Mom and dad need to learn how to express their wants and needs in ways that strengthen their relationship.

- Mom and dad need to overcome their past losses to strengthen their relationship and to learn how to resolve their past losses to improve parenting.

- Mom and dad need to learn effective ways to support each other emotionally that builds their confidence as a couple and as parents.
DENISE’S STORY

Denise is a 13-year-old girl who lives in a mobile home outside of town with her mother Jessie and her 15-month-old brother. At the time of referral, Denise’s mother had also been reported numerous times by her estranged husband, alleging that she neglected their son (the 15-month-old).

Things were at their best for this family when Denise was about 2 years old. Jessie loved being a mom and although she broke up with Denise’s dad, she had her own house cleaning business and had the freedom to be home with her daughter. Everything changed one day when while sitting on the stoop out front, a gang member drove down the street randomly firing a gun and hit Denise in her shoulder and collarbone. Jessie got her daughter immediate medical attention and when Denise was ready for discharge, Jessie could not return to the apartment so the three of them moved to a rural area where they now live. As Jessie said, “Sometimes I think I never got over what happened and I believe I never will.”

Eventually Jessie got Denise into school and she took classes for a C.N.A. certification, landing a job at a local hospital. Working long hours and living a solitary life with Denise suited Jessie for several years. Eventually, she met a man, fell in love, got married and had a baby. Then her husband became verbally abusive and critical of everything she did and the couple divorced. Jessie works the night shift at a local hospital. She is too tired when she gets home to do anything but sleep. She does not get out of bed all day so Denise stays home from school and cares for the baby.
TORY’S STORY

Lynn, Tory’s mother, had a bad childhood. Her mother abandoned her and she was raised by a stepmother who hated her. After her dad died, she always looked for someone to love her and take care of her. She fell in love with an older boy during her high school freshman year and they had a baby. He bailed out and promised child support but it never came. She then fell in love with another man who fathered two boys and then physically abused Lynn. She left him, met another man, and had 2 more children. This relationship also resulted in domestic violence. Lynn and her children currently live together and this is the longest she has lived without a man since she was 14.

Tory used to go to school, she is social, has many friends, is an A/B student.

One evening Lynn went next door while Tory and her friend were upstairs in her apartment listening to music. Two male strangers broke into the apartment and attacked the girls. Tory managed to lock herself in the bathroom and call 911. Her friend was raped. When Tory returned to school after the incident, her peers turned on her, accusing her of sacrificing her friend.
ACTIVITY FOURTEEN
CLOSING DAY TWO

Handout
- Day Two Training Evaluation

Notes
## EVALUATION – DAY TWO

<table>
<thead>
<tr>
<th>List the one thing that worked well for you today</th>
<th>List the one thing that did not work well for you today</th>
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What is one learning idea that you can immediately put into practice?

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<th>What is one learning idea that you can immediately put into practice?</th>
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ACTIVITY FIFTEEN
WELCOME TO DAY THREE

Handout
- Refer to the Agenda

Notes
ACTIVITY SIXTEEN
ETHNOGRAPHIC INTERVIEWING

Handout
- Ethnographic Interviewing Practice Worksheet

Notes
ETHNOGRAPHIC INTERVIEWING
PRACTICE WORKSHEET

Cover terms: Terms within cultures that have meaning within the culture but need explanation. These terms help us understand a family’s experience.

Global questions: Broad, open-ended questions about the culture. Global questions move from looking at how an individual deals with a situation to how members of a group or culture would handle a situation.

Instructions: For The Practice Activity

The speaker is to state all the identifying information below and then ask the listener to tell you everything known about you/culture. The listener will use global questions to decode the cover terms and instead of telling the speaker everything known, you will become curious and learn more about the person.

- Your name
- Race
- Ethnicity
- Religion/spirituality
- Region of the country you identify with
- Culture
- Anything else that identifies you
ACTIVITY SEVENTEEN
NAMING AND SELECTING A STRATEGY

Handout
- Name and Pick That Strategy

Notes
NAME AND PICK THAT STRATEGY

1. Ms. Hill: My son is not to be trusted at this point in his life; he is sneaky and will hardly talk to me. We used to be so close. At first I thought it was just his age. He just turned 15. But maybe it’s drugs; maybe it has something to do with my new boyfriend. (*shakes head*)

Worker Response Options:

   a) You are very concerned about your son, and you’re trying to figure out what’s causing his behavior.

   b) You are worried about your son and you are really trying to understand the different things that could be influencing his behavior. You have at least three possibilities that you are exploring.

   c) Tell me more about how you narrowed it down to those three things.

   d) Your son and the relationship that you two have must be very important to you. Tell me more about what it was like when you did talk.

