

Addressing Disparities in Access to Mental Health Services



**RAICES/
Promotoras
Model**



Trainee Manual

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RAICES/ Promotoras Model



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Contents

<i>Section 1.1 – Introduction to Family and School Support Teams (FASST)</i>	<i>2</i>
<i>Section 1.2 – Introduction: What is a System of Care?.....</i>	<i>7</i>
<i>Section 1.3 – Wraparound Values and Principles</i>	<i>10</i>
<i>Section 1.4 – Ethics and Confidentiality</i>	<i>16</i>
<i>Section 2.1 – What Is Culture?.....</i>	<i>24</i>
<i>Section 2.2 – Principles of Cultural Competence</i>	<i>29</i>
<i>Section 2.3 – Culturally Competent Practice.....</i>	<i>34</i>
<i>Section 2.4 – Culturally Competent Service Delivery</i>	<i>38</i>
<i>Section 3.1 – Understanding Elementary Schools in Hillsborough County</i>	<i>44</i>
<i>Section 3.2 – Exceptional Student Education Program (ESE).....</i>	<i>51</i>
<i>Section 3.3 – English for Speakers of Other Languages Program (ESOL).....</i>	<i>57</i>
<i>Section 4.1 – Overall Framework for Child Mental Health and Well-being</i>	<i>62</i>
<i>Section 4.2 – Child Developmental Domains & Milestones</i>	<i>69</i>
<i>Section 4.3 -- Healthy Relationships and Nurturing Environments.....</i>	<i>74</i>
<i>Section 4.4 – Facilitating Child Mental Health and Well-being.....</i>	<i>80</i>
<i>Section 5.1 – Essential Components of the Wraparound Process.....</i>	<i>88</i>
<i>Section 5.2 – Implementing Wraparound</i>	<i>90</i>
<i>Section 5.3 – Utilizing Family Strengths in Wraparound</i>	<i>93</i>
<i>Section 5.4 – The Family Team.....</i>	<i>96</i>
<i>Section 6.1 – Case Management: The Basics.....</i>	<i>106</i>
<i>Section 6.2 – Collaboration with Providers and Agencies</i>	<i>110</i>
<i>Section 6.3 – Collaboration with Families</i>	<i>114</i>
<i>Section 6.4 – Monitoring the Family Plan</i>	<i>119</i>
<i>Section 7.1 – Home Visits: What to Know Before You Go</i>	<i>126</i>
<i>Section 7.2 – Establishing a Successful Support Relationship</i>	<i>131</i>
<i>Section 7.3 – The Three Stages of Home Visiting</i>	<i>137</i>
<i>Section 8.1 – Assessing Our Use of System of Care Values.....</i>	<i>146</i>
<i>Section 8.2 – Assessing Implementation of Wraparound Principles</i>	<i>152</i>
<i>Section 8.3 – Facilitating Effective Family Team Meetings.....</i>	<i>157</i>



Systems of Care and Wraparound

Chapter 1 Topics

Section 1.1 – Introduction to FASST

Section 1.2 – Introduction: What is a “System of Care”?

Section 1.3 – Wraparound Values and Principles

Section 1.4 – Ethics and Confidentiality

Goals and Objectives

Goal: The goals of this chapter are to introduce training participants to the FASST program, to give them a basic understanding of Systems of Care and Wraparound concepts, and to emphasize the important ethical considerations required when working with FASST.

Objectives: After completing this chapter, you will demonstrate:

- 1) Familiarity with the FASST program, its history and its services;
- 2) Knowledge of the System of Care philosophy and its core values;
- 3) Knowledge of the principles of the Wraparound process and its role in a System of Care;
- 4) Awareness of the ethical issues involved in working closely with families; and
- 5) An understanding of the importance of confidentiality in your work.

Notes: _____

Chapter 1

Systems of Care and Wraparound

Section 1.1 - Introduction to Family and School Support Teams (FASST)

Exercise 1:

Set Shared Training Goals

Purpose: To develop a set of shared goals for the FASST training course and answer any preliminary questions.

This chapter will describe the **System of Care** and **Wraparound Process** concepts, the values and philosophies upon which they're based, and how these relate to your work within a Family and School Support Team (FASST). The chapter begins with a brief introduction to the FASST program and the services it provides.

FASST Program Description

The Family and School Support Teams (FASST) project is a school-based collaborative initiative sponsored by the Children's Board of Hillsborough County with supplemental funding from the School District of Hillsborough County. FASST provides case management, tutoring, family support, and various other services, including mental health, to children in Kindergarten through 5th grade and their families.

The FASST program works to strengthen the functioning of children, families, and communities by emphasizing and enhancing family strengths to work together with families to meet their needs, address problems and concerns, and help reduce obstacles to a healthy life. The FASST objectives include:

- focusing on improving children's academic achievement
- decreasing disruptive behavior
- increasing families' ability to provide safe and structured environments, and
- increasing families' involvement in school.

At the system level, FASST works to increase the System of Care's responsiveness to families, improve access to services, increase the continuity of care, and improve how providers work together to help a family meet its needs. Historically, FASST has worked with schools confronted with large populations of at-risk students. Title I schools with high free and reduced lunch populations account for the majority of FASST schools.

FASST is a **voluntary** program of supports and mental health services designed for school-aged children and their families. Children are referred to the FASST program by school personnel, parents and/or FASST promotoras. Once parents agree to participate in the FASST program, they and their children are able to benefit from a variety of services provided by early childhood programs, schools, and human/social service providers. The types of service(s) with which they may be linked include:

- developmental screenings
- individual, group and family counseling
- after school recreation
- individual tutoring
- therapeutic mentoring
- medical services/medication evaluations
- parenting education
- behavior management
- family support groups
- grief/divorce groups
- school interventions
- community resources
- pre-school/school based interventions
- agency referrals and additional resources

Goals for student and family success are developed through team meetings that include the family, as well as FASST personnel, school personnel, formal providers, and informal supports or resources. Goals for meeting needs are based on the family's strengths and the resources available to meet them.

FASST is part of a larger network of providers countywide, known as Children's Future Hillsborough, Inc., which was assembled on October 1, 2004. This large collaboration of human service agencies is working to create an integrated early childhood System of Care for young children and their families in our county. All management and administrative functions of Children's Future Hillsborough are the responsibility of Achieve Management, Inc., which operates as the management services organization (MSO) for the collaborative. All major FASST initiatives must first pass through the *Leadership Council*, a body of Children's Future Hillsborough agency representatives that serve as the Board of Directors for the collaborative.

FASST Service Delivery

FASST programs have been in operation since the early 1990s, serving large segments of Hillsborough County. There are currently four agencies operating FASST teams. These are: The Children's Home, Inc., Northside Mental Health Center, Mental Health Care, Inc., and the Hispanic Service's Council. Each of these organizations serves as the lead administrative agency for FASST teams in particular geographic regions of Hillsborough County. FASST services are currently available in approximately 50 percent of all elementary schools. The following table shows general FASST geographic service areas and the lead agency/agencies for each.

SERVICE AREA	GEOGRAPHIC LOCATION(S)	FASST ADMINISTRATIVE AGENCY
Area I	South Tampa & Port Tampa	Mental Health Care, Inc.
Area II	Town and Country	The Children's Home, Inc.
Area III	University Area/New Tampa	Northside Mental Health Center
Area IV	Central Tampa	Mental Health Center, Inc.
Area V	South County & East Bay	Hispanic Services Council
Area VI	Plant City	Mental Health Center, Inc.
Area VII	Temple Terrace/Thonotosassa	Northside Mental Health Center & Mental Health Care, Inc.

FASST Team Composition

The core of the FASST team consists of the Family Support Coordinator (FSC) and the Family Advocate. The newest FASST teams, administered by the Hispanic Services Council in the Wimauma/Ruskin area and in West Tampa, also contain two promotoras. The Family Support Coordinator fulfills the role of the primary case manager within the team. The Family Advocate plays a peer mentor role and is the primary advocate for the parents of children in the program. Promotoras have a role similar to the Family Advocate, while also providing the community with additional outreach and information on FASST services. Promotoras work closely with community residents and assist in the FASST referral process by identifying students who have not been referred by school personnel, but who could benefit from services. Home and school visits may be conducted by all members of the team and are scheduled around parents' needs and schedules.

A larger team is built around this core to include the referred child and/or parents, community and natural supports, formal providers, school personnel, and anyone else the family feels may help them reach their goals for success. This larger FASST team is a version of the wraparound Family Team, which will be discussed in greater detail in Section 1.3. Once the larger FASST is assembled, the team meets to develop a Family Plan (with the family taking a leading role). Once the plan has been drafted, the team meets regularly (as agreed to by the team) to address the goals of the plan and work with the family to access needed services. Typically, FASST will work with a student and family for a period of 6 months to a year. If a student and family move to another part of Hillsborough County during their involvement with FASST, services will follow them to ensure completion of the family plan.

Exercise 2:

Review FASST job Descriptions

Purpose: To review each FASST position and answer general questions about roles and functions.

Notes: _____

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FASST Evaluation and Outcomes

Since 1998, the Louis de la Parte Florida Mental Health Institute (FMHI) at USF has conducted an independent evaluation of the FASST project in several areas, including academic achievement of students enrolled in FASST, family functioning assessments, assessment of service coordination for families, and FASST satisfaction surveys of stakeholders and partners. Evaluation of the project is important to demonstrate evidence-based outcomes, as well as to shape the overall quality improvement process for FASST. FASST evaluators routinely collect report cards of children served by FASST for assessment. The FASST academic achievement objective is for 80 percent of children enrolled in FASST to maintain and/or improve their academic performance in reading, writing, and math. Evaluation outcome data for 2000-2004 indicate that FASST is exceeding this benchmark.

The evaluation team uses the Family Assessment Device (FAD) and the Service Coordination Scale (SCS) to measure family functioning and service coordination.

- The FAD determines whether a family reflects more stable and effective functioning as a consequence of its involvement in FASST.
- The SCS measures whether parents have a greater understanding and connection to community resources and services as a result of their time in the program, as well as their satisfaction with how services were coordinated for their family.

The FASST family functioning objective is for 80 percent of families receiving services to utilize skills to improve and/or maintain stable family functioning as a result of informal and formal supports. The service coordination objective is for 70 percent of parents receiving services will report satisfaction, increased knowledge of, and improvement in service coordination. Evaluation outcome data for 2000 – 2004 indicate that FASST is also exceeding these benchmarks.

Stakeholder surveys are distributed annually to schools and other partners who collaborate with FASST to assess their level of satisfaction with FASST teams and program services. Surveys collected over the last four years reflect a very high level of satisfaction on behalf of school and community partners. School satisfaction surveys have consistently rated FASST teams highly in their ability to connect families and schools with community resources, support families in times of crisis, and assist struggling students with regaining or sustaining academic progress. Schools also indicated appreciation of how FASST can help parents negotiate and navigate the social service system when school personnel have neither the time nor thorough understanding of where to turn when challenges arise.

FASST Expansion

In October 2004, a new FASST was developed specifically to serve the largely Spanish-speaking population in the Wimauma/Ruskin area in south Hillsborough County. This team included two promotoras and was the first fully bilingual team in the county. This new team was developed through the RAICES/Promotoras research project, a collaborative initiative involving the University of South Florida, Children's Future Hillsborough, the School District of Hillsborough County, Catholic Charities,

and the Hispanic Services Council. Hispanic Services Council was introduced as the lead administrative agency through this initiative because of their experience in serving Spanish-speaking communities in Hillsborough County. This FASST team served the student populations of Wimauma and Cypress Creek elementary schools throughout the 2004-2005 school year. Replication of this project is planned for the West Tampa area, with services expected to begin in January 2006. FASST services in Area V (Wimauma/Ruskin) will also be expanded to include a third school, Ruskin Elementary through the addition of another promotor. Future expansion plans of this new FASST model are also being developed to serve other areas of the county with high populations of Spanish-speaking Latinos.

This training program was developed to instruct the first-ever FASST team with promotoras, currently serving in Area V. The manual you will be using throughout this training was revised and edited following the initial training of this team in September 2004. This revised training program has been designed to provide you with the foundational knowledge and core skills to serve effectively within a FASST team. Although each FASST team member plays a unique role, this program provides information that will be useful and important for the entire team to learn together. The sections that follow provide an overview of the System of Care and Wraparound philosophies, upon which the FASST model was designed, as well as an overview of important ethical considerations for FASST workers.

Section 1.2 – Introduction: What is a “System of Care”?

A System of Care is a philosophy that guides service planning and delivery and focuses on providing a comprehensive range of services that are organized within a coordinated network to serve children with multiple needs and their families.

When addressing children’s mental health needs, a SOC includes all of the formal providers and agencies that can help to meet a child’s needs, as well as other family members and informal supports that the family relies on in their daily lives. Formal providers and agencies include mental health, education, child welfare, juvenile justice, and other agencies that can help address a child/family’s specific needs. In a SOC, these providers must work together and respect each others’ mandates and roles to address the child’s/family’s needs within the community in which they live. Formal providers must also work together with informal supports, including other family members, friends, neighbors, and/or natural helpers to ensure that the family’s strengths are incorporated within the plan that will be developed to address the child’s mental health needs.

Simply put, a System of Care (SOC) reflects how a community takes care of its own members. Its primary goal is to keep families within their community functioning as best as possible. Of utmost concern is the safety of the child, family, and community. A community that operates under SOC values recognizes that child and family needs often don’t fit pre-defined service models or a “one size fits all” plan of services.

This manual will introduce a number of terms that you will need to become familiar with. Several of the most important are:

Wraparound Process – How we implement the System of Care at the child and family level within the community.

Individualized Services – Developing a plan that is unique and helpful to each child and family we serve.

Family Centered – Families are seen as equal partners who have voice and choice within the Wraparound Process. We believe that family input increases family investment.

Strengths-Based – Planning for services is based on the strengths of the family, their culture and their history. Wraparound respects and utilizes this primary value during planning and implementation.

Informal Resources – Individuals and groups of people who are available in each family's community and that have established relationships and interactions with the family over time. These resources can be blended with formal service systems to complete the Wraparound Process.

Wraparound Teams – A group of individuals selected by the family to identify concerns, create goals, and strengths-based strategies to meet the family's needs and work toward their stabilization and well being within their community.

Systems of Care Values and Principles

Within a SOC, the family is the most important part of the plan. Informal supports and resources encourage the family to focus on its strengths as they work to make positive changes in their child's mental health.

A true system of care is about partnership—a partnership made up of service providers, families, teachers, and others who care for a child. Together, the team develops an individualized service plan that builds on the unique strengths of each child and each family. This customized plan is always implemented in a way that is consistent with the family's culture and language. A major goal of a SOC is to keep child mental health services community based, whenever possible. When families are able to keep and care for their children within their own community, there is much less of a financial burden on society, and parents can remain directly involved in helping to manage their child's mental health.

SOC communities believe that three core values form the basis for all service delivery. You have to use them to have them. These are:

SOC Core Values

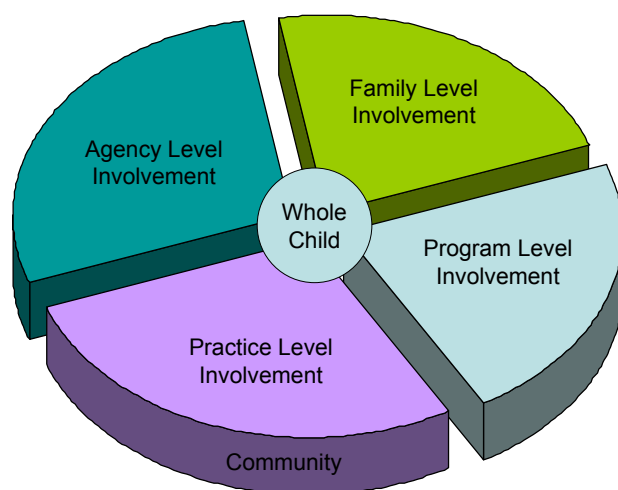
1. A System of Care is **child centered** and **family focused**, with the needs of the child and family dictating the types and mix of services provided.
2. A System of Care is **community based**, with the focus of services as well as management and decision-making responsibility resting at the community level.
3. A System of Care is **culturally competent**, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.

SOC communities also rely on the following guiding principles to direct their service delivery efforts:

SOC Guiding Principles

1. Children with emotional disturbances should have access to a comprehensive array of services that address their physical, emotional, social, and educational needs.
2. Children with emotional disturbances should receive individualized services in accordance with the unique needs and potentials of each child. These services should be guided by an individualized service plan.
3. Children with emotional disturbances should receive services within the least restrictive, most normative environment that is clinically appropriate.
4. The families and other caregivers of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services.
5. Children with emotional disturbances should receive integrated services, made possible by linkages between child-serving agencies and programs.
6. Children with emotional disturbances should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner. They must be able to move through the system of services in accordance with their changing needs.
7. In order to enhance the likelihood of positive outcomes, early identification and intervention for children with emotional disturbances should be promoted by the system of care.
8. Children with emotional disturbances should be ensured smooth transitions to the adult service system as they reach maturity.
9. The rights of children and adolescents with emotional disturbances should be protected, and effective advocacy efforts should be promoted.
10. Children with emotional disturbances should receive services without regard to race, religion, national origin, sex, physical disability, or other characteristics. Services should be sensitive and responsive to cultural differences and special needs.

In a system of care, a child is surrounded by a system of support from their family, agencies, programs, and the community.



Identifying Our Strengths and Culture

Purpose: To begin identifying the strengths found in our various cultures, while getting to know each other better.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Wraparound is a process within a SOC that individualizes services for children and adolescents with complicated and multi-dimensional problems. Such children may exhibit emotional and behavioral needs and require services from multiple systems. The Wraparound philosophy is built on the premise that these children can best be served in their home, in their own schools, and in their own communities. This philosophy of care includes a definable planning process that involves the child and the family and results in a unique set of community services and natural supports individualized for that child and family to achieve a positive set of outcomes.

The Wraparound Process is as simple as people helping people – both within and outside the formal human service systems. It is a process designed to build consensus among a team of professionals, family members, and natural support providers. The goals of the process are to improve the effectiveness, efficiency and relevance of supports and services developed for children and their families.

In a Wraparound Process, friends, neighbors, family and service providers gather around a family and ask a crucial question: *“What do the members of this family really need to have better lives?”*

Wraparound is...

- How we implement a system of care at the child and family levels.
- Based on common personal, community and system values.
- Developed in a set of steps that are often considered a model of services.
- Wraparound is a process, not a service.

The most important terms in wraparound planning are:

Strengths, culture, family talents and preferences: These are the resources that a family relies upon to meet their needs in their daily lives and within crisis situations, as well.

Life domains: These are areas of life that are common to all of us, including education, legal, housing, emotional, etc.

Goals: Goals provide a picture of what a family would look like if things were better. Goals should be focused on a positive future and have measurable outcomes (ex. “John will attend school daily without prompting.”)

Needs: Needs tell us why a particular family has set a particular goal. All humans have needs, from housing to being mentally healthy. Unmet needs are addressed through the family’s goals.

Options: How the strengths and culture of a child and family are used to meet needs and reach goals.

Crisis and Safety Planning: In the Wraparound Process, it is important to assess, predict and plan for a crisis. The safety of the child, family and community must be assessed as frequently as is necessary, and plans should be developed to maintain that sense of safety.

The Wraparound Process is based on a set of values, beliefs, and principles. These are:

- | | |
|-----------------------------|--|
| 1. Compassion | 9. Unconditional Caring |
| 2. Individualized Services | 10. Normalized Services |
| 3. Strength-Based Process | 11. Community-Based |
| 4. Needs-Driven | 12. Collaborative, Team Developed, and Supported |
| 5. Family-Centered Services | 13. Goal-Driven |
| 6. Culturally Competent | 14. Outcome-Focused |
| 7. Informal Resources | |
| 8. Flexible | |

The first and most important of these is a simple, familiar value that guides implementation of the Wraparound Process: compassion.

Compassion

Compassion is the sympathetic awareness of others' distress together with a desire to alleviate it. For a lot of us, life turned out to be a lot more complicated than we anticipated. People are under a lot of pressure. We all, from time to time, need help.

Most of us really do deserve a second chance, maybe even a third.

Anybody can be overwhelmed by life's inevitable periods of loss, grief, disappointment, fear and panic. Change does not always come easily to people. Life randomly delivers both joy and pain to each and every one of us, yet we keep on going anyway. Facing that squarely, day after day, is the ultimate act of courage. In the Wraparound Process, every effort to communicate with consumers, colleagues and families embodies compassion and is distinguished by impeccable manners.

Individualized Services

The Wraparound Process recognizes that every person and family is unique. Every family has a culture, strengths, and choices that make it different from every other family. Because of these differences, it is important to recognize that not all service plans can meet every family's needs and incorporate their strengths effectively. Calling a plan individualized doesn't make it so. I would delete this last statement. Instead, describe an individualized plan a little bit more.

Strength-Based Process

The Wraparound Process begins with respect for a family's strengths, culture, and choices. The next step is to begin to gather balanced and accurate information about the family that will allow us to really get to know the people we are trying to support.

