

Module 6: Family Engagement Standards – Preparation and Introduction



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Table of Contents

Module 6: Family Engagement Standards – Preparation and Introductions	1
Family Engagement Standards – Preparation and Introduction	1
Unit 6.1: Family Functioning Assessment-Ongoing	3
Family Functioning Assessment-Ongoing Decisions	4
FFA-Ongoing Participants	5
Activity A: Determining the Focus of Your Family Functioning Assessment-Ongoing	6
Family Engagement Standards	8
Unit 6.2: Overview of Preparation	9
Preparation	9
Special Circumstances and Family Conditions	10
Areas of Critical Evaluation for Intervention Standards: Preparation	10
Identifying Strategies for Family Engagement	11
Stages of Change	12
Activity B: The Stages of Change and You Worksheet	18
Unit 6.3: Overview of Introduction	19
Introduction	19
Engagement Standards: Introduction	19
Activity C: What Would YOU Want to Know	20
Introduction Standard	21
Activity D: Observation of the Introduction Stage	23
Activity E: Introduction with the Sandler/Braun Family	25

Unit 6.1:

Family Functioning Assessment-Ongoing

Learning Objectives:

1. Describe the philosophy of the Family Functioning Assessment-Ongoing.
2. Identify the participants who should be included in the Family Functioning Assessment-Ongoing.

References:

- CFOP 170-1, Chapter 2, Core Safety Constructs
- CFOP 170-9, Chapter 4, Family Engagement Standards for Exploration of Caregiver Protective Capacities

The purpose of the
Family Functioning Assessment-Ongoing
is to evaluate family conditions and
how these conditions are influencing danger threats,
child needs, and caregiver protective capacities.

Safety Management Practice Responsibilities



When does the Family Functioning Assessment-Ongoing begin?

Family Functioning Assessment-Ongoing Decisions

1. Are danger threats being managed with a sufficient safety plan?

2. How can existing protective capacities (strengths) be built upon to make changes?

3. What is the relationship between danger threats and diminished caregiver protective capacities — what must change?

4. What is the parent's perspective or awareness of their caregiver protective capacities?

5. What are the child's needs and how are the parents meeting or not meeting those needs?

6. What are the parents ready and willing to work on in the case plan?

7. What are the areas of disagreement in what needs to change?

8. What strategy (case plan) will be used to assist in enhancing diminished caregiver protective capacities?

FFA-Ongoing Participants

How do you determine who needs to be assessed and who needs to be included?

- Ask yourself...who provides care, parenting, quality time, and/or discipline for the children.

Learn by observing the family interacting and gather information from the children, parents, household members, extended family members, and friends who are familiar with how the family functions.

Activity A: Determining the Focus of Your Family Functioning Assessment-Ongoing

Directions:

1. Read the scenarios and determine how many FFA-Ongoing's should be created and who should be on each FFA-Ongoing.
 2. Refer back to your CFOP for assistance.
 3. Be prepared to discuss.
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Scenarios

1. Ten-year-old twins Ann and Gina primarily live in the home with their mother Joy, step father John, and his two year old son Mathew. Ann and Gina visit with their father, Tom, and his significant other Erica every other weekend. The FFA determined Gina and Ann to be unsafe at their father's home due to ongoing out of control drug use in the home by Tom and Erica. The In-Home Safety Analysis and Planning was completed and an in-home safety plan has been established.
 - a. How many FFA's-Ongoing should there be? _____
 - b. Who should be included in the FFA-Ongoing?
 - Children: _____

 - Caregivers: _____

2. Shannon, her husband Sam, and their five-year-old child Sam Jr. all resided together until Sam was arrested last month for burglary. He has been in the county jail since then and will be released in one month. Once released he is planning to return home with Shannon and Sam Jr. A report is received stating that there is ongoing domestic violence in the home between Shannon and Sam with multiple altercations that Sam Jr. has witnessed and gotten physically involved in. The FFA determined Sam to be unsafe and after the In-Home Safety Analysis and Planning was completed an in-home safety plan was put in place.
 - a. How many FFA's-Ongoing should there be? _____

b. Who should be included in the FFA-Ongoing?

