

Values & Principles of Family Meeting Practice

Value of family meeting practice to agency/staff

- Increased likelihood of permanent connection with family members
- Increased likelihood of stable placement
- Better outcomes for youth in care
- Develop improved, meaningful case plans
- Saves time in case work planning and coordination

Value of family meeting practice to family (WIIFM)

- Promotes family autonomy
- Encourages family support
- Demonstrates parents' strengths
- Creates effective permanency and safety needs-based planning

Principles of Family Meeting Practice

- Families are the experts and have the ability to make the best decisions for their children
- All children need to be connected in meaningful ways to family
- Decisions made by families have the greatest chance of success
- Meetings fit and honor family culture
- Safety, attachment, permanency and well-being for children are everyone's responsibility
- Shared decision making
- Collaboration
- Strengths based
- Solution focused
- Trauma informed

Preparing the Child Welfare Worker Family Decision Meeting

It is
crucial
to

success of the Family Decision Meeting for the coordinator to work collaboratively with the child welfare worker and prepare them thoroughly for the meeting.

Overview of Meeting Process

- Discuss the purpose of this meeting and the format/model that will be used.
- Discusses the Family Decision Meeting principles, values and the benefits.
- Delineate the respective roles of the worker and the coordinator.
- Clarify child welfare worker role during Family Decision Meeting.
 - The role of the caseworker is to provide information about the child welfare safety concerns and case expectations to the family group in a straightforward and honest way.
 - To clarify any parameters that might exist in developing the plan.
 - To describe any services and resources DHS can facilitate.
 - Final plan must meet requirements for safety of child and be approved by child welfare agency.
 - Review the *Caseworker FDM Preparation Worksheet*. Ask if there is additional information the caseworker wants to provide.

Case Information

- Case specific questions:
 - Where is the case at in terms of planning needs (initial meeting, OFDM, placement change, return to parent, concurrent planning)?
 - What are the issues that brought the family in to child welfare?
 - What are the identified safety threats and conditions for return?
 - Jurisdiction and court orders? Restraining Orders?
 - Parameters or limits to planning
 - Foster placement situation (relative, non-relative)
 - Adult safety issues: Domestic violence, assaultive behaviors, self-harming behaviors, etc.
- Family Specific Questions:

- Parent’s circumstances: past and current services, living situation, health and mental health, substance abuse issues, etc.
- Child’s circumstances: past and current services, known trauma, adjustment to placement, identified needs regarding health, mental health, education, etc.
- Known relatives, natural supports to parents? Any known family dynamics? Has relative search been initiated?
- Known strengths, resources, cultural considerations?
- Worker Specific Questions:
 - What is the caseworker’s perspective about the family situation?
 - History and quality of relationship with family?
 - Understanding of family strengths, needs that underlie behaviors, trauma history?
 - Support for the Family Decision Meeting values and planning process?
- Reference information to ask for
 - 307; CPS Assessment, On-going case plan, past meeting notes, relevant reports from service providers
 - Contact information for all: family, attorneys, service providers, foster parents

Prior to the Family Decision Meeting:

- Review the child welfare report that will be shared at the meeting.
- Discuss what the caseworker needs the family to address in planning.
- Discuss any issues/potential plans or questions you have learned in preparing family members.
- Share/review the list of attendees who are expected at the meeting
- Explain what follow-up activities might happen after the meeting.

Skills for Preparation of Child Welfare Workers

- Listen to the concerns of the child welfare worker. Discuss how these may be presented at the FDM in a clear, transparent manner.
- Ask clarifying questions.

- Discuss the benefits of Family Decision Meeting to the caseworker in terms of their job responsibilities, relationship with families, etc.
- Explain the need for transparency and explore any possible barriers to this.
- Take time to answer questions and check for understanding of the FDM process.
- Express appreciation for their willingness to engage in this way of working with families.

Family Connections Oregon Caseworker FDM Preparation Worksheet

1. Overview of caseworker's involvement with family. Strengths, progress, child's needs.
2. Safety Concerns that brought the child into care
3. Court Mandates and/or Services that exist
4. Services and Resources the agency can offer
5. What the Family Plan/meeting plan needs to address
6. Are there 'non-negotiables' or parameters that will impact planning?

Sample Email to Caseworker

Dear (name of caseworker)

I am writing to let you know that one of your cases (*name of family and case number*) has been selected to receive services through the Family Connects Oregon (FCO) research project.

Family Connections Oregon is an approach to intensive family finding and engagement, and case planning through family group conferencing. (*Name of County*) is piloting this model for consideration statewide. Your help and feedback will guide the final practices adopted by the state. (Please see attached documents) (*Include FCO description for caseworkers*)

My role is to work in collaboration with you to locate and engage extended family members, and facilitate a Family Group Conference (FGC) within 60 days. **This process begins a week after placement.**

I would like to arrange a meeting with you so I can share more about the process, answer questions and complete the necessary paperwork to begin.

Please let me know the **soonest** time you can meet, as we have a very short timeline to accomplish this good work.

Thank you,

Preparing the Family for the Family Decision Meeting

Information is power. Explain Family Decision Meeting philosophy and process. Good preparation is the first step in empowering families to be full participants.

For Parents/Caretakers

- Whenever possible, meet with parents/caretakers in person.
- Explain the Family Decision meeting process and give examples of what it entails.
- Explain the purpose of the Family Decision Meeting and ask the parents what their goals are for the meeting.
- Explain your role as facilitator for the meeting.
- Explain that you want to learn about their strengths and understanding of their child's needs to help share the family's perspective with other meeting participants.
- Make sure the parents know/understand the safety concerns that will be presented by the child welfare worker.
- Explain possible parameters to planning process, such as agency mandates and court orders and how these may affect collaborative team process.
- Clarify limits to confidentiality, both mandated and functional.
- Identify family supports, both formal and informal. Who does the family identify as needing to be a part of their team? Are there others who need to be considered? Explain the value and need for including extended family members who have a commitment to the child and/or parents.
 - What are the possible consequences of not including key people in family's life?
 - Are there ways to create safety and mediate inclusion of key players
 - Are there particular people who can be of support during the meeting?
- Ask if there are any cultural considerations, traditions, practices to be aware of and/or include in the meeting.

For Extended Family/Kin

- Whenever possible, meet participants in person to orient and prepare them for the meeting.

- Orient all participating members of family. Explain the Family Decision Meeting process and give examples of what it entails.
- Make sure they understand the purpose of the meeting and how they can contribute during the meeting.
- Invite family members to contribute to strengths and needs inventory.
- Invite family members to share how they would like support the child and/or parents
 - If a family member wants to be a placement resource for the child, facilitate communication with the caseworker
- Ask if there are questions, concerns or issues that might be important to them as meeting participants.
- If possible, mediate any potential conflicts prior to the meeting.

Skills for Preparation of Family

- Be personable. Share some things about yourself and your work. Invite questions.
- Listen. Develop understanding of the family story, goals, strengths and needs.
- Ask questions and underscore strengths. What are the positive attributes, accomplishments, and values of this family? How are these shown? How will their strengths assist them in reaching their goals?
- Express Empathy. Ask questions that help you understand what the family's life is like. *What is that like for you? What were you feeling when all this happened?*
- Honor culture. Recognize the family's cultural ways of communicating, nurturing and knowing, and the strengths that derive from these.
- Look for exceptions to the problem. There are many times when the family is using different skills to cope with the problem, or when the problem does not occur.
- Build on past competence.
- Externalize the problem. Use language that separates the person from the problem. Align with the part of the person that wants to change. *Drugs have created havoc in your life. I know you want to turn things around and bring healing to your family.*

- Ask permission to explore. This shows respect and acceptance of the person's readiness to disclose. If the family member declines, go back to empathy. *I know this is hard to talk about. I can respect that.* Continue building trust by showing genuine interest and understanding. Problems can only be addressed as the family is ready
- Communicate hope and belief that the family can succeed in successful planning and reaching their goals.

Relative Letter

(Date)

Dear __Family Member Name__

My name is _____. I work for (*Agency*) and am a Family Meeting facilitator. I am contacting you because your relative (*child(ren) name*) is in foster care. As a Family Meeting facilitator, my role is to help families remain connected to and plan for the safety and well being of their child or children in care.

I would like to talk with you to further explain my role and discuss any ways you might want to be involved.

Please call as soon as you are able.

Thank you, and I look forward to talking with you,

(Your Signature and Contact Info)

Relative Telephone Call Scripts

First Telephone Call Scripts with Relatives:

Hello, my name is _____, and I work for ____agency____. I work with families who have children in foster care.

I am calling for _____. Is this she/he? (Yes) I am working with one of your family members. Do you know (parent/child name)? Is now a good time to talk? (Yes).

My role is to bring family members together to plan supports for their children in care. I would like to talk with you about this, and explore any ways you might want to participate or share your thoughts.