As we learn more about the family, we should document their assets, preferences, and resources.

- Who are other family members that they turn to in times of trouble?
- Who do they share with in times of triumph?
- What is their faith and how important is it in their lives?
- What role do their friends play in their daily lives?

The answers to these questions can begin to give you a better idea of the strengths and resources that family members rely on when they need support. A family's strengths and resources are essential elements of the Wraparound Process..

Once individual and family strengths have been identified, they should become a prominent part of the FASST Family Plan. The family's strengths will become important strategies through which the child's and family's needs can be met.

Needs-Driven

While family plans are strengths-based, they must also be needs-driven. This means that a family's identified needs should be kept in mind and explicitly identified within the family plan. Family plans can only be individualized when needs are described specifically and in detail.

Identifying a family's unmet needs is important because these needs must be addressed to bring about the family's desired outcomes.

Family-Centered Services

The Wraparound Process recognizes that families are the experts on their lives, their needs, and their goals. They – and not the service provider – must be the ones to decide what they need.

When working with families, it is important to remember that each person and every family is of value and has a measure of worth. When we work with families, it is important to treat them with fairness, tolerance, and respect.

Family input = family investment.

Culturally Competent

As mentioned above, respect for a family's culture is an important beginning point for the Wraparound Process. A family's culture is one of its primary strengths and should be respected as such. The Family Team must be culturally sensitive to a family's beliefs, attitudes, and values. The services that are to be provided should therefore be tailored to the particular culture and values of the child and family.

Informal Resources

The informal resources upon which a family relies during the course of their daily lives are identified as strengths. Informal resources are extended family members, friends, neighbors, clergy or other religious leaders, and other community residents who provide families support without formal compensation or pay for the help they provide.

Including friends, family members, and other informal supports on Family Teams provides family members with a trusted source upon which to rely as they work to meet their needs.

Because of their history and connection with the family, such informal supports have a level of *trust* and *rapprochement* with the family that a formally assigned provider simply does not have. Thus, informal supports can help families receive feedback or input from providers in a manner that professionals may not be able to achieve. Informal supports bring stability and resources to Family Teams, providing much needed skills and talents. They can help make sure that the voices of children, adults and families (as the family defines itself) are heard and respected within the Family Team.

Perhaps most importantly, informal supports meet families where they are, and serve as bridges to where they would like to be.

Flexibility

The Wraparound Process should be flexible and keep the family in mind as the number one priority. When we work with families, we should not try to fit families to the services we think they need. We must work to make our services fit their needs as best we can.

FASST Family Plans can include three types of supports and resources:

1. **Categorical services:** These are designed for a “category” of people, funded with a specific pool of money.
2. **Modified categorical services:** These are categorical services that have been tailored in some way to fit a family or an individual better and thus, better meet their needs.
3. **Unique supports and resources:** These are developed to best fit a particular person or family and meet their individual needs.

In addition to ensuring flexibility of services, the Wraparound Process also requires flexibility in funding. The funding of programs and services for children’s mental health is an important component of the Wraparound Process. FASST teams are eligible to request funds to help ensure that families are able to have specific needs met when all else fails or in case of an emergency. For instance, if a family is unable to pay its electrical bill and is being threatened with utility shut off, the FASST may be able to access funds to help with this crisis.

Flexible funding that supports the Family Plan is specifically tied into a family’s case management service. Within the Family Plan, specific needs are identified and supported by the Family Team. Flexible funding can play an important role in preventing a crisis or addressing a crisis that has occurred. Periodic review of the Family Plan can identify areas where flexible funding may be appropriate in providing support and resources for the family. Your FASST will receive additional training with regard to the specifics of accessing such funds at a later date.

Unconditional Care

Family plans, by definition, are supposed to work to produce desired outcomes.

However, if the plan isn't working we do not simply kick the family out of the process. Instead, we work to change the plan to ensure that the family can continue to work toward meeting its goals.

Disability and difficulty are not, by themselves, reasons for us to give up on meeting family outcomes. Difficulties should be seen as challenges that require some troubleshooting. The FASST should discuss whether outcomes are both accurate and important to the family during FASST team meetings. The FASST might consider the make-up of the team from time to time to see if the right people have been included and if the family's needs are clearly stated. If not, these can be adjusted through including additional team members and/or reworking the needs and goal statements. In addition, strategies may be re-designed to meet family needs.

Unconditional care means that *the only thing we don't do is give up*.

Normalized Services

With regard to mental health services, normalized services are those that are provided within the least restrictive environment possible.

Normalized needs are those basic human needs that all persons (of similar age, sex, and/or cultural groups) have. The typical activities that make up our day-to-day lives help us become stable, happy people. Children and families should have access to these sorts of activities whether or not they have met "program goals" or have reached a program-defined level of stability. Remember, normal human development is an important part of maintaining a healthy life. Family members deserve to participate in those activities that are meaningful in their daily lives. Perhaps more importantly, such activities can help family members better achieve their goals and outcomes.

Community Based

The Wraparound Process helps people remain in their neighborhoods and communities and still have their unmet needs met. Wraparound supports the development of closer ties to informal resources: the faith community, recovering people, friends, extended family, neighbors, service organizations, etc. Many of the relationships developed as a part of the Wraparound Process endure over time and can provide individuals and families with lots of ongoing support.

With resources like these, people who have complex needs can remain in their neighborhoods and be happy, productive members of their communities when the professional service providers are no longer around.

Collaborative, Team-Developed, and Team-Supported

Community and collaboration play key roles in the implementation of the Wraparound Process. A Family Team is convened when it becomes clear who the child/family's resources are and on whom they depend. They are convened to support and nurture local development and implementation of the Wraparound Process.

Family Teams benefit from the inclusion of the adult and child recipients of services and those who are close to them, as well as representatives of:

- Faith-related Organizations
- Business Organizations
- Civic Groups
- Political Clubs
- Other Community Organizations

Combining formal and informal supports within family teams can lead to more effective outcomes by increasing the number of sources to which a family may turn for resources.

Goal-Driven

A goal is usually expressed as a forward thinking objective...“We want Bobbie to be home in three months.”

The family always chooses the goals unless state custody is involved. If custody is involved, the family and the government representative share goal selection.

Outcome-Focused

In developing a Family Plan, it is important to identify what the team is expecting to achieve in advance. The life domain areas remind families to look comprehensively at the areas of their lives in which they would like to see specific changes. The Family Team may develop outcome statements, which capture their **vision of a better life**. Individual and family dreams should not be excluded from the plan just because they seem too difficult to achieve.

The Wraparound values and principles outlined here have implications for direct practice, program design, cost savings and Systems of Care. The implementation of these values and principles can play an important role in improving human services for children and their families in Hillsborough County. By working to individualize services for each child and family that is referred to the FASST program, we are working to make the entire System of Care more responsive to the needs of all our children and families.

Section 1.4 – Ethics and Confidentiality

Although case managers and outreach workers may play a variety of roles, concern for human welfare drives their commitment to their work. However, the best way to support and promote the welfare of community residents is not always clear. Because case managers and outreach workers may operate in a variety of settings, they may face individuals and families with differences in values, customs and beliefs. There may also be conflicts between the thinking of those being served and the program or agency serving them.

During the course of their work, FASST workers must address a number of ethical questions. You must decide whether to intervene in certain situations, and if so, how best to do so. You must also learn how to balance the needs of different family members. Sometimes you will wonder whether to tell the truth in certain situations or when, if ever, you can share information given to you in confidence. You may wonder how you will know when you have helped all they need to, and when, perhaps, it is time to stop visiting.

Ethical Issues Involving Families

Many different ethical questions are likely to arise during your relationship with a family. Here are just a few examples:

Determining what's in a family's best interests often involves balancing individual needs and family needs.

If a mother has agreed to participate in a home visit program to acquire parenting skills and learn specific educational activities to use with her child, the mother and child are clearly the “point of contact.” But sometimes grandparents, partners or other household members become involved, either through the program's intent to provide family-focused intervention or through the interests of family members. Visiting a household that includes an extended family can sometimes lead to your being drawn into conflicts between different family members, such as a disagreement between a parent and a grandparent about how best to raise a child. At these times, deciding what is in a family's best interest may become more difficult because the whole family may be targeted for intervention.

FASST members face a different kind of ethical dilemma when there is a law or policy that seems to conflict with the ability to help a family.

The decision to report suspected child abuse is a classic example. Most states require professionals to report cases of suspected abuse to state authorities. However, a FASST promotora who is visiting a family on an extended basis may sometimes believe that such reporting would disrupt their relationship with a parent—a relationship that they believe is more helpful to the abusing parent than the services the state agency might be able to deliver.

Regardless of individual family circumstances and no matter how doubtful the outcome of reporting may be all FASST personnel must follow the law on reporting abuse or neglect.

Although the policy and procedure may be clear, that does not alleviate the anxiety or reduce the difficulty faced by FASST personnel in deciding to report such suspicions.

Once abuse or neglect is reported, how does one continue to work effectively with the family? No set of “right” answers can be applied to all situations. Each family's situation involves judgments based on knowledge of the individual family's circumstances and an adherence to ethics.

There is one very important issue to keep in mind during your work with FASST—confidentiality. Confidentiality should be taken into account when conducting home visits and all other work as a member of FASST.

Confidentiality

Confidentiality is an ethical obligation for all members of FASST. It is a duty included in the code of ethics of every helping profession. It may be violated only if an individual's well-being is in jeopardy or in specific types of professional situations described later.

It is essential for you, during the course of your work, to let the families you work with know that information that you learn during your work with them will be kept confidential. However, families should be told that their rights to confidentiality may change in the following cases: [these need to be elaborated more clearly].

Confidentiality is an essential part of the trust-building process. To be successful in your work, you will need to gain a family's trust. FASST team members often learn intimate personal details from some of their families – not only from what they are told but also from what they see and hear while in the home. They may learn more than families intend, making it even more important that the confidential nature of the FASST outreach relationship is understood.

Each program will have its particular policies and procedures to ensure confidentiality, but several guidelines are applicable to all programs.

- FASST members should not discuss family members by name unless they are doing so with their supervisor or in a Family Team meeting.
- Always make certain that the setting in which families are discussed is appropriately private, and family details should never be discussed in public places.
- If a family advocate or promotora is linking family members to other community services, they must obtain the family member's permission to do so beforehand.
- If a family member has given permission for FASST personnel to share confidential information with specific agencies or individuals, they should limit the information to what is essential for the specific situation involved.
- Especially for written materials, precautions should be established to protect confidential materials from being lost, damaged, or inadvertently combined with non-confidential materials that may be distributed during a home visit.
- Special care should be taken with families' files and materials. This is especially important when making home visits or carrying files out of the office. Forgetting a file somewhere or losing a file places a family's confidentiality at risk and should be avoided at all costs.

FASST personnel are often part of a larger team of professionals (e.g., psychologists, social workers, school counselors) who are also involved in the delivery of special services to the family. To contribute to the overall program, there is an obligation to share pertinent family information with these professionals, but even in these situations to avoid any undue invasion of the family's privacy, FASST members should carefully consider and balance any information that is disclosed. In these professional situations, you may have concerns about what and how much to share. You may be hesitant to share any information at all.

Exercise 4:

Ethics and Confidentiality Agreement

Purpose: To develop an ethics and confidentiality agreement.

Notes: _____

[illegible]

The key word here is *pertinent*. If other members of the team know your concerns, they might share useful information with you that can alleviate your concerns. They may see the family in other settings (i.e., therapy session) and could help FASST monitor the family's needs. In these situations, sharing pertinent information enhances the client's well being and is therefore acceptable practice in the team approach to service.

Because FASST personnel may occasionally have to convey personal family information to others professionals, they should avoid giving a client the impression that absolutely no information will ever be shared with others. Families should know that most information will be held in confidence, but that in circumstances involving safety and well-being, FASST members may disclose information to third parties. If information is routinely shared with a treatment team, then the client should be informed that this is the case. Family advocates and promotoras should discuss this issue with clients in the initial stages of family referral to the program.

Once FASST personnel have built bonds of trust and respect with families, the families will usually be open with their conversations not because they believe there will be absolute confidentiality, but because they trust the home visitor's judgment about sharing information.

Professional Limits

After working with a family for an extended period, it may become easy to believe that FASST is the only outside service to have developed a good relationship with a family. As a result, FASST personnel also assume that they should always take the lead in responding to all family problems—for example, by providing in-depth counseling for a family in a crisis situation. Yet there are limits on the practice of all service providers and FASST personnel are no exception. Promotoras and family advocates may be more likely to address this professional issue because they may be the only service provider the family sees consistently and within the home, and some families may not be willing to seek services from other professionals.

FASST members must recognize that they cannot be all things to all people. You cannot respond to all the difficulties and stresses encountered in the families that you visit. It will be important for you to recognize that some family situations are beyond your ability and training.

One of the ways to minimize this potential problem is to explain clearly to a family what your role will be. The sooner the limits and structure of the family support relationship are established, the sooner you and the family can focus on productive work together¹. These roles and limits may need to be discussed during the course of home visiting for the family to clearly understand your role.

Sometimes the boundaries that define the family support relationship can become blurred. The professional relationship between the FASST promotora, for instance, and individual family members can begin to feel and look like a personal friendship. The positive feelings that a visitor may develop about a client should not be confused with friendship. A balance needs to be struck between genuine professional concern and maintaining appropriate professional boundaries. This balance will help you serve

¹Combs & Avila, 1985.

a family more effectively and may help the family feel comfortable by knowing the boundaries of the relationship.

Clarifying the family support relationship is especially important in small communities in which a FASST member may have professional interactions with a person he or she knows well. You and a family member may have gone to school together or you may be related to an acquaintance of the family. Maintaining professional limits while acknowledging an ongoing association can cause some conflicts for a particular member of the team and, perhaps, the family member. For example, discussing family issues after church would not be appropriate. However, it is not necessary to avoid all social interactions. It is important in such situations for you to discuss such relationships with your supervisor(s) to ensure appropriate visitor-client interactions.

Maintaining the confidentiality and observing other ethical boundaries during your work with FASST shows families that you respect them and will ultimately help you gain their trust. Being sensitive and showing empathy for the families' experiences, strengths, and needs will help families feel comfortable and can also help you gain the insight you need to learn more about the families with which you will be working. Adherence to these issues can help you and the family work toward success.

Notes:



Achieving Culturally Competent Practice

Chapter 2 Topics

- Section 2.1 – What Is Culture?
- Section 2.2 – Principles of Cultural Competence
- Section 2.3 – Culturally Competent Practice
- Section 2.4 – Culturally Competent Service Delivery

Chapter Goals and Objectives

Goals: The goal of this chapter is to give training participants a working definition of culture and an understanding of the basic concepts and philosophy of cultural competence. This chapter will also discuss how to apply these concepts and principles in providing services to diverse families.

Objectives: After completing this chapter, you will demonstrate:

- 1) an awareness of your own culture,
- 2) awareness of the skills needed to provide culturally competent services,
- 3) familiarity with the principles of cultural competence, and
- 4) an awareness of how you and your agency can use an understanding of cultural differences to provide culturally competent services

Notes: _____

Chapter 2

Achieving Culturally Competent Practice

Section 2.1 - What Is Culture?

Exercise 1:
Definitions of Culture
Purpose: To explore various definitions of culture

What is Culture?

Culture is: _____

Culture includes: _____

Mini-Lecture: Cultural competence is one of the main principles of the Wraparound Process. Every family has a culture that will play an important part in the development of the family plan.

In order to develop an understanding of cultural competence, it will be important to understand what culture is and how a family's culture can be an important strength for them to draw upon during times of need¹.

What is culture?

- Culture includes all of the knowledge, beliefs, and behaviors that we use to make our way in the world.
- Culture is often transmitted from past generations to future generations through the customs and interactions that we share.
- Culture includes the dreams, memories, and common goals that we share with our families and our communities and the social groups to which we belong.
- Culture is expressed through our familiar patterns of communication – for instance, the things we say and how we say them. We express aspects of our culture through comfortable, familiar language and our unique forms of self-expression.
- The stories we share with our families, including our heroes and villains, also express our culture and beliefs.

Culture is a complex concept, with many different definitions. Simply put, “culture” refers to a group or community with which we share common experiences that shape the way we understand the world. It includes groups that we are born into, such as gender, race, national origin, class, or religion. Culture can also include groups we join or become part of. These are sometimes referred to as “subcultures.” For example, we can acquire a new subculture by moving to a new region, by a change in our economic status, or by becoming disabled. When we think of culture this broadly we realize we all belong to many cultures at once.

How do you start learning about other people's cultures? Start by becoming aware of your own culture.

It may seem odd that in order to learn about other peoples' cultures, we start by becoming more aware of our own culture. But we believe this is true.

If you haven't had a chance to understand how your culture has affected you first hand, it's more difficult to understand how it could affect anyone else or why it might be important to them. If you are comfortable talking about your own culture, then you will become better at listening to others talk about their cultures. Or, if you understand how discrimination has affected you, then you may be more aware of how it affects others. Once you have gained such understanding, it may be easier for you to identify the ways in which culture affects individual life choices and circumstances.

¹The family culture material presented in this chapter is adapted from VanDenBurg, John. (2001). Wraparound Planning: Training and Presentation Materials. Center for Effective Collaboration and Practice Website. <http://www.air.org/cecp/wraparound/materials.html>.

What is your culture? Do you have a culture? Do you have more than one? What is your cultural background?

Even if you don't know who your ancestors are, you have a culture. Even if you are a mix of many cultures, you have a culture (or cultures). Culture evolves and changes all the time. It came from your ancestors from many generations ago, and it comes from your family and community today.

For example, if you are Irish American, your culture has probably influenced your life. Your parents or grandparents almost certainly handed down values, customs, humor, and worldviews that played a role in shaping your growing-up environment and your life today. Perhaps your views towards family, work, health and disease, celebrations, and social issues are influenced by your Irish heritage or by the experiences your family had when they immigrated to this country.

In addition to the cultural groups to which we belong, we also each have groups we identify with, such as being a parent, an athlete, an immigrant, a small business owner, or a worker. These kinds of groups—although not exactly the same as a culture—have similarities to cultural groups. For example, being a parent and/or an immigrant may be an identity that influences how you view the world and how the world views you. Becoming aware of your different identities can help you understand what it might be like to belong to a different cultural group that you might not know much about or understand very well.

What is Family Culture?

In general, culture is about language, habits, customs, traditions, and preferences and the way we live our lives. As we know, race and ethnicity play a big part in shaping culture. However, we must remember that every family also has a unique culture.

Every family has a unique culture, with culture being the way that a family forms itself in terms of its rules, roles, habits, activities, beliefs, and values. Although the racial or ethnic culture in which a family lives may strongly influence family culture, individual families may express and live out their culture in different ways. Every family is slightly different in the way that it acts in and understands the world.

In our work, we are frequently asked to assist families. If we do not learn the unique culture of a family, our interventions can effectively ignore how *a particular* family operates. We are then sometimes puzzled about why the family does not respond to services, or why their “buy-in” or cooperation is low. Culture is often about differences – legitimate and important differences. Cultural competence in the area of family culture occurs when we not only discover what the individual culture of a family is, but when we **appreciate** the cultural differences of the family. In the Wraparound Process, we must learn to respect family culture in order to create effective Family Plans (make sure this is in caps throughout document) with individualized services tailored to the family's strengths and needs.

What are the Primary Areas of Family Culture?

If we are to be culturally competent when working with families, we need to find out how a particular family operates.

Here are some of the questions you might want to ask to find out about a family's culture:

- What do the parents like most about their children? (Looking for parent preferences and differences.)
- What are the family's goals? (What would life look like if things were better?)
- What are the parents' hopes for their children?
- What do the family members see as their biggest accomplishments? What is the biggest accomplishment of the family as a whole?
- What makes them happy?
- What are their favorite family memories?
- What does the parent(s) think of their parenting skills?
- Does the family have any special rules?
- Who does the family call when they need help or want to talk? Are there any supportive friends of the family?
- How does the family have fun? What do they like to do as a family?
- Are there any traditions or cultural events in which the family participates?
- What are some of the special values or beliefs that the family members learned from their parents, grandparents, or others?
- Do they have any connections to the faith community? If so, how do they worship?

Examples of Family Cultural Differences

- One family stresses academic achievement, while another family stresses spirituality.
- One family stresses duty to tradition and group norms, while another stresses the importance of personal freedom.
- One family teaches its members, "you made your bed, now lie in it," while another family teaches that "no matter what you do, you are still a member of the family and can always count on the family."

Exercise 2:

“I come from...”

Purpose: To recognize the unique ways in which families reflect their culture(s).

Notes: _____

[illegible]

Why Consider Culture?