2. Mr. Franklin: (*yelling*) I think there is a lot more about this that you need to know. First of all, yes, I am not Holly’s actual father and I am never involved in disciplining her. I don’t care what her grandmother is telling you! It’s like everyone is pointing the finger at me because I’m the stepfather!

Worker Response Options:

   a) I hope I did not give you the impression that I fully understood what happened. I know there is a lot more for me to learn and I am here to listen to what you have to say. I believe that you have a lot of information that will be helpful.
b) I can see why you’re feeling angry and frustrated, it must seem like people are jumping to conclusions.

c) I know you are worried that I may have made up my mind about some things before hearing your story.

3. Mr. Clark: I already told that other worker that I smacked Joey because I lost my temper. So, are we going to have to go through all of this again? I mean, I feel lousy about it, okay?

Worker Response Options:

a) We may not need to repeat all the details. I know you are feeling badly about what happened, and I need to get enough information to be sure Joey and you will be safe together. I hear you say that you feel lousy about what happened. I imagine that means you do not want to lose your temper and smack Joey again. I hope we can work together so it will not happen again.

b) Mr. Clark, I want you to know that I think it is helpful that you’re being up front about what happened. I know that’s not easy and yet you did that right away.

c) I imagine having to tell your story again is like rubbing salt in the wound. That is not my intention. I am hoping that we can work together so what happened between you and Joey will not happen again. I need to understand to be able to help you.

4. Rob: This is about the millionth time somebody has tried to help my mom. I’m only 13, but I can see that no one has any idea what to do for her. She just goes in and out of these “psycho” hospitals.

Worker Response Options:
a) Rob, it must be very hard to keep hoping that the next time something might work better to help your mom.

b) It must get hard for you and your mom, Rob, trying to get help and then it not really working. I am not sure what the best answer is. I’m going to talk with the psychiatrist who is seeing your mom and see what the choices are. And, I will work with your mom to help her get the best services that are available.

c) It must be terrible seeing your mother struggle with her illness and not get much better. What has helped you to survive through all of this?

d) Your family has gone through a lot, as do many families in which someone battles mental illness. I admire the fact that you and your mom have not given up on trying to get help.
ACTIVITY EIGHTEEN
DEVELOPING A STRATEGIC INTERVIEW PLAN

Handouts

- Strategic Plan for Interviews
- Actors and Interview Practice Package

Notes
STRATEGIC PLAN FOR INTERVIEWS

1. Write your personal expression that you could use to begin your interview.

2. Write your understanding of the problem. List what raised concerns and possible needs.

3. Consider how the person to be interviewed may view the problems or concerns.

4. Write the strengths that you see in this person.

5. Describe what you want from the person in moving forward in the process of change.

6. Speculate what this person may want and need from you.

7. What three, four or five techniques will be most useful for you with this interview?
SHELBY FAMILY PROFILE

Shelby is 14 years old. Shelby has two younger brothers and one sister. His mother has an open case with the Bureau due to neglect and substance abuse. His younger sibling’s school turned in a report because the kids come to school dirty and sometimes don’t have anything to eat. A worker also talked to Shelby about his mother and asked if he had food. He told the worker, “He was fine and he had a great mother, and he would appreciate if she got out of his face.” Recently Shelby has not been attending school and had been attending only sporadically since the beginning of the school year. There is concern that he is severely depressed. The police have been called to the family’s apartment numerous times in the last three months. Lori, Shelby’s mother, placed the calls when Shelby and the oldest brother would be fighting with each other, punching holes in the walls, and threatening her. The neighbors also made phone calls to the police for noise, abusive language, property damage, and threats to others by the boys.

Lori has struggled as a single parent, trying to raise the children alone. Their father, Jordan, who lives in Indianapolis, contacts them sporadically, stopping in town on his way through the state. He has not seen them for more than a few hours, a few times a year since he left the home when the boys were 7 and 10. He does not pay child support and does not stay in one place long enough to be followed up for child support. He has a history of drug and alcohol abuse, and Lori remembers the mention of mental illness in his family. He was extremely abusive to her in front of the boys when they were married and was physically and verbally abusive to the boys.

Shelby has not left the house in three months except on occasion to go with his friend Jason. He will spend time on the front porch of the apartment building with the neighbor, Tom, and Tom’s dog. Shelby appears very much attached to the dog. Most of the time, however, he spends time in his room with the shades pulled, smoking, listening to music, playing his guitar, doing drawings and sleeping. He appears to have his days and nights mixed up and is not interested in changing his schedule. He states he often is angry with his brother for picking on
him, and with his mother for “being such a wimp.” Most of the time he would just like to be left alone. He states he has thought about killing himself, but that would be “too easy.”

