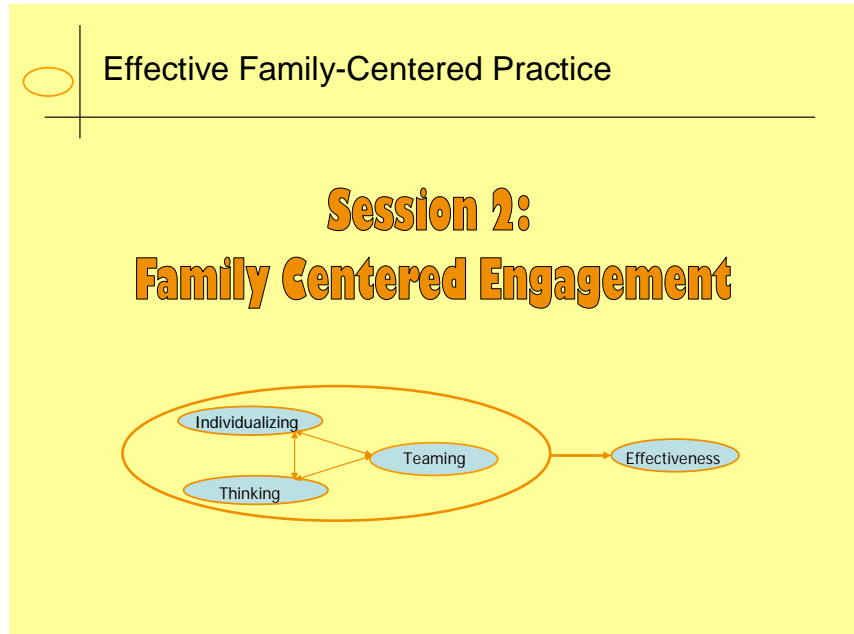


SESSION 2: FAMILY CENTERED ENGAGEMENT

SLIDE 2-1: SESSION TITLE SLIDE



*Summarize:*

- This session will focus on how leader investigators and case managers apply family centered practices to the engagement process, particularly at the beginning of a case.
- We'll talk about all three strengths of the casework effectiveness model . . . teaming, individualizing, and thinking and how they are combined in family centered engagement.
  - **Teaming** – we'll present how to start the teamwork process with the family at engagement, particularly through establishing trust and building confidence that positive change can occur for the family.
  - **Individualizing** – we'll discuss how to individualize the engagement process to the family and introduce some practice tools for doing so.
  - **Thinking** – we'll present how to reflect on the engagement process to determine what worked well and what didn't from a family-centered practice perspective.



*Conduct a short discussion to introduce engagement.*

*Say:*

We've all had the experience of someone trying to get to know you in professional and social situations . . . at a doctor's office, perhaps at some sort of counseling center, a job interview, or even some Friday night at a bar.

*Ask:*

***What is it like to be on the receiving side of the engagement?  
What are your expectations? What do you want people to do or  
say to engage you? What are you willing to share about  
yourself . . . or keep hidden?***

*Get a few responses . . .*

*Summarize:*

- Although the engagement process can be awkward, it can be the start of something worthwhile, helpful, or fun.
- Still, it takes two people helping each other through the awkwardness, building trust, establishing rapport, and becoming more at ease in the hope that each person will find the engagement and subsequent relationship or service worthwhile.
- In this session, we'll focus on how you make the engagement process work for you . . . that is, how to improve the quality of our relationships with children and families.



Say:

- It takes time to engage effectively with families – yet, most of us, and leader PIs and casemanagers particularly, seem to know intuitively that that up front time is critical.
- Let's take a look at some research to see if taking the time to engage effectively is worth the time and efforts.

**PARTICIPANT GUIDE,**  
**PG. 2-1 TO 2-4**

*Refer the participants to the article in their participants guide on page 2-1.*

*Give them 5 minutes to read from the beginning through the section, “**Practice paradox: Hurry up and change!**” on the first page.*

Ask:

***What are the main points of the article?***

*Suggested responses:*

- Change can be slowed down due to the lack of family ownership of the change process.
- The effort to speed things up usually results in a lack of engagement and a high potential for family resistance, either openly or passively.
- The lack of family participation may confirm the worker's worry that the family doesn't want to change.
- As the worker and family become discouraged, a worker tends to become even more directive, causing the family to become more resistive, creating a downward spiral.
- It may seem illogical, but taking more time for engagement may produce more rapid and extensive goal attainment.

***TRAINER NOTE***

*If you are getting some “push back” from PI's, consider making the following points.*

*Summarize:*

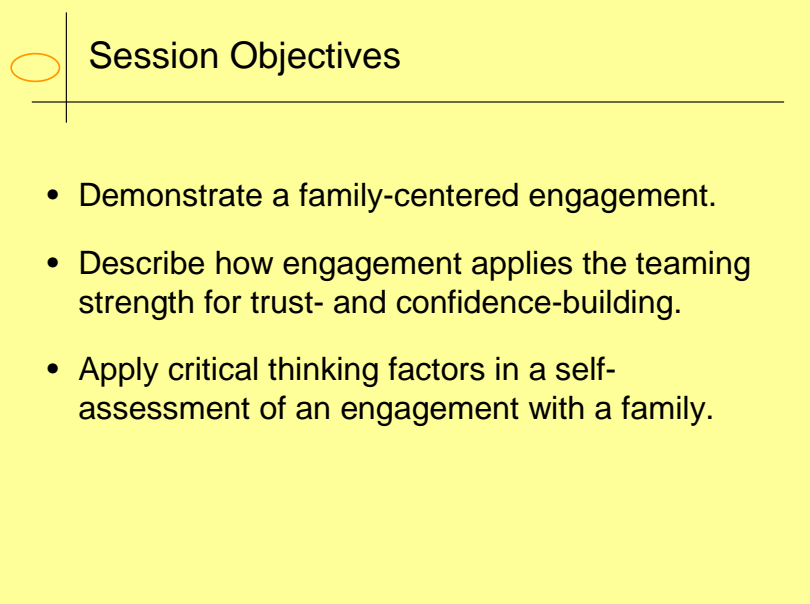
- Point out to the PI's that one of our goals of this training is to increase professional competency through saving time . . . and another goal is to improve effectiveness.
- While a family centered engagement may take more time than you currently spend on engagement, you may make that time up during assessment and planning activities, including fewer visits to get the information you need . . . and be more successful with the families.

*(Continued on next page.)*



- However, even if that is not the case, you need see where you might save some time somehow for engagement given its importance to the intervention. In other words, your work is linked to that of the service worker and the overall change process for the family. For the good of the team and the ultimate goal of family success, you need to do a good engagement, even if that may take more time.
- In the engagement training and the other sessions on assessment, planning, and teaming, we'll be discussing ways to be family centered . . . and more effective. Our overall goal is to make you more effective – and that includes saving time.

## SLIDE 2-2 OBJECTIVES



The slide features a yellow background with a thin black horizontal line. On the left side, there is a small orange circle and a vertical line segment. The title 'Session Objectives' is written in black text to the right of the vertical line. Below the title, there is a bulleted list of three objectives.

### Session Objectives

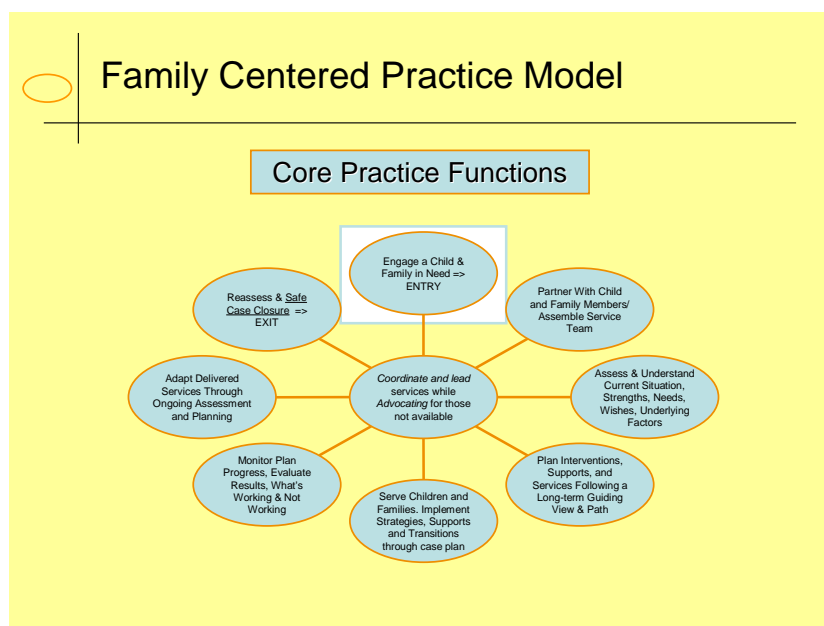
- Demonstrate a family-centered engagement.
- Describe how engagement applies the teaming strength for trust- and confidence-building.
- Apply critical thinking factors in a self-assessment of an engagement with a family.

*Present the objectives. Emphasize:*

- In this session, you will be learning how the engagement process applies to the teaming strength, particularly when building a team with the family.
- Also, we'll bring in the critical thinking quality to evaluate the engagement process.
- The engagement process occurs throughout the case . . . every time you make contact with the child or family, actually. We'll be emphasizing the first contacts in this session. Also, there is an engagement process for starting to work with service providers . . . to bring them onto the family team. We'll talk more about that in the Teaming session.



**SLIDE 2-3: FAMILY CENTERED  
PRACTICE MODEL**



*Present:*

- You probably remember from our family centered practice model that engagement is our entry point for investigating or working with families.