Knowledge and understanding of culture and the role it plays in daily life can help us:

- Understand the values, attitudes, and behaviors of others
- Avoid stereotypes and biases that can undermine our efforts
- Appreciate its critical role in the development and delivery of services that are responsive to the children and families we serve

Notes: _____

Section 2.2 – Cultural Competence

Principles of Cultural Competence

Culture plays a vital role in the development of health and human service delivery programs. As noted earlier, the need for the provision of culturally appropriate services is driven by the demographic realities of our nation. Understanding culture and its relationship to service delivery will increase access to services as well as improve the quality of the service outcomes. Research in the area of cultural competence has begun to provide the basis for the development of standards for the delivery of services to diverse populations. The following principles drawn from research material on the role culture plays in providing services are summarized here.

There is an ethic to culturally competent practice. When providers practice in a culturally competent way, programs that appropriately serve people of diverse cultures can be developed. First, each person working in an agency must possess the core fundamental capacities of warmth, empathy, and genuineness. In order to achieve cultural competence, practitioners must first have a sense of compassion and respect for people who are culturally different. Then, they can then learn behaviors that are appropriate within a cultural competent setting. Just learning the behavior is not enough.

There must also exist, beneath the behavior, a set of values and attitudes that shape your behaviors, skills and moral responsibility. It is not about the things one does. It is about fundamental attitudes. When a person has an inherent caring, appreciation, and respect for others they can display warmth, empathy, and genuineness. When practitioners can express these attitudes, they can demonstrate cultural competence in a

Exercise 3:

Understanding Stereotypes

Purpose: To identify our own stereotypes and how they might affect our behavior when we interact with others.

Notes: _____

[illegible]

way that recognizes, values, and affirms cultural differences among their clients.

There are also three essential skills for developing cultural competence that build upon these attitudes. These are:

- 1) The ability to assess the meaning or importance of culture to the child and family;
- 2) The ability to discuss cultural issues and respond to culturally-based cues;
- 3) The ability to interview children and families and assess their needs and strengths based on their personal, social, cultural, political or spiritual models.

By developing these skills and using them during your work with families, you will convey a willingness to accept and respect families' values. You will also be better able to take a family's cultural values into account when assessing needs and how to address them, as well as the strengths and resources associated with their particular values².

Working within Cross-Cultural Settings

There are a number of terms that describe the ability to become familiar and work in cross-cultural settings. The terms cultural knowledge, cultural awareness, cultural sensitivity, and cultural diversity express the idea that the ability to work in cross-cultural settings can be improved³.

Cultural Knowledge: Familiarity with selected cultural characteristics, history, values, belief systems, and behaviors of the members of another ethnic group.

Cultural Awareness: Sensitivity and understanding of another ethnic group. Reading about cultures is different to gain knowledge. Cultural awareness usually involves internal changes in terms of attitudes and values. Awareness and sensitivity also refer to the qualities of openness and flexibility that people develop in relation to others. Cultural awareness must be supplemented with cultural knowledge.

Cultural Sensitivity: Knowing that cultural differences and similarities exist, without assigning values (better or worse, right or wrong) to those differences. Cultural sensitivity also consists of the ability to empathize and identify with the emotional expressions, problems, struggles, and joys of individuals from different cultural backgrounds.

Cultural Diversity: Differences in race, ethnicity, language, nationality, or religion among groups within a community or nations. The term "cultural diversity" is also used to describe the demographic characteristics of a population.

Cultural Competence: Is defined as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations⁴." (Cultural knowledge, awareness, and sensitivity do not include this concept of demonstrating the principles in practice.)

² Adapted from Benedetto, 1998; DHHS, 1998.

³ The material in this section borrows heavily from information provided by the Center for Effective Collaboration and Practice Web Site, <http://cecp.air.org/>. (2000). Washington, D.C.: American Institutes for Research.

⁴ Cross T., Bazron, B., Dennis, K., & Isaacs, M. (1989). Towards a Culturally Competent System of Care, Volume I. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.

Exercise 4:

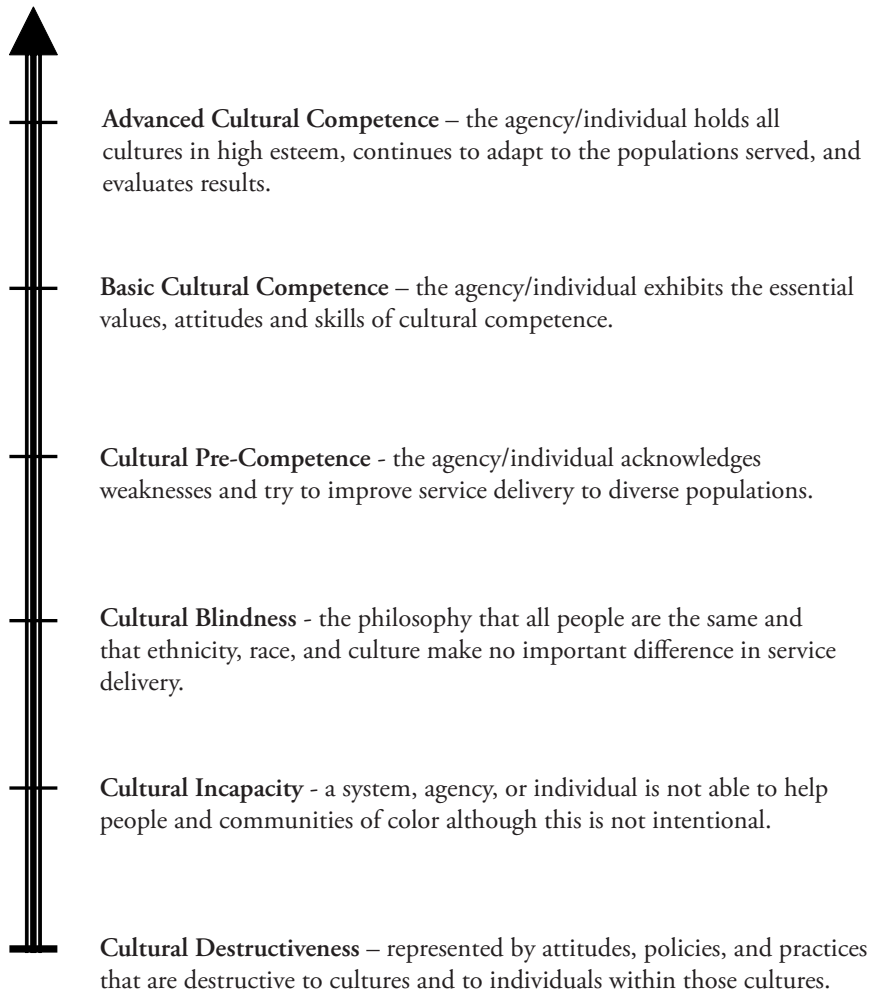
Diversity and Community Strengths⁵

Purpose: To recognize the diverse cultures and groups to which you belong and how your membership in these can help or hinder your outreach experience and activities.

Notes: _____

[illegible]

When practitioners and professionals provide culturally competent services they are integrating and transforming the knowledge they have about individuals and groups of people to develop specific standards, policies, practices, and attitudes that are to be used in appropriate cultural settings to increase the quality of services (including healthcare, human, and social services), therefore producing better health outcomes.



⁵ This exercise was taken from the Community Leadership Project Curriculum.

⁶ Cross, T (1988). Services to Minority Populations. Focal Point, Vol. 3 No. 1, pp.1-4.

⁷ Mason, J. L. (1993). Cultural competence self-assessment questionnaire. Portland, Oregon: Portland State University, Multi-cultural Initiative Project.

Section 2.3 – Culturally Competent Practice

The Five Elements of Culturally Competent Practice

In order to provide culturally competent services, service providers and the organizations in which they work must have the ability and knowledge to communicate and understand culturally influenced behaviors in the populations they serve.

By providing culturally competent services, service providers can decrease barriers to services experienced by those who need them.

The five elements presented here contribute to the ability for an organization or an individual to become more culturally competent. We will now consider how culturally competent behaviors look at an individual level and at an organizational level.

Element I

Organization – Valuing Diversity

- Awareness and acceptance of differences in populations or communities served.
- Understanding and acceptance that other cultures might have a higher regard for certain actions, values, and ways of interrelating that are different from those of the dominant culture.

Individual – Awareness and Acceptance of Difference

- People are different, in large part, because of culture. It is essential that human service providers and professionals are aware and accepting of these differences in order to serve people effectively.
- Diversity is a source of new knowledge and skills; **not** a problem to be solved or simply dealt with.

Element II

Organization – Cultural Self-Assessment

- The existence of policies and procedures that assess the organization's effectiveness in working with diverse groups/communities (e.g., data collection on target populations served, documented needs for population identified, knowledge of how specific communities seek or utilize services, etc.)
- Use of such information to minimize cross cultural barriers, promote cultural diversity and appreciation, and to ensure effective service delivery (e.g., hiring practices, interviewing in dominant language, how office is decorated, staff composition, etc.)

Individual – Awareness of One’s Own Cultural Values

- Examine and be aware of one’s own cultural values and might affect the way you deliver or provide services to others.
- Resisting the urge to judge or “correct” families and/or parents and how they do things. As professionals we are often trained to help people behave in ways that society defines as desirable. Programs often “educating” or correcting parents to be “good” parents rather than working with them to address specific needs or issues in a way that respects their values.

Element III

Organization and Individual – Understanding the Dynamics of Difference

- Recognizing and acknowledging differences in communication styles, etiquette, and problem solving methods to help avoid misunderstandings on both sides.
- An awareness of the dynamics of cross cultural interactions and the potential for misunderstanding on both sides.

Element IV

Organization – Institutionalization of Cultural Knowledge

- Providing cross-cultural training and supervision for all staff
- Development of mechanisms for determining what is culturally appropriate for the specific populations that the organization serves

Individual – Development of Cultural Knowledge

- Learn something about a different culture or group
- Learn words or phrases in families’ language
- Know where to find information about particular groups, especially if they make up a large part of the community you are serving. (e.g., leaders in particular communities, local/national resources, etc.)

Element V

Individual and Organization – Adapt Practice Skills to Accept and Reflect the Family’s Values

- Recruiting staff that represent the target population(s) serves
- Providing organizational materials in dominant language of target population(s)
- Ensuring that the composition of board of directors, advisory councils, etc., reflects the community served
- Decorate facilities to create atmosphere that welcomes population(s) served

Values and Attitudes

Culture shapes how people experience their world. It is therefore a vital component of how services are both delivered and received. Cultural competence begins with an awareness of your own cultural beliefs and practices and the recognition that people from other cultures may not share them. This means more than speaking another language or recognizing the cultural icons of a people. It means changing prejudgments or biases you may have of a people's cultural beliefs and customs.

Cultural competence is grounded in mutual respect. When you practice cultural competence, you show respect, validation, and openness towards someone with different social and cultural perceptions and expectations than your own. People tend to have an ethnocentric view in which they see their own culture as the best. Some individuals may be threatened by or defensive about cultural differences.

Moving toward culturally appropriate service delivery means being:

- Knowledgeable about cultural differences and their impact on attitudes and behaviors;
- Sensitive, understanding, non-judgmental, and respectful in dealings with people whose culture is different from your own; and
- Flexible and skillful in responding and adapting to different cultural contexts and circumstances.

Cultural competence also means recognizing that *acculturation* occurs at different rates for everyone. This means not only that different families from the same cultural background may have different acculturation rates. It can also mean that members of the same family may have different acculturation rates. For instance, teenagers often accept the dress, musical or speaking styles of their native-born peers. Immigrant parents may often be confused or at odds with the new ways in which their children express themselves in this country. Such differences may cause stress or conflict within the family. Culturally competent providers strive to recognize and accommodate such differences to alleviate the stress they may cause.

Exercise 5:

Exploring Others' Values and Attitudes

Purpose: To recognize how values and attitudes operate in our daily life activities through the family case study presented.

How would you address the family's situation, while maintaining respect for the family's culture?

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a guide for writing. There are no margins, text, or other markings on the paper.

Section 2.4 – Providing Culturally Competent Services Through FASST

As we learned earlier in this chapter, practitioners and professionals who provide culturally competent services must **integrate** and **transform** the knowledge they have about individuals and groups of people to develop specific standards, policies, practices, and attitudes. These standards, policies, practices, and attitudes can then be used in appropriate cultural settings to increase the quality of services and to produce better health outcomes.

Communication

Communication provides an opportunity for organizations and providers to learn more about the people involved in services and programs. For organizations and providers, it is very important to build skills that enhance communication in order to improve service delivery to diverse families.

Be open, honest, respectful, non-judgmental, and most of all, willing to listen and learn. Listening and observational skills are essential. Letting people know that you are interested in what they have to say is vital to building trust.

When giving presentations to groups from different cultural backgrounds, be prepared to spend time listening to the needs, views, and concerns of the community. Pay attention to what community residents say and do not assume that you know what is best for the group or community you are targeting. A culturally competent wraparound participant discovers and appreciates the cultural differences in each family.

Agency Culture

It is also important to note that each agency or provider has an organizational culture that directs the services it can provide and the ways in which it provides them. A culturally competent wraparound participant also understands the mandates of each agency and appreciates the cultural differences in agencies.

The following list outlines the areas of focus for some of the service areas addressing child and family needs. Each agency has a different agency of focus and a slightly different culture. The agencies' different cultures (or subcultures) may even conflict when they work together for the good of a child and his/her family.

- Child Welfare: Permanency and Safety of Child
- Mental Health: Emotional/Psychological Health and Healing
- Juvenile Justice: Public Safety
- Education: Learning
- Health: Physical Health and Healing
- Developmental Disabilities: Habilitation
- Vocational Services: Employment

- Domestic Violence: Safety of Family

While each family team participant will have a particular perspective, agenda, or mandate, the family team should make every effort to ensure that these perspectives work together to support the family's strengths and address their needs.

Cultural competence refers to a provider's – the individual and the organization – ability to demonstrate respect for diverse cultural beliefs, communication styles, attitudes, and behaviors in all of its practices and interactions with children and families. Such providers:

- Use the knowledge they gain from the families enrolled in their program(s),
- Value and build on cultural differences,
- Adapt practices to meet diverse needs, and
- Actively seek new cultural information and skills to better respond to all families.

The FASST team in which you now work is an important example of how culturally competent services can be provided to increase service delivery to limited English-speaking families of children with special needs. This diverse team with members of the target community has the advantage of being familiar with some of the cultural and linguistic traditions of the families you will serve. You can continue to help your agency to become more effective in providing culturally competent services by understanding the families with which you work and continuing to strive to adapt FASST services to meet their diverse needs.

Some other ways that your team can help your lead agency continue its efforts to provide culturally competent services include:

- Understanding the history, language, norms, traditions, and beliefs of the cultural groups present in the community.
- Using approaches to outreach and education that are naturally occurring and acceptable to the groups in your community (e.g., offering services at places of worship or in schools).
- Ensuring that service and resource information, educational materials, and messages are translated into the languages of the community.
- Relying on naturally occurring media outlets to make existing services known to the community (e.g., ethnic newspapers, TV, radio).
- Developing partnerships with community leaders, "cultural brokers" and natural networks to guide outreach efforts and to facilitate access to services within the community.

Cultural competence is a vital part of the wraparound process. In order to develop individualized family plans in diverse communities and settings, you and your agency will need to continually consider and respect the cultural differences of the families and individuals with which you work.

Exercise 6:

Cultural Competence Quiz

Purpose: To determine whether an agency in your community (including churches, community centers, etc.) demonstrates cultural competence in service delivery. Use the quiz provided by the facilitator to complete this exercise.

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Collaborating with the Elementary School System in Hillsborough County

Chapter 1 Topics

Section 3.1 – Understanding Elementary Schools in Hillsborough County

Section 3.2 – Exceptional Student Education Programs (ESE)

Section 3.3 – English for Speakers of Other Languages Programs (ESOL)

Chapter Goals and Objectives

Goal: To have a general understanding of Hillsborough County's elementary school's personnel, special education process, and ESOL program and to use this knowledge to help families.

Objectives: After completing this chapter, you will demonstrate:

- 1) Knowledge of school administration and personnel in district elementary schools and your target school(s)
- 2) Knowledge of existing ESE programs and student/family rights and responsibilities within the special education system
- 3) Knowledge of student/parent rights and responsibilities of students who are identified as English Language Learners (ELL) or Limited English Proficient (LEP)

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Chapter 3

Collaborating with the Elementary School System in Hillsborough County

Section 3.1 – Understanding the Elementary School System in Hillsborough County

As a FASST team member, you will often be working within a school setting and may work closely with a variety of school personnel in your target school. Because of this, it will be very important for you to get to know the school in which you will be working and the important people to make contact with and get to know.

Another important reason for learning some basics about the school system in Hillsborough County and your particular target school is that you will often be called upon to serve as an advocate or bridge for the parents involved in the FASST program. Many times, parents may not know whom they should contact with a question or concern. They may not know that they have rights that the schools should honor or may be unaware of specific programs for which their children may be eligible. As a FASST team member, you will be able to provide such information to them in an encouraging and empowering way.

This section will provide you with basic information about elementary schools in our county, as well as more targeted information about the school in which you will be working.

There are 130 elementary schools in Hillsborough County. Usually, children attend an elementary school based on the zip code in which they live. Most elementary schools have an average of 600 students.

Elementary schools in Hillsborough County include grades K-5, with some providing pre-K services.

Elementary School Personnel

Each school has a principal, an assistant principal, a guidance counselor, a school social worker, a school nurse, and a school psychologist. Some schools may have additional support personnel.

Principal

The principal serves as the leader of the school, to whom all other school employees report. The principal is responsible for ensuring that all state laws and district policies are followed within the school. Parents may meet with a principal, either with or without their child's teacher, to address student progress or questions regarding school policies.

Assistant Principal

The assistant principal serves under the principal and supports the school by carrying out disciplinary procedures and assisting with classroom curricula. Parents may meet with the assistant principal to discuss behavior issues or disciplinary actions related to their child.

Guidance Counselor

Most parents communicate with the guidance counselor if a child is experiencing academic, behavioral or other issues. The guidance counselor will involve other personnel as necessary to assist a student. She or he can also offer short-term individual and/or group counseling and support to students.

School Social Worker

Supports the guidance counselor when needed, playing a big part in bridging the gap between families and schools. The social worker's major responsibilities include making home visits, assisting with attendance issues, and helping families in need.

School Nurse

Help students with medical and health issues. This role includes but is not limited to administering medication, checking for head lice, taking students' temperatures, and administering basic first aid.

School Psychologist

Supports the staff and students with academic and behavioral concerns. His/her main focus is conducting psychological evaluations for struggling students and consults with parents and staff. The school psychologist may also conduct counseling support when needed.

School District Policies and Procedures

The school district provides all students with a handbook outlining all district policies and procedures. Some of these policies and procedures will be highlighted here to provide you with information that parents may need help in understanding. The Student Handbook, 2006-2007, may be downloaded in its entirety:

- To download a copy of the handbook in English, go to: <http://www.sdhc.k12.fl.us/AdminDiv/Documents/StudentHandbook/0607StudentHandbook.pdf>
- To download a copy of the handbook in Spanish, go to: <http://www.sdhc.k12.fl.us/AdminDiv/Documents/StudentHandbook/0607SpanishStudentHandbook.pdf>

Elementary Attendance Policy

Students are expected to attend school regularly, be on time for classes and satisfy all course requirements. Poor attendance or excessive tardiness may result in failing grades or revocation of Special Assignment or School Choice.

Parents or guardians are responsible for notifying the school to explain a student's absence the day of the absence, either in person or by telephone. Each school has a designated staff member and/or telephone number to receive such information and parents/guardians should be provided this information on the first day of school. Schools may require additional documentation related to an absence upon the student's return.

If a parent/guardian has not reported an absence to the school, a school staff member will make an effort to contact the parent/guardian to find out about the reasons for the absence. If absences are not reported, they are often considered to be unexcused. Parents should read the Student Handbook closely in order to find out which absences are considered to be excused and if there are any additional documentation requirements associated with these. Parents/guardians are also responsible for speaking to the child's teacher to discuss make-up work in the case of extended absences.

Academic Progress

Parents of a Hillsborough County public school student receive regular reports on their child's academic progress. A student's progress is assessed and evaluated in each nine week grading period. Throughout the grading period, parents will receive a combination of formal and informal messages to explain how their child is doing in school. Formal Progress Reports provide information on the student's work in important benchmark

areas. A report card is sent four times each year indicating the grades assigned in a number of academic and behavioral areas. Schools often schedule Parent-Teacher Conference Nights when report cards go home, to give parents the opportunity to discuss the child's grades with the teacher.

During the first nine weeks of Kindergarten, children will only be evaluated for the Expected Behavior's Section of the report card. Progress codes for K-2 and 3-5 differ and reflect the grade level expectations and materials throughout the elementary school years.