- Children: _____

- Caregivers: _____

3. Angie and Berta are sisters; both have two children under the age of five. They recently moved in together to share living costs and to assist each other with child rearing. A report is received stating that both Angie and Berta are regularly high on cocaine and allow the children to run the streets unsupervised. All of the children have been found to be unsafe though the Family Functioning Assessment.

a. How many FFA's-Ongoing should there be? _____

b. Who should be included in the FFA-Ongoing?

- First FFA: _____

- Second FFA: _____

4. Mary resides in the home with her current husband Steve and her four minor children, Shannon, Mike, Coraline, and Justice. Steve is the father to Shannon and Mike and Mary's ex-husband Justin is the father to Coraline and Justice. A report was received alleging that Mary was severely physically abusing all of the children. The FFA determined that all four children, Shannon, Mike, Coraline, and Justice are unsafe. Mary refused to cooperate with a safety plan and after the In-Home Safety Analysis and Planning was completed an out-of-home safety plan was established. Coraline and Justice have been released into Steve's care and Shannon and Mike have been placed with Ann, their Great Grandmother.

a. How many FFA's-Ongoing should there be? _____

b. Who should be included in the FFA-Ongoing?

- Children: _____

- Caregivers: _____

c. Are any other assessments needed?

Family Engagement Standards

Family Engagement Standards



Unit 6.2:

Overview of Preparation

- Learning Objectives:**
1. Identify the tasks that must be accomplished during the Family Engagement Standard for Preparation.
 2. Review the stages of change and identify the indicators for each stage.
- References:**
- CFOP 170-9, Chapter 1, Standards for Preparing for Family Engagement

Preparation

Preparation is the process of preparing for information collection and contact with the family.

The purpose of the preparation family engagement standard is to ensure that you

- are as informed as possible about information already known about the family,
- able to identify gaps and discrepancies that must be reconciled, and
- are able identify strategies for family engagement.

What information should you review and analyze prior to attending the Case Transfer Conference?

Special Circumstances and Family Conditions

When learning about the family it is important to identify special circumstances and family conditions that are impacting the family. These circumstances include:

- Domestic Violence
 - Parents childhood history of abuse or neglect
 - Substance abuse
 - Mental illness
 - Condition or circumstance of parent that will require assistance with verbal or written communication
 - Criminal behaviors
 - Developmental delays and special needs of children in the home (includes mental, learning disabilities, deaf and hard of hearing).
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Areas of Critical Evaluation for Intervention Standards: Preparation

1. Sufficiency of information known – identify information gaps.
 2. Sufficiency of safety plans to control for danger.
 3. Identify information that is relevant.
 4. Baseline information regarding Caregiver Protective Capacities from CPI.
 5. Information that must be known – what information is needed to inform the Caregiver Protective Capacities and Child Needs Assessments.
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Identifying Strategies for Family Engagement

Using the information you have learned to plan the:

- Location
- Timing
- Circumstances where contact should be made with both the caregivers and the children

What do you remember about the Sandler/Braun family? What were the danger threats? What was the safety plan?

What were some of the discrepancies that were found? What were the gaps of information needed?

What information do you want to try to gather from the family when you meet them?

Stages of Change



The Trans-Theoretical Model (TTM) for the First Five Stages

Trans-Theoretical Model (TTM) (Prochaska & DiClemente, 1982; Prochaska, DiClemente, & Norcross, 1992) provides a way to understand the cognitive process for human change. The knowledge regarding how and why change occurs among individuals is important for understanding the rationale for the design of the ongoing family functioning assessment and has direct implications for how ongoing Case Managers should behave when intervening with caregivers.