Shelby’s past school history indicates that he is a very bright young man and did pretty well in school up to age 10. He gets bored easily in school and appeared to do best in classes where he would have hands-on experiences (science labs, art, music, woodworking, etc.). He dislikes most academic subjects; however he seems to like science class. He states that was because the teacher liked him and let him set up the labs for the other kids. He would like to be a musician or draw album covers, both of which he feels he can do now. He has no peer relationship in his school or community at present. His only friend is another 14-year-old who lived at their last apartment building. He keeps in contact by phone.

The school has called in another report indicating that Shelby has not been in school. The school is also worried that he is depressed and concerned that he might be using alcohol or other drugs.
Richards Family Profile

Bonnie Richards is a 34-year-old mother of five children. Her children are Terry, 11; Larry, 9; Jerry, 7; Carrie, 4; and Sherry, 2. She and her children were evicted from their home about a month ago because Bonnie’s husband, John Richards, had spent the rent money on other things. Bonnie had asked John to leave the month before she was evicted. John has a long history of physically abusing Bonnie. When he left Bonnie, John moved in with a female friend.

Two weeks ago, Bonnie left her children with her cousin, Shirley Peters. She told her cousin that she needed help for the weekend and would be back to get the children Sunday afternoon. Ms. Peters has a 7-year-old child and lives in a two-bedroom apartment with her husband. When Bonnie did not return on Monday, Ms. Peters called DSSS.

DSSS also received a separate complaint about the youngest two children the same day. The day care center called to report concerns about neglect regarding Carrie and Sherry. They said Sherry had a severe diaper rash. They said neither Carrie nor Sherry appeared to have been bathed in the previous week. They repeatedly wore dirty clothes. Both came to the day care center hungry each day. A day care staff member, Carol Jones, had tried to talk to Ms. Richards about her concerns but said Bonnie just burst into tears.

Ms. Richards’ parents may be willing to help her. However, they live in a small trailer and do not have room for five children and their daughter. Ms. Richards is also reluctant to ask her parents for help because she believes they will shame her and make her feel guilty. Bonnie belongs to an evangelistic church and her pastor thinks she should reconcile with her husband.

Bonnie works at Wal-Mart and is making $7 per hour. She often has to work weekends. John had watched the children on weekends. John has been working temp jobs and gives Bonnie financial help for the children irregularly.

Bonnie has a good friend, Jan Milson, with whom she and the children had been living after she was evicted. Jan has been laid off from her job and is looking for work. Jan has a one-bedroom apartment. Jan wants to help Bonnie but she does
not have room for the children. Jan is also afraid of John Richards and had taken Bonnie in once before after John had beaten Bonnie.

Bonnie has been very depressed since she was evicted. She has missed several days of work and is concerned about losing her job.

Jan is concerned for the children and Bonnie and has made a report to your office. You have located Bonnie and have scheduled to meet with her to find out what is going on.
**STEVENS FAMILY PROFILE**

Nancy Stevens, age 23, is the mother of three boys: Mike, 4; Shane, 2; and Jeremy, 7 months. Ms. Stevens has been seriously depressed since her pregnancy with Jeremy. Shortly after Jeremy was born, the children’s father left Ms. Stevens and the children. Ms. Stevens recently lost her job for lack of attendance at work. She finds it almost impossible to concentrate on even small tasks.

Nancy’s mother, Betty Boyd, comes and takes the two older children frequently. Mrs. Boyd has talked to Ms. Stevens about the condition of the house. She asked Nancy to change the baby’s diapers more often. Ms. Stevens believes her mother feels she cannot do anything right. Ms. Boyd is beginning to believe that too. When Ms. Stevens took Jeremy for his 6-month check-up, the doctor expressed concern about Jeremy’s slow weight gain. Nancy’s mother raised three children alone. Nancy never wanted to be in that position. Now she is. Nancy finds she cries herself to sleep many nights. On nights that she cannot sleep, she gets up and drinks cold vodka.

The doctor asked Ms. Stevens to bring Jeremy back in two weeks. When she went, Jeremy had not gained any weight. The nurse asked Ms. Stevens if she had picked up the special formula that had been recommended. When Ms. Stevens told the nurse that she had not, the nurse seemed disgusted. Jeremy’s paternal grandmother, Sue Wilson, drove Ms. Stevens to the doctor’s office. On the way home, she told Nancy, “Get your act together, or the welfare people will be coming for your kids.” Ms. Stevens does not want to lose her children. Right now she does not feel that she can control anything in her life.