Grades K through 2 Academic Progress Codes

- E or Excellent** - Demonstrates a clear understanding of concepts, ideas, objectives, or behaviors.
- S or Satisfactory** - Is in the process of understanding concepts, ideas, objectives, or behaviors.
- N or Needs Improvement/More Time** - Needs additional time or more background experiences before an understanding of concepts, ideas, objectives, or behaviors can be attained.
- U or Unsatisfactory** - Has not demonstrated an understanding of concepts, ideas, objectives, or

Grades 3 through 5 Academic Progress Codes

- A or Excellent** - Demonstrates consistent application of concepts, ideas, objectives, or behaviors.
- B or Good** - Demonstrates a clear understanding of concepts, ideas, objectives, or behaviors.
- C or Satisfactory** - Is in the process of understanding concepts, ideas, objectives, or behaviors.
- N or Needs Improvement** - Needs additional time or more background experiences before an understanding of concepts, ideas, objectives, or behaviors can be attained.
- U or Unsatisfactory** - Has not yet demonstrated an understanding of concepts, ideas, objectives, or behaviors.

Exercise 1:

Review Basic School Information and Forms

Purpose: To learn important information about general school policies and procedures that may be helpful to all parents, especially those who do not speak English as their primary language.

Notes: _____

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RAICES/FASST Target Schools

As noted in Session 1 of this training, new bilingual FASST teams were developed in 2005-2006 to better serve Spanish monolingual or limited English-speaking students and their parents in need. These elementary schools include: Cypress Creek, Ruskin, West Tampa, and Wimauma. The following section will provide a brief overview of each school.

Cypress Creek Elementary School

4040 19th Ave. N.E. Ruskin, FL 33573

Phone: 813-671-5167

Fax: 813-671-5204

<http://www.sdhc.k12.fl.us/~cypresscreek.elementary/>

Principal: Lisa Tierney

Assistant Principal: Lisa Amos

Guidance Counselor: Shelley Stephenson

Social Worker: Lissette Hernandez-Hall

Area V Supervisor: Sherrie Sykes

Cypress Creek was founded in 1991 and is named after the community in which it is located. It is located in south Hillsborough County off Highway 301. The school colors are maroon and gray, and the school mascot is the manatee.

Ruskin Elementary School

101 East College Avenue, Ruskin, FL 33570

Phone: 813- 671-5177

Fax: 813- 671-5182

http://www.sdhc.k12.fl.us/schools/School_Info.asp

Principal: Donna Ippolito

Assistant Principal:

Guidance Counselor:

Social Worker: David Kincaid

Area V Supervisor: Sherrie Sykes

Ruskin Elementary is located in south Hillsborough County off of US Highway 41, in Ruskin, Florida.

West Tampa Elementary School

2700 W. Cherry Street, Tampa, Florida 33607

Phone: 813-872-5200

Fax: 813-356-1452

<http://www1.sdhc.k12.fl.us/~westtampa.elementary/>

Principal: Linda Gellar

Assistant Principal: Daphne Fourqurean

Guidance Counselor: Lauren Zatcoff

Social Worker: Patricia Wrobel

Area I Supervisor: Valerie Orihuela

West Tampa Elementary School is located in historic West Tampa, one of the oldest neighborhoods within Tampa city limits. West Tampa has one of the highest concentration of Latinos in Tampa since its founding in the early 1890's.

Wimauma Elementary School

5709 Hickman Street, Wimauma, FL 33598

Phone: 813-671-5159

Fax: 813-671-5222

<http://www1.sdhc.k12.fl.us/~wimauma.elementary/>

Principal: Eric Cantrell

Assistant Principal:

Guidance Counselor: Diane Nosal

Social Worker: Cathy Alexander

Area V Supervisor: Sherrie Sykes

Built in 1925, Wimauma Elementary School is located in southeastern Hillsborough County, in the small rural town of Wimauma.

Exercise 2:

Review Target School Statistics

Purpose: To learn important information about target schools related to the student population and school staff.

Notes: _____

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Section 3.2 – Exceptional Student Education Services (ESE)

This section will provide you with important information on the Exceptional Student Education (ESE) Services, which are provided by the special education system of the Hillsborough County public schools. The information that the school district provides on ESE services is extensive. This section will only provide highlights of this information.

ESE Services are explained in more detail in *The ESE Pathfinder: A Guided Tour through the Exceptional Student Education Process for Parents of Children with Disabilities*.

- The English version of the Pathfinder can be downloaded for free from <http://www.sdhc.k12.fl.us/%7ese.dept/parenthbpdf.pdf>.
- To download the Spanish version, parents can go to http://www.sdhc.k12.fl.us/~ese.dept/dw_pathfinder.htm and click on the link entitled, *The ESE Pathfinder Spanish*.
- To request a full copy of the Pathfinder in English or Spanish, parents may also call (813) 837-7777.

In the school district, the special education system for students with disabilities is guided by a Federal Law known as *The Individuals with Disabilities Education Act (IDEA)*. IDEA concerns the guiding principles, specific rights and responsibilities, and requirements of special education services. It is important reading for school districts, state education agencies, and parents/guardians.

Several key principles for special education have been established by IDEA. These include:

- The right of children and youth with disabilities to receive a Free Appropriate Public Education (FAPE)
- The right of students to receive their education in the least restrictive environment (LRE), and
- The right of parents to participate in the educational decision-making process.

The IDEA law was amended in 1997 to improve the educational opportunities for children with disabilities. IDEA '97 focuses on teaching and learning and establishing high expectations for disabled children to achieve real educational results.

The law strengthens the role of parents in educational planning and decision making on behalf of their children. It places emphasis on the inclusion of students and the need for them to receive meaningful access to the general curriculum.

IDEA also shifts the focus onto the Individual Educational Plan (IEP) as the primary tool for enhancing the child's involvement and progress. The law provides guidelines and regulations related to the appropriateness of restricting the environment of ESE students, student assessment, and the inclusion of regular education teachers in the IEP process. IDEA advocates the inclusion of regular education teachers in the planning process, if the child is or may be participating in the regular education environment.

When considering the least restrictive environment for students with special needs, certain terms are used. The terms and their definitions are listed below:

- **Self-Contained ESE classroom** - The student is placed in a classroom with a special education teacher and other students that have special needs. These students require a more restrictive environment in order to meet their educational needs.
- **Fusion** - The student is placed in a regular education classroom while the special education teacher consults with the regular education teacher to assist that student.
- **Inclusion** - The student is placed in a regular education classroom while the special education teacher stays in that classroom with the student and assists the regular education teacher.
- **Resource** – The student is placed in a regular education classroom, and the special education teacher pulls the student out for small group instruction in the area for which he/she needs the support (i.e. reading, writing, or math).

The Individual Educational Plan (IEP)

The Individual Educational Plan includes but is not limited to:

- A statement of the child's present levels of educational performance, including how the child's disability affects the child's involvement and progress in the general curriculum or (for preschool children) appropriate activities.
- A statement of measurable annual goals, including short-term objectives, related to meeting the child's needs. The statement is geared toward enabling the child to be involved in and progress in the general curriculum.
- A statement of the special education services, supplementary aids and other services that are required by the student to progress appropriately.
- A statement of any needed program modifications or supports for school personnel that must be provided for the child to advance appropriately toward attaining the annual goals, progressing in the general curriculum, participating in extra curricular and other nonacademic activities, and learning and communicating with other children with disabilities and nondisabled children.

The IEP is an important part of the process of placing ESE students into appropriate services. However, before an IEP may be developed, a student's eligibility must be determined. In order for students to be served in exceptional education they must first meet the criteria for an area of exceptionality. Determining eligibility simply means that the child has a disability and meets the eligibility criteria for an Exceptional Student Education program according to Hillsborough County's criteria.

Eligibility is determined after the evaluations have been completed. An eligibility staffing Committee meets to review the evaluations and determine if the student meets the Federal, State and District requirements for eligibility. As mandated by IDEA, the team members must include a group of at least three qualified professionals and the parent(s)/guardian of the child. Others, such as guidance counselors, district personnel, or representatives from local agencies, may be included when appropriate.

Once a child is determined to be eligible for ESE services, a meeting must be held to develop goals and objectives that will assist the student to be successful in the educational setting. This meeting is called an initial IEP meeting. This meeting usually takes place immediately following the Eligibility Staffing meeting, but could be scheduled several

days later if there is a need to postpone it.

At this meeting, the IEP team, which includes the parent, discusses the child's strengths and how he or she acquires knowledge. They also talk about the areas that need to be developed. Afterwards, a plan is written to describe how to achieve appropriate goals and objectives for the student.

As stated previously, the IEP Team is a group of individuals composed of parents, regular/general teacher(s), special education teacher(s), therapist(s), a representative of the local education agency (LEA), an individual who can interpret the instructional implications of the evaluation, and others at the discretion of parents and the school district. When appropriate, the student might also be included. **The parent must be invited to attend and given time to make arrangements to attend or request a different date and time.** The school district encourages the parent to make every attempt to attend and makes an effort to include parent participation in the IEP meeting. However, it is the parent's choice to attend or not attend the meeting.

Once the goals and objectives have been developed, the team recommends a placement. The team's focus is to determine the most appropriate educational setting in the least restrictive environment that will enable the student to reach the identified goals and objectives.

Parents' Rights

Once the placement decision is made, the parent will be asked to give his/her consent for the placement. It is the parent's choice **to give** or **not give** permission for the services. A special form is used to request consent: *Informed Notice of Eligibility and Consent for Educational Placement* (often referred to as the parent permission form). A parent is not required to give her/his consent immediately. She or he may want to take some time to think about the decision or visit the classroom that the child will attend. A child cannot attend any special education class without a parent's consent.

In addition, parents can choose to withdraw their consent any time during the evaluation process or prior to the placement of the child in exceptional student education classes. If a child is removed from an ESE class, she or he will continue attending school in a regular education setting.

If parents are in agreement that their child needs exceptional education service but they do not agree with the recommended placement, they may request another meeting to discuss the issues. They may also request mediation and/or a due process hearing. Both parents and school personnel have the right to a due process hearing to resolve issues relating to appropriate placement when an agreement cannot be reached.

The School District of Hillsborough County makes available for parents a brochure detailing their rights within the ESE process. It is called: *Summary of Procedural Safeguards for Students with Disabilities*. This brochure should be made available to parents upon initial referral of the child for ESE evaluation. A copy of the brochure may also be downloaded for free on the internet.

- To download a copy in English, go to <http://www.firn.edu/doe/commhome/pdf/safegrds.pdf>.
- To download a copy in Spanish, go to http://www.firn.edu/doe/commhome/pdf/safe_span.pdf.

Parent Participation

The school district suggests that parents learn as much as they can, in order to become active participants in ESE eligibility meetings. Some ideas and suggestions that may help parents become active in this process include:

- Make an appointment to visit the child's classroom(s) to observe him or her in the instructional setting with other students.
- Have all relevant information and records about the child organized and ready for quick reference.
- If possible, the parent should talk to the child about how she or he feels about school.
- Develop some ideas for goals that she/he would like included in the IEP.
- Be ready to share information on the child, such as:
 - o What the child does best
 - o Any problems the child may have at home
 - o How the child helps at home
 - o How the child gets along with other children, brothers and sisters
 - o What the child most needs to learn at school.
- Develop a list of questions that she/he wants to ask team members regarding the child's needs.

Components of the IEP

Once the Eligibility Meeting has taken place, the IEP team will make a decision regarding the child and ESE service placement. The committee may come to one of the following conclusions:

- The child is eligible for an Exceptional Student Education program,
- The child is not eligible for an Exceptional Student Education program,
- There is not enough information to reach a decision, and more evaluation is needed, or
- The child has special needs that can be met in general education settings.

After a decision regarding eligibility is reached, parent(s), staff and the student continue to meet in order to create a formal document. IEP meetings help parents, student, and school staff to make decisions together about an exceptional student's program. The meetings serve as a communication tool between parents and school staff, helping them work together to determine the needs of the student. The report that is produced documents the decisions made during the meetings and a commitment of resources necessary to enable an exceptional student to receive special education and related services.

The IEP contains the following components:

- **Present Level of Performance** - The child's current level of performance. IDEA states that the present levels of performance should include the child's strengths, how the child's disability affects his or her involvement and progress in the general curriculum or, for a preschool child, how it affects his or her participation in

activities, as well as the concerns of the parent.

- **Annual Goal** - a statement describing a skill or task that a child should be able to do at the end of the IEP duration. IDEA requires the inclusion of a statement of how a child's progress toward annual goals will be measured, and how the parents will be regularly informed of the child's progress.
- **Short Term Objectives** - statements that break the annual goal into small steps between the child's present level and his or her expected level during the IEP duration.
- **Evaluation Criteria, Schedules and Procedures** - ways to determine if a child has achieved the objectives and goals listed in the IEP, as well as identification of the person who will implement and document mastery of the objectives.
- **Related Services** - services needed to help a child benefit from special education. Some examples are: counseling services, parent counseling and training, medical services for diagnostic or evaluation purposes, early identification, health services, assessment of disabilities, social work services, transportation, and adapted physical education. Consideration is given to whether or not a child requires supplementary aids and services.
- **Modifications/Accommodations** - curriculum, time, tests, strategies, assistive technology and textbooks.
- **Program Participation** - the extent to which the child will receive general education services and special education services.
- **Non-disabled Participation** - the extent to which a child will participate with non-disabled children.
- **Initiation Dates and Duration of Services** - dates on which the programs and services will begin and end.
- **Transition Needs** – the transition service needs for students beginning at age fourteen and older.

As a member of the FASST, you can help parents go through the IEP process by helping them to prepare for meetings, being on-hand to translate when needed, or by helping the parent find more information on ESE services.

Exercise 3:

ESE Policies and Procedures

Purpose: To become acquainted with ESE policies and procedures that may affect parents seeking special education services for their children.

Notes: _____

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Section 3.3 – English Speakers of Other Languages Programs (ESOL)

Because your team will work in areas with high concentrations of Spanish-speaking students and families, it will be important for you to learn basic information on the programs that schools make available for these students. As we noted earlier, parents may not be aware of all of their rights or all of the program and service rules or regulations. Your knowledge of ESOL programs will help you to better educate the parents you serve and may also be necessary if you are called upon to advocate or represent the parents' interests at some point.

What is ESOL?

Through its English for Speakers of Other Languages (ESOL) program, the School District of Hillsborough County (SDHC) serves more than 20,000 students who speak over 100 languages and represent nearly 200 different countries. According to Florida state law, school districts are required to provide appropriate educational programs and services for all students who are classified as Limited English Proficient (LEP). School districts throughout the state are mandated by federal and state laws to survey and screen all students who are new to the district to determine their level of English proficiency.

All students who speak a language other than English in their home and who, after assessment, are determined to be limited in their English proficiency, are eligible for ESOL.

According to state standards used by the SDHC, LEP students must be instructed and academically prepared to meet the same State and district Benchmarks and graduation requirements as all other students. LEP students are held to the same high expectations for learning as regular education students.

ESOL Program Goals

- To develop Hillsborough County students' English language proficiency in the areas of listening, speaking, reading, writing and comprehension;
- To ensure that limited English proficient students continue to develop and acquire skills and concepts in content area subjects while they are developing their English language skills;
- To encourage communication between school and home that will promote the educational success of LEP students; and
- To promote cultural awareness among students, teachers, and school staff.

At Cypress Creek, we provide bilingual aides that assist teachers with LEP students. They may pull students out of the classroom for small group instruction or one-on-one instruction, or they may stay in the classroom and assist during instructional time. Aides are also available to translate and/or meet with parents to help LEP students succeed. Aides are used to help monolingual students feel more comfortable in our school setting.

Students who are in the LEP program in Hillsborough County receive additional support from the Bilingual Aides at each school. Terms that you will need to be familiar with and their definitions are listed below:

- **LEP- Limited English Proficient**- any student whose parent states that a language other than English is spoken at home. (Note: The School District of Hillsborough County has begun addressing such students as English Language Learners/ELL).
- **LYA** - Term used for students who only speak another language or who speak extremely limited English.
- **LYB** - Term used for students who are showing progress in learning English but use their native language equally.
- **LYC** - Term used for students who are more proficient (or dominant) in English but also know another language. This stage is where students become much more acculturated to our school climate.
- **LF**- Term used for students who test out of the LEP program but are still being monitored for 2 years in case they need support.

SDHC ESOL Program Services

Bilingual Psychological and Social Services – Psychological, social, and guidance services are provided to bilingual students and their families in their native language.

Interpreters and Translators – Interpreters are utilized at district and school level parent and community meetings. They also translate a wide variety of district and school level forms dealing with everything from health and safety to discipline and academics.

Native Language Services – The SDHC provides native language services in two ways. One is through the use of Bilingual Paraprofessionals. The other is through the Language Bank.

Bilingual Paraprofessionals – Over 400 bilingual paraprofessionals work with students and teachers to review, clarify and reinforce students' academic skills. They also serve as a liaison for communications between the school and the home.

Language Bank – The Language Bank is composed of volunteers who speak a variety of languages and are available to help parents, students and teachers by providing a variety of translation and interpretation services when needed.

ESOL Teachers and Resource Teachers – ESOL teachers utilize a variety of instructional strategies, materials, and modifications to teach students to speak, read, and write in English and to make content-area instruction understandable to ESOL students. Schools with large populations of ESOL students employ a full-time ESOL Resource Teacher who coordinates all ESOL activities at the school.

ESOL Self-Contained Classes – Classes where ESOL teachers and paraprofessionals provide intensive English support and individualized instruction to K-12 students.

Parent Involvement and Community Outreach Programs – Parents of LEP students participate in school-level Parent Advisory Councils and the District Advisory Council. Meetings are scheduled throughout the year to inform parents of services and to engage and involve parents in the education of their children.

Mentoring and Tutoring Programs – Before, during, and after school tutorial services are available to K-12 ESOL students at participating schools.

Staff Development and Training – Each year more than 3,500 teachers, administrators, counselors, social workers, psychologists, parents, and support staff participate in ESOL in-service training and workshops.

Multicultural Programs – School sites throughout the district implement multicultural enrichment activities throughout the school year.

Exercise 4:

Review ESOL Policies and Procedures

Purpose: To become acquainted with ESOL policies and procedures that may affect parents of children involved in the ESOL program.

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Understanding Child Mental Health and Well-Being

Chapter 4 Topics

- Section 4.1 – Overall Framework for Child Mental Health and Well-being
- Section 4.2 – Child Developmental Domains & Milestones
- Section 4.3 -- Healthy Relationships and Nurturing Environments
- Section 4.4 – Facilitating Child Mental Health and Well-being

Goals and Objectives

Goal: The goal of this chapter is to give participants a basic understanding of healthy child development and mental health. This chapter will also provide an understanding of the importance of healthy relationships and nurturing environments and their impact on child well-being.

Chapter Objectives: After completing this chapter, you will demonstrate an understanding of:

- 1) The general framework for describing child mental health and well-being
- 2) Developmental domains & milestones in young and school age children
- 3) Signals of child mental health and distress
- 4) Strengths that can facilitate child mental health and well-being

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Chapter 4

Understanding Child Mental Health and Well-Being

Section 4.1 – An Overall Framework for Child Mental Health and Well-being

One purpose of the FASST team is to help children and their families to identify their needs, in order to then determine which resources and supports will be most helpful to them, so that these needs can be met successfully. An understanding of child mental health can help you to assist families in recognizing specific needs related to their children's overall well-being.

What exactly is “child mental health?” One way to define it is to say that child mental health is a child's ability to manage and coordinate his or her:

- thoughts,
- feelings &
- behaviors

in ways that make it possible:

- 1) to experience satisfaction and happiness,
- 2) to learn,
- 3) to accomplish tasks &
- 4) to be connected to other people.

The 4 outcomes listed above are qualities of child “well-being.”

A child can have difficulties managing thoughts, feelings and/or behaviors for a variety of reasons:

- **Developmental:** The child's age or **developmental level** might limit the range of thoughts, feelings or behaviors that the child can experience. Also, if expectations and experiences do not match a child's developmental level, this mismatch can lead to distress.
- **Individual** (Physical / Sensory capabilities and Temperament): The child's baseline **physical and sensory capabilities, temperament, or regulatory style** might cause or prevent certain thoughts, feelings or behaviors.
- **Relational:** The qualities of a child's relationships with parents, siblings, friends, classmates, teachers, neighbors and other people can influence a child's thoughts, feelings and/or behaviors.
- **Environmental:** The conditions and situations a child experiences in his or her home, neighborhood, classroom, school, and community can influence a child's thoughts, feelings and/or behaviors.

When a child experiences difficulties, he or she often sends signals of distress. Signs of distress might include:

- Often feeling sad, angry, afraid or “stressed”
- Acting out (externalizing)
- Turning inward (internalizing)

- Losing focus
- Delayed development
- Physical / medical symptoms

As a member of the FASST team, you can help a family to pull together all of the information that they have naturally gathered about their child's mental health and well-being. Families learn a lot by spending time with their child, talking with their child, talking with others who spend time with their child, and possibly consulting with others about their child.