The premise of TTM is that human change is a progressive cyclical mental and behavioral process that occurs as a matter of personal caregiver choice and intention. Working from this perspective, the ongoing Case Manager seeks to engage caregivers in conversations that are intended to promote problem recognition, if not acceptance, and reinforce a caregiver's internal desire for change. Adopting the principle assertion of TTM that change can be facilitated by influencing internal motivation, the conversations that occur with caregivers during the ongoing family functioning assessment attempt to raise self-awareness regarding the need for change, to instill hope for change and to elicit caregiver input regarding what must change related to caregiver protective capacities.

Stages of Change

The stages of change embody the dynamic and motivational aspects of the process of change described in TTM. There are five sequential stages that people move through when considering the impact of personal problems, thinking about the need for change and eventually making choices about doing something to change. Rarely do individuals move through the stages of change in a prescriptive linear way. More often, when individuals are struggling to make choices regarding the need for change, there is a tendency to vacillate between problem recognition and problem denial; between wanting to do something to change and insecurity about the ability to change; between taking steps to change and relapsing back into problem behavior.

Appropriate Motivational Strategies for Each Stage of Change	
Client's Stage of Change	Appropriate Motivational Strategies
<u>Stage 1: Precontemplation</u> The client is not yet considering change or is unwilling or unable to change.	<ul style="list-style-type: none">◆ Establish rapport, ask permission, and build trust.◆ Raise doubts or concerns in the client about behavior patterns◆ Express concern and keep the door open

Client's Stage of Change	Appropriate Motivational Strategies
<u>Stage 2: Contemplation</u> The client acknowledges concerns and is considering the possibility of change but is ambivalent and uncertain.	<ul style="list-style-type: none">◆ Normalize ambivalence.◆ Help the client "tip the decisional balance scales" toward change.◆ Elicit and summarize self-motivational statements of intent and commitment from the client.◆ Elicit ideas regarding the client's perceived self-efficacy and expectations regarding treatment.




Client's Stage of Change	Appropriate Motivational Strategies
<u>Stage 3: Preparation</u> The client is committed to and planning to make a change in the near future but is still considering what to do.	<ul style="list-style-type: none"> ♦ Explore treatment expectancies and the client's role. ♦ Clarify the client's own goals. ♦ Negotiate a change—or treatment—plan and behavior contract. ♦ Consider and lower barriers to change. ♦ Help the client enlist social support.

Pre-School COT Specialty Module 6.2.11

Preparation: Getting Ready to Make a Change

As a result of the self-awareness raising that occurs during the Family Functioning Assessment-Ongoing, many caregivers will move toward taking increasing ownership for their problems (or at least some of their problems) and they will start talking about not only the need for change, but what specific behavioral change would look like.

When conversations are productive with respect to eliciting caregiver feedback regarding what must change, there emerges a period of time when a window of opportunity opens for engaging caregivers to commit to taking steps to change.



Client's Stage of Change	Appropriate Motivational Strategies
<u>Stage 4: Action</u> The client is actively taking steps to change but has not yet reached a stable state.	<ul style="list-style-type: none"> ♦ Engage the client in treatment and reinforce the importance of remaining in treatment. ♦ Acknowledge difficulties for the client in early stages of change. ♦ Help the client identify high-risk situations through a functional analysis and develop appropriate coping strategies to overcome these.

Pre-School COT Specialty Module 6.2.12

Action: Ready to Make a Change

Caregivers who are in the action stage are not only taking steps to change, including participating in a change process with the Case Manager and other changed focused

services, but they also express a belief and attitude that the actions taken to address problems will result in things being different. In effect, when a caregiver completes the Family Functioning Assessment-Ongoing process and commits themselves to participating in services and working toward achieving case plan outcomes, they are moving into action stage. If at the conclusion of the Family Functioning Assessment-Ongoing or in the months following the implementation of the case plan, a caregiver communicates that they are ready, willing and able to make change and then proceeds to take the steps to do so, they are in the action stage.