*Ask:*

***Before we dive into the skills of engagement, let's briefly talk about what engagement actually is . . . what is engagement? What are you trying to do?***

*Get some responses from the whole group.*



SLIDE 2-4: ENGAGEMENT  
DEFINITION



## Family Centered Engagement

### Engagement:

Develop and maintain a *mutually beneficial* team with the family that will sustain the members' interest in and commitment to success

*Relate the responses to the definition given on the slide.*

*Emphasize:*

- Mutually beneficial – the engagement process is to **build confidence** in the family to expect change . . . *and* to help you, especially in working the case to develop your professional competence.
- Engagement on a person-to-person level gives both the family and you the initial energy to start the change process with the family. It creates the mutual commitment that holds the intervention together through the challenges that are always trying to knock it apart.
- And, of course, a good engagement helps you to correctly determine whether abuse/neglect occurred, and to identify strengths and protective measures of the family.
- Remember the videos of the families from workshop 1? The common comment was that the “worker was there.” The worker and family were engaged, in other words.

*Introduce the video segment:*

*You saw Mamie who shared what it was like to work with an agency, and specifically her worker, Trachell. Here is Trachell again to share with you some things about her work with Mamie. See if you can identify some of the techniques she used to engage and work with Mamie.*



SHOW VIDEO  
SEGMENT #2: TRACHELL'S  
STORY: ENGAGEMENT

**Show Video Segment #2: Trachell's Story: Engagement**

*(Continued on next page.)*



Ask:

***What are some of the techniques that Trachell used to engage Mamie?***

Possible responses:

- Assured her that they had the same goal – to keep the children with her and to make sure they were safe
- Acknowledged it was normal to be scared
- Showed patience with her

Ask:

***What did you think about what Trachell said about sharing information about yourself with a client? Do you agree with her ideas?***

Possible responses:

- You can't because you have to maintain your professionalism
- It is okay to share selective information
- It is okay to share what is appropriate for a particular family

Ask:

***Trachell shared some of her techniques for dealing with a hostile client. Do you have others that you have tried?***

Possible responses:

- Allow them to vent
- Acknowledge that they have a right to be upset
- Try to focus them on the issue at hand
- Be as calm as you can

Say:

Another thing brought out in the video was that you can probably work better with a family if you can imagine yourself in their position. This isn't easy, but it helps to try. It would sure help to establish empathy. In addition being patient with a family is critical. We all know how hard it is to make even small changes in our lives – lose 5 lbs., exercise 3 times a week, etc.

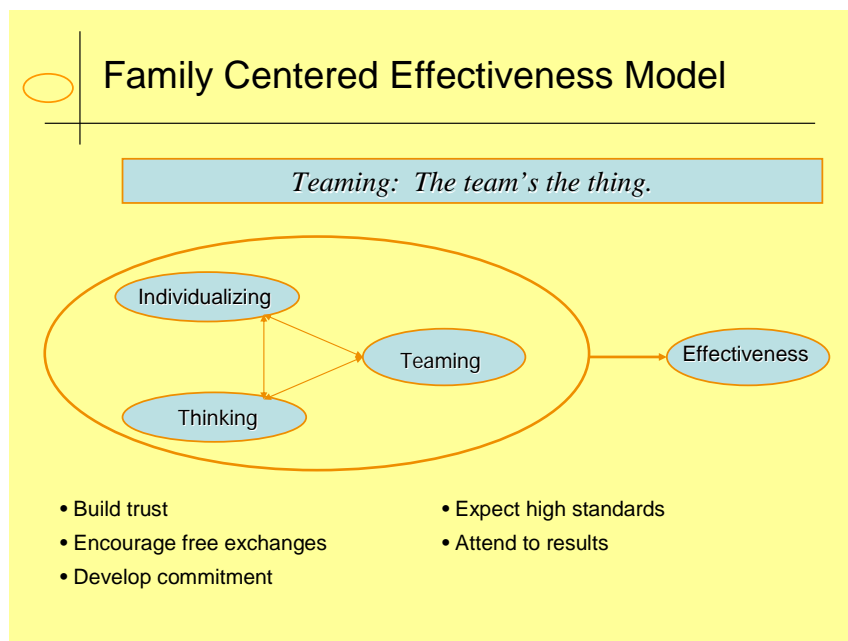
#### **TRANSITION**

*The case manager in the video described how she was able to engage with a family to turn around its negative reactions to the intervention. In other words, she was able to partner with the family, especially the mother.*

*In the next segment of this session, we'll look at forming that team or partnership with the family, and what it takes to be successful during engagement.*



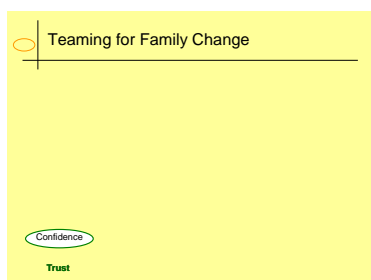
**SLIDE 2-5: FAMILY CENTERED  
EFFECTIVENESS MODEL**



*Summarize:*

- We introduced family centered teaming in Session 1. At that time we mentioned these 5 functions of successful teams.
- The most fundamental team of the intervention, of course, is the one you establish with the family.

**SLIDE 2-6: TEAMING FOR  
FAMILY CHANGE**



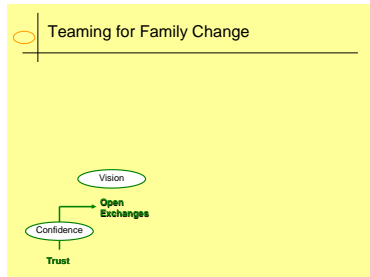
*Present:*

- The teaming strength when addressing your teaming with the family is really a matter of managing the change process with the family – and that all starts with engagement. Let me show you what I mean.
- Somehow, somehow, you need to establish a starting level of trust with the family – you're trust in them and theirs in you. This session will focus on ways to do that.
- They may not be ready for change yet, but through trust-building, you give them some **confidence** that a change for the better may come about and that they can work with you for that change.

*(Continued on next page.)*

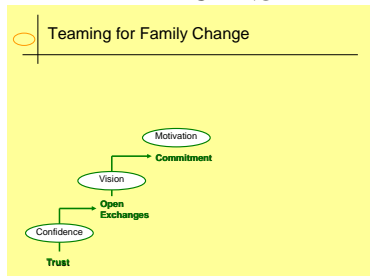


### SLIDE 2-7: TEAMING FOR FAMILY CHANGE



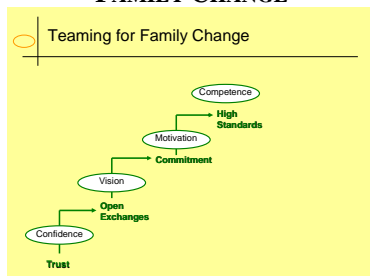
- That confidence enables them to be more open with you about their feelings, reasons for the maltreatment, strengths, and needs. This **open exchange** may lead to some differences of opinions or even conflicts, but both you and the family understand that leads to a better mutual understanding of what needs to be changed and some ways to achieve that change.
- This mutual understanding creates the **vision** that drives the change process. The family (and you) can “see” the change and is coming to believe that they like what they see.

### SLIDE 2-8: TEAMING FOR FAMILY CHANGE



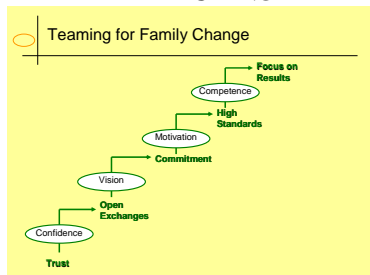
- Based on the vision and the process of being involved to develop that vision, the family (and you) commit to achieving that vision. This **commitment** is what we commonly call “buy-in” of the vision and how to achieve it.
- The commitment to the vision sparks **motivation** for change – the personal energy and direction is there. At this point, the family wants change . . . a very specific change.

### SLIDE 2-9: TEAMING FOR FAMILY CHANGE



- The specificity and motivation lead to **high standards** for achieving the change . . . high standards in terms of achieving the change as it has been defined and being personally accountable for doing what you are supposed to do get there. The family begins making some changes, maybe small at first, but positive changes.
- As the family makes some changes and experiences some success, it comes to believe in its own **competence**. It can indeed control much of its own fate.

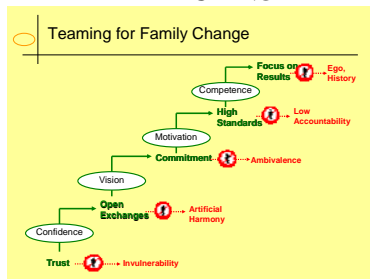
### SLIDE 2-10: TEAMING FOR FAMILY CHANGE



- With this sense of competence, the family focuses on **results**, on achieving the desired change, rather than focusing its energy on ego needs, rationalizations, the way things “have always been before,” or other distractions.



## SLIDE 2-11: TEAMING FOR FAMILY CHANGE



- That's the achievable, but rosy picture. It's hard work to get there, as you know.
- Here are the common things that go wrong at each step if the relationship building process breaks down.
- If trust isn't established, instead of building confidence, people put their energy into protecting themselves . . . to being **invulnerable** to what they perceive as the slings and arrows you are using against them.
- If you or the family don't have confidence that change can occur coming out of the engagement, an **artificial harmony** may develop in which either you or the family ignore difficult, but important topics.
- Or, both of you say you agree with what the other is saying, but you don't really. You are just going through the motions and trying to finish the visit
- Either way, the partnership and the change process breaks down.
- If you don't develop a rather specific vision based on an open exchange of issues, concerns, hopes, and needs, then you and the family are **ambivalent** about your partnership and the change process tends to break down. There's **no buy-in**.
- Without buy-in, there's little motivation to change. Without motivation, you and the family are not willing to be **accountable** for the change process. From our perspective, we sometimes now see the family as "resistive" or "non-involved." They may see us as "demanding" or "unrealistic."
- The change process is failing at this point and no one feels **competent**. There's little interest in achieving the results; instead, the "blame game" starts and people either stoke their hurt egos, find someone or something else to blame for the poor performance, or just withdraw psychologically from the effort.