You can also help a family to notice and discover a lot about their child's mental health and well-being by reflecting on these questions with them:

- Is their child showing signs that s/he is experiencing well-being?
 - o Does their child seem to be:
 - 1) feeling happy & satisfied,
 - 2) learning,
 - 3) accomplishing tasks, and
 - 4) connecting to others?
- Is their child showing signs of distress?
 - o Are there thoughts, feelings or behaviors that are of concern?
 - o Does their child seem to be:
 - 1) often feeling sad, angry or afraid,
 - 2) acting out,
 - 3) turning inward, losing focus, or
 - 4) are there signs of delayed development or
 - 5) symptoms of physical/medical distress?
- What might explain their child's compromised well-being or signs of distress?
 - o Are there certain conditions or situations that seem to trigger the child's distress?
 - o Does it seem like the distress relates to the child's:
 - 1) developmental level,
 - 2) individual physical / sensory capabilities, temperament, or regulatory style
 - 3) relationships with others,
 - 4) environmental circumstances or situations?
- Based on what the family discovers, what might these discoveries suggest in terms of needed resources and supports for the child and family?
 - o Who else needs to know about what the family has discovered about their child's mental health and well-being and their family's needs?

Individual Characteristics

A child's mental health and well-being can be affected by individual characteristics of the child, including:

- physical and sensory capabilities
- temperament
- regulatory style

Physical and Sensory Capabilities

It is important to keep in mind that children who experience physical and sensory limitations face challenges that other children and families are not required to deal with. For example, children who are paralyzed, blind, or deaf access information, explore their environments and communicate in ways that are somewhat different than children who are able to use all of their senses. This can create challenges for families, teachers and others who are responsible for making sure that the child's environment fits well with the child's physical and sensory capabilities. When the environment does not fit well with a child, this can put strain on relationships, can limit opportunities for learning and can lead to distress in children. Medical issues can also lead to thoughts, feelings or behaviors that signal distress in a child.

Sensory preferences and capabilities can affect a child's mental health as well. Some children are "sensory seeking," meaning that they seek to increase the amount of input they receive through their senses. Examples of sensory seeking behaviors include: watching bright and blinking lights, listening to loud music, frequently chewing on toys and pencils, tapping fingers or legs, and spinning around. Some children are "sensory avoidant," meaning that they try to reduce the amount of input they receive through their senses. Examples of sensory avoidant behaviors include avoiding loud and noisy situations, closing one's eyes, shrinking away from hugs and pats, and avoiding sticky or gooey play materials. If a child seeks out or avoids a lot of sensory stimulation, this could lead to negative consequences in certain settings where this is not understood or "allowed" (for instance, libraries, classrooms, some homes). When children express their sensory preferences and limits, they are often misinterpreted as being "oppositional" or "willful," and then they are punished. This can understandably lead to distress in a child as well.

Temperament

Another way of thinking about individual characteristics that can influence a child's mental health and well-being is to consider the concept of temperament. Three major temperament types have been proposed. Kids may exhibit one or a combination of temperaments. In fact, a child may be shy one day and feisty the next. Or, they may be difficult to deal with when they are younger, but grow to be more flexible in their kindergarten years. The three main temperaments are:

1. Easy or Flexible
2. Difficult or Feisty
3. Slow to Warm Up or Fearful

The Easy or Flexible Temperament

Typically, a child with an easy temperament approaches most new situations optimistically, adapts quickly, and has a predominantly positive mood of low or medium intensity. Such a child can be easy for the caregiver. This child will likely exhibit one or

more of the following characteristics: easily toilet trained; learns to sleep through the night; has regular feeding and nap routines; takes to most new situations and people pleasantly; usually adapts to change quickly; is generally cheerful; and expresses his or her distress or frustration mildly. However, children with easy temperaments may show very deep feelings with only a single tear rolling down a cheek. This may suggest that children with easy temperaments are calm all the time, but this isn't the case with most preschoolers. Even the best behaved preschooler is intense about certain things, has days when they don't want to be away from their parents or don't want to participate in certain activities, and have temper tantrums.

The Difficult or Feisty Temperament

A child with a feisty temperament seems to be the opposite of the easy-going child. A child with this temperament may not sleep easily through the night, his or her feeding and nap schedules may change from day to day, and the child may have difficulty toilet training. This child typically fusses or even cries loudly at anything new and usually adapts slowly. All too often this type of child expresses an unpleasant or disagreeable mood and, if frustrated, may have a temper tantrum. An intense, temper tantrum may or may not signify a depth of feeling – while the child's reaction may be intense, it may not signal a crisis on the part of the child. Sometimes the best way to handle such outbursts is to wait them out. Other possible solutions include: try to distract the child, sing a song, read a book. Sometimes children have to be isolated or held for their own safety.

Caregivers who do not understand this type of temperament as normal sometimes feel resentment at the child for being so difficult to manage. They may scold, pressure, or appease the child, which only reinforces his or her difficult temperament and is likely to result in a true behavior problem. Understanding, patience, and consistency, on the other hand, will lead to a "positive adjustment to life's demands."

The Slow-to-Warm-Up or Fearful Temperament

Finally, there is a group of children who are often called shy. The child with this temperament also has discomfort with new things and people and adapts slowly. However this child tends to withdraw, although he or she may have irregular sleep, feeding, and toilet training patterns. The slow-to-warm-up child typically stands at the edge of the group and clings quietly to his or her mother when taken to a store, a birthday party, or a child care program for the first time. If the child is pressured or pushed into joining the group, the child's shyness immediately becomes worse. But if the child is allowed to become accustomed to the new surroundings at his or her own pace, this child can gradually become an active, happy member of the group.

Strategies for Managing the Three Temperaments

Flexible Temperament

1. Seek this child out, now and again, either through eye contact, touch, or a smile to reassure and recognize the child and his/her needs. A minimal amount of attention is satisfactory for these children as long as they know their caregivers are accessible to them and care about them.
2. Reinforce their behavior by verbally praising the specific action. Let them know you appreciate them and their ability to wait. These children will have meltdowns or bad days, too, but do not set expectations too high. They will have times when they need extra care as well.

Feisty Temperament

1. Positive Mood- The caregiver sets the tone for the group. By maintaining a positive, relaxed manner, the children feel safe and secure. This reduces anxiety and frees the children to tend to their activities with more attention.

2. **Adaptability-** The caregiver must be willing to change the schedule or routine if necessary. If the child is bored or frustrated with an activity, intervene by using visuals, songs, movement or hands-on objects to refocus interest.
3. **Change the environment-** Reduce stimuli by lowering noise, action, and confusion in a room. An overly sensitive child may become over stimulated by loud games, rough play and excessive noise.
4. **Avoid Power Struggles-** Feisty children have a strong need to control their environment. The caregiver must remain calm and re-direct whenever possible. Avoid threats that may diminish authority and reinforce negative behavior by giving undue attention. Choose a different consequence other than time-out such as loss of a privilege or favorite toy.
5. **Pre-Teach-** Always prepare children for change and transitions. Explain with a warning of five to ten minutes. Engage them in accepting the transition and preparing for it by telling them what to expect, what they are to do, and what they will like about it.
6. **Preparedness-** Have activities on hand and ready to use. If possible, build time in your schedule for the children that require more attention.

Fearful

1. Plan extra time to help these children adapt to new situations or caregivers. They will need specific information about the situation, people and what to expect. Talk encouragingly with close contact. Remain with the child until he/she can relax. Most kids need this encouraging, close contact— even the flexible child. Their flexibility is in part because they routinely receive this kind of help in adapting from their caregivers.
2. Use a relaxed, easy manner to engage the child in each new situation. Do not try to move the child quickly. Allow them to remain outside the group or wherever they are comfortable. Gradually help the child join in.

Important Points to Remember About Temperaments

1. **Differences in temperament, even at extremes, are differences in the normal range of behavior.** The key is to understand how a particular trait influences the child's behavior and to find the best way of handling it.
2. **A feisty or fearful child can be helped to learn to handle potentially distressing situations gradually, by a supportive caregiver who understands and accepts the child's temperament issues.** Protecting children from these difficult situations denies them valuable opportunities to master social expectations and develop confidence and self-worth.
3. **Do not blame the child or the parents for a child's temperament trait.** The child is not being deliberately troublesome, nor does the child have that temperament trait because of anything the parents have done. However, parents may not understand their child's temperament and may be applying child-rearing practices that do not fit the child's temperament needs.
4. **The caregiver's way of relating to the child's temperament can play a big role in the child's emotional development.** The response the child gets from adults contributes to the self-image he or she develops.
5. **Any temperament trait can be an asset or a liability to a child's development,**

depending on whether the caregivers recognize what type of approach is best suited to that child.

Regulatory Style / State Regulation

Another way to think about individual characteristics that relate to child mental health and well-being is known as state regulation. State regulation is a concept originally used to describe the sleep-wake cycle in infancy, which was then adapted to describe states of arousal in an individual who is awake¹. When a person is alert and able to receive information from the environment, process information, and respond adaptively, this is defined as the “alert processing state.” Another way of describing it would be to say that the individual is able to maintain an organized and integrated sense of his/her sensory, motor, cognitive, affective, communicative and interactive experience. It is often reflected in “the gleam in the eye” and signals that a child is “ready to learn.”

When an individual experiences a stressor from the internal or external environment, the sympathetic or parasympathetic nervous system is activated in response. The resulting emotional/behavioral response in a sense “absorbs” or “flushes out” the stressor, so that the individual will be able to return to the equilibrium of the alert processing state.

The sympathetic nervous system is excitatory, and is sometimes referred to as the “gas pedal.” The activation of the sympathetic nervous system is associated with “revved up” states including excitement, agitation, nervousness, and rage.

The parasympathetic nervous system is inhibitory, and is sometimes referred to as the “brake pedal.” The activation of the parasympathetic nervous system is associated with “dampened down” states including shyness, inhibition, listlessness, withdrawal, daydreaming, indifference, and depression.

Depending on an individual’s genetic/physiological predisposition, either the sympathetic or parasympathetic system is more likely to be activated in response to a perceived stressor.

Effective self-regulation occurs when an individual is able to maintain a “wide arc” with regard to alert processing, meaning that he or she is able to remain alert in the calm/neutral state and also in excited and inhibited states. Furthermore, effective self-regulation means that an individual is able to “up-regulate” and “down-regulate” when needed in order to return to an alert-processing state. Up-regulation may involve thinking, feeling or acting in a manner that is like the thinking, feeling or action produced in excited states; down-regulation may involve thinking, feeling or acting in a manner that is produced in inhibited states.

If a child’s general makeup is driven more by the sympathetic system, he or she may be predisposed to experience more “revved up” behaviors, such as generalized anxiety, mania or rage. In contrast, a child whose makeup is driven more by the parasympathetic nervous system, he or she may often experience “dampened down” states, such as daydreaming, withdrawal, or depression. When such states are enduring, they may be the consequence of adaptation to chronic environmental stressors. Problems can develop if the child cannot effectively up- or down-regulate to return to an alert-processing state.

¹Cillias, (1999).

Exercise 1:

Goodness of Fit

Purpose: To recognize and compare individual traits of the participant and an identified child and reflect on how these traits might impact the relationship.

Notes: _____

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general note-taking. There are no margins, text, or other markings on the page.

Section 4.2 – Child Developmental Domains and Milestones

This section provides information on general domains (areas) and milestones in the development of school age children. Because FASST teams work with elementary school-age students and their parents, it will be important for you to have some general knowledge of normal development for children in this age group. The information provided here is not intended to give you enough information to assess a child's progress or evaluate a child for problems or illness. However, it will provide you with a general guide and understanding of how a healthy child typically behaves in most settings. This can assist you in helping each family to consider whether it would be helpful for them to consult with other professionals to determine whether their child's development is not progressing as expected.

There are a number of developmental domains:

1. Physical: Bodily structures and processes.
2. Motor: How a child moves using large muscles (gross motor), small muscles (fine motor) and mouth muscles (oral motor).
3. Cognitive: How a child notices, thinks about, stores and remembers information.
4. Social – emotional: How a child relates to other people and manages thoughts, feelings and behaviors.
5. Language: How a child understands language (receptive language) and uses language to communicate (expressive language).

These domains are referred to as developmental because they change and grow over time, as a child ages, explores and gains more experience. Generally speaking, in the first 3 - 5 years of life, there are lots of developmental changes in each domain, and they happen very quickly. In childhood, there are also changes in many domains, but the changes do not occur as quickly. In adolescence, there are again many changes that happen quickly, and then in adulthood, there are overall fewer changes in most development domains.

It is often helpful to think about the developmental stages of all people in a family—are they at similar developmental stages? Other questions to consider, include:

- Are some individuals going through rapid developmental changes while others are relatively stable?
- How does a child's development in these domains compare to his or her classmates? How does it compare to his or her brothers and sisters?
- If a child is experiencing developmental delays and also distress, does it seem like the delays are causing distress or the distress is causing the delays?

Here is some information about childhood development that might be especially helpful for you to keep in mind in working with young and school-aged children and their families:

Development in Preschool-aged (3 – 5 years) and School-aged Children (6 – 9 years)

Ages 3-4

Physical and Motor Development

Children typically are potty trained after their third birthday. Physically, control of the bladder and bowels is not possible before a child is 15-months old².

Cognitive Development

Between the ages of 3-4, children are developing language abilities but do not always have the cognitive skills to go along with them. At 4 years old, it is not uncommon for a child to know how to recite her ABCs but not know that there is a difference between letters and numbers.

Language/Communication

Three and four-year-olds are often able to speak in simple, three-four word sentences and understand simple commands. They may also start using words like “my, and “mine” very liberally. The use of these words is normal, and signifies that the child is developing a sense of self. Children between these ages also tend to be fascinated with the concepts of “why” and “what.” Caregivers should try their best to answer questions and practice patience.

Age 5

Physical and Motor Development

By the age of five, children have generally grown to be about 40 inches tall. They are able to practice certain motor skills, such as:

- Catching a ball
- Using a fork and knife
- Dressing self, with help³

Cognitive Development

At age 5, a child might know how to count into the teens, but not know what these numbers represent. For example, a child may touch squares while they count them, coming up with a count of 10, then count the same squares again and come up with a higher number because they touched an object twice. They will not know that the numbers should be the same both times, because they don't yet understand the purpose of counting.

Language Development

By the ages of four or five, children generally start putting together longer sentences. They also may start asking more detailed questions.

² American Academy of Child & Adolescent Psychiatry, 1998.

³ Berk, L. 2000 Child Development (5th ed.). Needham Heights, MA: Allyn & Bacon.

Social-Emotional Development

Five-year-olds are able to start learning how to play with others. During the preschool years, they prefer playing separately, but by kindergarten, children start to play together and build friendships. Friendships may be difficult for them to keep, however, since their social skills are not yet developed⁴.

Age 6-9

Physical and Motor Development

The ages between 6 and 9 may be referred to as “middle childhood.” These years tend to be a time when children grow quickly. Girls usually have a growth spurt around the age of 9-10, and by age 11 are often taller than the boys in their class. Children’s gross motor skills (like jumping, throwing, riding a bike, playing sports) become “smoother” at this time⁵. Fine motor skills (holding a pen, writing) also become more refined during these years.

Cognitive Development

As the brain grows, cognitive development increases in the elementary school age child. Between ages 6 to 9 years, children are able to think in a more complex manner, with an increased capacity for problem solving and reasoning. They are generally able to follow more complex instructions because of an increase in their attention span, the ability to speak and understand more words, and increases in memory. Memory capacity increases through the use of repetition and improved classification and association skills. For instance, children at this age may be better able to remember similar objects that are grouped together.

Children can practice problem-solving, and they can start thinking in hypothetical terms⁶. They are also able to start thinking about consequences to their actions. Caregivers can help a child develop his/her cognitive skills during these years by prompting their children to think about decisions, solutions, and consequences⁷.

Language Development

By the age of six, children should be able to carry out simple conversations. Reading and writing skills become increasingly better during the middle childhood years. During these years, the value of reading should be emphasized. Children should be encouraged to read to themselves but they can still benefit greatly from caregivers reading to them. Listening allows children to enjoy the plot of the story, instead of having to pause to sound through difficult words⁸.

Social-Emotional Development

Friendships tend to become increasingly important during middle childhood⁹. Children may have “best friends” that change from week-to-week. These are also years when children are developing their individuality and independence. They may test the limits that their caregivers have set and they may ask caregivers the reasons behind the rules. It may be more effective to not only assert rules, but also explain what is behind these rules¹⁰.

⁴ Barber, C., Reschke, K. L., & Longo, M. F. (2002). Ages and stages for caregivers: 5 year olds. Ohio State University Extension. Retrieved Apr. 2006 from <http://ohioline.osu.edu/asc-fact/ASC9.pdf>.

⁵ American Academy of Child & Adolescent Psychiatry, 1998.

⁶ Schaefer and DiGeronimo 2000 Ages & Stages: A Parent’s Guide to Normal Cognitive Development.

⁷ Ibid (Schaefer and DiGeronimo).

⁸ Ibid.

⁹ American Academy of Child & Adolescent Psychiatry, 1998.

Exercise 2:

Understanding Developmental Domains

Purpose: To apply knowledge about the different developmental stages.

Notes: _____

[illegible]

Additional Issues in Language Development

Literacy and the Importance of Early Reading

Raising a reader begins before a child learns to read. Children who are good readers perform better in school. Talking about pictures and encouraging a child to repeat phrases develops their concentration and stimulates their thinking.

Reading develops language skills by increasing a child's vocabulary and promoting conversation between an adult and child. Books improve listening skills and promote creativity. It is useful to start reading to children from birth. Not only does story time act as a bonding activity, it serves as a good foundation for literacy.

It is important for parents to continue reading with their children once the children have begun to be literate. There are still a lot of words that preschool children (and even older kids) do not know. It can be frustrating for them to have to sound out long words by themselves. Sometimes children will give up on independent reading if they only have access to grade-level books and have nobody helping them.

Tips for Reading and School Readiness:

- Tell stories during play with a child
- Read to your child every day
- Give books to children as gifts
- Take the family to the library
- Keep a variety of books around the house
- Keep story-telling alive by singing nursery rhymes while traveling
- Move your finger along text from left to right as you read out loud
- Give a book as a gift.
- Be a good role model: let your child see you read.

Bilingual Language Development

Over the last decade, Florida has consistently received an influx of Spanish-speaking immigrant families. In adapting to this country, these families and their children need not abandon their native language to learn English. Bilingual children should be encouraged to use their native language so that their special skill is maintained; bilingualism is an asset, not a weakness. The bilingual child can enrich the bond with their family through language and is likely to experience increased opportunities associated with education and employment, later in life¹¹.

Learning a second language or learning two languages simultaneously is a process that may take some time. Children who learn a second language when they are older may sometimes experience what is referred to as a "language imbalance," and experience difficulty with school or conversation. If there is no cause for the difficulty other than the introduction of a new language, the child may simply require consistent exposure and patience to ensure that their potential is reached.

¹⁰ Schaefer and DiGeronimo, 2000.

¹¹ Wong Fillmore, L. (1991). When learning a second language means losing the first. *Early Childhood Research Quarterly*, 6, 323-46.

For those children learning two languages simultaneously, caregivers and teachers should monitor progress in both. For example, a two-year-old monolingual child should say about 30 words. It would be acceptable for a bilingual child to only say 20 words using both languages but if the child is not regularly learning new words, then caregivers may have cause for concern. Many children will use two languages in one sentence, as they will communicate using words they feel most comfortable with. This is often referred to as “code-switching”¹².

It is important that adults try to understand what a child is saying, as this builds the child’s confidence and promotes the use of language. Code-switching allows a child to express him or herself more clearly. By age nine most children code switch phrases or sentences purposely to communicate within a cultural context. In the event that a child does not appear to be using language appropriately in either language or does not appear to be progressing, a screening or formal speech evaluation may be necessary to determine the child’s skill level and if there is a need for speech therapy.

Multiple languages are best learned at a young age. Bilingual children need opportunities to use both languages, so they don’t lose their skills. Learning language should be embedded in daily routines, so that it is a natural part of children’s lives and so they can learn to apply it in various settings or circumstances. Strategies can be implemented for older children in an effort to recognize progress and target areas that need additional support. Teachers can support bilingual children by providing visuals and demonstrations to accompany spoken words.

Teachers should always model appropriate words without criticizing children for saying or pronouncing the word wrong¹³. In addition, teachers should encourage children to practice by establishing eye contact and asking children to read or repeat instructions out loud. These strategies will not only enhance a child’s capacity to learn but develop their self-esteem. Children who are learning English as a second language may feel isolated. Caregivers must be mindful of maintaining and/or building their social-emotional well being.

Social opportunities are an ideal way of learning language. Feedback from adults as well as from peers increases appropriate use of rules, phrases, and sentence structure. A child’s proficiency in two languages can only reach full proficiency through reading and writing in both languages. It expands their skill in grammar, vocabulary, and thought processing¹⁴.

Section 4.3 – Healthy Relationships and Nurturing Environments

Primary relationships— or relationships between an infant or young child and a few familiar adults who take responsibility for the child’s care and well-being—provide infants and toddlers with the individualized support they need for health development. Within the context of caregiving relationships, the infant builds a sense of what is expected and what is possible in relationships with other people. The infant learns skills and discovers incentives for social initiation, reciprocity, and cooperation. In repeated interactions with emotionally available caregivers, the young child begins to develop the capacity for autonomous emotional regulation and self-control.

This description of the importance of primary relationships applies to later in childhood as well.