Leaving a telephone message:

Hello, my name is _____, and I work for _____ agency____. My role is to work with families with children in foster care. I am calling for regarding (parent and their child - first name only).

There is a very small window of time to discuss some important issues, and I want to talk with you as soon as possible. If I don't hear from you, I will call you back within the next 24 hours. Thank you.

Follow-up call with relative:

Hello, this is _____. I am calling to follow up on the message that I left you earlier. I can imagine this must be a difficult phone call to receive. Is now a good time to talk? I'm not sure how much you know about what is happening with __Child____. I would really like to get your thoughts and invite you to participate in any way you can to plan supports for this child (and parent).

(Allow time for the person called to explain their situation, to tell their story)

If the person asks about _____ 's situation:

I know that you must have questions. I really can't answer them right now. There will be opportunities when we all meet to talk more with you and answer some of your questions. For now I would really like to learn more about your family so I can be more helpful.

Continuing the conversation:

How you continue will depend on their relationship with the parent and child and the knowledge they have about them.

Do you have thoughts about:

- What would help this child during this time?
- What would help the caregiver (relative or stranger) as they care for child
- What would help parents?

Can you share some strengths/positive things about _____(child, parent, caregiver) or your family in general that you think

- Will help them with this situation
- Can be helpful in planning for them

Are there others in your family who can help with ideas or support?

If they have trouble thinking of people, ask:

- Who comes together at holidays or special occasions?
- Who usually organizes family events?
- Cousins, aunts, uncles, nieces and nephews

Are there other people who are close to your family who can help with ideas or support (ministers, long term close friends who are like family, etc.)

If they ask about how to have contact with ____:

I want to assure you that I am going to share your information, and how to contact you, with the rest of my team. It sounds like you're offering to help _____ more. Let me make sure I have all of your contact information for future planning for _____.

If they cannot have any contact with the child:

This may be your one of the few opportunities you may have to do something to really help _____. The information that you share with me could truly help in planning for this child. (Default back to questions about family)

If the person sounds upset:

I can't imagine what you must be feeling right now. I am so sorry for what your family has been through. But we're asking for your help now so that your family plan for how to support this child.

Ending Conversation:

You might think of some more things that are important for helping _____ *Child/parent* _____ over the next few days, or you might know other family members who would like to share their thoughts.

Please feel free to contact me ___ - ___ - ___ or e-mail me at _____ (address). Thank you so much for sharing this important information, it is really valuable for planning for ___ *Child/children* _____. The simple act of sharing this information may dramatically affect this child's (and/or parent's) life.

Trying to reach a neighbor/leaving a message:

Hello, my name is _____, and I am I work for _____, and I working with a child/youth in foster care. I'm trying to reach your neighbor, _____: (relative) regarding one of their relatives. It is very urgent I speak with him/her. Please have _____ call me back at (____) ___ - _____. If I don't hear from him/her, I will call you back within the next 24 hours. Thank you.

Reaching a neighbor:

Hello, my name is _____, and I work for _____ and am currently working with a child/youth in foster care. I'm trying to reach your neighbor, _____: (relative) regarding one of their relatives. It is very urgent that I speak with him/her. Is it possible for you to take down my information and walk over to deliver it to _____: (relative) or put it on the door? (Yes) Please have him/her call me at (____) ___ - _____. Thank you.

-Adapted from Seneca Center handout "Telephone Call Scripts"

Family Decision Meeting Preparing Providers and Attorneys

The

family group needs to have all information in order to develop an appropriate plan for the child.

- Give a brief overview of the purpose of the Family Decision Meeting
- Explain your role as coordinator

- Explain the FDM process and principles. Give some concrete examples. Clarify how this is different from other family team meetings participants may have attended.
- Prepare them for sharing their input about family strengths and needs in the meeting.
- Explain the value and process of private family time if that will be used.
- Listen to identify any interests or concerns. What agency mandates are they responsible to? What constraints do they have?
- Explain the need for transparency. Explore any possible barriers to this.
- Check for understanding and answer questions.
- Express appreciation. This may be a new approach. Acknowledge this and thank them for their investment and willingness to participate.

Providers:

- The provider's report should follow the model of being strengths based and solution focused.
- Discuss what the provider may want to share during the meeting.
- Discuss how to raise any concerns in a productive manner-ask them to be prepared to share what leads to any concerns
- If provider is not able to attend meeting, ask if they would like to write something for you to share.

Attorneys:

- Explain that the FDM is a strengths-based approach to support the parent in reunification whenever possible.
- Explain private family time if this will be used.
- The FDM can be a parent's opportunity to have input into the plan before jurisdiction.
- Extended family members and friends are actively sought and engaged to help support the child and parents (whenever possible)
- Reassure attorney that as a facilitator you work to protect their client's rights; "we will work with you".
- Ask how they might want to participate in the FDM.
- Answer any questions and address any concerns

Active Listening Activity

Objective: The purpose of this exercise is to practice verbal and non-verbal active listening skills to become better listeners.

Directions:

1. Divide into groups of three. In each group there will be three roles: speaker, listener and observer. Decide who will be the first speaker.
2. Roles:
 - a. **Speaker:** Talk about yourself as a professional. Share some ways you would like to improve your practice. You will have 5 minutes.
 - b. **Listener:** Practice the active listening skills: non-verbal, paraphrasing, clarifying, reflecting emotions, summarizing.
 - c. **Observer:** Observe the listener's non-verbal and verbal skills. Note as many as you can while listening.
3. The speaker will talk for 5 minutes. The group will then de-brief for 5 minutes:
 - a. **Listener:** Discuss your experience of listening. What felt comfortable? Difficult? Did you stay with the speaker?
 - b. **Speaker:** What was your experience of the listener? What helped you feel listened to? How did the listener convey understanding? What stood out to you about the experience?
 - c. **Observer:** Share your observations.
4. Switch roles and repeat until each person has been in each role.

Active Listening Activity Observer Sheet

Instructions: Listen for examples of each of the following and make a brief note to share with the group.

1. Non-Verbal Encouragement

2. Paraphrasing

3. Reflecting Feelings

4. Summarizing

5. Clarifying

6. Validating

Active Listening

Definition: Active Listening is attending to the speaker both verbally and non-verbally in an effort to truly understand the meaning of what they are saying.

How this helps communication:

- Better understanding of a person's story and point of view
- Increases the listener's empathy
- Helps build trust and open communication
- Improves the quality of information received

SKILLS:

- *Attending.* Providing verbal and non-verbal responses that communicate a desire to understand. Using small encouragers.
- *Physically engaging.* Using body posture, eye contact, spatial positioning and silence.
- *Reflective Listening.* Listening for emotions, beliefs and values.
- *Paraphrasing.* Stating in your own words what you understand the person to be saying. “*It sounds like you're saying...*”; “*Let me see if I understand you...*”
- *Summarizing.* This emphasizes the main points of what someone is saying, and validates the person.
- *Clarifying.* Asking questions that help you understand what the person is saying.
- *Interpreting.* Offering a tentative interpretation of feelings, needs or meanings the person is communicating.
- *Mirroring.* This is useful if the person continues to feel misunderstood. Use their words and repeat as close to verbatim as possible.
- *Perception checking.* Asking if your interpretations are accurate. “*Did I get that right?*”
- *Validating and acknowledging.* Communicating your understanding of the person's experience.

Asking Questions Effectively

Questions communicate that you are interested in understanding what a person is thinking and feeling.

Questions are a powerful way to:

- Learn information
- Build relationship
- Coach and influence
- Empower and help motivate
- Avoid misunderstandings
- Guide the conversation

Types of Questions:

- Closed-ended questions ask for facts and specific information. Responses are brief, often one word.
 - Use closed-ended questions to gather facts, check understanding, or clarify agreement.
 - These questions often begin with:
 - *Do you*
 - *Have you*
 - *Will you*
 - *Are you*
 - *Could you*
- Open-ended questions invite people to think and reflect. They help explore a person's feelings and perceptions.
 - Use open questions to encourage more disclosure.
 - Gather more detail.
 - Explore motivation.
 - Promote insight.

Types of Open-Ended Questions

- **Statement Questions:** These are questions asked in the form of a statement. They encourage the speaker to elaborate on facts or feelings.
 - *Tell me what you think will help your situation?*
 - *Tell me what you have done so far to look for housing?*

- **Indirect Questions:** These are an alternative to closed-ended questions. They are framed in a way that expands answers and encourages thinking. These questions begin with:
 - **Who** *do you think can help you get to appointments?*
 - **What** *is going well with your placement so far?*
 - **Where** *do you enjoy going during your free time?*
 - **How** *do you feel about asking your mother for help?*
 - **When** *can you schedule your next therapy appointment?*

- **Plus/Minus Questions:** These are used to help a person consider the positive and negative aspects of a situation or decision.
 - *What do you think the advantages and disadvantages are of inpatient treatment?*
 - *What are the pros and cons of asking your family for help?*

Excerpted from “Making Case Management Work” by Dr. Beverly Ford

RECOGNIZING STRENGTHS

Key Beliefs

- ❖ All families have strengths.
- ❖ Families are their own best experts on their strengths and needs.
- ❖ A family's culture and traditions are strengths to understand, respect and build on.
- ❖ Change is supported by building on strengths.
- ❖ Focus on strengths promotes healing

Two Kinds of Strengths

Descriptive Strengths

Describe qualities or characteristics of a person or situation.