Client's Stage of Change	Appropriate Motivational Strategies
<p><u>Stage 5: Maintenance</u></p> <p>The client has achieved initial goals such as abstinence and is now working to maintain gains.</p>	<ul style="list-style-type: none"> ♦Support lifestyle changes. ♦Affirm the client's resolve and self-efficacy. ♦Help the client practice and use new coping strategies to avoid a return to use. ♦Develop a "fire escape" plan if the client resumes old behavior patterns. ♦Review long-term goals with the client.

Maintenance: Continuing to Support the Behavior Change

A caregiver does not reach the maintenance stage of change until they demonstrate sustained behavioral change for at least 6 months. Caregivers may still be actively involved in completing their case plans and participating in services, but significant progress has been made toward the achievement of outcomes and outcomes related to caregiver protective capacities and child well-being. It is important to note that a caregiver is not likely to be in the maintenance stage for all outcomes in the case plan at the same time. In most cases, it will be more likely that caregivers could be in the maintenance stage for one outcome related to caregiver protective capacities while still remaining in the action stage or even contemplation stage related to other outcomes. In ongoing case management, the change process is evaluated at least every 90 days, or at critical juncture, during the ongoing case management and services to determine when sufficient change has occurred such that no intervention is required and the case can be closed.

Stage of Change Specific to Substance Use: SAMSHA and NCSAW

Client's Stage of Change	Appropriate Motivational Strategies
<p><u>Relapse</u></p> <p>The client has experienced a recurrence of symptoms and must now cope with consequences and decide what to do next.</p>	<ul style="list-style-type: none">♦Help the client reenter the change cycle and commend any willingness to reconsider positive change.♦Explore the meaning and reality of the recurrence as a learning opportunity.♦Assist the client in finding alternative coping strategies.♦Maintain supportive contact.

Relapse

The assessment of stage of change has been incorporated into most substance abuse treatment programs, and treatment interventions should be thoughtfully matched to the stage of change an individual is in. Addiction programs may use stages of change models that have been customized around addiction. The first five stages of change in this curriculum are appropriate for a range of challenges. The sixth stage of “relapse” has been added and is specific to addictions.

Addictions

Substance abuse is a complex and chronic disease that has biological and behavioral components. A comprehensive treatment program, tailored to the individual, is necessary for the treatment success. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment. Most people working to overcome an addiction experience relapse. It is much more common to have at least one relapse than not.

Relapse is not the same as treatment failure. Recurrence of substance use can happen at any point during recovery. When a parent relapses, it is important to help the parent recognize the difference between lapses (a period of substance use) and relapse (the return to problem behaviors associated with substance use) and to work with the parent to re-engage him or her in treatment as soon as possible. It also important to note that a urine toxicology screen will not tell you whether the individual has had a lapse versus a relapse. Part of effecting long-term change includes working with parents to identify the specific factors that preceded their substance use— What were the emotional, cognitive, environmental, situational, and behavioral precedents to the relapse?

Case Managers can help a parent plan for the potential of relapse and for ensuring safety of the child. Parents who learn triggers can become empowered to plan proactively for the safety of their children and to seek healthy ways to neutralize or mitigate the trigger. One element in the process of recovery is to develop a relapse prevention plan.

(Excerpt from relapse from “*Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers*” National Center for Substance Abuse and Child Welfare (NCSACW)).