¹² McClure, E.F. (1977). Aspects of code-switching in the discourse of bilingual Mexican-American children (Teach.Rep. No. 44). Cambridge, MA: Berancek and Newman.

¹³ Wong-Fillmore, L. (1985). When does teacher talk work as input? In S.M. Gass & C.G. Madden (eds.), *Input in second language acquisition: Series on issues in second language research* (pp. 17-50). Rowley, MA: Newbury House.

When problems exist in a relationship between a child and his or her parent (or another caregiver), then both the child and the adult may show signs of distress. Also, problems in a relationship can have an effect on a child's developmental progress.

As children grow older, relationships with classmates, friends and other peers become increasingly important. Peer relationships provide opportunities for children to explore their environment with others, to practice their social skills, to see a variety of skills modeled, and to develop caring connections to others. Close friendships can protect children from the negative effects of stress in their home, school and community environments. (need refs)

Relationships can be best understood by considering the behavioral interactions, emotional tone, and attitudes of the people who are in the relationship. Here are some basic questions that help to gather information to describe relationships between a child and others (such as mother/father/teacher/daycare provider/brother/classmate):

- How do they get along?
- What kinds of things do they do together?
- What kinds of things do they enjoy doing together? (How often do they do these things?)
- How do they both feel when they spend time together?
- How do they each think the other person feels about them?
- How do they handle disagreements with each other?
- What do they like best about each other?
- Are there things that they find annoying or upsetting about each other? (How do they manage these annoyances?)
- How connected do they seem to each other?

Healthy relationships are mutually enjoyable and without sustained distress. Interactions within these relationships are frequently reciprocal and synchronous. These relationships can adapt easily to new circumstances and are typically free of conflict. They promote the growth and developmental progress of the individuals involved.

Caregivers shape children's mental health in ways often taken for granted. Caregivers who show an interest in children and respond positively to their efforts help to develop their self-esteem. Caregivers that have realistic and developmentally appropriate expectations of children allow them to have successful experiences. Caregivers should be able to recognize and praise children when they have done something good and kind. A caregiver that is in touch with a child can identify their strengths and reinforce them.

Nurturing Environments

When children live in safe homes with warm, caring relationships with their family members, with enough food, clothing and supplies for daily living, all of these things help to nurture the child. Children are further nurtured when their school and/or child care settings are also safe, well-equipped and capable of providing love and care as well as

¹⁴ McLaughlin, B. (1995). *Fostering the development of first and second language in early childhood: Resource guide*. Sacramento: California State Department, Early Childhood Division.

¹⁵ McClure, E.F. (1977). Aspects of code-switching in the discourse of bilingual Mexican-American children (Teach.Rep. No. 44). Cambridge, MA: Berancek and Newman.

¹⁶ Wong-Fillmore, L. (1985). When does teacher talk work as input? In S.M. Gass & C.G. Madden (eds.), *Input in second language acquisition: Series on issues in second language research* (pp. 17-50). Rowley, MA: Newbury House.

learning opportunities. When children live in neighborhoods and communities that are safe and families can get involved with other families by participating in activities they enjoy together, this also supports and nurtures children.

In contrast, stressful circumstances may be present in the life of a child and family that can affect the child's mental health and well-being. Specific events and transitions that are part of normal experience in the culture may be stressful for an infant or young child—for example, the birth of a sibling, a family move, a parent returning to work after being at home, or entry into child care or preschool. Some children will experience these transitions as stressful while others make transitions smoothly and adapt to new circumstances easily. Other sources of stress are pervasive and enduring; these include poverty, violence in the environment, and abuse in the home.

In considering the impact of direct and indirect psychosocial stress on infants and young children, it is useful to think in terms of the child's loss of basic safety, security and comfort – that is, the protective, supportive “envelope” that should constitute a [child's] immediate caregiving environment. Thus [one] must distinguish the severity of a specific type of stressor from its ultimate impact on the child which will be modified by the response of the environment. The caregiving environment may shield and protect the child from the stressor, thus lessening its impact; it may compound the impact by failing to offer protection; or it may reinforce the impact of the stressor through the effect of anxiety and/or other negative attitudes.

The ultimate impact of a stressful event or enduring stress depends on three factors:

- The severity of the stressor
- The developmental level of the child
- The availability and capacity of adults in the caregiving environment to serve as a protective buffer and help the child understand and deal with the stressor.

The Effects of Family Transition on Child Development

A family in transition is defined by any change in family structure. Divorce and separation are circumstances that often separate or affect family dynamics. Loss of a relative is another devastating factor that can affect family life. In any scenario when such changes occur within the family unit, everyone is affected and may experience such changes differently.

It is a misconception that young children do not understand what is going on in their home. On the contrary, they are adversely affected by changes in their environment because something from their daily routine is different and the changes impact the way they understand their world.

From birth, young children begin to develop a special kind of relationship with individuals who spend a significant amount of time with them and take care of them. Relationships with primary caregivers are often referred to as “attachment relationships.” As these relationships continue to grow, children develop expectations of those caregivers. When the care they are receiving is predictable and meets their needs, they develop expectations that their needs will be met, and they are able to develop trust in their caregivers. This kind of relationship is referred to as a “secure attachment.” When the care they are receiving is unpredictable and does not regularly meet their needs, they may develop anxiety, anger or confusion instead of trust. This kind of relationship is referred to as an “insecure attachment.” This is often what happens for children who are raised in abusive or neglectful environments.

One challenge that some children face relates to disrupted attachment relationships. This happens when children are suddenly separated from the people who have been serving as their primary caregivers, and then placed in the care of other people. In these circumstances, children must establish attachment relationships with new people, often while they are still mourning the loss of their original attachment relationships. Unfortunately, some of these children experience serious difficulties bonding with their new caregivers, and they feel distrusting or uncomfortable in their new environments. This can be challenging and painful for new caregivers as well.

Children need and do well in environments that are structured and have predictable routines. It provides them with a sense of security that they need in order to develop trusting relationships with caregivers. Structure can be established in infancy, through the use of predictable routines, involving feeding, changing, and sleeping. While infants may not understand changes that may occur in their lives, they need to be stimulated by language and with the use of respectful communication. Children as young as toddlers typically respond well when they are told in simple terms what is going to happen and what is expected of them. It prepares them for change, reduces their stress, and shows respect.

Children who are experiencing stress and are unable to express their needs or concerns, or whose expressions are not acknowledged by others, may then exhibit signs of distress. As mentioned earlier in this chapter, distress may take many forms, including:

- Often feeling sad, angry, afraid or anxious
- Acting out (externalizing)
- Turning inward (internalizing)
- Losing focus
- Delayed development
- Physical / medical symptoms

Therefore, in addition to understanding the nature of a child's distress, it is important to try to identify the specific stressors that might be leading to the distress.

Finally, it is important to keep in mind that adapting to changes is very much affected by a child's age and developmental level. Change can be positive if the adults involved are supportive and provide age-appropriate opportunities for the children to discuss and cope with the situation being experienced by the child and family. Children are very resilient, and using a thoughtful approach to help them cope with changes will improve the likelihood of any transition having successful outcomes.

Unique Issues That May Affect Single Parent Families¹⁵

- Limited financial resources
- Limited energy
- Limited emotional support
- Sex role development can be impaired
- Child may develop fears of abandonment
- Parent may become too strict or overindulge child
- Child may become "parentified" or become more like the parent than the child

Unique Issues That May Affect Stepfamilies

- No history of bonding with stepparent and child.
- Demands of the new family life may be incompatible with a family member's life cycle position.
- Expectations may be influenced by the hurt of the previous relationship.
- Concerns about the previous relationships can cause significant strain on new relationship.
- New family members can produce a financial burden.
- Bonding with new family members may be a difficult task to achieve because:
 - o There is no time for the parental bond to solidify, creating resistant behavior in children to any change in parenting styles.
 - o A child of divorce may be very cautious about developing feelings of attachment to the new stepparent.
 - o Older children, may find it difficult to bond with the stepparent.
 - o The stepchild may resent the stepparent "intruding" on the relationship the child has with his/her parent.
 - o The stepparent may resent the relationship the stepchild has with his/her parent.
 - o In stepfamilies, sexual taboos have not had a chance to develop; parents and children may be distressed over inappropriate feelings.
 - o Crowding and the issue of "territory" can be a problem.
 - o Changing roles can be a source of significant strain.
 - o The lack of affectional bond and push for discipline with a stepparent may increase the risk of abuse.

¹⁵ American Academy of Child & Adolescent Psychiatry. (1997). Family Problems [Fact Sheet]. Washington, DC.

Exercise 3:

Role Play

Purpose: To practice asking questions that can help families determine ways to bond.

Notes: _____

This image shows a full page of blank handwriting practice paper. It features approximately 28 evenly spaced horizontal black lines across the entire page, providing a guide for letter height and placement. The lines are uniform in thickness and extend from the left edge to the right edge of the page. There are no margins, text, or other markings present.

Section 4.4 – Facilitating Child Mental Health and Well-Being

The most natural way to facilitate a child's mental health and well-being is to identify the strengths and resources of a child, family, school and community so that these strengths and resources can be coordinated to support the child's mental health and well-being.

A **Strength** can be thought of as a gift, talent, or special quality that enhances a child and a child's impact on his or her family, friendships, school and community.

A **Resource** can be thought of as something that can be used for support or help.

Identifying and Coordinating Strengths

You can find out about strengths and resources by asking:

Who are the people and what are the things that make it possible for you or your child:

- to experience satisfaction and happiness,
- to learn,
- to accomplish tasks &
- to be connected to other people?

Individual **strengths** might include:

- Optimism
- Curiosity
- Creativity
- Compassion
- Energy
- Diligence
- Athletic Talent
- What else?

Individual **resources** might include:

- A video game collection
- A pet snake
- A part-time job
- What else?

Family **strengths** might include:

- Warmth
- Caring
- Health
- Unified parenting

- Strong parent-child bonds
- Cooperation
- Openness
- Civic mindedness
- What else?

Family **resources** might include:

- An apartment that meets all safety codes
- A family car
- A large extended family who can babysit
- What else?

School **strengths** might include:

- Teachers who spend time getting to know each child
- A philosophy of actively involving parents in teaching their children
- What else?

School **resources** might include:

- A well-stocked library
- Safe, well-lit, clean school grounds
- Bilingual education classes
- A school counselor who helps anxious children learn relaxation strategies
- What else?

Community **strengths** might include:

- Neighborhood pride
- Lots of natural, outdoor play space
- A warm climate
- What else?

Community **resources** might include:

- A free public library
- A strong public transportation system
- A nearby community mental health center
- What else?

Facilitating a Child's Mental Health and Well-Being as a FASST Team Member:

As a member of the FASST team, you can help a family to pull together all of the information that they have naturally gathered about their child's mental health and well-being. Families learn a lot by spending time with their child, talking with their child, talking with others who spend time with their child, and possibly consulting with others about their child.

You can also help a family to notice and discover a lot about their child's mental

health and well-being by reflecting on these questions with them:

1. Is their child showing signs that s/he is experiencing well-being?
 - o Does their child seem to be:
 - feeling happy & satisfied,
 - learning,
 - accomplishing tasks, and
 - connecting to others?
2. Is their child showing signs of distress?
 - o Are there thoughts, feelings or behaviors that are of concern?
 - o Does their child seem to be:
 - often feeling sad, angry or afraid,
 - acting out,
 - turning inward,
 - losing focus, or
 - are there signs of delayed development or
 - symptoms of physical/medical distress?
3. What might explain their child's compromised well-being or signs of distress?
 - o Are there certain conditions or situations that seem to trigger the child's distress?
 - o Does it seem like the distress relates to the child's:
 - developmental level,
 - individual physical / sensory capabilities, temperament, or regulatory style
 - relationships with others,
 - environmental circumstances or situations?
4. What are the strengths and resources of the child, family, school and community?
 - o Which strengths are "tapped" and which are "untapped?"
 - o Which resources are currently linked to the family, and which are not yet linked?
5. Based on what the family discovers, what might these discoveries suggest in terms of needed resources and supports for the child and family?
 - o What resources would be helpful for FASST to introduce and explain to the family?
 - o What resources could FASST provide referrals to?
 - o Who else needs to know about what the family has discovered about their child's mental health and well-being and their family's needs?

- What kind of help do family members need in order to communicate their needs, concerns and progress to the other people who are working with them to support their child?

A Note About Mental Health Diagnoses and Disorders:

Some children you work with will have already received mental health diagnoses, and some families might be questioning whether their child has a mental health disorder. While it is not the responsibility of the FASST Team to diagnose a child or to provide mental health intervention, you can assist a family by helping them to understand the following:

1. **A mental health diagnosis or disorder is more than a symptom.** A diagnosis requires:

- a certain number of problematic thoughts, feelings or behaviors (criterion symptoms)
- that occur often (frequency)
- that exist for a certain period of time (duration)
- that lead the child to feel upset (distress) or
- that cause problems (impairment)

2. **A particular symptom could reflect one of many different disorders.**

For example,

Difficulties paying attention could be reflective of one or more of the following issues:

- Anxiety Disorder
- Depressive Disorder
- Bipolar Disorder
- Psychosis (e.g. Schizophrenia)
- Autism
- Attention Deficit Hyperactivity Disorder (ADHD)
- Adjustment Difficulties
- Grief

Or, difficulties paying attention might not be reflective of any of these conditions. Only a mental health provider is qualified to diagnosis this.

3. **A mental health disorder cannot be diagnosed using a medical test or a simple questionnaire.** It is important for a trained assessor to gather information from a variety of individuals, to understand the way a child is thinking, feeling and acting in a variety of situations and environments, in order to make an accurate diagnosis.

The FASST Team can be a resource to families in helping them to understand the various formal mental health services that are available in their community as well.

These services may include:

- Individual psychotherapy
- Group psychotherapy
- Family psychotherapy
- Home-based psychotherapy
- School-based psychotherapy
- Outpatient psychotherapy
- Day treatment
- Inpatient psychotherapy
- Therapeutic Foster Care
- Residential treatment

Thinking about strengths and resources

The Rodriguez Family

The community that they live in is not very safe. Ana is not allowed to play outside. However, a lot of the neighbors are families with young children. Ana's mother lets her visit with some of her neighbors sometimes. Many of the families in the community are very concerned with making the neighborhood a place where all of their children can feel safe.

[illegible]

Notes:



Addressing Family Needs with Wraparound

Chapter 5 Topics

- Section 5.1 – Essential Components of the Wraparound Process
- Section 5.2 – Implementing Wraparound
- Section 5.3 – Utilizing Family Strengths in Wraparound
- Section 5.4 – The Family Team

Goals and Objectives

Goal: The goal of this chapter is to give training participants a basic understanding of the Wraparound Process, its essential components, and the factors that make it work.

Objectives: After completing this chapter, you will demonstrate:

- 1) Familiarity with the basic steps of the Wraparound Process;
- 2) Understanding of the central role family strengths play in Wraparound Planning;
- 3) Awareness of the importance of identifying individualized needs;
- 4) Knowledge of how the Family Team operates in the Wraparound Process.

Notes: _____

Chapter 5

Addressing Family Needs with Wraparound

[illegible]

Human beings are complex individuals who typically prefer to live in communities with families and friends of their choosing. Due to the unique aspects of human nature, individual needs and how they should be met vary from person to person. No single service sequence can adequately respond to the wide variety of human experiences. Providers should tailor their services to meet the unique each individual and family's situation and style.

For people who have unmet needs and who live in circumstances that could be improved, the steps introduced in this chapter are useful for learning how to implement the Wraparound Process and help families meet their needs.

Essential Components of the Wraparound Process: Review

- Family engagement
- Crisis stabilization
- Identification of strengths
- Respect for culture
- Selection of life domain(s)
- Set goals
- Discuss needs
- Determine strengths-based strategies
- Crisis and safety planning

These essential components form the basis for the steps of the Wraparound Process, which will help you work with families to develop a Family Plan. The plan will utilize their strengths to address their identified needs. Remember, the family is at the center of the Wraparound Process. Wraparound works best when:

- Family members are included meaningfully in the creation of their family plan
- Family members are listened to or heard at all stages of planning and service development
- Family members are committed to all aspects of the plan

Notes: _____

Section 5.2 – Implementing the Wraparound Process

Steps of the Wraparound Process

1. Establish Effective Linkages
2. Initial Safety Check
3. Discover Strengths
4. Convene a Family Team
5. The First Wraparound Meeting
6. Life Domains & Outcomes
7. Define and Prioritize Needs
8. Select Strength-Based Strategies
9. Create a Safety Plan
10. Document the Family Plan

Step 1. Establishing Effective Linkages

There are several ways to establish effective linkages with families and to facilitate their participation in the Wraparound Process and in the eventual development of a Family Plan. One key way is to maintain respect for the values of the family at all times. While you may disagree with a family's values, these should be honored especially within the family's own home. Trust the family that you are working with – they are the experts on their own family. In the end, a successful Wraparound Process recognizes the family as the decision makers in their family plans and in their lives.

Another important way to establish effective linkages with families is to remain flexible and willing to work in partnership with them. Remember to be creative and to keep the whole picture in mind when working with families to develop a family plan. The ultimate goal of the Wraparound Process is for the family to live an independent, fulfilling, and constructive life within the community.

The following tips can help you to build effective linkages and relationships with the families that you work with.

- Meet the adults and children in the family before you read the file or consult other professional service providers about them.
- Learn about the individuals and the family from their own point of view.
- Ask families to teach you their cultures, traditions, values.
- Offer to assist with needed tasks that reflect a practical understanding of the person's circumstances.
- Keep your promises, and don't make any promises that you can't keep.
- Come when you say you are going to come; call when you say you are going to call.
- Unless they're your parents, don't call anybody Mom or Dad.
- Identify boundaries in advance and otherwise, be as flexible as possible.

- When you make a mistake, admit it, apologize and fix it.
- Avoid comparisons; concentrate on the person at hand and her/his resources.
- Tell the truth. You will lose credibility if you are caught in a lie, whether it's by action, omission or misdirection.
- Avoid jargon, murky descriptions and acronyms. Use universal language that everyone can understand.
- Keep your promises and don't make any that you can't keep.

Step 2. Initial Safety Check

At this point, it is important to check to see if there are safety issues, impending crises/difficult transitions and resolve them immediately. Remember, wraparound is a process that plans for safety and works to ensure the health and well-being of the child and family.

Keeping the family safe is a very important part of the Wraparound process. The Family Team will work with the family to help solve crises that may be happening throughout their work together, as well as predict what emergencies could happen and try to help prevent them. Together the Family Team can create a plan outlining what to do if a crisis or emergency does occur.

Certain names and contact information may be of particular importance in case of an family emergency or crisis. As an initial measure, ask the family to list individuals and agencies that have helped them in the past. Suggest they keep such information handy in case of a crisis. Feel free to share the chart, shown here, with them. It will become useful in the event of an emergency or crisis and may be helpful when the family develops a safety plan.

ROLE	NAME	PHONE NUMBER	ALTERNATE PHONE
Case Manager			
Therapist			
Doctor			
Natural Support Person			
Mobile Crisis Team			
Other			

Exercise 2:

Using an Ecogram

Purpose: To learn how to use an ecogram that identifies family supports and strengths that can be used by the Family Team in the development of a Family Plan.

Notes: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Section 5.3 – Utilizing Family Strengths in Wraparound

Discovering the strengths of the family with which you are working is the third step in the Wraparound Process. It is also one of the most important because acknowledgment of a family's strengths can make all the difference in encouraging them to meet their goals.

Step 3. Discovering Strengths

The best way to begin the process of discovering strengths is to get to know the family in positive ways. You may want to focus on:

- Their individual and collective strengths
- Learning more about their values beliefs, and cultural background(s)
- The choices have they made (in different areas of their lives)
- Their family stories
- The dreams they have for themselves and their loved ones

After you've heard a family's story from their own point of view and learned about their assets and preferences, ask their permission to review any other potentially useful information that may be available to you and talk to significant current/historic resource people.

Identifying Family Strengths and Preferences

There are seven key types of strengths that can be identified and used in the Wrap-around planning process. These are:

- 1) Child and family talents
- 2) Child and family resilience
- 3) Child and family possibilities
- 4) Available family and team resources
- 5) Borrowed strengths
- 6) Past or historical strengths
- 7) Hidden strengths

The FASST team should begin the process of identifying family strengths prior to the first Family Team meeting. In order for the strengths of the family to be uncovered, team members must have face-to-face contact with the family.

It may be helpful to break the strengths discovery process down into the following categories:

- **Attitudes/Values:** Summarizes the values and attitudes that the family holds. These may speak to strengths in that certain values and attitudes can be the foundation upon which plans are formed.

Examples: _____

- **Skills/Abilities:** This listing often includes hard skills as well as soft “social” skills.

Examples: _____

- **Attributes/Features:** This category includes descriptive statements one can make about the family, as well about individual family members. Families may not easily identify descriptors in this category but for many who work with the family, they may be very evident.

Examples: _____

- **Preferences:** Statements in this category chronicle family preferences and build a foundation wherein interventions can be matched with the choices of the family. Preference summaries can be fairly mundane in terms of basic likes and dislikes.