- *Sarah is a good mother. Jordan is a smart kid. Marvin is a good provider.*

Functional Strengths

Describe an action, skill, ability or capacity.

- *Sarah is able to keep calm when her children misbehave. She uses time-out as a consequence. She helps the children each day with their homework.*
- *Jordan learned how to read before first grade. Jordan can strategize on the basketball court and outwit his opponents.*
- *Marvin works two jobs to make sure the rent is paid and the kids have what they need.*

Plumbing for Functional Strengths

Ask questions of *what*, *how* and *why*.

- What have they done to deal with problems in the past?
- How has this worked, who did they turn to?
- Why did this work at that time?
- What were the ingredients of success?

For Parents

- *What are some things you like about yourself as a parent?*
- *What do you like best about your family?*
- *What makes your family/child special?*
- *What do you want your children to learn from you? How do you try to teach them this?*
- *Tell me about a really good day in your family. What did you do?*
- *What did you learn from your parent's that you try to do with your children?*
- *What do you do with you children for fun?*
- *What would your friends say about you?*
- *Who do you turn to for support? Who do you feel understands you?*

For Youth

- *What do you do for fun?*
- *What do you think your friends like about you?*
- *What are the best things about you? About your family?*
- *Who are you most like in your family? Why?*
- *What is your favorite memory with your family?*
- *Who do you really admire? Why?*
- *What do you hope to learn so that someday you can teach this to your child?*
- *What are you really good at?*
- *What do you do when you are really upset?*
- *Who can you really talk to? What about them makes that so?*

Things to remember

- Use the family's language; keep it real.
- Keep asking for more. Ask clarifying questions and questions that expand information.
- Expand descriptive strengths into functional strengths. *Sarah is a good mother. "Can you say more about that? What kinds of things does Sarah do that can give us a picture? How does she spend time with her children; how does she handle problems with them, etc."*

- Pull strengths from discussions, even though they are not specifically identified.

Sources: Mary Rumbaugh, “Strengths/Needs Identification Training” January, 2008.

Connie Conklin, “Wraparound Facilitator Training” October, 2006

Patricia Miles and John Franz, “The Collaborative Toolkit. A Handbook for Family Team Facilitators” October, 2006

IDENTIFYING NEEDS

1. Separating Needs, Services, Outcomes and Goals.

- A **goal** is the larger description of what people hope to accomplish.
 - *Sarah and Marvin are able to provide a home for Jordan that is safe, stable and nurturing.*
- A **need** defines what issues must be addressed to accomplish the goal.
 - *Jordan needs parents who are able to parent without the negative impact of drug use. This includes being awake and alert at home or arranging safe care for Jordan if they are gone.*
 - *Jordan needs parents who are able to can respond to his behavior without using physical force.*
 - *Jordan needs to know that his parents love him.*
- A **service or strategy** is an action or activity. It identifies how to do something. Services or strategies are actions that might successfully meet a need.
 - *Actions or activities might include: services, treatment, individual or family counseling, a designated family member to model behavior, a support group, cultural activities etc.*
- An **outcome** describes in specific terms what the desired result of the action or activity is. Outcomes should be measurable.
 - *Jordan will be always be safe and nurtured by the adults who care for him.*
- **Remember: Needs are not services.**

2. Keeping the focus on needs. Things to remember:

- Focus on the *why* of a need, not the *how* of it.
 - *Juan needs to be able to support his family.* Instead of *Juan needs a job.*
- Needs are not services.
 - *Elijah needs to know he can have fun while he is sober.*
Instead of *Elijah needs treatment.*
- Needs are not goals.
 - *Martha needs to have an education.*
Instead of *Martha needs to attend school.*

What makes a good statement about a family/child need?

- *Needs* statements are the description of underlying conditions that, if addressed, will lead to the accomplishment of the family's goals.
- Defining a need is different from defining a service. A service is one way to try to meet a need.
- Keep the focus on what is needed for children to have safety, permanency and well-being. Adult needs can often best be approached in agreement about what children need.
- Key concept: All behavior is an attempt to meet a need
- Needs exist at every level of life, from survival to pleasure. Facilitators can use basic life domains to aid in defining needs:
 - Safety
 - Shelter and Food
 - Health
 - Emotional
 - Developmental
 - Family/Relationships
 - School/Work
 - Social/fun
 - Cultural
 - Spiritual
 - Legal
 - Financial
 - Social/fun
- *Needs* statements are individualized. They clearly define who has the need. They are specific rather than global. They are stated in family language. They are culturally relevant.
- *Needs* statements often reflect the concerns of the family and/or community partners.
- *Needs* statements are respectful.
- *Needs* statements describe a desired condition or state of being. Helpful beginning phrases include: *to be able to, to understand, to experience, to develop, to feel, to have.*

Helpful questions to identify needs:

- Why do you think this is important to this person?
- What does _____ need help with?
- What is needed for this family/youth to achieve their goals?

- How will you know if this activity has helped?
- When a service replaces a *needs statement* ask: What will be helped if we do this?

Examples of Needs Statements:

- *Jerome needs to feel safe when he is at home and at school.*
- *Crystal and Cody need to know that their parents will take care of their basic needs (shelter, food and clothing)*
- *Matt needs to be supervised and in an adult's line of vision at all times.*
- *Natasha needs to learn how to make and keep friends.*
- *Sarina needs to be told when she is doing well and corrected without yelling and hitting.*
- *Eli needs to have help with the sadness and grief he feels.*
- *Esperanza needs to have reliable daycare so her parents can work.*
- *Justin needs to have adults who can help him get to school in the morning.*
- *Jordan needs to have good friends who won't get him into trouble.*
- *Kathy (mom) needs to know that she has back-up when she sets limits for her daughter.*
- *Gerald and Kristin need adults whose judgment is not affected by drugs.*

Prioritizing Needs to Address.

- Get family input on what they feel is most important or urgent.
- Focus on safety needs and needs that need immediate attention.
- Group similar needs together.
- Limit length of list at outset. Professionals sometimes generate long lists that can be overwhelming.
- Use starring or numbers to help group prioritize.

Helpful Questions:

- *What are the most urgent issues we have identified? What can't wait till a later time?*
- *Are there some needs we must address first before we can accomplish other things?*
- *What needs will bring us closest to our team mission if addressed?*

Family Decision Meeting Facilitator Meeting Agenda Guide Initial Meeting

Meeting Set Up

1. Have informational material for participants:
 - Participant Agenda*
 - Notes from last meeting*
2. Have chart paper labeled and hung for each of these topics:
 - Strengths:** write strengths identified with family. Add to this list during meeting.
 - Needs:** write the needs (pertaining to the child) identified by family. Add to this list during meeting
 - Child Welfare Issues to Address:** issues identified by the caseworker for the family and team to address in planning

Overview and Introductions

1. **Facilitator welcomes** everyone and introduces self and their role in the meeting
 - Family introduces themselves and how they are related to the child.
 - **TIP:** facilitator can ask family to share something about the child, pictures, etc.
 - Caseworker introduces self and explains their role to team
 - Professionals introduce themselves and their role with child and parents
 - Make sure everyone understands the role of **Mandatory Reporters** in the meeting and information shared
 - Explain that the meeting is **Not Confidential**, notes are part of case plan, court documents, etc. Explain that we ask participants to protect everyone's privacy
2. **Review** the purpose, goals and process of the Family Decision Meeting

III. Information Sharing

1. **Explain** that during this phase of the meeting, all participants will have an opportunity to contribute information and ask questions.

- **Pass out a *Participant Agenda*** and review with participants. Ask if there are additional things participants want to discuss.
 - **TIP:** Facilitator can put additional items on sheet labeled “Parking Lot” and explain that these will be integrated as possible/relevant/timely, etc.

2. **Create ‘Ground Rules’ or ‘Meeting Agreements’**

- Start with family members. Ask what agreements are important for the meeting to be helpful.
- Develop or confirm any plan for keeping meeting safe (role of support person; taking a time-out; keeping focus on the child’s needs, etc.)
 - **TIP:** Make sure there is an item that includes ‘respectful communication’

3. **Strengths Discussion.** Facilitator explains that strengths are the building blocks of effective planning.