Ask:

***What do you think? Do both sides of this change process – the positive and the negative make sense to you?***

*Discuss briefly.*



TRANSITION

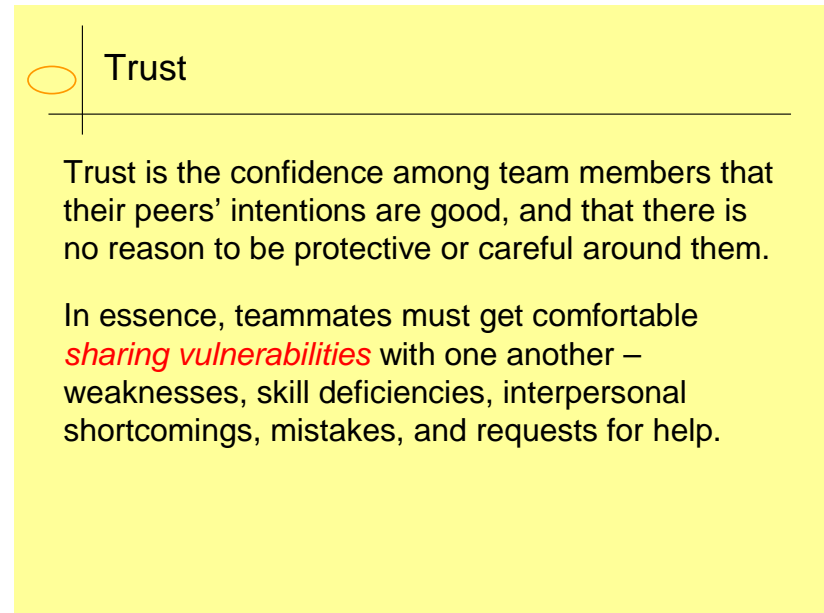
*This session will focus on the trust-building step of teaming to achieve family change.*

*Ask:*

***We've been talking a lot about trust and its role for teaming with the family. . . but, what is trust? How would you define it?***

*Get a variety of responses. Discuss briefly how they are similar and different, and then show the next slide.*

SLIDE 2-12: TRUST DEFINITION



**Trust**

Trust is the confidence among team members that their peers' intentions are good, and that there is no reason to be protective or careful around them.

In essence, teammates must get comfortable **sharing vulnerabilities** with one another – weaknesses, skill deficiencies, interpersonal shortcomings, mistakes, and requests for help.

*Summarize:*

- What does it mean that “there is no reason to be protective or careful around the other team members?” For us, that means that team members are comfortable being vulnerable with one another – that they can share with one another their weaknesses, fears, interpersonal shortcomings, skill deficiencies, and requests for help.
- Can you imagine doing that with a family? Here’s something to remember: **you need to take the initiative to build trust with the family member.**
- Let’s see how it can be done while maintaining your professional demeanor and role.



## ACTIVITY 2-1: Building Trust

TIME: MINUTES

### DIRECTIONS:

**PARTICIPANT GUIDE. PG. 2-5**

1. Divide the participants into small groups of 3-4 members.
2. Refer the participants to page 2-5 in their Participant Guides. Their task will be to give examples of the trust or mistrust behaviors of PI/workers and family members that they've experienced during the start of the intervention . . . during the engagement process.
3. Divide the groups so that half will be working on trust behaviors (left column) and half the groups will be working on the mistrust behaviors (right column).
4. Each group is to come up with examples for both PI/workers and family members and write them in the respective columns. They do not need write exhaustive lists . . . go with the examples that come to mind quickly.
5. Demonstrate with the example, if need be.
6. Give them 5 minutes to generate and discuss their lists.
7. Go round robin around the groups to have them summarize their lists. However, ask a group reporter to just give either the PI/worker or family member examples from their group.
  - A. For the trust examples, ask for how the behavior seemed to affect the engagement process.
  - B. For the mistrust examples, get a suggestion or two for how the participants would deal with those situations such that they lay the groundwork for building trust.

### TRANSITION

*With that understanding of the teaming strength and how it relates to the family change process, let's get back to the challenges of engagement.*

*Ask:*

***Obviously engagement is an important investigative and casework process, but why? What are your goals for engagement?***

*Get a few responses, then summarize with the next slide.*





## Engagement Goals

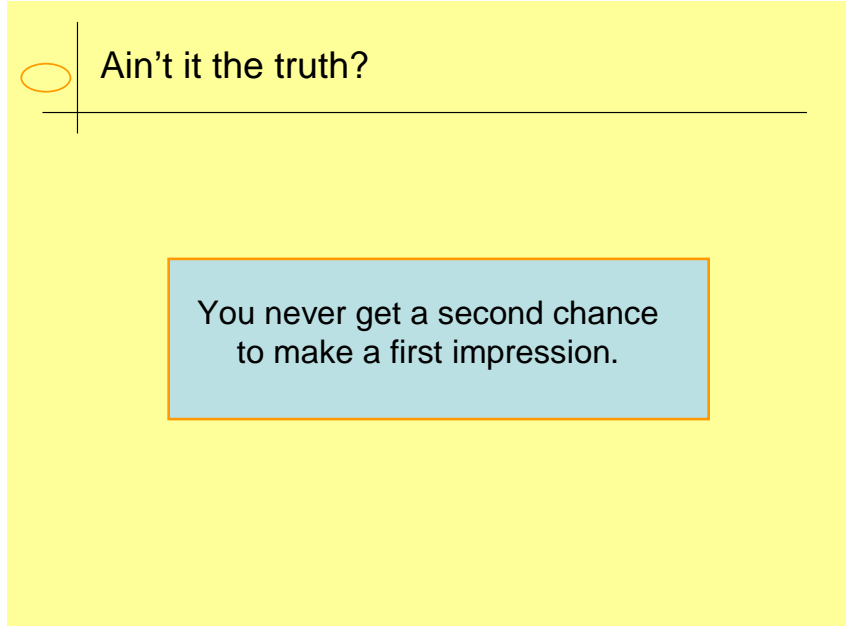
- Build child and family trust and confidence
- Build personal trust and confidence
- Start information gathering
- Begin strengths/risks/protective capacity assessment

### *Summarize:*

- Think back on a time when you met someone for the first time and felt . . . and maybe even hoped that this would be the start of a strong relationship . . . maybe you ended up marrying that person.
- While there were a lot more emotions going on in that situation, there is some carryover to the engagement we're talking about today . . . in the trust and confidence building, particularly.
- A growing relationship is built on trust and confidence that the other person will help you, not hurt you, and that you, indeed, have something to add to the other person's life.
- In our work, we need to confidence for effectiveness . . . confidence in our children and families that they want positive change and confidence in ourselves – that we can help them achieve their goals. Confidence is the fuel, the energy, that makes good things happen.
- Our initial focus, too often, is getting information to and from the family. That makes sense as that is an important part of our job, but that focus can be too narrow.
- Our approach with family centered practice, is that we will get more accurate information more easily and probably more quickly, if we first build confidence in the family and ourselves that we can work together for mutual benefit..



**SLIDE 2-14: YOU NEVER GET A  
SECOND CHANCE TO MAKE A  
GOOD IMPRESSION**



Ain't it the truth?

You never get a second chance  
to make a first impression.

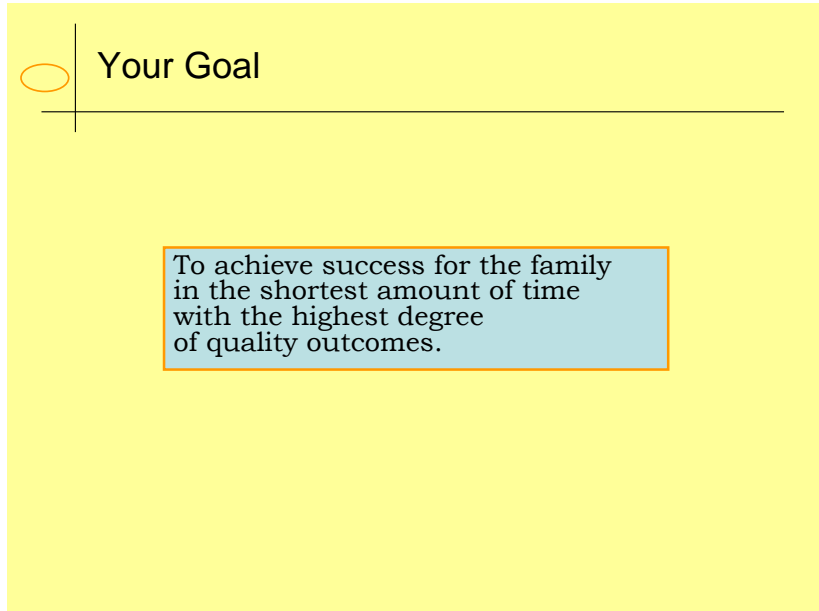
*Ask:*

***Do the families you work with give you a quick appraisal . . . are they good at sizing you up?***

*Get a few responses, then summarize:*

- It's not uncommon for our families to have had more than their share of working with people like you who represent various entities in our social/cultural system . . . they often have a honed expertise in crap detection, decoding nonverbal messages, or picking up on worker feelings of aversion, fear, or superiority.
- Or, lacking that, they may have over-generalized those experiences and simply stereotype you as a problem.
- Your best shot with these families is your first shot.





## Your Goal

To achieve success for the family in the shortest amount of time with the highest degree of quality outcomes.