Examples: _____

Creating inventories of a family’s various strengths can also provide a detailed statement about family choice in terms of service delivery, thus ensuring that family voice and choice are maximized in subsequent planning and delivery.

Next, find out about the important people in a family’s life. Who are the friends, relatives, neighbors, or other individuals that are important in their lives? Learn who could become supportive back-ups for them and where these individuals might be found.

It can be helpful to collect and be familiar with prior reports by other providers and the file that the case manager has on the family. This can help in understanding a family’s needs and issues. Keep in mind, however, that prior providers may have their own prejudices, good or bad, that may have flavored their assessment of the family. Use prior reports as a supplement to your own experiences.

Exercise 3:

Discovering Family Strengths

Purpose: To learn how to use Strength Discovery Worksheet that identifies strengths, attitudes, skills, and preferences for each member of the family. Refer to the diagram on page 12 to complete this exercise.

Notes: _____

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing. There are no margins, text, or other markings on the page.

Section 5.4 - The Family Team

One of the basic assumptions in wraparound is that all humans need support. The fourth step in the wraparound process emphasizes the importance of supporting the families with which we work. Wraparound provides this support through the Family Team.

Step 4. Convening a Family Team

Family teams are comprised of formal and informal resources and are unique to each family. They are comprised of family members and four to eight informal and formal support persons who know them best and work together to develop a plan. The team includes family members, “blood” and otherwise; friends; neighbors; service providers; spiritual leaders; and others who want to help. They also include mandated service providers, who can fulfill important roles on the family team. Typically, professionals should **not** make up more than half of the team. The family should select all of the team members, unless custody is involved. If this is the case, then the state representative shares team selection with the family.

Family teams value family and community resource people as important contributors to the family. They can even help isolated families get needed support that lasts as long as it is needed. Family teams give everyone involved a chance to achieve consensus on what to do to help the family.

Questions to Ask When Convening Family Teams

- Have we missed anyone or any resource that can help people get their needs met?
- Who will be eligible to participate in the FASST program?
- Who can recommend a child, adult or family for inclusion in FASST?
- How will team members determine that a family will be accepted into the process? Rejected? Who will decide?
- How will accepted plans be funded?
- How will disagreements and grievances be resolved?
- How will grievances be addressed?
- Have any resources for meeting the family’s needs been overlooked in developing the team?

Once the Family Team has been formed, contact all of the members and get their input on individual and family strengths, desired outcomes, needs, and people that may serve as additional resources.

Step 5. The First Family Team Meeting

The next step in the Wraparound Process is to hold the Family Team Meeting. This meeting will give the participants an opportunity to set a positive, hopeful, and practical tone that will influence how the wraparound process unfolds. Before convening the meeting, develop a meeting agenda.

Sample Meeting Agenda: The following is a sample agenda for most wraparound meetings.

Family Team Meeting Agenda (Sample)

- I. Ground rules
- II. Strengths
- III. Family Support Plan
- IV. Needs
- V. Goals/Desired Outcomes
- VI. Action Steps
- VII. Assignments
- VIII. Review
- IX. Adjourn

Estimated Meeting Time: 1 hour to 90 minutes

Even at a glance, this agenda tells participants what they can expect to happen during the meeting and shows them that the meeting will focus on family strengths, needs, and goals. Sending the agenda out to family team members prior to the next meeting, will allow participants to prepare themselves mentally to fulfill their team roles. Reminders of assignments from previous meetings can also be sent out to help participants fully prepare for the next meeting.

Meeting Guidelines

Meeting guidelines or ground rules help frame the meeting by making sure participants know up front what is expected of them. Once you have set the ground rules at the beginning of the meeting, it is easy to refer back to them later if someone breaks them (“Remember, we’re focusing on strengths today!”). Here are some sample ground rules. These can be sent out with the agenda ahead of time:

Suggested Ground Rules

- Keep meeting focused on strengths
- Goals/Plan should be based on family/child needs/strengths
- Everyone should be encouraged (and is expected) to contribute
- Ask that side conversations and talking over others be avoided
- Stick to agreed upon rules for decision making

Step 6. Choosing Priorities: Life Domains and Outcomes

Life domains describe categories of our lives that are believed to influence our quality of life. These describe areas in which each of us have needs that go, to one degree or another, met or unmet, every day of our lives. A positive outcome describes how a family's life will look when their unmet needs are met.

The Life domain areas, in no particular order, include:

- Safety
- Culture
- Health
- Legal
- Family
- Emotional/
- Psychological
- Permanent Relationships
- Competency Development
- Language/
- Communication
- Accountability
- Place to live
- Social
- Spiritual
- Education
- Work
- Transportation
- Public Safety
- Restitution
- Behavior
- Finances
- Immigration/
- Citizenship Status

To better understand the family with which you are working, ask the student and all participating family members to select the life domain areas that best reflect their most important outcomes and unmet needs. Ask them to select a realistic number of life domains to be addressed, given the time available in the school year.

Note: When mandated issues of safety are part of the discussion, the meeting facilitator (usually a FASST member) chooses the Safety Domain and then invites the family to select the rest.

Step 7. Defining & Prioritizing Needs

Once we know what outcomes are to be produced, we define the unmet needs that impede the family from achieving their priority outcomes.

Definition of the needs and why they are so important is often left out of Wrap-around Planning, yet this is the precise area where we begin to individualize to the unique strengths and values of the family.

For example, two families may have the same goal of moving to another home, but for very different reasons and because of different needs.

Service options should always come out of the strengths and culture of the family. Options are brainstormed by the team, with the final selection of services to be implemented being made by the family (or if custody is involved, by the family and the representative of the government).

Part of your job as a FASST member will be to help the individual, family and others involved in the Wraparound Process identify unmet needs. Remember, these needs, when met, become the bridges between the current reality and the desired outcomes.

- For each Life Domain area selected, help the Family Team identify and state what the individual and family **need** to produce the selected outcomes.
- Make sure that the **needs** are stated, not service options. Translate services into need statements and make sure that your translation really reflects what was meant.
- When the needs statements are completed, help Family Team members prioritize their needs by voting. The method used to prioritize needs should reflect the people involved. It is their call, unless mandates for child/community safety are identified as priorities.

Step 8. Selecting and Assigning Strengths-Based Strategies

When the top priority needs are identified, the Family Team generates strategies to meet those needs. It's important to connect the child's, adult's, and/or family's strengths, preferences and choices to the strategies.

Encourage Family Team members when they volunteer to implement the selected strategies. Don't underestimate the abilities of the individual, family, and supportive others. Encourage employees to offer their skills and assets as human beings and as professionals.

Step 9. Creating a Safety Plan

Crises will inevitably occur and always have a beginning, a peak, and an end. Crises are seen as less severe if they are predicted in advance.

During the peak of a crisis, don't make major changes in a family plan beyond immediate stabilization.

Revisit potential crisis and safety issues (identified during the initial safety check) and develop detailed, practical responses that prevent or minimize the likelihood that they will occur. Use as many informal supports as possible for crisis management.

Realistically and thoroughly assess whether the individual or family faces uncomfortable or difficult transitions, and plan how to help them manage whatever changes they face.

Safety Plans that Address Crises

Reactive Crisis Plans: Plans that restore safety after a crisis has started

Proactive Crisis Plans: Plans that produce positive change before a crisis

Transitional Crisis Plans: Plans implemented when a family is transitional from one stage to another (i.e., a child is being discharged from a facility and returning home)

Safety Plans should focus on:

- unsafe behavior/alternative behavior
- safe settings/unsafe settings
- rationales
- consequences

Safety plans should be:

- consistent
- documented
- maintained over time

Family Crisis Options

The following is a list of 10 things families can do in a crisis situation that are safe and are probably different from old behaviors:

1. Go out for a movie
2. Read
3. Watch TV
4. Make a snack
5. Separate and go to our “safe places”
6. Go for a walk
7. Call a friend
8. Call therapist or doctor
9. Call case coordinator
10. Call 211 (if life-threatening, call 911)

Exercise 4:

Develop a Safety Plan

Purpose: To assist you in helping a family develop a Safety Plan that will anticipate possible crisis or emergencies, and the best ways to address these.

Notes: _____

[illegible]

Setting Up the Next Meeting

At the end of the Family Team meeting, spend a few minutes setting up the next one. Plan the next meeting with input from all Family Team members in attendance and resolve any logistic issues that may prevent a member's participation. Ask for input from members. How did they feel they were treated during the meeting? What did they feel was the best part of the meeting? Was there an issue that could have been handled in a different way? Make note of additional discussion.

During this time, ask Family Team members to share stories and celebrate the child/family successes. The facilitator should look for opportunities to continue to build community and provider capacity and fill gaps in local informal support strategies and Systems of Care.

Step. 10 Developing the Family Plan

The Family Plan is always formed and revised at the Family Team Meeting. This is the central planning point of the wraparound process. The previous information in this chapter gives guidelines for the team meeting. The Family Plan provides the format for the plan that is based on the results of the Family Team Meeting.

Additional Resources:

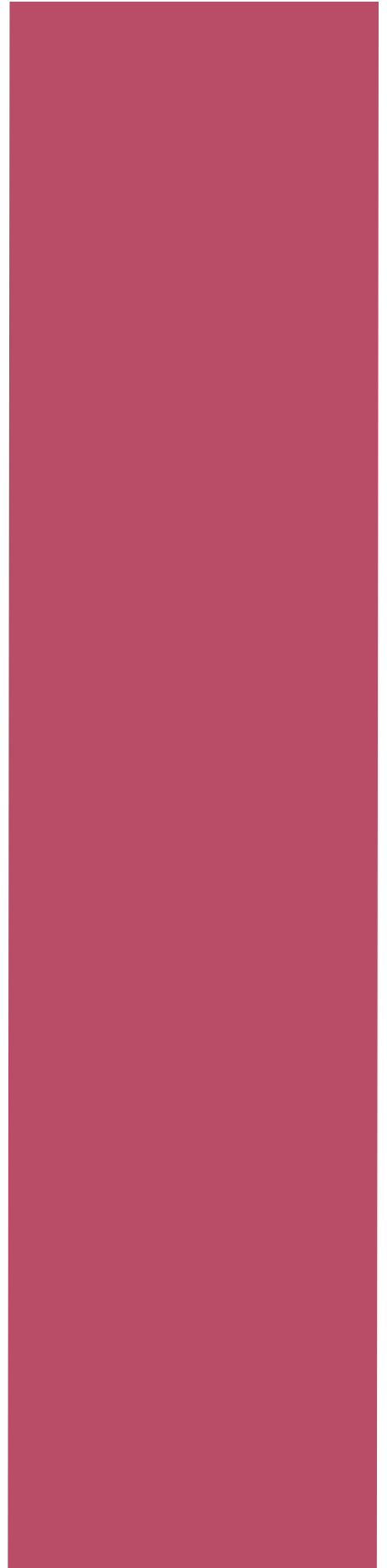
Miles, Patricia L.; Brown-Miles; *Wraparound or Individualized & Tailored Care*; July, 2001.

Poston, Denise, Ann Turnbull, Jiyeon Park, H. Mannan, J. Marquis, and M. Wang. "Family Quality of Life: A Qualitative Inquiry. *Mental Retardation*, 41(5): 313-328.

Rast, James, Ph.D. & Vandenberg, John, Ph.D.; Vroon Vandenberg; Catalysts for Quality Community Life; *Best Practices in the Wraparound Process*; Denver, Colorado; September, 2000.

Realism, Mary, M.Ed.; Community Partners Inc.; *The Wraparound Curriculum: A Practical Guide for Participants*; © 2000.

Notes:







Managing the Family Plan

Chapter 6 Topics

- Section 6.1 – Case Management: The Basics
- Section 6.2 – Collaboration with Providers and Agencies
- Section 6.3 – Collaboration with Families
- Section 6.4 – Monitoring the Family Plan

Chapter Goals and Objectives

Goals: The goal of this chapter is to help participants understand the case management process and how to successfully link families to needed resources.

Objectives: After completing this chapter, you will show:

- 1) Familiarity with the basic functions of case management;
- 2) Understanding of how FASST teams collaborate with providers and agencies;
- 3) Understanding of how FASST teams collaborate with families;
- 4) Basic knowledge of how to monitor family progress.

Notes: _____

The materials in this chapter have been adapted from Zipper, Irene N and Marie Weil, eds. (1994) Case Management for Children's Mental Health: A Training Curriculum for Child-Serving Agencies. Chapel Hill: North Carolina Division of Mental Health and University of North Carolina at Chapel Hill School of Social Work.

Chapter 6

Managing the Family Plan

Section 6.1 – Case Management: The Basics

There are a variety of definitions of case management. Case managers, in a team or individually, are responsible for service planning, delivery, and system coordination. Basically, case management involves linking families to needed resources. Case managers work with the child and family in an ongoing relationship, to develop and manage an appropriate service plan, known within FASST as the Family Plan. This family plan identifies ways to access needed services, monitor service delivery, and advocate for families' needs. It also provides for the evaluation of service outcomes¹.

Case management requires FASST personnel to work with a number of different service systems (e.g., mental health, physical health, social, educational, etc.) in order to assist children and their families in a variety of ways, including to:

- Help them access providers and their services
- Link them to existing resources
- Coordinate multiple services
- Monitor psychosocial services
- Participate fully in their family and communities

Professionals from diverse service systems work with children and families and share a common mission to improve the quality of life for their clients. Case managers can facilitate the collaboration needed between professionals and parents, and among professionals. By assuring coordination of diverse and unrelated services, case management can be an essential part of quality service provision in child mental health.

Case Management's Dual Focus

Case management should focus in two areas:

- Direct family intervention and helping parents facilitate partnerships with professionals
- Intervention within the service network to facilitate collaboration between agencies and professionals working with the family

These areas of focus help to ensure that the wishes of the family guide the provision of services as outlined in the Family Plan.

The Functions of Case Management

The FASST team will serve a number of case management functions. These include:

- Child/family identification and outreach
- Assessment and diagnosis
- Service planning
- Resource identification

¹ Weil, M. (1985) *Case Management in Human Service Practice*. San Francisco: Jossey-Bass.

- Linking the child/family to needed services
- Service implementation and coordination
- Monitoring service delivery
- Advocacy for and with the client
- Evaluation of case management and service delivery

In addition to these functions, the case manager is part of an interactive process by facilitating collaboration between parents and professionals, as well as among different providers and professionals.

The Case Management Process for Children's Mental Health

When applied to children's mental health, case management involves sharing and exchanging information with various providers and mental health professionals, linking and coordinating services, and monitoring service delivery.

In addition, there are two important interactive processes involved in child mental health case management. The first of these involves facilitation of the relationship between the parents and the professionals involved. Within this process, the case manager may serve as an advocate for parent and child needs and help to empower and enable parents to make informed decisions and ask providers for additional treatment options. Within this process, the case manager educates the parents through the provision of valuable information regarding their rights and options.

The second process involves facilitation of the relationship between all of the providers and professionals involved in serving the family. Within this process, the case manager helps to coordinate assessments so that a child does not have to undergo the same evaluation by different providers. Rather, the case manager can assist providers in working together and relying on one service plan as much as possible. Within FASST, all providers and professionals working with the family should be invited to become members of the Family Team, and they should be encouraged to attend family team meetings regularly as a way to monitor the family's progress.

Roles of the Case Manager

A case manager plays a number of different roles in carrying out activities with families. These require diverse skills, and some may be more difficult than others. These roles and some of the activities related to them are described below:

Problem solver – works with or on behalf of the child and family to assist them in functioning as independently as possible.

Advocate – represents the child and/or family and helps them speak for themselves.

Broker – arranges for and sets conditions for service delivery.

Diagnostician or assessor – analyzes the child or family's situation, needs and system arrangements that will facilitate or impede service delivery; recommends services and initial plans for care.

Planner – designs Family Plans, service integration, and agency collaboration to meet the needs of families and the System of Care.

Community or service organizer – develops arrangements to facilitate cooperation and coordination between agencies and/or plans for needed services.

Service monitor and system modifier – keeps track of what goes well and what does not in case management and in the collaboration process. Studies effects on a particular child/family and on the overall target population and service network.

Record keeper – documents what happens to children/families and to efforts such as service coordination, agency interaction, and interagency coordination efforts.

Evaluator – analyzes effectiveness of services for children/families, for the caseload, and for the service network.

Consultant – analyzes organizational or child/family problems and develops strategies to solve them.

Colleague and collaborator – develops productive working relationships within the System of Care to help accomplish tasks.

Service coordinator – sees that things work, that provided services can meet child/family identified needs, and that monitoring, feedback, and evaluation take place.

Expediter – secures cooperation, carries out tasks, and analyzes results.

Exercise 1:

Roles of the Case Manager – Self Assessment

Purpose: To identify the multiple roles of case managers.

Notes: _____

[illegible]

Section 6.2 – Collaboration with Providers and Agencies

As noted earlier, case management has a dual focus. The focus on the service network of a System of Care (SOC) requires that a case manager work closely with the providers and agencies within the local SOC to ensure that services are available for FASST families.

In order to help connect families with much needed resources and services, it will be important for your FASST to connect with providers and agencies. One of the most important factors in successful case management is collaboration between your program and other agencies and providers. The more you get to know about the professionals who work with families in these agencies, the easier it will become to develop effective ways to successfully meet your families' needs.

When agencies agree to work together to support case management, there can be better coordination of services. Agreements between agencies and your program can establish procedures to facilitate coordination in the following areas:

- Information management
- Documentation
- Confidentiality Issues
- Service plans that support case management practice
- Monitoring and evaluation
- Funding mechanisms

Quality services also make successful case management much easier. When services are unavailable or inadequate, the FASST may need to figure out creative ways of assuring that children and families receive the services they want and need.

The FASST will need accurate and up-to-date information about the services available for their families at the local, regional, and state levels. Families often get their information about services from case managers. In order to coordinate services and be able to “guide” families through the maze of services, the FASST needs to know what services are available and needs some basic information about each service.

Exercise 2:

Gathering Resource Information

Purpose: To identify important agency information needed when making appropriate referrals; to gather information about other agencies; and to identify successful strategies for gathering and maintaining up-to-date resource information.

Notes:

Collaborating with Programs and Agencies

Many different professionals are involved in the service network to meet the mental health needs of children and their families. These professionals have expertise in a variety of areas. This diversity of service providers can make collaboration complex, but is necessary to address the variety of client needs.

Diversity in the expectations and level of understanding among families in the service system can affect collaboration in important ways. Case managers need to be sensitive to this diversity among families and avoid assuming that all families will share their own values.

“Collaboration” means “to work or act jointly.” It has also been defined as “joint responsibility for carrying out an agreed-upon action.” Certain conditions are needed to make collaboration effective, especially among service providers and professionals. The points below should be kept in mind.

- Perhaps the most basic condition is that professionals need to agree that there is value in their collaboration.
- Collaboration is much easier if professionals have a shared perspective on intervention with children and families (e.g. agree upon the need to involve the family).
- Individuals are more likely to be committed to working together in an atmosphere of mutual understanding, respect and expertise.
- Each individual involved needs to understand his/her own role and responsibilities well enough to be able to articulate them to someone else.
- Collaboration needs administrative support.
- Collaboration must be supported by Family Plans that include provision for regular contact and involvement.

It is also important to note that the case manager is responsible for identifying problems in the service network functioning within the System of Care. However, the case manager is likely to have limited authority to effect change in the way networks function.

In any case, the case manager is responsible for assuring that there are adequate strategies for promoting the effective functioning of the service network and for assuring that supervisors and administrators are aware of the strengths and weaknesses in the System of Care. All members of the FASST must understand this responsibility for the functioning of service networks and for assuring that supervisors and administrators are well-informed of the problems.

Exercise 3:

How Will We Collaborate?

Purpose: To consider optimal levels of collaboration in various situations.

Notes: _____

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Section 6.3 – Collaboration with Families

Effective case management is grounded in the relationship between the family and the case manager or case management team. This partnership guides the case management process. Only when this relationship is collaborative in nature can the FASST know what services are consistent with the desires and needs of family members. Decisions made between the family and the FASST will determine who will be involved in the decision-making process. The older a child is, the more closely involved she/he will be in assessment and service planning.

FASST members will take on a variety of specific roles with families. In order to build an effective parent/professional partnership, all FASST activities should be carried forward from an empowerment perspective. In an empowerment perspective, competencies are assumed and opportunity is provided for family members to learn and use skills relating to the service system. To this end, parents need information and support on how to interact with the SOC to connect to services and facilitate needed changes. They need to understand their child's needs, service options, and ways to work with service providers, including the FASST. They also need to understand their own rights as parents.

In addition to the case management roles outlined earlier, the roles that FASST members take when working with families should have two main emphases: 1) roles that strengthen the family's confidence and understanding of their situation; and 2) roles that support the family's involvement with the SOC. The role that FASST takes on will depend on family priorities, needs, and resource, as well as on program priorities.

Some of the possible FASST roles include:

Information collector and provider – learns from the family about the child, the situation, and concerns, and provides information about the case manager's role, the agency, and the service system.