- **Present** the identified list of *Strengths* as identified in preparation with family.
- Include any cultural values, preferences and traditions
 - **TIP:** In preparation ask if family members would like to present strengths identified at meeting
- **Ask participants** to share strengths they see in parents/child/family members-add these to the chart paper list
 - **TIP** Ask questions to draw out ‘functional’ strengths (“When you say the mother loves her child, can you describe some of the ways you see this?”)

4. **Needs Identification:** Explain to participants that needs are those concerns, issues, and conditions that must be addressed for safety, permanency and well-being.

- **Present** the needs identified by the family members in preparation
- **Include** any cultural considerations that will impact planning
- **Ask participants** to share needs they see for child-add these to the list
 - **TIP:** Help participants rephrase concerns as needs to keep meeting solution-focused (If someone says ‘mom always lies’, reframe to “So there is a need for honesty so trust can be built”

5. **DHS Caseworker Presents:** Safety Concerns, Conditions for Return, Court Orders, Planning Needs, DHS Resources, Policy and Legal Mandates (ASFA timeline)

- **TIP:** In preparation with caseworker discuss how this can be presented in family-friendly language

Facilitator:

- Introduce the purpose** for Caseworker sharing concerns (So all participants have the same information needed for planning)
- Remind** participants that they will be able to ask questions when done

Caseworker presents any of the following information relevant to meeting purpose:

- Safety concerns that led to placement of children; identified safety threats
- Court Orders
- Conditions for return
- What DHS needs the parents to accomplish (Expected Outcomes; OFDM requirement)
- What services and resources DHS can provide
- ASFA timeline and need for concurrent plan (OFDM requirement)
- Benefits and consequences of compliance with case plan (OFDM requirement)
- Parameters of planning: ask caseworker to discuss any policies that will impact family group planning (foster care certification issues; requirements to become a 'safety service provider, etc.)
- Current placement and updates on child

Facilitator:

- Chart** all issues child welfare needs addressed and any parameters to planning
- Ask family if they have any questions. Check to make sure everyone understands what the worker has shared.

6. **Professionals or Resource Providers** present information

Explain that at this time information will be shared about any current or potential services or resources for child or family members.

- Chart** any pertinent information for planning
- Updates** of services already in place

IV. Plan Development

1. Explain that in this phase you will guide the team through a process of prioritizing, generating solutions, and developing an action plan.
2. **Prioritize Needs.**
 - Help team identify 3-4 primary needs (start with family)
3. **Brainstorm Strategies to meet Needs.** Explain the purpose of brainstorming.
 - Lead team through brainstorming process.
 - TIP: Ask participants to think of ideas beyond services and that build on family's strengths
 - Link ideas that are similar or can build on each other
 - Link ideas to identified strengths
4. **Develop Action Plan**
 - Ask participants which strategies they want to incorporate into an action plan. Start with family and keep checking for agreement.
 - For each strategy, identify who is responsible, and dates and timeline for beginning/completion.
 - TIP: Be VERY specific on the details of plan
 - Discuss how plan will be monitored
 - TIP: Ask how progress will be measured
 - Review plan with participants and check for understanding and agreement.
 - Whenever possible, print or write copies of plan for family members and other participants

V. Meeting Closure

1. Schedule any follow-up FDMs
2. Check contact information for mailing meeting notes to participants
 - TIP: Bring envelopes for participants to self-address
3. If OFDM, have participants sign *OFDM Plan Acknowledgement*
4. Thank participants for their contributions and work

Alternate Plan Development for Private Family Time

IV. Developing the Plan: Using Private Family Time

1. **Explain the purpose:** Let the family know that this is their opportunity to plan for the needs of their child.
 - Planning can include addressing safety concerns, the needs of the child, supporting the parent's needed changes, any supports a relative caregiver might need.
 - **TIP:** Give some concrete examples of what each section might look like: (services that were described or other ideas that they think will help; is there a way they can personally help with contact, support, transportation, etc.; can they provide respite or placement if needed)
 - Review** the identified list of strengths, needs and planning needs identified and ask if there are any questions regarding the planning process.
 - Ask the family to consider a **Plan B:** What will the family do if the plan is not working?
 - Ask the family to begin to discuss/think about where children should be in the event that children are not able to return to parents.
 - **TIP:** Be sure to refer to the ASFA timeline; the fact that the agency has to plan for this; that this is the opportunity for family to have input in what would be best for their children.
 - Ask that everyone respect the privacy of this time so people feel free to talk openly.
 - Ask** who will be the designated family member to write down the plan. Hand out and go over the *Your Family's Plan* sheet for writing out the plan.
2. **Explain** that at the end of Private Family Time the caseworker will review the plan with the family group and any adjustments needed can be made at that time.
 - Let participants know that you will be available for questions and where you will be. (Make sure the caseworker will also be near for questions and to meet with family when finished)

3. **Review and Confirm the Plan:** Caseworker, family, facilitator and any other interested team members convene after private family time.
- Family presents plan for caseworker review
 - Facilitator guides discussion of any needed plan adjustments (family can meet privately again if they choose to discuss further)
 - Ensure that plan is specific: Actions or services, person's responsible, timelines with dates
 - Confirm with caseworker and family the final plan and how it will be incorporated into the on-going case plan.

Family Decision Meeting Agenda

☞ Introductions

☞ Ground Rules

☞ Objective/Purpose of Meeting. Why are we here?

☞ Information Sharing

- ☞ Strengths and Needs of family and child(ren)
- ☞ DHS: Safety Concerns, Court Orders, Planning Needs & DHS Resources, policy and/or legal mandates
- ☞ Service Updates

☞ Plan Development

- ☞ Services, activities and supports to address needs for safety, well-being and permanency of child(ren)

☞ Meeting Close

- ☞ Discussion of future meetings (agendas, dates, participants)

Family Group Conference Guide

1. Support for the child

Now: What are the child's needs for the present to help them stabilize?

- Adjustment to placement
- Attachment needs
- Mental health needs
- Physical health needs
- Education needs
- Other?

Future: What are the child's needs for the future?

- For a safe, stable home with parents or family
- To stay connected to extended family

What do family members recommend to help the child in these areas?

How can family members help meet these needs?

What services and supports can DHS provide to the family to assist meeting the child's needs?

If all best efforts to return child home fail, who can provide a home for the child?

2. Support for the parents

What are their needs now to address child welfare concerns?

- Safety issues to address
- Supports for parents that will help them address concerns

What do family members recommend to help parents address these concerns?

How can family members help?

What services and supports can DHS provide that would help the parents address these concerns?

3. Support for the child's caregiver

What does the caregiver need to meet the needs of the child?

- To help stabilize the placement
- To help the caregiver understand the child's needs
- To meet the child's current needs
- To meet the caregiver's needs

What can family members do to help the caregiver?

What services and supports can DHS provide to support the caregiver?

Reframing Activity

Instructions: For each of the following statement, think of a reframing statement that reflects the issue within the statement in a more neutral way. (Hint: There will be a number of possible ways to reframe each statement!)

1. Why should I say what I want, it won't do any good.
2. If you would just follow through with services, you wouldn't have to visit your child in the office.
3. I don't trust you. You say one thing to me but another to my caseworker.
4. If you would listen to me for once you might understand what the problem is.
5. That's a lie! You twist everything. I can't believe a thing that you say.
6. I'm tired of listening to your excuses. Why don't you just admit that you did something wrong.
7. All you people want to do is tell me how much I mess up.
8. You always put your own needs before what your children need.
9. You knew that would make me angry. You want me to lose it and blow my case.
10. You say you want my ideas, but then you shoot them down.
11. You never do what you say you will do.
12. You never do what you need to do and then you expect others to pick up the pieces
13. You don't really seem to care about your future, or you'd get to class.

S	M	A	R	T
Specific	Measurable	Attainable	Realistic	Timely
What <u>specifically</u> do you want to do?	How will you know when you've reached it?	Is it in your power to accomplish it?	Can you realistically achieve it?	<u>When exactly</u> do you want to accomplish it?

Family Decision Meeting Follow-Up Agenda Facilitator Guide

Introductions

- Have each person introduce themselves and their relationship to the child and/or parent.
 - Tip: don't assume people will remember each other and their roles.

Explain the purpose of the meeting

- The purpose almost always be: Review and update the plan: Progress and successes, challenges and barriers, and any need for new strategies and planning
 - TIP: Remember 'Plan fail, people don't'

Review of the plan

- Provide copies of the plan for participants to refer to
- Write on chart paper so participants can follow
- Review each action item and get updates.
 - **ALWAYS** start with strengths/progress/successes
 - Identify elements of plan that have not been successful and explore the reasons this is so. (see section following: When plans fail)
- Ask if there are any new issues that the team needs to address and include in the plan.