Stages of Change and Motivation Tasks for CPI/CM		
PARENT’S STAGES OF CHANGE		MOTIVATIONAL TASKS FOR CPI/CM
Precontemplation	No perception of having a problem or need to change.	Increase parent’s perception of the problems with their current behavior; raise parent’s doubts about behavior.
Contemplation	Initial recognition that behavior may be a problem and ambivalence about change.	Foster and evoke reasons to change and the risks of not changing; help tip the balance toward change.
Action	Makes a conscious decision to change. Some motivation for change identified. Takes steps to change.	Help parent identify best actions to take for change; support motivations for change. Help parent implement strategy and take steps.
Maintenance	Actively works on sustaining change strategies and maintaining long-term change.	Help parent to identify triggers and use strategies to prevent relapse.
Lapse or Relapse	Slips (lapses) from change strategy or returns to previous problem behavior patterns (relapse).	Help parent re-engage in the contemplation, decision, and action stages.

Adapted from: *Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals*. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, Rockville, MD, 2004.

Activity B: The Stages of Change and You Worksheet

Directions:

1. Identify a change in your life that you are currently making or are thinking about making.
 2. In Part 1, answer the questions based on the change you have selected.
 3. In Part 2, share your answers with a partner.
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Part 1:

1. Why did you decide to make this change? Was it a change you chose to make voluntarily or was it something you were forced to change?

2. Identify the stage of change you are currently in.

3. What thoughts and behaviors are you currently experiencing surrounding the change that makes you believe you are in the stage of change you identified above?

4. What support have you used to help make this change? (Including family, friends, resources, etc.)

5. What would need to happen for you to move to the next stage of change?

Unit 6.3: Overview of Introduction

**Learning
Objectives:**

1. Identify the tasks that must be accomplished during initial contact with the family.
2. Demonstrate using rapport building skills learned in CORE.

References:

- CFOP 170-9, Chapter 2, Family Engagement Standards for Introduction Activities

Introduction

Introduction is the act of introducing you as the change agent and the agency representative, the agency's role, what case management is and is not, and providing clarification as to the role of the ongoing Case Manager.

Engagement Standards: Introduction

Objectives of Introduction for Case Manager:

- Begin to establish rapport with family; get to know them.
 - Establish a working relationship with the family.
 - Provide clarification and process with family for ongoing case management.
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Activity C: What Would YOU Want to Know

Directions:

1. As you listen to the scenario being read, place yourself into the role of the parent. Think about what you as the parent would be feeling as a parent going into ongoing case management with a child in placement.
 2. Make a list of the specific things that you (as the parent) would want to know from the Case Manager. Be spontaneous and write down the essence of what you would want to know.
 3. Be prepared to discuss with the class.
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Scenario:

You are a parent who has been transferred to ongoing case management. You have had a child removed from your care. You have been investigated and told “you have been referred for ongoing services”. You are meeting your new Case Manager today. As your new caseworker introduces herself and explains how she will work with your family, identify something that you would like to know from her.

I would want to know...

Introduction Standard



The first conversation with a family should also include a discussion around the safety plan and how it is working. During Introduction, what specific information will you provide to the family and gather from the family regarding the safety plan?

If parents are unwilling to commit to the assessment process what next steps can you take?

Introduction Standard:

Working with Families to Begin to Build Trust and Gather Information

To introduce and clarify the ongoing family functioning assessment process with caregivers and to make sure that all roles, responsibilities (expectations), agency-family issues and concerns are discussed and understood.

<u>Introduction to Ongoing Case Management</u>	<u>Reason for Involvement</u>	<u>Description of Ongoing Family Functioning Assessment Process</u>
<ul style="list-style-type: none"><input type="checkbox"/> Engage caregivers in assessment process.<input type="checkbox"/> Introduce ongoing Case Manager.<input type="checkbox"/> Describe purpose of ongoing case management.<input type="checkbox"/> Clarify relationship between CPI and Ongoing case management.<input type="checkbox"/> Elicit caregiver perspective.<input type="checkbox"/> Elicit concerns or worries about involvement.	<ul style="list-style-type: none"><input type="checkbox"/> Discuss impending danger threats.<input type="checkbox"/> Information identified during the investigation.<input type="checkbox"/> Perception of caregiver regarding impending danger and intervention.<input type="checkbox"/> Address safety management issues (as indicated) including Conditions for Return if applicable.	<ul style="list-style-type: none"><input type="checkbox"/> Engage caregivers and seek partnership for completing the ongoing family functioning assessment.<input type="checkbox"/> Discuss purpose for the ongoing family functioning assessment and Case Planning process.<input type="checkbox"/> Describe the process for intervention.<input type="checkbox"/> Seek commitment to participate in the assessment process.