*Present:*

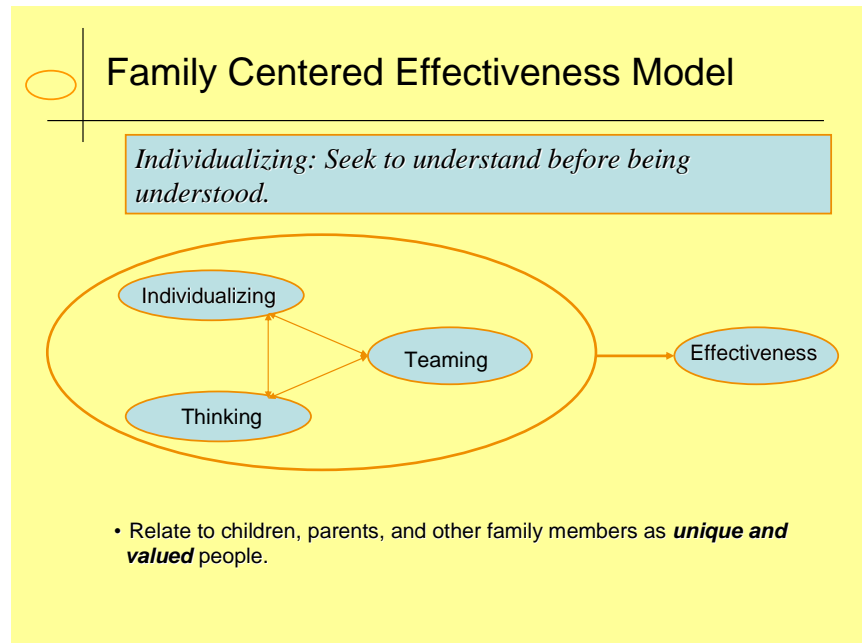
- You're first step in engagement particularly, is to begin trust building. That implies taking the time necessary for this family, knowing that you have to walk with the family before you can run . . . the time put into the first step will pay benefits down the line.

**TRANSITION**

*We've emphasized the importance of trust and confidence building as the focus of the teaming strength in the engagement process. Trust and confidence start the family change process.*



**SLIDE 2-16: FAMILY CENTERED  
EFFECTIVENESS MODEL**



*Say:*

- How to actually build trust and confidence depends on how you apply the individualizing strength . . . interacting with the family in a way that shows your respect for them as unique and valued people. Let's see how that is done.
- Remember from our effectiveness model, that the individualizing strength has to do with seeking to understand the family.
- We'll now turn our attention to how to use family centered individualizing tools to build trust and confidence.

*Ask:*




***What things do you do to prepare to meet the family for the first time? How do you plan for that first meeting?***

*Get a variety of answers from the large group, writing the main ideas on the flipchart. Try to get them to give specific answers. If someone says "prepare questions to ask," ask them to give some examples of the common questions they ask.*

*Discuss how many of the preparation actions would seem to be trust and confidence builders . . . for the family or the worker.*

<b>TRAINER NOTE</b>	<i>Don't spend a lot of time on making the determination, particularly if there are not many trust or confidence builders . . . this is not meant as a criticism, merely a lead-in to the next topic.</i>
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## Confidence-building Tools

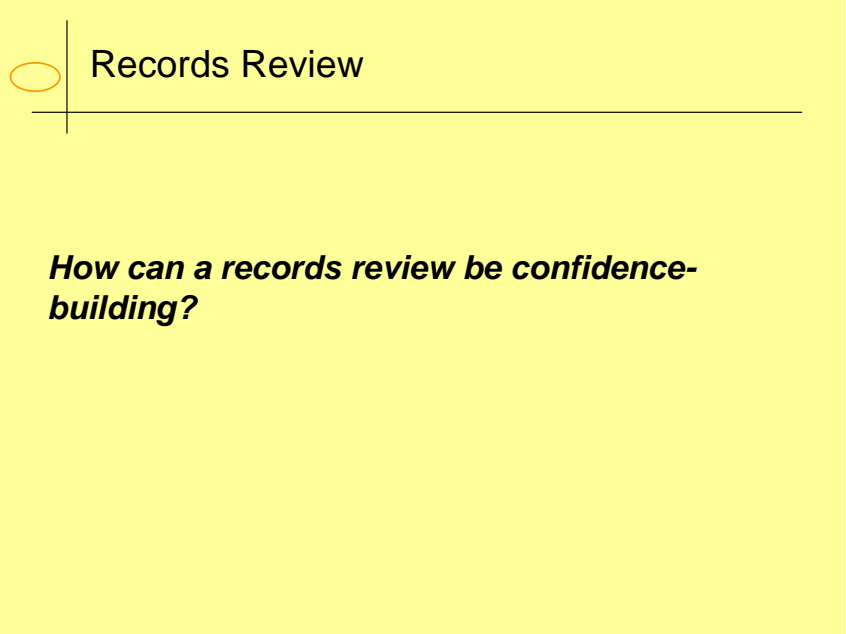
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1. Records review
2. Personal Filters Check

*Summarize:*

- You want to engage a family with professional objectivity, of course, but also with a readiness to support and assist the child and family work through any significant problems.
- There's plenty of research that links confidence to casework success. Some might go so far as to claim that the PI or service worker conveying a positive attitude toward the family is the foundation of casework success. We'll be emphasizing building trust and confidence in the family through casework, but you need to stay in touch with your own confidence, as well.
- We'll focus on two planning tools that build your confidence for the initial interactions with the family.



A yellow rectangular slide with a thin black horizontal line near the top. On the left side, there is a vertical black line intersecting the horizontal one, with a small orange circle to its left. The title "Records Review" is positioned to the right of the vertical line.

## Records Review

***How can a records review be confidence-building?***

*We'll start with records review.*

*Ask:*

***How can a records review be confidence-building?***

**PARTICIPANT GUIDE, PG. 2-6**

*Get some responses, and then refer the participants to page 2-6 in their Participant Guide. Also, point out that that page has the basic information that should be reviewed.*

*Point out:*

- These questions help you to individualize the family. By reviewing the prior reports and service records and think about them in such a way as to make them “real” to you. The questions in your guide help you to focus on your goal to be successful with the family.
- As you know, the strengths question is important. You will want to identify family member strengths for your own confidence, but also to comment on those strengths when meeting the family.
- The last part of the last question helps you to stand out as different to the family. You do not want to repeat any mistakes the previous worker(s) may have made.

*(Continued on next page.)*



- Finally, this type of record review is that it gives you confidence that you have done what you can do to prepare. This confidence, being more sure of yourself, can “rub off” on you and the family to encourage you to believe that something positive will come out of this intervention.
- Here’s a word of caution: It’s not uncommon for initial reports and even case records to emphasize the negative. Don’t fall into the trap of believing that the list of problems imply that things can’t change. Remind yourself that the initial reports are indeed problem-focused, not solution-focused. They tend to get us thinking of the individual as a label instead of a person . . . as a schizophrenic rather than a person with schizophrenia, for instance.
- If there’s time, you may also want to contact a CPI or service worker who worked with the family previously to get information about what works and doesn’t with the family. Just remember that the situation is different now: the family and worker (you) are different and so their information may be “dated.”

#### TRANSITION

*Record reviews for motivation can be helpful . . . but record reviews may also raise a psychological red flag in the worker’s mind.*

*Probably everyone has certain types of cases that due to the type of maltreatment or the family patterns affect them on a deep personal level. Obviously, it can be very difficult to motivate oneself to work on these cases, even with a commitment to professionalism.*

*In the next segment, we’ll focus on dealing with personal filters that may adversely affect our engagement with families.*



**SLIDE 2-19: MARTIN LUTHER  
KING, JR.**



**Martin Luther King, Jr.**

*"People don't get along because they fear each other. People fear each other because they don't know each other. They don't know each other because they have not properly communicated with each other."*



*Ask:*

***Do you think this statement is true?***

*Get a few responses. Most likely they will be in the affirmative.*

- In a culture of success, we bring our best game to each family. Yet, this is very difficult when there is something about the case that punches us in the gut as we first read about it.
- Communication in a new situation is hard in the best of circumstances. And, in your situation as an outsider coming into someone else's home in what is often a crisis situation, it is even harder to communicate openly and clearly.
- We need to have our personal beliefs and reactions – our personal filters – under control to not only motivate ourselves to do our best for the family, but to have any hope of starting an open dialogue that can start the trust-building partnership.
- We can understand these personal filters on an intellectual level, but let's take a moment to experience them on a feeling level.



## ACTIVITY 2-2: PERSONAL FILTERS

**TIME: 15 MINUTES**

**DIRECTIONS:**

1. Say that this will be a very difficult activity for the participants. Still, you hope that they will do their best on it.
2. Tell the participants to look at the slides as they appear and to be conscious of their first reaction. Have the participants write down their first feeling reaction to each slide.
3. Show the six slides, spacing them about 10 seconds apart.
4. After the last slide, display the “calming” slide for about a minute.
5. Lead a discussion on the way our filters work – through body reactions, feelings, and thoughts. Ask questions like:
  - As you watched the slides, what kind of bodily reaction did you have?
  - What were some of your feelings . . . .
  - What were some of the first thoughts you had . . .
  - Was there any particular slide that really affected you?
6. Conclude the discussion and move on:
  - The cases we see affect us, often strongly. That’s natural. And we just focused on the types of cases.
  - We also have strong reactions – our filters at work – when we see repeat abusers, parents not following up on their case plans, not showing up for appointments, etc.
  - Our filters can have a powerful effect on our motivation to work with a family, unless we can deal effectively with those filters.

**TRAINER  
NOTE**

As an alternative to the slides, have participants discuss or write the kinds of cases that really get to them and what it is about the cases that really “hits” them. You could collect the writings, then group similar ones to discuss. End of discussion should address, “What have you found that helps you in cases like these?”

On a hot summer day,  
the mother left the kids in the car  
while she stopped in “for a quick drink.”

She’s been beat up by her husband three times.  
Her 8-year old tries to stop him. That mother still  
refuses to leave.

She can do parenting classes 100 times.  
She’s never going to change.

I set up the appointment, transportation,  
got her kids in daycare for the day, and  
she doesn’t show up at clinic.

She’s 20 and has had four babies by three fathers.  
What was she thinking?



The family are Muslims  
The mother is a topless dancer  
The family lives in the most crime-ridden part of town  
The "parents" are lesbians



**TRAINER** *You need to “click” to advance the Powerpoint presentation to show each succeeding statement on the slide.*

**NOTE** *If time is available, you may want to go back through the slides, but have volunteers convert some or all of them to a strengths perspective.*

*For example:*

She’s been beat up by her husband three times...But she refused to leave

*May change to:*

She’s trying to protect the children by intervening when the father becomes violent. She’s financially dependent and doesn’t know how to provide for herself and child if she were to leave...She wants help but doesn’t know where or how to quietly (secretly) ask?