Revise and update plan

- Update any part of the plan to keep it current. Timelines, activities completed, etc.
- Revise the plan to address identified challenges or barriers.
 - Review the need the plan addresses. Write a new need if an issue emerges that was not previously identified.
 - Review any strengths, cultural issues and preferences to consider in planning
 - Brainstorm some possible solutions to the identified barriers
 - Summarize and write on chart paper agreed upon changes or revisions to the plan

When plans fail: There can be a number of reasons the plan is not working. Consider the following:

- Are the actions, strategies and services reflective of the client's strengths, culture and preferences?
- Are there needs that have not been identified that are impacting success? For example, does the client need help with trauma issues before they can achieve sobriety?
- Are the plan's activities, services and requirements doable within the designated timeline? Is there a need to prioritize and space out what the client is expected to do?
- Are there unforeseen barriers? Transportation, housing, social supports that are needed to move forward?

FACILITATION SKILLS AND TOOLS

1. Welcome

Make Everyone Feel Comfortable.

- Use body language, movements as well as voice
- Greet people as they come in
- Thank participants for their time, comments and contributions.
- Ask family members to begin at each stage if they are comfortable. For example, with introductions. Prepare them for this role of leading-off.

2. Encourage Participation

Empowerment

- Start with the family-always
- Be aware of family involvement. Check back with family members for their opinions and thoughts frequently. Model the importance of their role for the team.
- Be aware of power differentials and their effect on family participation. *“Let me check back with family members for their thoughts on this idea;” “I’m aware that we have heard a lot from professionals. I’m wondering what your thoughts (to family) are about what is being said.”*

Silence

- Encourage silent members; catch their eye or ask them to share, or the group at large to hear from some who have not spoken. *“Let’s get some comments for some team members we have not heard from yet”; “We have a suggestion for a service. Can anyone describe how this will meet Clara’s need for safety in the home?” Is this discussion raising questions or from anyone?”* or to an individual *“Laura, you look like you are about to say something.”*
- Be aware of silent representatives from an interest group. *“Doris (DHS caseworker) what do you think of the ideas presented so far?”; “We have heard some interesting ideas. I’d like to check in with Joy (mother) to hear her thoughts.”*
- Use a Round Robin. When participation is uneven, or with too much back and forth, this can be helpful. Go around the table and have each person say what they think. Allow team members to pass if they do not want to speak.

Inquiry

- ❑ Use open-ended questions. *“Can you say more about that?”; “Can you say more about that?”; “Can you give an example of what that would look like?”*
- ❑ Balancing input. When the discussion follows the lead set by just a few participants, this is helpful. *“Are there some other ways of looking at this issue?” “We’ve heard from a few people. Does anyone have a different opinion we might want to consider?”*
- ❑ Consult with the group. *“What do some other team members think of this suggestion?” or “Do other team members share this concern?”*
- ❑ Use visual aids; this helps people process information. Write down main points in an organized fashion.
- ❑ Be aware of “Why” questions. They tend to make people feel defensive. Try *“What are some of the reasons ...”; “What matters to you about that?”; “What’s coming up for you about this idea?”*

Appreciation

- ❑ Thank members for their contributions. Be specific so it is meaningful. *“Frank, we appreciate you sharing with us your experience with communication breakdown in the past. This can help us plan for better communication.”*

4. Listen and Observe

Listen actively

- ❑ Make eye contact if culturally appropriate; nod your head, lean forward
- ❑ Scan the room for how others are responding while listening to the speaker.
- ❑ Paraphrase. Repeat what the speaker has said in your own words. If the statement is lengthy, summarize. Use neutral language: *“It sounds like you’re saying...” “Let me see if I’m understanding you...”; “Let me make sure I got that right....”* Check in with speaker to make sure you are accurate. *“Did I get that right?”*
- ❑ Mirroring. This is useful if the speaker continues to feel misunderstood. Use speaker’s words and repeat as close to verbatim as possible.
 - Seek clarification of statement that you do not understand or that might be confusing for other team members. *“So, let me make sure I understand what you are saying...”*
 - Summarize lengthy statements into main points; check with speaker for accuracy. *“Tell me if I understand your main points...”*

5. Guide the Group

Organize

- Delegate a timekeeper if needed.
- Refer back to the meeting objectives and agenda; good for when group strays
- Stray from agenda when necessary. Check with group about staying with discussion or returning to agenda.
- Use a parking lot for non-agenda topics. Make sure you save time to return to this.
- Track the discussion out loud: Summarize what has been said; name the different ideas/discussions that have been going on; check for accuracy; invite group to continue.
- Create a speaking order if needed.

Clarify

- Ask that acronyms or terms be explained to ensure all team members understand. Ask clarifying questions.
- Make sure all stakeholders have a chance to comment.
- Restate the issues before a decision or brainstorming.
- Summarize key points in a discussion:
 - Restate the topic under discussion. *“We’ve been talking about Sarah’s (child) need for stability.”*
 - Identify the key themes and one or two key points related to that theme. *“We’ve heard several ideas. Let me summarize each one...”*
 - Make a bridging statement to the next step or topic. *“Let’s discuss which ideas the family and team are ready to plan around.”* or *“We may have gone as far as we can until we have more information. Let’s move on to the next need we have identified.”*

Provide feedback

- Be specific about what you observe.
- Check your own personal bias.
- Describe or probe the impact of what you observe. Let team members express their emotions. *“Would someone be willing to share their reaction to the timing of this news?”*
- Ask for and summarize suggestions for improvements. *“Perhaps we could agree to bring important decisions to the team before finalizing them.”*

6. Prevent and Manage Conflict

Prepare

- Educate yourself about any pending areas of conflict or disagreement prior to meeting by talking with and preparing members before meeting. Discuss

and offer ways of handling conflicts during meeting. Discuss preventative strategies or pre-meeting negotiations that may help reduce conflicts.

Ground Rules

- Set ground rules; bring them to each meeting; update if needed; include family rules. Correct violations the first time they occur. Use non-threatening terms. *“Martha, you may not have intended this but what you said could be taken as a personal attack. Would you or anyone else like to reframe what you said so we can understand your concern?”*

Separate the person from the problem

- Use reframing. *From Joe to caseworker: “You don’t want me to get me kids back”. Reframe to “Getting your kids back is the most important thing to you and I’m hearing you don’t yet trust we are all working towards that.”*
- Externalize the problem. *“Alcohol is a gorilla on your back. How can this team help you get our from under that?”*

Clarify *positions* from *interests*

- Positions are perceived solutions to a problem. Interests are the underlying concerns, values, beliefs that are behind that solution. Conflicts arise when positions clash. Focus on interests allows understanding.

Search for agreement and commonality

- Point out areas of agreement. Team members may not fully agree on an idea but may be willing to build on what they do support.
- Summarize the differences and similarities and note areas of agreement or common ground. *“I’m hearing some very different ways of approaching this, but I’m also hearing some shared goals.”*
- Check for accuracy with each summarization. Be sure to include all perspectives.

Agree to disagree

- Some conflicts may not be resolved, but agree to maintain respect.
- Use conflict to improve decisions. Conflict can be used to clarify points of view and emphasize what people feel strongly about. *“Sarah, you feel strongly that Jason is not safe in the community. Bob, you feel he needs his connections to family and culture in order to make progress. You both feel very strongly about these issues and I want to just acknowledge how important this discussion is.”*

7. Ensure Quality Decisions

Identify necessary conditions

- Remind the group of any decision deadlines or mandates already in place.

Review decision-making process.

- Clarify how the decision will be made. How a decision is framed will often lead to how it is decided.
 - Some decisions can be made with “yes” or “no” answers.
 - Some decisions involved finding a solution to a problem, with a more involved process.
 - Some decisions will rest with a particular team member, but input can be given from the group.

Build consensus

- Use idea-building processes:
 - Brainstorming to expand ideas and options
 - Scaling
 - Comparing related ideas; connecting the dots
 - Framing the discussion so team members see their interdependence in creating solutions
 - Building little agreements along the way
 - Summarize and delineate: *“This is what we all agree on, and this is still in question. What are the specific causes for concern?” or “How can we get the benefit from doing this but no the detriment?”*
- Review criteria, values and supporting information.
- Poll the group before making major decisions. This can help clarify different points of view and work towards compromise.
- Evaluate the pros and cons and consequences of a potential decision.
- Summarize and review the decision. Refine specific aspects of the decision to ensure implementation.