Activity D: Observation of the Introduction

Instructions:

1. Working alone, read the Russell Case Scenario.
 2. Watch the video clips on the Russell Case.
 3. Answer the questions on the worksheet regarding the Russell Case.
 4. Be prepared to discuss.
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Russell Case Summary for Video Observation:

Angela Russell was recently transferred to case management after it was determined that Angel (7 yrs.) was not safe in the home with Angela without safety services. An in-home safety plan was attempted with the family, but due to the degree that Angela was not functioning, an out-of-home safety plan was put in place that has Angela residing with her paternal grandmother.

Angela and her ex-boyfriend, Brian, have been separated for the past six months. Angela and Brian's separation was hard on Angela and Angel, and since that time things in Angela's life have slowly started to decline, both at home and in her work life. Angela began "partying" more frequently, often leaving Angel to care for herself, or at times bringing her with her to the "parties." The last incident brought the family to the attention of the agency. Angela did not come home the next morning, and when Angel woke up she was scared and called her grandmother, who subsequently calls the agency for assistance and out of concern for Angel.

Russell Family Introduction- Discussion Questions

After watching Scene 1 and Scene 2 of the Russell Case please answer the following questions.

1. What essential skills did the Case Manager use during the interviews? (To assist in remembering essential skills you can utilize "The Essential Knowledge and Skills" located on page 1 of your Safety Methodology Reference Guide).

2. How did the Case Manager explain her role in working with the family?

3. How did the Case Manager address the mother's concerns?

4. Using the "Introduction Standard: Working with Families to Begin to Build Trust and Gather Information" chart as a reference is there any other information the Case Manager still needs to address during introduction?

5. Is there anything you would have done differently or would have asked or explained differently?

Activity E: Introduction with the Sandler/Braun Family

Directions:

1. This is a role-play of the Sandler-Braun family where you will be practicing Introduction for both Melanie and Bruce.
 2. There are three possible roles: Case Manager, Melanie Braun/Bruce Braun, Observer
 3. Instructions for each role:
 - Case Manager: This is your first contact with Melanie Braun/Bruce Braun and you are responsible for introducing the family to ongoing case management services, explaining the reason for involvement, and describing the FFA-Ongoing process.
 - Caregiver Role of Melanie Braun/Bruce Braun: This is your first formal contact with the CPI worker. Your role as Melanie/Bruce is liberal and you are free to use ad-lib as you feel appropriate.
 - Observer: You are a non-active observer during this interaction and are there to observe the interview and take notes. Pay careful consideration to the interviewer, their approach, their use of interviewing techniques. Use Introduction Standard Chart as a reference when providing feedback.
 4. Set Up and Order
 - Role assignments are selected: Case Manager, Observer, and Bruce Braun – 2 minutes.
 - The Introduction assignment is reviewed so expectations are clear to all team members and Case Manager and Caregiver– 5 minutes.
 - Case Manager conducts his or her Exploration with the Caregiver – Up to 15 minutes.
 - Observers and group conduct debriefing – 5 minutes.
 - New Role assignments are selected: Case Manager, Observer and Melanie Braun – 2 minutes
 - Case Manager and Caregiver take moments to prepare using Introduction Chart as Reference– 5 minutes
 - Case Manager conducts his or her exploration with parent – Up to 15 minutes.
 - Observers and group conduct debriefing – 5 minutes.
 5. Remember the items you have identified during Preparation for the Sandler/Braun family. Make sure to reference information from your Preparation exercise prior to Introduction.
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