*You might want to point out that what they just did was **reframe** the situation, essentially.*

*Ask:*

***What could happen as we work a case when we project our filters rather than dealing with them?***

*Get some responses, and then use the slide to summarize.*





## When We Project Our Filters

- Families may sense a difference and may not cooperate.
- Trusting worker/family relationships may not form.
- We may not apply ourselves fully to assist the families.

*Ask:*

***What have you found to be effective to reduce the effects of your filters so you can engage most effectively with families?***

*Get a variety of responses. Write on flipchart.*

***Suggested responses:***

- Just being aware of your filters puts you ahead. When a filter is triggered, notice your reaction (body, feeling, thought), verbalize it to yourself, then say to yourself, “OK, I recognize that; now I’m going to put it aside.” With practice, you will indeed be able to put the filter aside.
- We often want a particular outcome when we meet with parents. Try to put that expectation on hold and just listen to their point of view. Try to get into their world.
- If you are having a great amount of difficulty due to how a family is affecting you, you may talk with your supervisor about being removed from the case. At a minimum, ask your supervisor or another worker to review your work for another opinion of how to work with the family. It’s OK to ask for help!!



Flipchart



*Ask:*

***We've talked about how our filters affect us. What about the family members? What filters have you noticed that they have?***

*Get a variety of responses.*

*Ask:*

***What have you found to be effective in dealing with those filters? How do you get the family member to see you as an ally?***

*Get a variety of responses.*

*Conclude discussion of personal filters.*

**SLIDE 2-28: PERSONAL FILTERS  
WRAP-UP**



## Personal Filters Wrap-up

- We all have personal filters.
- Our filters activate automatically.
- We “grow” by noticing our filters – and desensitizing.
- Verbally describe the filter to yourself when it activates.
- We need to accept the family's filters.


**Say:**

- All of us have filters that affect how we interpret the world around us – and particularly how we interact with and respond to people.
- Many of our filters come into play automatically based on our upbringing, our personal experiences, and our knowledge of the person with whom we are interacting.




- We can't pretend that those filters are not there. Instead, we grow professionally (and personally), by noticing our filters and working to desensitize ourselves to their harmful effects.
- We've discussed a number of ways to do that, but one of the most effective is to accept that the filters are there, to verbally (mentally) describe one as it occurs and then tell yourself to put it aside and to re-focus on being objective.
- Our families, being human themselves, also have filters. Our job is to accept the person despite their filters, and to work to get them to know us as individuals. We have to take the lead in the trust-building. We have to be the steady source of support. We need to stay true to proper, open, honest, and supportive communication. That's our job.
- When we do that . . .

SLIDE 2-29: MLK, JR. QUOTE



## Martin Luther King, Jr.

*"People don't get along because they fear each other. People fear each other because they don't know each other. They don't know each other because they have not properly communicated with each other."*



Say:

We get to know the family, they get to know us, we get past the fear and to the place where we can work together to achieve safe and healthy homes and families.



**TRANSITION**

*Reviewing records for motivation and recognizing and letting go of personal filters are two individualizing tools to use prior to meeting the family. Next, let's look at individualizing tools that can be used when meeting the parents for the first time – and how we can use those tools to build confidence in the family members – and ourselves – during that meeting.*

**TRAINER NOTE**

*Activity 2-3 is an optional activity. If you have the right people, it can be a funny change of pace in the training.*

**OPTIONAL ACTIVITY!****ACTIVITY 2-3: Demonstration: Engagement**

**TIME:** MINUTES

**DIRECTIONS:**

1. Trainer introduces role play as a means for getting everyone to move from the more conceptual to practical tools and skills for engagement.
2. Trainers identify participants who will demonstrate common mistakes in engagement. Participants will be identified in first two days of the workshop, based on their professional experience, participation, and willingness.
3. While watching the interaction, have the participants make a list of the things that go wrong during the role play.
4. After the demo, the trainer leads a brief discussion on what was wrong and how the “errors” could have been handled more appropriately.



## ACTIVITY 2-4: Show Us What You Got

TIME: MINUTES

DIRECTIONS:



1. If you did Activity 2-3, use the list of common engagement errors developed during Activity 2-3 as a starting point. Number the previously identified errors.

Otherwise, have the entire group identify additional common engagement errors that either the PI or service worker makes. Number and write the responses on the flipchart.

Some possible answers:

1. Tough guy
  2. Getting defensive
  3. Pre-judging/stereotyping family based on history or characteristics
  4. Focusing too much on the child; not enough on the parent(s)
  5. "Fixing" the problem too soon
  6. Jumping to the assessment too fast
  7. Using a long list of questions and not interacting with the family as they give their answers
2. Then write numerals for the mistakes on small pieces of paper. Have the class divide into groups of 3-4 members each. Have a member from each group pick a number from a hat, your hand, etc. – they shouldn't be able to see which number they are picking.
3. Tell them they have 5 minutes to work together to create a nonverbal presentation and/or grouping of people that expresses the mistake. They cannot speak words while they do their presentation. They can make sounds to give the intonation of speech with indistinguishable words. (If you remember the Peanuts specials, this is how the parents' voices are portrayed.) They are not to tell their observers which mistake they are presenting.
4. Have the groups take turns. Have the observers guess which mistake they are presenting.
5. After the mistake is identified, have the whole group suggest a few suggestions for how to avoid that mistake.
6. Congratulate the groups on their work. Tell them that these things are confidence killers for the family . . . and may have the same effect on the PI/worker if not right away, then soon afterwards when doing the assessment or other casework.



## TRANSITION

*Tell the participants that now that they have reviewed what can go wrong at the start of the first meeting with a family, you'll focus on doing the right things to begin the engagement process.*

### ACTIVITY 2-5: The First Visit: Group Strengthshare

**TIME:** MINUTES

**DIRECTIONS:**

1. Tell the group that for this topic – building confidence in the family and yourself in the first meeting – you really want to draw out the lessons they've learned from their work experiences. This is a time for sharing of what's worked for them as they engage with families at the first visit.
2. The activity will consist of three elements: you'll pose a general question, they'll give you a variety of answers to the question, and then you'll work with them to develop specific examples of the answers they've given.
3. Here's the question:  
***What things do you do during the initial interview with a parent to build their confidence (and yours) that you can work together for success?***
4. Write the responses on the flipchart. Get the list generated before talking about any one item.
5. Compliment the group on the list.
6. Process the list by first asking the person who suggested an item to ***tell a story*** about how he/she used the item successfully. Ask for other examples or concerns from the group. The key here is to get specific examples and enough of them so that the participants can see how the item can apply in a variety of circumstances. For example, if someone mentions the importance of empathy, ask them to give a short story of the situation, then to give the statement or behavior they used to express empathy.

If the opportunity presents itself, engage in impromptu mini-roleplays in which you ask a participant to demonstrate their suggestion while you take on the role of the family member.

*(Continued on next page.)*







Flipchart

7. Ask the participants to tell you, based on the stories, the confidence-building skills that can be used in the first meeting. Give some examples – show empathy, be honest, active listening, etc. Write their suggestions on the flipchart.

*Possible responses:*

1. Show empathy – Let them know you have some understanding of their feelings
2. Be honest – be “up front” about why you are there
3. Show respect – for their rights & their feelings
4. Show concern – for both the children and the family
5. Acknowledge and respond to the family’s primary concern or fear about our involvement
6. Listen more than talk – let the family know you are interested in their side of the story
7. Offer help – let them know you are willing to do your part
8. Acknowledge anger – allow them to ventilate their feelings (as mentioned in Trachell video)

*Say:*

The following slides have short scenarios of situations you might encounter in your contact with families. We can use these to practice using the skills/techniques we identified to build confidence with the family.

*As you show the slides ask members of the group to demonstrate something they might do with the client to build confidence. For each of the slides there may be several responses, both verbal and non verbal.*

**SLIDE 2-30: SCENARIO 1**

○ Scenario 1

You received a report that Lila Jones, a single mother, knocked her 13 year old son John into a door frame and broke his nose. During initial contact Lila admits that she did this.  
She says “I didn’t want to hurt him but I just didn’t know what else to do to keep him from going out with those drug addicts and getting into trouble or hurt.”

**SLIDE 2-31: SCENARIO 2**

○ Scenario 2

A neighbor reported a 4 year old boy left alone in the back yard while the mother went to the store. She heard him crying. When she went to check on him, she found that he had a cut on his leg.  
When you get to the home the mother is very defensive and angry at the neighbor who she suspects made the call.



### SLIDE 2-32: SCENARIO 3

#### Scenario 3

Lucy Smith is the 17 year old single mother of a 6 month old. She is being visited by the CPI and the case manager to whom he has made a referral.

Lucy spent time in foster care and is thus very scared her child will be taken away. She expresses this immediately when she answers the door.

### SLIDE 2-33: SCENARIO 4

#### Scenario 4

A report is made stating that a mother was seen beating a small boy in the parking lot of Publix.

Upon contact the mother began to cry and stated that she was only trying to get him to get into his car seat so she could get home to prepare dinner for guests. The guests were present.

### SLIDE 2-34: SCENARIO 5

#### Scenario 5

A child was placed in shelter by the CPI, with a referral to foster care. When the case manager made initial contact with the mother, she was very remorseful and begged for a second chance.

She stated that she just "lost it" and hit the child, but that she would never do it again.

### TRANSITION

*We've brainstormed a number of confidence-building techniques that can occur during the initial visit. At this point, I want to pull back a little to the information you want to get on the first visit and then give some family centered tools that can help you get that information in a family centered way – including using some of the techniques you've mentioned.*

### TRAINER NOTE

*As you review the questions on the next slide, briefly summarize the points that were made previously that relate them. The idea here is to be laying the foundation for the upcoming engagement tools: family map and family connectedness diagram.*





## Fundamental Initial Visit Questions

1. How safe is the home environment?
2. What is the status of previously identified risk factors?
3. Who is this family?
4. What is the family's history?
5. What strengths in individuals and family as a whole are apparent?
6. What are some of the obvious family dynamics?
7. What is the family's perception of the problem?
8. What stresses are the family experiencing?
9. What are the immediate resource needs?
10. What formal and informal supports are available?