8. Ensure Outcome-Based Decisions

Review objectives

- Keep group focused on the purpose of the meeting
- Ask if the plan aligns with the purpose and addresses the identified needs the team is working to address
- Clarify how each decision meets an identified need and/or meeting purpose

Record decisions

- Develop action plans indicating how the plan will be implemented Include specifics: ‘*who, what, when, and where*’
- Evaluate the meeting. Use feedback forms. Poll the group about what was helpful and what will help in future meetings

Sources:

Kaner, Sam. *Facilitator's Guide to Participatory Decision-Making*
San Francisco: Jossey-bass, 2007

HIV Prevention Community Planning “Facilitating Meetings: A Guide for Community Planning Groups” www.cdc.gov/hiv/topics/cba/resources/guidelines/Facilitating%20Meetings%20version_2005.pdf

Miranda Duncan, “Effective Meeting Facilitation: The Sine Qua Non of Planning”

National Endowment for the Arts-Lessons Learned: Essays, 2008 <http://www.nea.gov/resources/Lessons/DUNCAN1.HTML>

FACILITATION CHALLENGES AND SKILLS

Facilitators may encounter behaviors that require special understanding or approaches. As a rule, it is important to consider the **reason** for behaviors before intervening. Some behaviors that are not a norm for the team may in fact be a norm for the family culture.

1. Side Conversations

Possible reasons:

- The conversations relate to the subject
- The conversations are personal
- Family members may be consulting a support person
- Team members are bored
- Common behavior for many people

Tools:

- Remind team members of ground rules and ask for courtesy
- Catch their attention non-verbally
- Bring them into the discussion
- Walk towards the whisperers
- Approach them during a break
- Verbal intervention: *“Do you need a moment to discuss something? Shall we wait for you?” “I notice some discussion. Is there something that can be shared with the group?”*

2. Conversation Domination

Possible reasons:

- Team member does not feel heard
- May want to make sure their points have been conveyed
- Disagreeing with discussion
- Needs to feel more control in process

Tools:

- Paraphrase speaker’s main points and write them down. Check with speaker to make sure you have captured their concerns or ideas.
- Invite others to comment on speakers’ comments. This also contributes to feeling heard, and may allow for hearing agreement from other team members

- Remind people of ground rules and allowing time for others to speak
- Use a Round-Robin or talking stick to ensure everyone has a chance to speak
- Establish a speaking order
- Hear all first: propose that no one speak a second time until everyone else has spoken or passed on the opportunity to speak at least once
- Assure team that all concerns will be addressed

3. Repeating and ‘Rambling’

Possible reasons:

- Personal communication style
- May want to make sure their point is conveyed
- May want to emphasize an agreement with a point
- Culture: Communication style may be a cultural issue. In this case, meeting needs to be adapted to accommodate pace and nature of communication. The facilitator role is to model respect and help the participants understand the need to adapt pacing

Tools:

- Record comments. When a team member repeats a comment, point to the already listed point.
- Thank the speaker for their comment. This acknowledges their contribution.
- Paraphrase or summarize their point
- Suggest brevity to the group. Point out time restrictions and the need to make sure all have a chance to contribute.

4. Verbal Aggression

Possible reasons:

- Person may be triggered. Consider possibility of trauma history
- Person may feel that they have been attacked themselves
- Lack of skills or confidence to make their point or handle conflict
- Attempt to distract group from discussion or solution

Tools:

- Interrupt the behavior
- Acknowledge the emotions
- Refer to ground rules. Stress that everyone needs to feel safe and respected in order to work together successfully

- Use your body language; lean forward; insert your presence between verbal combatants
- Ask speakers to direct statements to you. Defuse and reframe
- Use a group check-in so that each team member can share their reactions and process the situation.
- Talk privately with those involved. Acknowledge their feelings and elicit or suggest a different method for expressing their point of view

5. Silence. Group is not responding

Possible reasons:

- May be cultural
- Members may not understand what is going on
- Need time to think
- Strong feelings; anger; a conflict that is unspoken
- May be tired or not care

Tools:

- Allow silence. People may need time to think or to find ways of expressing themselves.
- Acknowledge the silence. Check in. *“I notice everyone is very quiet. Can someone share what they are thinking right now?”* Or use the silence as an opportunity to re-focus the group. *“Let’s take a few moments of silence to think about what has been discussed and if there are any reactions to share.”*
- Take a break. People may need a rest or to step back for a moment.

6. Exaggeration or Distorting Information

Possible reasons:

- Person is not confident their point will be heard.
- Personal communication style.
- Lack of trust that concerns will be addressed in team process.

Tools:

- Paraphrase and validate the main points without disputing accuracy. *“If I’m hearing you right, your concerns is...I can see how important this would be to you.”*
- Assure that all concerns will be addressed.

7. Tangential Comments.

Possible reasons:

- Comment may actually be relevant to a part of discussion, or to something said previously
- Cultural communication style
- Speaker has other issues to address and brings these into current discussion

Tools:

- Linking. This skill encourages the speaker to clarify how their point ties into discussion:
 - 1) Paraphrase speaker's statement.
 - 2) Ask speaker to help group understand how their comment ties into the discussion.
 - 3) Paraphrase again, then validate. *"I think I get what you are saying.... I can see how this fits for you."*
- Listen for relevant points, paraphrase and ask if this is a topic to address at some other point in agenda; ask speaker to hold point for later discussion by using parking lot

8. Intense Emotions. These may come out with direct or indirect communication.

Possible reasons:

- Person/persons feel very strongly about issue and needs group to understand this
- Person is triggered by discussion. Consider trauma history

Tools:

- Acknowledge the emotion. Name the feeling or pose a question that names the feeling: *"Sounds as though you might be angry about this. Am I right?"*; *"It seems like this discussion is bringing up something for you. Can you share what you are feeling with the team?"* *"I'm sensing a lot of tension in the group. Can someone say more about this?"*
- Paraphrase the content to ensure that team understands what is being said, and not just reacting to emotions. Model support and safety for emotions being expressed.
- Use your voice and body language to help limit escalation. Keep calm, maintain eye contact, keep your voice soft, and keep posture open.
- Validate. Communicate acceptance of a person's feeling or opinion without having to agree with it. Use paraphrasing to communicate that you "got it". If you feel the speaker needs further acknowledgement or support, offer that

by confirming the risk they have taken or the legitimacy of what they have said. *“I can see how you would feel this way.”*; *“I can understand why this means so much to you.”*; *“I appreciate that it took a lot to say that to the team.”*

- Empathize. This communicates an understanding of the feelings of another. This can be done a variety of ways:
 - 1) Describe what you think that person is experiencing. *“I’m thinking that hearing that visits must continue to be supervised is very disappointing to you.”*
 - 2) Describe the context for the person’s reactions. *“You have been working hard at services, and I can see how you might be upset that visits are still at this stage.”*
 - 3) Consider the impact on the future or other areas of a person’s life. *“You have shared that you changed your work schedule to accommodate more liberal visits. How are you feeling about needing to renegotiate that with your boss?”*
 - 4) Identify and validate the difficulty in sharing these feelings with the team. *“I can appreciate how hard it is to talk about this with the whole team.”*
 - 5) Check for accuracy. If the speaker disagrees with your perception, ask them to share what it is they are experiencing
- Allow for a break if needed

Source: Kaner, Sam. *Facilitator’s Guide to Participatory Decision-Making*
San Francisco: Jossey-bass, 2007

Identifying Interests Group Activity

Use the following questions as a guide as you identify the interests in each vignette:

1. What positions are held by each of the participants?

2. What are the interests that underlie these positions?

3. What are the interests that are in common?

4. What interests are different but compatible?

5. What interests are conflicting?

6. What skills would you use to get at the various interests?

IDENTIFYING INTERESTS

Practice Vignettes

1. Alonzo is an African American youth, age 16. He has been involved in mental health services since the age of 6, with various diagnoses. He currently has a diagnosis of conduct disorder. He is in alternative school and sees a counselor there. He is on probation with Oregon Youth Authority for assault. Team is convening to discuss his third violation of probation: he recently hit his mother during an argument. His probation officer wants to revoke his probation and send him to Hillcrest. His school counselor wants him to remain in the community, as he is beginning to engage at school. His mother does not feel she can have him at home but does not want him in an institution, for fear of this becoming a life-long pattern.

2. Brandy is a 21 year old mother of three children, ages 5, 2 and 6 months. When her baby was born, he tested positive for methamphetamine. Child Welfare became involved, and all the children were removed and placed in foster care. Brandy entered treatment and after becoming stable, all children were allowed to live with her at the treatment center. Doug is the baby's father, and is still using marijuana. However, he holds down a job, has been with Brandy for almost 2 years, and is attached to all of Brandy's children. When Brandy completes treatment, she wants to return to living with Doug. The DHS worker has said that if Doug does not agree to engage with DHS services to address his drug use, the children cannot live with him. Doug will not agree to services, and says he will not use in the home.

3. Dawn is a 25 year old from the Klamath tribe. Her son Marcus is seven years old, and has severe emotional problems. Marcus was in 5 foster homes in 2 years. He was removed after police raided a meth house where Dawn was living. Dawn has been clean for over a year and now has Marcus in her custody, with continued DHS supervision. One condition of his return was that Dawn has stable, safe housing. The non-Indian DHS worker recently learned that Dawn had Marcus have moved 3 times in the last 2 months, staying with various family friends. The worker wants to remove Marcus again. Dawn's attorney, also Native American, argues that Dawn has maintained stability. She points out that in Native communities stability is defined by who you are with, not your physical location.