The day after the latest visit to the doctor’s office, Mrs. Wilson, Jeremy’s grandmother, came to visit Ms. Stevens. The house was a mess; toys and clothes were everywhere. The dishes were piled high in the sink and the trash was everywhere. Shane walks in carrying a sharp top from a can and announces that he is hungry. Mike goes to take the can top from Shane and Shane cuts his hand. Mrs. Wilson goes to help Shane. Ms. Stevens has nothing for a bandage, nor does she have any medicine to put on the cut.
The public health nurse has called to make a complaint, as has Mrs. Wilson. You had a conversation with your supervisors who told you to make contact with Ms. Stevens and assess the safety of the children and Ms. Stevens.
HANEY FAMILY PROFILE

Tom Haney, age 29, is the father of four children: a daughter Sara, who is 8; a daughter Ashley, age 6; a son Zack, age 4; and a son Travis, age 2. The Haney children came into care when their mother, Melissa Haney, went to jail for selling drugs. Tom and Melissa were separated at the time Melissa was arrested. Tom was on probation for burglary. He said that he had stolen things to support Melissa’s drug habit. He said that he loved Melissa, but he wasn’t going to get into that kind of trouble again. Melissa had been arrested on drug charges before. She is currently sentenced to 15 years in jail. The Haney children have been in foster care for 14 months.

Tom Haney has done a lot to turn his life around in the past year. He has a job in a local plastics factory and has received several increases in responsibility and pay. He has kept a regular visiting schedule with his children. The foster parents who have his four children have become part of his extended family. He has worked hard to progressively provide more care for his children. He has increased his visitation from visits at the office, to taking the children for the entire day, to caring for them full-time on weekends. The plan was that he would have his children returned in the next month or two.

About six months ago, Tom began seeing someone that he had known in high school, Cathy Ellis. Cathy is recently divorced and has two children. When he first started seeing Cathy, she and her children and Tom and his children did a lot of things together. Now Tom is planning to get a divorce and he and Cathy are planning to get married. Two months ago, Tom moved in with Cathy. Once they moved in together, problems started with the visits with Tom’s children. Cathy’s house has three bedrooms. Cathy has two children: Cody, age 4; and Casey, age 2. They have tried putting the two girls in one bedroom and four boys in the other room; however Zack picks on the other kids. He starts fights. He bites and hits. He has started wetting the bed both on visits and at the foster home. He refuses to take direction from Cathy and tells her, “You aren’t my mother.”

Tom does not know what to do about Zack’s behavior. Cathy is getting so frustrated that she wants to stop the visits, or at least not bring them to the house for overnight visits. Tom doesn’t want to lose the ground he has gained with the children. He is beginning to believe that moving in with Cathy was a
mistake for the children. He loves Cathy and does not want to lose the progress he has made with his children. Tom’s children seem upset every time the visits end. Even though they want to come for visits, they don’t seem to enjoy themselves as much as they used to.

Tom is losing his patience. Last week when the kids were with him, Cody and Casey were in the bath together. Zack pushed Casey down in the tub. Casey got a big bump on his forehead. Tom whipped Zack with his belt. Zack told his foster mother what happened. Tom now has to go and talk to the caseworker about the incident with Zack. He is feeling overwhelmed and defensive. Tom believes that the foster father is angry with him. This has made things difficult with Tom and Cathy. The foster mother told him that Zack’s behavior has become impossible. She also told him that he is confused; he sits on his rocking horse saying “one mommy, two mommies, three mommies.” Tom does not know what is best for his and Cathy’s children. The foster mother who has been supportive of him now seems very upset. Tom’s own mother had a serious alcohol problem and was emotionally abusive to him. His mother died four years ago, shortly after he was arrested for the burglary. Both Mr. and Mrs. Crithen have treated Tom as though he were part of the family. Tom’s relationship with Mrs. Crithen is similar to one he has always dreamed he could have with a mother.
ACTIVITY NINETEEN
PUTTING IT ALL TOGETHER:
THE INTERVIEW

Handout
- Observation of Skills/Techniques Practice Worksheet

Notes
OBSERVATION OF SKILLS/TECHNIQUES
PRACTICE WORKSHEET

Name ____________________________________________________________

Strengths
List the skills you observed demonstrated in the interviews with the actors. Be sure to be behaviorally specific.

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Considerations for Improvements
List one or two behaviorally specific suggestions for improvement.

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ACTIVITY TWENTY
CLOSING/EVALUATIONS

Handouts
- Self-Evaluation Skills Assessment
- Day Three Evaluation

Notes
# SELF-EVALUATION SKILLS ASSESSMENT

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### EVALUATION – DAY THREE

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<th>List the one thing that worked well for you today</th>
<th>List the one thing that did not work well for you today</th>
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What is one learning idea that you can immediately put into practice?

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