Ask:

***Would you agree that these are generally pretty good questions to either get answers to or at least start to get answers to on your initial visit?***

*Get some responses. If someone adds a question, write it on a flipchart sheet. Later, when going over the tools in this session, see if they help to answer that question. If so, point it out to the participants.*

**TRAINER NOTE** *Point out that these questions are NOT for asking the family, but for asking ourselves as we conduct the visit.*

*Be prepared to provide definitions or examples on what/how/why this kind of information is important, e.g., extended family in the area to assist with child care and supervision is a use of an informal support.*

Summarize:

- Here are some common questions for an initial visit. Your situation may require that you modify the questions sometimes.
- A key point in getting your questions answered is that while the initial visit will be a combination of engagement and assessment, you want to engage before you assess.

*(Continued on next page.)*



- You want the family to have some trust in you before you ask them about what may be sensitive information.
- The tools we'll practice emphasize engagement, though they tend to bring out important assessment information.

#### TRANSITION

*Once you have explained the purpose of the visit, a good “warm-up” topic is family membership.*

*Although the focus is on confirming family composition, by using the family map as a tool, the family may share stories that contain other information you are seeking: evidence of strengths, needs, and how the family members relate to one another and the community.*

#### TRAINER NOTE



Flipchart

*Introduce the family map by demonstrating how a PI/worker can get the information with the family. Use a flipchart to draw the map. Use the Jones family and the information given below. Have the co-trainer be Lola Jones and you are the PI/worker.*

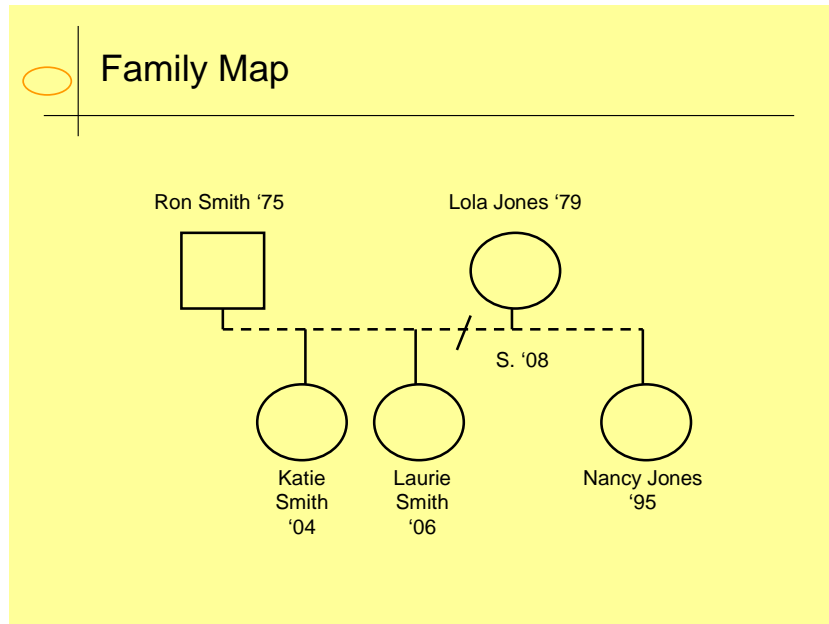
*Describe the mapping symbols as you draw the map – or ask participants how to draw the given information (some will be familiar with family maps or genograms). **Mapping symbols are given in the Participant Guide on page 2-8.***

*In addition to family membership information, ask a few questions about the family members to get a quick picture of them . . . where they work, go to school, what they like to do, etc. Answers to these questions can be made up by “Lola.” Write brief notes on the family map.*

*When finished, show the following slide to supplement your flipchart.*



## SLIDE 2-36: FAMILY MAP



*Lola Jones is a single parent of three children living in her home. The oldest, Nancy Jones, 14, was born in 1995 during a relationship Lola had with Mike Jones when she was living in Jamaica. Mike abandoned Lola when Nancy was born and there has been no contact since. Lola does not want Mike Jones to be considered part of the family.*

*Lola came to the US and had a three-year unmarried relationship with Ron Smith. Two girls were born, Kate in 2004 and Laurie in 2006. Ron and Nancy do not live together now (they separated in 2008). However, Ron contributes financially to the care of the children and he sees the girls every week. Lola said she wanted Ron included in the family.*

### TRAINER NOTE

*Ask for participants to help you describe the family based on the map. (Most likely, some participants will be familiar with the mapping symbols, etc.) Describe the symbols and relationships illustrated on the family map. Point out, too, a few of the comments about the family members.*

### Summarize:

- Consider organizing the family information with a family map completed with the family.
- CPI's may want to do a more extensive family map – one that includes aunts, close friends, etc. as the map then helps identify placement opportunities and collaterals.

*(Continued on next page.)*



- The map, plus some short notes about the family members can serve as a good organizer for you and a reminder when you are reviewing the case.
- Plus, when done with the family, it gets them involved in the engagement with you and decreases the formality of the visit. Have them sit next to you and do the map at a table.
- A **family map** illustrates family membership and relationships. It is usually completed in two phases:
  - talk with the family to describe family membership and relationships (father, mother, etc.) and to get some general information about the members
  - later, maybe in another visit, the family map can be expanded to include dynamics patterns and the quality of the interrelationships between family members.
- **Caution:** If the family's anxiety level is high, limit discussion to the structural aspects of the family map; save the dynamics patterns and interrelationships for later when the family tensions are reduced.
- The concept of family continues to broaden. You may want to consider individual outside of the traditional legal or biological relationships, e.g., a renter who helps with family functions, a steady boyfriend, etc.
- Family membership is determined by the family. Ask the family something like:
  - *Who is important to you?*
  - *Who do you want involved as we work together?*
- If there is someone that is closely involved with the family, that you think should be involved in the assessment process but the family does not, let the family know that you will be talking with that person independently.
- You will also want to check for family members who no longer live with the family . . . a divorced parent, a previously placed child, etc.

*(Continued on next page.)*



- **Lighten the interviewing by asking questions of the family members.** Get a snapshot of the family:
  - *What kind of work do you do? How do you like it?*
  - *What do you like to do when you're not working?*
  - *How does Darnell (child) like school?*
  - *Does Darnell remind you of anyone else in your family?*
  - *How are your children different from one another?*
  - *What's a typical day in Darnell's life?*
- **Share some information about yourself:**
  - *How long you have had your job; what you like and don't like about it*
  - *What you like to do when you're not working*
  - *Issues you face with your own children or parents*
- **Recognize strengths you observe during the discussion,** e.g., the family is together, they care about one another, they are talking about the family, etc.



## ACTIVITY 2-6: Family Maps

TIME: MINUTES

DIRECTIONS:

1. Have the participants pair up. They are to complete a family map for each other.
2. Tell them to use the guidelines and worksheet in their Participant Guide on page 2-7; mapping symbols are given on page 2-8.
3. They are to spend 5 minutes each developing the maps.
4. Encourage the PI/worker to ask general questions about the family while doing the map – and to write related short notes on the map.
5. The PI/worker can also share information about herself/himself.
6. When finished, ask for a few volunteers to share their maps.

**PARTICIPANT GUIDE.**  
**PG. 2-7 & 2-8**

*Ask questions like:*

*Was the map easy to do?*

*Do you feel it could help you to engage with the family?*

*Does the process of doing the map with the family seem worthwhile . . . worth the time?*

*Conclude the activity:*

- When doing the maps, it's a good idea to write a few descriptive comments about each individual by their symbol.
- Share the completed map with the family to check for accurate information. This shows the family that you listen and that you are willing to share what you find with the family; you're not trying to hide information.
- Family maps are an easy way to capture a lot of information in an easy to read format. They are helpful as memory aids after the visit or as a learning aid for a worker who may follow you.
- They are great to do with families – the process of creating the map on paper encourages conversations about family members and provides opportunities to recognize strengths, show empathy, and, in general, join with the family.



**SLIDE 37: INITIAL VISIT  
QUESTIONS**



## Initial Visit Questions

1. How safe is the home environment?
2. What is the status of previously identified risk factors?
3. Who is this family?
4. What is the family's history?
5. What strengths in individuals and family as a whole are apparent?
6. What are some of the obvious family dynamics?
7. What is the family's perception of the problem?
8. What stresses are the family experiencing?
9. What are the immediate resource needs?
10. What formal and informal supports are available?

*Point out that this list of initial questions was introduced earlier.*

*Ask:*

***Which questions do you feel the family map may help you to answer?***

*Possible responses:*

*While it may not give complete answers to the questions, if the PI/worker uses “tell me more” type questions while doing the map, he/she will most likely get some information pertinent to questions 1-7.*

**TRANSITION**

*The family map looks at relationships within the family. The next tool looks outside the family, particularly to the informal connections of the family with its community.*





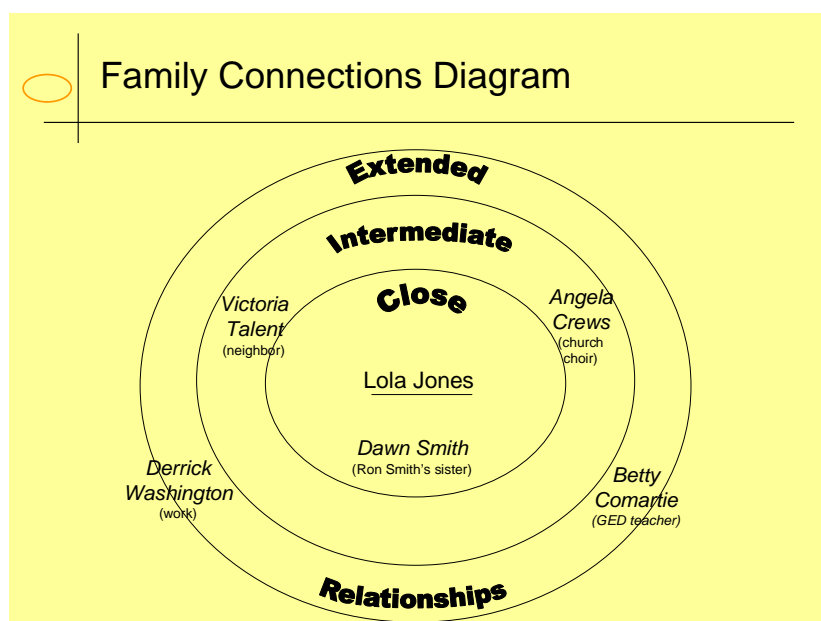
### TRAINER NOTE

*Introduce the family connections diagram as you did the family map – with a demonstration by you and the co-trainer. As the co-trainer gives answers to your questions, write the responses on the flipchart diagram. (The questions to ask are described in the trainer guide just below the slide.)*

*You and the co-trainer (Lola) can make up connections; a few examples are given on the slide. You don't want to have more than 6 connections, though, to reinforce the lack of connections common to client families.*

*Also, remember to ask questions about the close and intermediate connections, particularly, as described in the content below the diagram.*

### SLIDE 2-38: FAMILY CONNECTIONS DIAGRAM



*Summarize:*

- The connections diagram helps the family members (and the PI/worker) to visualize how they relate with their surrounding community, particularly for informal supports.
- As with the family map, doing the connections diagram with the family encourages their participation in your visit, brings out stories and other information that helps you to get to know the family, and provides opportunities for sharing.