Stories Activity

Although these stories come from real life experiences, the identifying information such as names and locations have been changed.

Language

- Mario age 11 just got referred and accepted to Wraparound. His mother, Elena, a Mexican immigrant from the country-side is monolingual in Spanish. She is also unable to read in English or Spanish. Mario has been in the US since he was 5 years old and is currently in English as a Second Language (ESL) class. Whenever Elena needs to go to the doctor, mental health agency, school, etc., Mario interprets for her as the oldest child in the family. At the first Wraparound meeting, Mario sits next to his mother and begins to tell her about all of the issues that are being discussed regarding Mario himself.
- Magdalena (13) is in a similar situation as Mario. Yet one day, when she goes to the doctor, the doctor asks her to interpret to her mother that she has cancer.
- Riaz has just experienced a very scary domestic violence incident between his mom and dad. When the police arrive to resolve the situation, he is asked by the police officers to interpret for them.

Reflection:

- Ponder on the power dynamic in the family as Mario is now in the position to share pertinent information to his mother.
- Ponder on the impact for Jose and Magdalena having to interpret heavy information, in what ways can these examples re-traumatize our immigrant children.

Social Isolation

Fatimah is a Somali-Bantu single mother living in Tigard, Oregon. She has three young children. Her children have had a difficult time adjusting to life in the United States. Fatimah has moved into a community without her family and friends. She had to move to the United States as a refugee. There was war and political unrest in her country of origin. It was not safe for her and her children to remain. Before coming to the United States, Fatimah lived in a refugee camp. As one can imagine, the camp could not provide the kind of resources and services offered in the United States. Yet, Fatimah remarked after her third Wraparound meeting that she would rather live in the refugee camp even though the conditions there are far worse. At least at the camp, there was not such a stark contrast in culture. The other people there were apart of her community. She felt more supported there than where she was currently living.

Reflection:

- Ponder on the impact of social isolation. To what extent, can this risk factor challenge a parent from succeeding in parenting her children?

Change in Family Dynamics

Elizabeth is a first generation immigrant in her family. Her parents, Dae-Ho and Hea Woo moved to the United States from Korea. As Elizabeth grew up in the United States, she began to take on cultural values of independence and empowerment of the individual. She found that her cultural values clashed with her parents' values of collective thought and family unity. When her parents were raised in Korea, they were always taught to respect their elders. They would never dare question authority or challenge their parents and grandparents. Dae-Ho and Hea Woo tried really hard to instill these important principles in their daughter. In spite of this, their daughter talks back to them, goes out of the house without permission and does not care about family unity. Elizabeth's mother (now ashamed of her daughter's behavior) tells her that she is no longer her daughter. She is placed in foster care and no longer sees her mother. Saddened, Elizabeth tries to commit suicide and is admitted into the hospital.

Reflection:

- Reflect on how the family dynamics change for immigrant families as they adjust into American life. Reflect on the psychological/emotional impact on families?

Healthcare

Jose is a 12 years old Mexican American. His parents belong to a Native tribe in Mexico and immigrated to the United States since before Jose was born. Even still, they have remained dedicated to the healing practices of their home town. When Jose experienced mental health challenges, his family gave him his treatment of tequila mixed in with cinnamon tea and a ceremony to help him reduce his anxiety and stress. When Jose's school counselor heard that Jose's parents gave him tequila, she called Child Welfare. Jose was removed from his home immediately for child abuse.

Reflection:

- Reflect on the harm that can be caused when doctors, counselors, Child Welfare and other providers assume abuse without having full knowledge on

the cultural practices. Can instances like this be circumvented?

Poverty

- Seowah is a Native American child age 10. Other kids do not like her and do not play with her because she smells. Teachers and counselors view her as impulsive and aggressive because she frequently gets into fights. One day the teacher made a hotline call with concerns of neglect by the parents because the child came to school with the smell of urine. When the Protective Services worker appeared at the home, she came to realize that the reason for the urine smell was not because of neglect but due to poverty. The mother could not afford to use laundry detergent and was not able to get rid of the smell of urine when hand washing the clothes with what she had.
- Jerry's teacher reports to the hotline because he shows up to school with shoes on but without shoe laces.

Reflection:

- How does one's economic situation put them at risk for Child Welfare involvement?
- Reflect on how children/youth are affected by household economic situation.
- What is the long-term impact for families who are not able to get higher paying jobs? Reflect on the inter-generational impact. How does bias/institutionalized racism affect the outcome?

Impact of Trauma	
Brain	Effects
<p>Over-developed Limbic System</p> <ul style="list-style-type: none"> • Survival function • Fight, Flight, Freeze • High levels of stress hormones <p>Under-developed Frontal Lobe</p> <ul style="list-style-type: none"> • Executive function • Judgment • Reasoning • Insight 	<p>Emotional Reactions</p> <ul style="list-style-type: none"> • Emotional dysregulation • Alteration in consciousness • Hypervigilance • Mistrust <p>Cognitive Reactions</p> <ul style="list-style-type: none"> • Difficulty with concentration • Slowed thinking • Difficulty making decisions • Blame (self or others) <p>Behaviors</p> <ul style="list-style-type: none"> • High risk behaviors • Substance abuse • Adaptive coping strategies • Difficulty with relationships, boundaries, intimacy <p>Beliefs</p> <ul style="list-style-type: none"> • Changes sense of self, others and the world <p>Physical</p> <ul style="list-style-type: none"> • Chronic pain • Sleep disturbance, fatigue • Illness • Death

Family Meetings when there is Domestic Violence (DV)

- 1) General information about DV (make handout from DV Training Notes)
 - a) Domestic violence cuts across race, ethnicity, culture, gender, class, religions and sexual orientation. Both women and men can be victims of domestic violence. For this training I will refer to victims/survivors as women as this is most often the case.
 - i) Statistics
 - (1) 1 in 4 women will experience DV in their lifetime
 - (2) 3 women and 1 man die of DV each day
 - (3) 30-60% of families served by child welfare also experience DV
 - (4) Although DV happens across all classes, women of lower income are more likely to experience DV than more affluent
 - ii) Dynamics of DV
 - (1) Power and control. Perpetrators of DV have learned abusive, manipulative behaviors that allow them to dominate and control others and obtain the responses they want.
 - (2) Abusive behaviors include: creating isolation and dependency by restricting a victims access to friends, family and employment; not allowing access to finances; eroding the victim's self esteem by criticizing, belittling, and humiliating her.
 - iii) Why women stay
 - (1) Abuse usually begins with love. Victims may stay with someone who is abusing them for various reasons which include: (state and then let attendees review this list on the slide)
 - (a) Fear of the abuser
 - (b) Love
 - (c) Threats to harm the victim, loved ones or pets
 - (d) Threats of suicide by abuser
 - (e) Believing the abuser will take their children
 - (f) Religious or cultural reasons
 - (g) Believing the abuser will change
 - (h) Self-blame
 - (i) Limited financial/housing options
 - (j) Believing that violence is normal
 - (k) Believing in the sanctity of marriage and the family
 - (l) Blaming the abuse on alcohol, financial pressures, or other outside factors
 - (m) Low self-esteem
 - (n) Fear of the unknown, of change

- (o) Isolation
 - (p) Embarrassment and shame
 - (q) Believing no one can help
 - (r) Denial
 - (s) Pressure from friends and family to stay
- (2) Abuse often is cyclical. Violent events are often followed by periods of guilt, efforts to make-up, promises, etc.
- 2) Concerns and challenges associated with team meetings and DV
- a) Survivor may feel limited in what she can say
 - b) Survivor may give up trying to get what she wants and needs
 - c) She may agree to plans that she knows will put herself and her children at risk
 - d) Abuser may try to manipulate the meeting
 - e) Risk of violence may increase after the meeting
 - f) If Child Welfare is involved, mother may be held responsible for abuser's behavior
 - g) Extended family participants may not understand the dynamics of DV
- 3) Benefits of holding team meetings when there is DV:
- a) More possible solutions to safety issues
 - b) Individualizing services
 - c) If Child Welfare is involved, informing them of family strengths
 - d) Creating a system of support that can help the family over time
 - e) Possible avoidance of removal of children.
 - f) Possible way to engage abuser in treatment and hold them accountable for their behaviors
- 4) Deciding whether to hold a meeting
- a) Risk factors that affect decision to hold meeting. Conduct a thorough risk assessment (history, extent, nature, severity & current conditions) to assess the history, extent, nature, severity, and current risk factors of DV
 - i) Is there a restraining or no-contact orders? NEVER VIOLATE A RESTRAINING ORDER
 - ii) Is abuser in treatment?
 - iii) Can safety be maintained before, during and after the meeting?
 - iv) Assessment of safety by the mother. Does she feel safer with abuser there or without?
 - v) Abuser's access to the victim

- vi) Patterns of the abuse (escalation, use of weapons, threats to the lives of survivor or children)
 - vii) Abuser's state of mind
 - viii) Suicidality of the survivor, the children or the abuser
 - ix) Access to weapons
 - x) Past failures of the system to respond appropriately
 - xi) Is domestic violence a topic that been addressed publicly with him, the police, a judge, the child welfare worker, other family members? How did he react?
 - xii) Additional resources: Child Safety Meeting, CPS Assessment, OSM Safety Plan & Protective Action OSM PDFs
- b) Are there cultural issues that will impact the decision?
- 5) Holding joint meetings
- a) Plan for safety before, during and after the meeting
 - b) Preparation of survivor and abuser
 - i) Clarifying what is safe to discuss
 - ii) ID support person for survivor
 - iii) Arrange for cues for survivor to let facilitator know she/he is not feeling safe
 - iv) If abuser is accountable, discussing ways to de-escalate if he/she becomes agitated. ID support person to help with this
 - v) Check that a safety plan is in place for survivor
 - c) Preparation of other participants
 - i) Make sure they understand any limits to discussion of domestic violence
 - ii) Assess extended family for understanding of DV issues and appropriateness for participation
 - iii) Consider including a support person for survivor and someone who can hold the abuser accountable
 - d) Red flag behaviors during the meeting
 - i) Watch for controlling or dominating behaviors
 - ii) Arrange ways to check in with survivor if you observe controlling or dominating behaviors
 - iii) Be prepared to end the meeting if necessary
 - iv) Check for safety after the meeting
- 6) Holding separate meetings
- a) Preparation of survivor and abuser
 - i) May need to "normalize" having separate meetings (agency policy, etc.)
 - b) Selection and preparation of participants

- i) Only include participants who can ensure confidentiality of safety information
 - c) Reviewing safety precautions with team re sharing information
- 7) Documentation precautions
 - a) No guarantee of confidentiality!
 - b) All meeting notes are discoverable and shared with both parent's attorneys
 - c) Ensure that notes do not include information that might compromise safety of survivor and/or children
 - i) Location of survivor/children
 - ii) Names of school, treatment agencies, providers
 - iii) Appointment times and locations

Additional Resources: Child Welfare Practices for Cases with Domestic Violence; Family Team Conferences in Domestic Violence Cases, Guidelines for Practice; Family Group Decision Making - Guidelines for Family Group Decision Making in Child Welfare; Should His and Her Sides of the Family be Invited to the FGC?

DOMESTIC VIOLENCE TRAINING CHILD AND FAMILY TEAM MEETINGS

Introduction: Domestic violence cuts across race, ethnicity, culture, gender, class, religions and sexual orientation. Both women and men can be victims of domestic violence. For this training I will refer to victims/survivors as women as this is most often the case.

1. Domestic Violence statistics

- One in four women will experience domestic violence in their lifetime.
- 85% of domestic violence victims are women.
- 3 women and 1 man die of DV each day
- 50% of men who assault their wives also assault their children
- 3.3 to 10 million children witness DV annually
- 30-60% of families served by child welfare also experience DV
- 27% of DV homicide victims were children (1997 Florida study)
- Although DV happens across all classes, women of lower income are more likely to experience DV than more affluent.

2. Dynamics of Domestic Violence

- Power and control. Perpetrators of DV have learned abusive, manipulative behaviors that allow them to dominate and control others and obtain the responses they want.
- Abusive behaviors include: creating isolation and dependency by restricting a victims access to friends, family and employment; not allowing access to finances; eroding the victim's self-esteem by criticizing, belittling, and humiliating her.
 - Why women stay: Abuse usually begins with love. Victims may stay with someone who is abusing them for various reasons which include: Fear of the abuser
 - Love
 - Threats to harm the victim, loved ones or pets
 - Threats of suicide by abuser
 - Believing the abuser will take their children
 - Religious reasons

- Cultural reasons
 - Believing the abuser will change
 - Self-blame
 - Limited financial options
 - Believing that violence is normal
 - Believing in the sanctity of marriage and the family
 - Limited housing options
 - Blaming the abuse on alcohol, financial pressures, or other outside factors
 - Low self-esteem
 - Fear of the unknown, of change
 - Isolation
 - Embarrassment and shame
 - Believing no one can help
 - Cultural beliefs
 - Denial
 - Pressure from friends and family to stay
- Abuse often is cyclical. Violent events are often followed by periods of guilt, efforts to make-up, promises, etc.

3. Child and Family Team process when there is Domestic Violence.

- Concerns and challenges associated with team meetings and DV:
- Survivor may feel limited in what she can say.
 - Survivor may give up trying to get what she wants and needs.
 - She may agree to plans that she knows will put herself and her children at risk.
 - Abuser may try to manipulate the meeting.
 - Risk of violence may increase after the meeting.
 - If Child Welfare is involved, mother may be held responsible for abuser's behavior.
 - Extended family participants may not understand the dynamics of DV
- Benefits of holding team meetings when there is DV:
- More possible solutions to safety issues
 - Individualizing services
 - If Child Welfare is involved, informing them of family strengths
 - Creating a system of support that can help the family over time
 - Possible avoidance of removal of children.

- Possible way to engage abuser in treatment and hold them accountable for their behaviors

4. Assessing use of Team Meetings when there is DV.

Assessment Activities:

- Is there a restraining order? NEVER VIOLATE A RESTRAINING ORDER
- Screening the referral: What is child welfare understanding of DV dynamics in the family?
- Need to assess the history, extent, nature, severity, and current risk factors of DV.
- Is it safe to make contact with the mother? What are her concerns? Is there a safety plan in place? Does the mother have adequate support?
- What are the extended family's concerns? Is the domestic violence an open issue?
- How does extended family view the abuse?
- Have the children witnessed the abuse?
- What are the concerns of other providers?

5. Decisions

Do you have a meeting?

- If so will the abuser be present? Is there someone available who can hold the abuser accountable?
- If not, is there a safe way to include input from the abuser. Consider impact of any type of input on the survivor and/or children.

Should you have separate meetings?

- If having separate meetings who should attend? Consider safety of participant's presence: risk of safety information being accessible to abuser through family members, friends or attorneys.

Factors that influence these decisions:

- Assessment of safety by the mother. Does she feel safer with abuser there or without?
- Assessment of safety by the facilitator.
- Are there restraining or no-contact orders?
- Are survivor and abuser still living together?
- Is abuser in treatment?

- Can safety be maintained before, during and **after** the meeting? Is there a safety plan in place?
 - Are there cultural issues that will impact the decision?
- Risk factors to consider include:
- Abuser's access to the victim
 - Patterns of the abuse (escalation, use of weapons, threats to the lives of survivor or children)
 - Abuser's state of mind
 - Suicidality of the survivor, the children or the abuser
 - Access to weapons
 - Presence of additional stressors
 - Past failures of the system to respond appropriately.

These risk factors and other questions need to be explored with the survivor and caseworker before deciding on including the abuser in a team meeting.

- Some possible questions are:
- Is there a restraining order?
 - Do they live together?
 - Is domestic violence a topic that been addressed publicly with him, the police, a judge, the child welfare worker, other family members? How did he react?
 - What are her goals for having him there, or not?
 - What is the facilitator's goal for having him there, or not?
 - What is the biggest fear if he does participate?
 - What is the hope if he is there?
 - Is he involved in any services? For how long?
 - Are there any current stresses in his life that might make him more violent?

6. Holding a Joint Meeting with Both Parents

Issues to consider:

- Safety before, during and after the meeting
- Preparation of survivor and abuser.
 - Clarifying what is safe to discuss.
 - Arranging cues for survivor to let facilitator know she is not feeling safe.

- If abuser is accountable, discussing ways to de-escalate if he becomes agitated.
 - Check that a safety plan is in place for survivor
- Preparation of other participants.
- Make sure they understand any limits to discussion of domestic violence.
 - Assess extended family for understanding of DV issues and appropriateness for participation.
 - Consider including a support person for survivor and someone who can hold the abuser accountable.
- Red flag behaviors during the meeting.
- Watch for controlling or dominating behaviors.
 - Arrange ways to check in with survivor if you observe controlling or dominating behaviors.
 - Be prepared to end the meeting if necessary.
 - Check for safety after the meeting.
7. Holding Separate Meetings
- Preparation of survivor and abuser.
- May need to “normalize” having separate meetings (agency policy, etc)
- Selection and preparation of participants.
- Attorneys, abuser’s family, etc.
- Reviewing safety precautions with team and asking for commitments to these.
- Note-taking precautions. Ensure that notes do not include information that might compromise safety of survivor and/or children.
- Safety precautions and planning before and after the meeting.
- Possible ways to include input by abuser if he is not having own team meeting.