*(Continued on next page.)*



- The question asking format for the diagram is pretty basic. First, ask the family to identify who they are very close to . . . who are the extended family members or friends that they would turn to first for help or to whom they would offer help? Or, who do they enjoy being with the most? Write the names of those people in the Close circle.
- Next, ask who they would put in the next circle, Intermediate. These are people they probably know well or fairly well, but are not their closest friends or family members. The family may ask these people for help, but most likely they would not be the ones they ask first. Write the names in the Intermediate circle.
- Finally, ask about people they know, most likely less well, but may be in a position to help the family in some circumstances. For instance, the family may go to church, but are not active members. They know the pastor, but have not talked with him about anything of any consequence before. Write the names in the Extended circle.
- As you work with the family to fill in the circles, ask them to tell you more about the people, especially in the close and intermediate circles. For example:
  - *How they met*
  - *What they have done together before*
  - *What they like about the person*

The connections diagram can be filled out for the family as a whole or for individual family members. (It can be particularly helpful to fill one out with a child, particularly one that may be or has been removed from the home.)



<p><b>PARTICIPANT GUIDE.</b> <b>PG. 2-9 &amp; 2-10</b></p>	<p><b>ACTIVITY 2-7: Get Connected</b></p> <p><b>TIME:</b> MINUTES</p> <p><b>DIRECTIONS:</b></p> <ol style="list-style-type: none"> <li>1. Have the participants do this activity individually.</li> <li>2. Tell them to use the guidelines and worksheet in their Participant Guide.</li> <li>3. They are to spend 5 minutes each developing two diagrams: one for themselves or their family and one for a family with whom they are currently working.</li> <li>4. When finished, ask for a few volunteers to share the differences in their maps.</li> </ol>
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*Ask questions like:*

***What do these differences tell us?***

*(Answer: Generally, that the families we work with will have few natural supports in their lives. To develop more informal supports is a very important strategy in a family centered intervention.)*

***Was the diagram easy to do?***

***Do you feel it could help you to engage with the family?***

***Does the process of doing the diagram with the family seem worthwhile . . . worth the time?***

*Conclude the activity:*

- As with doing the family maps, it's a good idea to write a few descriptive comments about some of the supports, particularly those who may be willing to help the family.
- Share the completed map with the family to check for accurate information. This shows the family that you listen and that you are willing to share what you find with the family; you're not trying to hide information.
- As with family maps, the connectedness diagrams are an easy way to:
  - *Involve the family*
  - *Get information beyond the specific purpose of the tool*
  - *Capture and display a lot of information in an easy format*
  - *Build motivation and encourage sharing*



SLIDE 2-39: INITIAL VISIT  
QUESTIONS



## Fundamental Initial Visit Questions

1. How safe is the home environment?
2. What is the status of previously identified risk factors?
3. Who is this family?
4. What is the family's history?
5. What strengths in individuals and family as a whole are apparent?
6. What are some of the obvious family dynamics?
7. What is the family's perception of the problem?
8. What stresses are the family experiencing?
9. What are the immediate resource needs?
10. What formal and informal supports are available?

*Point out that this was the list of initial questions introduced earlier.*

*Ask:*

***Which questions do you feel the family connectedness diagram may help you to answer?***

*Possible responses:*

*While it may not give complete answers to the questions, if the PI/worker uses “tell me more” type questions while doing the map, he/she will most likely get some information pertinent to questions 5, 6, and 10.*

*The family connectedness diagram gives you particularly useful information for informal resources that may be used as part of safety planning, service plan strategies/tasks that can be done by informal supports, and identifying collaterals.*



## TRANSITION

*We've come to the end of our tools for engagement – tools that help you to prepare for the initial meeting with the family and to get important information while engaging in confidence-building activities.*

*We've discussed:*

- *Records review*
- *Dealing with Personal Filters*
- *Family Map*
- *Family Connections Diagram*

***Ask:***

*Do any of you have engagement-related tools that you have found to be helpful?*

*Discuss briefly.*

*Next, we'll turn to some of the performance issues that may adversely impact a PI/worker's effectiveness during engagement.*

*Say:*

I'd like to bring up for discussion a couple of performance issues that pertain to engagement and building trust and how they may affect our family centered practice.

Although it is sometimes necessary to make contact with others before seeing the parents, doing so can have an adverse impact on our ability to build trust with them.

*Ask questions like:*

***What might be the impact if we talk with a neighbor before talking with the parents?***

*Possible responses:*

- *Family feels betrayed by having others know about their problems*
- *Family fears what we have told others and that you have caused the neighbors to assume that the parents are abusers*
- *Family is embarrassed by having others know of the accusation*

*(Continued on next page.)*



***What might be the impact if we talk with (i.e., interview) a child at school versus at home?***

*Possible responses:*

- *Parents fear that you have influenced their child*
- *Parents think that the teachers will treat them and the child differently*
- *Parents feel that the child has been embarrassed and will be singled out by his classmates*

<b>TRAINER NOTE</b>	<i>Point out that in some cultures the man is considered “head of household” thus might be insulted if not approached first.</i>
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*Ask:*

***What could we do to reassure the family?***

*Possible responses:*

- *Be honest and let them know why you needed to talk with others before the parents*
- *Apologize if you have offended them*
- *If appropriate, inform them of what their child said*

*Summarize:*

- I’ve hoped you’ve learned in the individualizing part of this session that little things for you can be big things for the parents.
- While it may be convenient, or even necessary sometimes, to talk with a neighbor before the parent or to talk with the child at school rather than at home, realize that these choices have impacts – often adverse impacts – on the confidence-building process.
- As an adult, parent, and head of family, wouldn’t you first want to hear about anything as significant as an abuse report? Carefully consider your interview sequencing – even with reporting time requirements – and use talking with someone other than the parents first with caution if you want to boost your family centered practice.



*Say:*

We are coming to the end of the focus of the individualizing quality for engagement. Our goal is to make it as easy as possible for you to apply a family centered approach during the engagement process.

This is the time for you to bring up any issues or questions about engagement that have not been addressed in the session.

*Ask:*

***Are there any questions, unresolved issues, or problems relating to engaging with a family at the start of a case?***

*For any participant responses, conduct a whole group discussion regarding how to answer the question, resolve the issue, etc. Try to have the solutions come from the participants. As necessary, use a “parking lot” flipchart sheet to record issues for which you need to get outside expertise for an answer.*

**TRANSITION**

*OK, you now talk the talk, let’s see if you can walk the walk. We’re going to move on to practicing family centered engagement with short role plays in small groups.*



## ACTIVITY 2-8: Engagement Practice

TIME: MINUTES

DIRECTIONS:

### Preparing the group for the activity

1. Divide the participants into groups of 5-6.
2. Assign half the groups to complete a Family Map, the others a Family Connections Diagram.
3. Distribute the Report Information and have participants read it. (See **Trainer Handout 2-1A** in Appendix A of the Trainer Guide)
4. Have the group to select two members to be the parents. Distribute the directions for family members to them and have them form a separate group to review and discuss the information to prepare for their role. (See **Trainer Handout 2-1B** in Appendix A of the Trainer Guide.)
5. Have the group to select two members to facilitate the interview, one to be the CPI, the other the caseworker. They are to assume they have been talking with the family to establish rapport and are now ready to complete the family map or connections diagram. One needs to take the lead on completing the map, but both can ask questions of the family members. Distribute the directions to the CPIs/caseworkers. (See **Trainer Handout 2-1C** in Appendix A of the Trainer Guide.)
6. Instruct the other group members to act as observers and make notes for providing feedback.
7. Inform participants that they have ten minutes to prepare for the interview, using the directions provided to each group.
8. Have the family members rejoin their groups for the activity.
9. Tell them to begin. Observe the groups and help, as necessary.

**TRAINER** Remember to time the activity: 10 minutes.  
**NOTE**

*(Continued on next page.)*



### **Processing the Activity:**

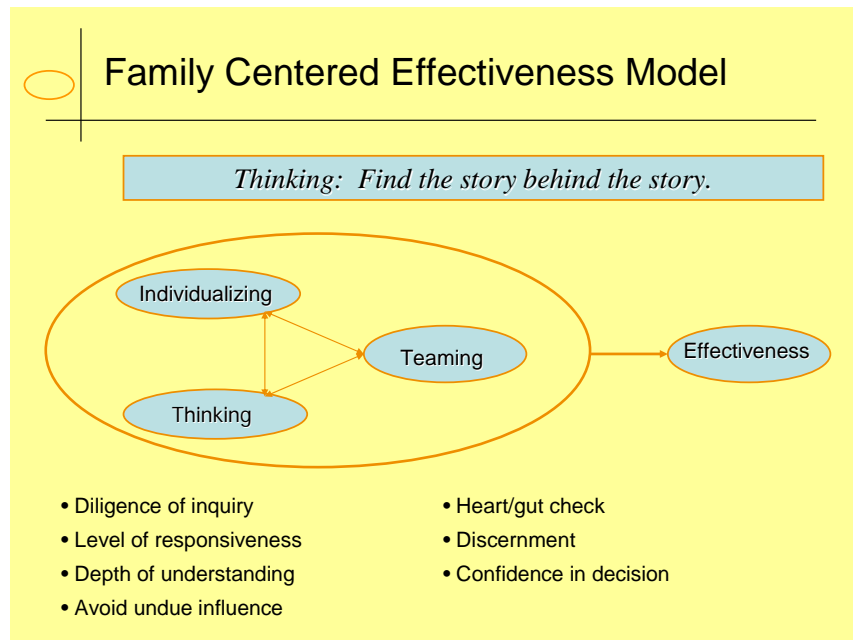
1. When the groups have completed the activity, ask for a spokesperson to give the results, including what they learned about the family.
2. Ask the family members to share information about their experience.
3. When the results have been presented, check with the observers to see if they have any comments regarding their observations.
4. When all groups have reported, summarize the similarities and differences in the results and ask for any questions about the use of the tools.
5. Point out how much information they gained in the amount of time they spent. (10 minutes)
6. Collect the handouts.

### **TRANSITION TO CRITICAL THINKING**

*We've now looked at family centered engagement using the individualizing and teaming strengths. It's time to reflect on how well we did – and we do that with the critical thinking strength.*



**SLIDE 2-40: CRITICAL  
THINKING**



*Summarize:*

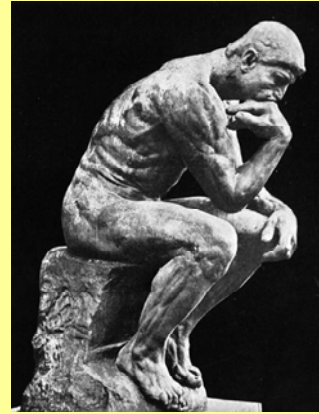
- We introduced how the critical thinking strength for effectiveness and its components in Session 1.
- Our challenge in family centered casework is to bring our thinking to a more effective level – doing a better job of connecting the dots to identify patterns or getting at the real underlying dynamics or needs as we work a case.
- Meeting this challenge is where critical thinking comes in – it applies to all the core practice functions from engagement to case closure.
- We’re going to find out how we can use critical thinking to self-assess our engagement process with a family.
- First, though, let’s talk briefly about what critical thinking is and what it isn’t.



**SLIDE 2-41: WHAT IS CRITICAL THINKING?**

Hmmmm?

What  
*is*  
critical  
thinking?



*Ask:*

***What is critical thinking?***

*Get a few responses . . . then proceed to the next slide for the definition.*

**SLIDE 2-42: CRITICAL THINKING: DEFINITION**

Definition: Critical Thinking

**Critical thinking** means using analysis, synthesis, and evaluation to make a clear judgment that reconciles evidence with intuitions.

*Often, "critical" has a negative connotation -- but that does not apply to critical thinking. The meaning of "critical" in this case is deliberate or careful thinking.*

*Allow the participants time to read the definition. Take a few moments to compare the definition with their definitions, pointing out the similarities and differences.*





## Critical Thinking: Engagement

*For this child and family, and for me, have we initiated a trust-based relationship that motivates us to participate in the intervention?*

- Reconcile evidence and intuition
- First, reflect on the engagement process (evidence)
- Next, do a gut (or heart) check (intuition)
- Make your decision and/or draw your conclusion
- Then, have confidence in your decision/conclusion

*Summarize:*

- Critical thinking **reconciles facts and observations (evidence) with intuition.** How do we translate that to engagement?
- It comes down to reflecting on the engagement process, analyzing what happened, synthesizing the results across family members, and evaluating the results . . . that's the critical thinking conclusion.
- **But, you're not done yet.** You need to temper that conclusion with your intuition and common sense. You do a gut check. In a sense, this is going beyond the more objective review of the facts and observations . . . you check your feelings and intuitions you've developed over the years, and ask:
- **For this child and family, and for me, have we initiated a trust-based relationship that motivates us to participate in the intervention?**
- Combining a structured thinking with intuitions or gut feelings to make a decision – that's family centered critical thinking as we define it.

TRANSITION

*Let's see how we can apply critical thinking to the engagement function.*



## ACTIVITY 2-9: Engagement Self-Assessment

TIME: MINUTES

### DIRECTIONS:

PARTICIPANT GUIDE. PG. 2-11

PARTICIPANT GUIDE. PG. 2-12

1. Refer the participants to the **Self-Assessment: Critical Thinking Applied to Engagement** on page 2-11 in their participant guides.
2. Point out that the top of the self-assessment presents the critical decision that needs to be made. Then, questions for each of the seven factors of critical thinking are presented. Critical thinking integrates the seven factors to make the decision.
3. Tell the participants to think of a case they are currently working, and for which they have recently completed the initial engagement.
4. Have them use the **Self-Assessment: Critical Thinking Applied to Engagement** to assess their engagement process with the child and family.
5. When they have finished, have them rate their critical thinking in engagement, as described in their Participant Guide on page 2-12. (They will be doing this rating for each casework function; they don't do the plan until after the Planning session.)
6. Discuss the self-assessment form. Does it seem useful to them? Does it structure their thinking about making the critical decision regarding engagement? Can they think of other questions that should be included? Questions that should be deleted?
7. This self-assessment is not a required activity or something to put in the case file. It is a tool to help them structure their decision-making for the initial engagement process.
8. Point out that you will be introducing similar critical thinking self-assessments for the other core practice functions that are included in the training program.



## TRANSITION

*We've said that attending to engagement is extremely important for building confidence in you and the family for the intervention – and that recent research backs up the claim that good engagement fosters cooperation, saves time, and increases intervention effectiveness. We've applied critical thinking to engagement through a self-assessment.*

*Still, engagement can be a complex skill, and the more we can learn about it the better.*

## SLIDE2-44: STRENGTHSHARE



### Strengthshare: Engagement

- *training programs,*
- *videos*
- *books,*
- *presenters, or*
- *possible mentors*

#### *Introduce:*

- As I pointed out at the start of this workshop, we're going to emphasize how we can help one another become more skillful in the core functions of family centered practice, starting with engagement.
- We've presented a foundation for family-centered engagement in this session. Some of you may want more information and skills in engagement . . . well, I hope all of you do.
- What I would like to do now is conduct a short discussion of how that could happen by asking you for your best ideas on training programs, books, presenters, or possible mentors on engagement.

## FLIP CHART

#### *Ask:*

***What are some good resources for family centered engagement?  
What books, training programs, videos, etc. would you recommend?***



Ask:

***How about among you . . . don't be shy . . . who is particularly skilled in engagement or some particular component (like culture sensitivity, asking for the family story, etc.) and could serve as a problem solver or provide suggestions or technical assistance to other PIs or service workers?***

**TRANSITION**

*We've come to the end of the engagement presentation. We have one final wrap-up to go.*

**POSTER REVIEW**

*Use the posters from Workshop 1 to relate the key points of the session to the models.*

Ask:

***How does what we've been talking about in this session build on the Culture of Success Model?***

*General response:*

*This session has emphasized using good practice to achieve good outcomes right from the start of the case – to get to Quadrant I and stay there throughout the case.*

*With the teaming strength, we talked about the importance of developing mutual trust to have a mutually beneficial partnership with the family. With this trust comes the confidence to begin to hope for a good resolution of the situation.*

*With the individualizing strength, we practiced using family centered practice tools before meeting the family and during the initial visit to engage the family in the intervention process and for us to see them as unique and valued individuals.*

*Improvement in our own work with families is more possible when we reflect on our recent actions, feelings, and decisions. The critical thinking process structures that reflection so we can get the most out of it.*



Ask:

***How does this session related to the Best Interests Model?***

*General response:*

*We've emphasized the collaborative/solution-focused to adversarial/problem focused dimension in this session. Specifically, how to approach the family in a collaborative/solution-focused manner. The teaming and individualizing skills we apply when engaging the family set the stage for a collaborative/solution-focused approach.*

*This first step helps us to answer the first question: What can I do right now to promote the best interests of this family? Our initial answer centers around getting to know and value the family members as unique individuals and to build trust and confidence in them and ourselves that a mutually beneficial partnership will develop.*

**SESSION SUMMARY**

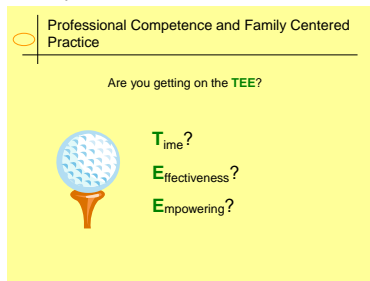
*Summarize:*

- We're coming to the end of our engagement session. As you know, we've focused on initial engagement. Engagement continues throughout the case, whenever you interact with the child or family.
- We've emphasized that you never get a second chance to make a first impression – take advantage of your first opportunity to engage the family.
- While you need to get information from the family, recognize that now is the time to team with them as well – focus on building their trust and confidence.
- We addressed a number of tools to help you. First, before meeting the family, doing a balanced records review and checking your personal filters.
- Then, to actively involve the family in the engagement, the use of the family map and connectedness diagram. Both of these are easy to use, give you necessary information, and engage the family in the change process.
- Finally, we used the critical thinking strength to reflect on the engagement process. This type of reflection should not only help us with the current family, but point out areas we can improve when we engage with other families.

*(Continued on next page.)*



**SLIDE 2-45: ARE YOU ON THE TEE?**



*Ask:*

*So, how are we doing? Do the family centered engagement tools get you on the Tee? Are you more empowered to change a family? More effective at what you do? More time-effective?*

*Discuss briefly, and then move on to the next session.*