Educator – educates the family about the child's mental health needs and about service options; also explains purpose and methods of interventions that are being considered or are under way.

Supporter – supports the family by demonstrating understanding of their perspective, and reinforcing their involvement in problem solving; reinforces family's strengths and confidence.

Confidante/Listener – hears and respects family members' concerns and observes confidentiality.

Interpreter/Reframer – restates concerns in a way that strengthens family members' ability to understand their behavior and interactions; provides interpretation services where necessary to families of limited-English speaking ability.

Advisor – assists families in planning and decision making.

Advocate – plans with the family how to represent their interests and concerns to other service providers and how to negotiate the service system.

Service/Financing consultant – assists the family in identifying and using appropriate sources to finance services.

The relationship between the FASST and the family begins with the very first contact between them and develops over time. The strengths-based assessment with the family begins with the sharing and exchange of information during intake.

Exercise 4: *The Parent Perspective*

Purpose: To understand the parent's perspective on involvement with the child mental health system and the case management process.

Notes: _____

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This information will help the FASST in ongoing work with the child and family. As outlined in Chapter 5, detailed information should be collected in the following areas:

- The child and her/his needs
- Any family concerns
- The situation in which the family finds itself
- The family's priorities, concerns, strengths, and resources

The family's expectations should be established from the very first meeting. The content and process of this initial contact are equally important. While case managers need to be concerned with gathering information for future planning, that information will be useful only if the case manager establishes a relationship with the family based on respect for their priorities and concerns. Sensitivity to the family's confidentiality is crucial, and expectations as to confidentiality should also be established at the outset. To build an effective partnership, the FASST member needs to carefully explain their possible roles and responsibilities to the family, so that mutual expectations can be developed.

Serving as Liaison and Advocate for the Family

The case manager often serves as the liaison between the family and the service network or SOC. In the case of FASST, the team will assist the family in negotiating the System of Care and in understanding how each service will relate to the desired outcomes as outlined in the Family Plan. The team will also assist in facilitating the family's access to and involvement with other service providers.

Problem solving is the underlying process in most case management activities with families. It is a central role in which the FASST not only helps to identify and deal with problems in service delivery, but also assists the family in strengthening their own problem-solving skills (within the family and in working with service providers). Your ability to utilize a variety of problem-solving strategies and to help families identify those that work for them is a key to good collaboration with families.

To "advocate" for someone means to speak for or represent the interest of a child or family. In case management, the concept of advocacy is extended to assisting families in learning how to negotiate for and represent their own interests. Problem solving and advocacy could be focused on differences in perspectives between the family and service providers or on differences within the family between the parents or between a parent and a child.

When there are differences between the family and a service provider, it is up to the FASST to advocate for the family and to assist the family in effectively representing their own interests. When there are differences among family members, the case manager must utilize problem-solving and advocacy strategies to resolve these differences and help families develop their own strategies for dealing with problems.

Exercise 5:

Collaboration with Families

Purpose: To consider the case management roles that can be developed with a particular family.

Notes: _____

[illegible]

Exercise 6:

Working as an Advocate

Purpose: To examine the advocacy processes that may be effective when working with families.

Notes: _____

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Section 6.4 – Monitoring the Family Plan

Monitoring the Family Plan allows the FASST to keep abreast of problems in progress toward the goals identified in the service plan. The case manager will discuss with the family what is happening with service provision, and may need to communicate directly with other service providers. The monitoring process documents progress, helps to identify problems in achieving desired goals, and may identify a need to modify goals.

When services are first implemented, the family and the FASST team must decide how to handle referral to services and assure access to these. They will also decide on what information is to be shared with service providers and how services will be coordinated. When the child and/or family is involved in therapy or counseling, the FASST members need to assure that the family understands the goals and processes of these mental health services. Where other services are involved, such as daycare, Aid to Families with Dependent Children (AFDC), or support groups, the team and the family need to be clear about the purpose of those services in relation to the family's needs and goals. FASST team members must work together to assure that the family understands the service process and any further specification of goals.

Ongoing discussion of the process and goals may take place during Family Team Meetings involving the family, the team, service providers and other informal or formal supports. Once services are in place, the FASST, together with the family, monitors progress toward desired goals. Monitoring takes place through communication with the family and with service providers. Monitoring services with the family may involve educating the family as to the service process, discussing their perceptions about progress toward goal achievement, and discussing ways they can work with service providers to improve service outcomes.

The involvement level of any particular family depends on a variety of factors, including the needs and desires of the child and family and the services in which they are involved. The child's level of involvement will vary depending on such factors as her/his age, motivation, and condition.

Exercise 7:

Monitoring Family Progress

Purpose: To allow participants to consider the various ways in which families may be involved in service monitoring.

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Evaluation of Services

Evaluation of services takes place both during service delivery and at the time of termination or transition. Ongoing evaluation may be formal or informal. Every contact with a family provides an opportunity for service monitoring and evaluation, and an opportunity to consider how services might be modified to better suit the child and family and more effectively meet identified goals. In addition, at formal case reviews families and providers are involved in evaluating services and setting goals for continued services, which may result in a revised service plan.

Remember, effective mental health services involve families who feel they are benefiting from the services they are receiving. It is very important that we listen to families involved with the child-serving system to learn how we can improve services for the particular child and family involved and for all families in the System of Care.

Transition in Services

Helping families make transitions in their lives is an important aspect of case management. It is your responsibility, as a team, to be aware that work with the child and family is time-limited and that the family may need to carry out their own case management in the future. An important role of the FASST is to help the family prepare for this time.

Transition or termination may occur for various reasons. These could include:

- The achievement of desired outcomes
- The family's desire to deal with continuing problems independently
- Establishment of different service goals and priorities

It is important that the FASST always remain involved in helping the children and families with which they work to make changes to the service plan. Transitions often reflect a change in level of service intensity and a move along the continuum of services. Transitions involve both emotional issues and logistical changes for the child and family. Effective FASST involvement in the transition process can strengthen the relationship between the child, the family, and the team. Continuing involvement with the family through transitions highlights the constant and consistent nature of the relationship between the family and the FASST, as they work with a variety of providers in the SOC. FASST team members need to be sensitive to any of the emotional aspects of a transition while facilitating any of the logistical steps that are needed.

Termination

Termination is a form of transition, in which the child and family are moving into a new phase of their lives where formal FASST services will no longer be used. As with other transitions, termination can involve emotional issues, as well as logistical steps.

Common reasons for terminating FASST services include:

- Goals have been met
- A crisis is over, and additional services are not appropriate or are not needed at this time
- The Family Plan has been fulfilled, and additional services are not needed
- The child/family decides to terminate services

Exercise 8:

Evaluation of Service Delivery

Purpose: To give participants an opportunity to consider when and how to evaluate service delivery.

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- The child has moved to another developmental stage, and it seems more appropriate to allow the child to solidify that development

Some common reactions from the family to the termination of services may include:

- Reversal of progress seen
- Reappearance of old symptoms
- Quitting before FASST services are actually terminated
- Anger or disappointment at being “dropped”
- Feeling reassured that the team believes in the progress they have made
- Feeling relief that the team/providers agree with their own assessment of progress
- Excitement and some anxiety at ending services
- Enhanced self-esteem

Here are some strategies that can help facilitate the termination process:

- Begin to prepare the child and family for termination several weeks before your final meeting/session with them.
- Reduce the frequency of appointments, meetings, and/or family visits and stretch out termination.
- Review progress toward established goals.
- Let the child and family know they have an “open door” to the FASST if the need arises.
- Establish a contract for follow-up at periodic time(s) (e.g., one month, six months, or one year).

There are a number of ways that FASST team members can support the child and family through termination of services. One important way is for the team to maintain contact with providers and discuss any individual or family difficulties with termination. Encourage the family to discuss their reactions to termination with you or another team member. Reassure them that these reactions are not unusual. Remind the family that the team will be available to them in the future, if needed.

Maintaining contact with the child and family through this process is important in helping to make this important transition.

Notes:



Home Visits and Communication

Chapter 7 Topics

Section 7.1 – Home Visits: What to Know Before You Go

Section 7.2 – Establishing a Successful Support Relationship

Section 7.3 – The Three Stages of Home Visiting

Chapter Goals and Objectives

Goals: The goal of this chapter is to give participants an understanding of the importance of effective home visits and communication in working with families through FASST.

Objectives: After completing this chapter, participants will be able to:

- 1) Identify the advantages of using home visits for providing families with services,
- 2) Be able to prepare a plan and checklist in preparation for your first home visit,
- 3) Apply communication skills to establish a successful support relationship with families, and
- 4) Identify and practice the stages of successful home visiting.

Notes: _____

Chapter 7

Home Visits and Communication

Section 7.1 – Home Visits: What to Know Before You Go

Home visiting will become an important part of your work with FASST. Home visits allow you to show the family that you are making an extra effort to get to know them and work with them on their own terms. Home visits can serve a number of purposes as you work with a child and family. Some of the specific purposes for conducting home visits as part of your work with FASST include:

Providing Reassurance to the Child and Family

- Children know they have not been abandoned and can be safe
- Family knows that the agency wants to help them with their child's needs
- Parents and child know that each other are well
- Preserves continuity of relationships
- Promotes psychological well-being

Assessing Reunification Capacity and Progress

- Workers can assess parent's and child's willingness to work on meeting needs, the strengths that can make stabilization possible, and family problems that may impede goals.
- Workers can use visiting experiences to help parents identify family goals that need to be met.
- Workers can alter the visiting plan to reflect family and child progress and needs.
- The need for informal and formal resources can be identified.
- Children's and parent's needs for additional help can be identified.

Providing an opportunity for Intervention

- Parents and children can learn and practice new skills.
- Parents and children can confront reality, recognizing what it really means to change to more adaptive behaviors.
- Problems can surface and be addressed.
- Changes in the family can be adjusted to at the family's pace.
- Parents can be empowered by responding to their children's needs.
- Parents and children can express and work through their feelings towards each other.
- Workers can use real life experiences to help children and parents.

Allowing for Careful Documentation

- Recommendations and plans can be supported or changed through accurate recording of visiting experiences.
- Parents can be provided with feedback regarding their progress.

Planning Before a Home Visit

Pre-visit planning is very important if you want your visit to go well. Before setting

out get some practical travel aids: a good, detailed map of the area in which you will be working and, if you plan to use public transportation, bus schedules. If you have never used a road map before, learn how to read it. If you need help, ask your supervisor.

If you are traveling to and from home visits by car, some programs suggest that you plan a “trial run” to the home of any new family. This way you can be sure to show up for your first scheduled visit **on time**. Being on time is an example of nonverbal behavior that lets the family that you are working with know that you care about and respect them and regard your time together as important.

Before you reach a family’s home, you should have a clear idea of your objectives for the visit. (Objectives are those things you want to work on or accomplish.) Be sure your objectives are realistic and can be accomplished. Recognizing the limits as well as the many strengths of reaching out to families is an important first step in planning your home visits.

While you are still new at the job, it is a good idea to write down these home visit objectives for each family and make sure you cover all of them before the visit ends.

Setting Home Visit Schedules

Since making home visits will be an important activity within the FASST program, maintaining an organized schedule will be essential. The specific appointments set with each family will depend upon the FASST team’s assessment of a particular family’s needs.

When setting home visit appointments, the key is to remain flexible. People’s lives change and appointments cannot always be kept. Maintaining a sense of flexibility in home visit scheduling may limit the disruption caused when families miss or unexpectedly cancel appointments.

The tips listed below can help in maintaining flexibility when scheduling home visits:

It is up to you to contact your “no-show” parents or families and set up another appointment. If they have no telephone, be sure to leave a message on their door and suggest a time when they can reach you.

- Schedule home visit at least a week in advance, if possible. When setting appointments, remember important duties, such as staff meetings.
- Give your supervisor a copy of your home visiting schedule and any changes to it as they occur.
- For your safety, always make sure that someone in your office knows where to find you.
- Whenever possible, try to reconfirm home visit appointments at least one day in advance.
- If a parent calls to cancel a visit, thank her or him for being considerate and letting you know in advance. This encourages positive behavior.
- Schedule home visits around each family’s lifestyle and time constraints. Working parents may only be able to set an appointment in the evening or on weekends.
- Schedule visits in neighborhoods or areas of the county that are close to each other to cut down on travel time.

While conducting home visits, you will get lots of practice arranging – and perhaps rearranging – your schedule. A lot will depend on your (and your supervisor’s) assess-

ment of each family after your first or second meeting.

Some home visitors prefer to schedule more difficult cases for the morning or early in the week, when they feel they are fresher and have more patience. Once you have been on the job a while, you will find out what works best for you.

Remember to be *flexible*. People's lives change and appointments cannot always be kept. Be sure all your families know the telephone number where you can be reached, and urge them to call you as soon as they know their plans have changed and they need to break an appointment and schedule a new one.

It may help to try to reconfirm each scheduled visit one day in advance of the actual home visit. This will cut down on the number of cancellations, but it will not stop them. There are many reasons for "no-shows."

Sometimes, a family will not be home when you arrive for your scheduled home visit despite having confirmed the appointment ahead of time. While this may be annoying, you should not take the missed appointment personally. There may be a number of reasons causing a family to miss their appointment. Discuss the missed appointment at your next visit. It's important, however, not to take such cancellations personally in order to avoid getting frustrated and/or short-tempered with the family. This serves no useful purpose, and in fact can lead to "burn-out" and job dissatisfaction.

Being flexible helps you regard scheduling changes as a routine part of your job. Whether you schedule a home visit for day or evening hours, or perhaps on a weekend, will depend on each family's lifestyle. If a parent works or goes to school or if other family members also want information on the topic you will be discussing during a particular session, this will determine the time of your visit.

After you've been on the job for a while and your caseload expands, you will need to schedule more home visits in a set period of time. At that point, you may want to try arranging your schedule so that you visit all families who live in a certain part of the city or in the same neighborhood on the same day. The less time you have to spend traveling, the more time you can spend on actual home visits.

Materials

A day or two prior to the home visit, be sure to assemble the materials you will need. Check that you have everything before leaving your home or office. This includes any records or forms that need to be filled out, support materials to reinforce any of your new messages, blank paper, a pen or pencil, and perhaps some toys or books for a child that may be home. Bringing along a small roll of tape is also a good idea, in case you have to leave a message on a family's door.

Here's a tip for organizing your materials: try to separate the materials you will need for each family ahead of time, and put them in your bag in such a way that you can get to them easily. It is best to prepare a separate folder for each family.

Checklist – Preparing to Make a Home Visit

The following is a checklist of practical things to consider each day as you plan and make home visits. If you want more information, a discussion of each of these items is found in this chapter.

- Schedule enough time for each visit, allowing for travel time between visits.
- Try to reconfirm appointments the day before each visit.

- Know where you are going and the best way to get there.
- Keep your paperwork up-to-date.
- Be clear about your objectives (what you want to accomplish) for each visit.
- Make some notes for yourself, so you won't forget anything important.
- Decide what supplies you need for each visit. Make sure you have enough copies of anything you want to leave with the family.
- Keep your supplies and materials in a large, sturdy case or bag. Separate the materials you will need for each family so you can get at them easily at the start of each visit.
- Be flexible. Be prepared to make changes when the situation changes.
- Follow all of the safety tips discussed in this chapter.
- Learn to expect the unexpected. That way, you'll never be taken completely by surprise.

Exercise 1:

Preparing a Home Visiting Plan

Purpose: To plan the logistics of the first home visit, outline the reasons for making the visit, and to identify the expected outcomes.

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Section 7.2 – Establishing a Successful Support Relationship

The basis for a successful home visit is the “support relationship” established with the family. This relationship, built over time, forms the foundation for all of the services that the FASST team will provide the family.

Through the home visit, the FASST team can:

- Provide support and encouragement
- Provide important information
- Help families identify priorities
- Resolve difficulties
- Reach goals
- Promote self-reliance and effective coping
- Serve as an advocate

Researchers have found that strong family support relationships lead to successful treatment for individuals or families in need¹.

The support relationship has three basic elements:

- A family or individual needing help or assistance to deal with serious problems or challenges,
- A capable or trained person willing to provide direct assistance or information on how best to receive assistance, and
- A comfortable setting that allows for such help to be given and received.

The support relationship can be thought of as a “working alliance,” where the FASST team and the family are working together to identify and reach the family’s goals, resolve problems, and address challenges. A number of characteristics and skills are essential for establishing an effective support relationship. This section will outline some of the most important support relationship characteristics and basic support skills that may assist you in effectively conducting ongoing home visits with families.

Basic Support Relationship Characteristics

The following characteristics have been identified as critical for establishing an effective support relationship: empathy, respect, and genuineness².

Empathy is the capacity to respond to a client’s feelings and experiences as if they were your own. Empathy also includes the ability to communicate an accurate understanding of the family’s circumstances.

Respect is the ability to see a person as having worth and dignity. It often includes a sense of commitment, understanding, a non-judgmental attitude, and warmth.

¹ Wasik, B. & Bryant, D. (2001). *Home Visiting: Second Edition*. Thousand Oaks, CA: Sage Publications.

² Ibid..

Genuineness is the ability to be yourself without presenting a façade or “false image” of yourself.

These characteristics can help you to develop *rapport* and *trust* during home visits.

Rapport is a working relationship with another person. Establishing rapport is a process that begins as soon as you meet a family. It is the process of getting to know one another, of sharing information, and learning what you can expect of one another.

Trust means having confidence in someone and knowing that you can rely on that person to tell you the truth or to do what s/he says s/he will do. It takes time – perhaps several home visits— for a family to develop trust in you and realize that you care about them as individuals and you will be there when they need you.

Aside from the support skills introduced below, it will be important for you to maintain a positive attitude. A positive attitude will provide a foundation for building a good working relationship with families. The way you talk and treat the families with which you work will affect the way they respond. Whether you are comfortable meeting new people or not, the most important thing to remember is to be yourself and be sincere (an example of “genuineness”). The relationship will grow over time. It may take a while for a family to believe that you care about them or their needs³.

Fundamental Support Skills

Support skills include all of the verbal and nonverbal communications that guide the interactions between the FASST team and the family in need. The techniques and strategies highlighted below can help FASST team members establish an effective support relationship.

The essential support skills we will discuss in this section promote good communication and can help FASST team members interact with families in constructive, supportive, and effective ways. These skills include:

- Observation
- Listening
- Questioning
- Prompting

Observation

Observation is an important way for FASST team members to gather the important information necessary for understanding and collaborating with families in need. The home visit will provide you with a rare opportunity to observe families in their own environment, which will give you insight into and knowledge about a particular family’s living conditions, and the community relationships to which they belong.

From the moment you set out to conduct a home visit, you can begin to collect useful information on available community services and resources, including transportation; health and social service agencies; the safety of the neighborhood; and recreational, cultural and educational opportunities. This knowledge will help you to gain perspective on how best to interact with a particular family and provide you with information for making suggestions about resources.

² International Medical Services for Health (1993) *MotherNet Home Visitors Handbook*. Sterling, VA: (INMED).

In addition, home visits will allow you to see how family members contribute to each individual's overall well being. You can then use this information to help families build on these existing strengths. You can help motivate and encourage family members simply by pointing out the ways in which they support each other.

Listening

Good listening skills are extremely important in establishing a good relationship with families. It is important to listen not only to what family members say but also to the meanings and feelings associated with the words they say. Careful listening can provide you with knowledge about an individual's emotional status during a home visit and can help you to respond sensitively to the family's need(s).

There are a number of guidelines that can help you to improve your listening skills. First, make sure to give the family member(s) with which you are working enough time to discuss particular goals and concerns, talk to you about what has happened since the last visit, or to tell you about other issues of importance to them.

Make sure that your body language and words convey support and interest in what others are saying. Contradictory messages, such as acting restless while encouraging someone to talk, can discourage and confuse the person who is talking to you. **It is also very important to remember that nonverbal communication and eye contact may have different meanings in different cultures.** You should have a clear understanding of the meaning of nonverbal communication for the different families that you visit and be able to alter your behavior to be responsive and respectful.

Finally, you should remain mentally alert during a home visit. Make an effort to think about what a family member is telling you. Ask yourself if the topic or concerns being raised are similar to ones you've heard before. ("Is this reaction similar to the one her daughter had several weeks ago?") If so, you may be able to identify such similarities during your visit and ask what helped to resolve similar situations in the past.

Asking Questions

Asking questions is often a natural part of conversation between individuals. When used during a home visit, questioning can help structure the conversations you have with family members. However, it is important to keep in mind that there are advantages and disadvantages to using questions in your interactions during the home visit. The overuse of questions may make family members feel as though they are being interrogated or talked down to. It is therefore important to learn an appropriate use of questions to facilitate good conversations. For the purposes of this training, we will focus on questions that help to assist you during interviews and in gathering important information that will help the family.

Some important forms of questions that may be useful to use during home visits, include:

Initial Questions

During the initial visit, it will be important for you to begin by putting family members at ease, creating a comfortable and safe environment in which to talk, establishing rapport and building trust. The appropriate use of questions at this stage will help you communicate to the family that you are there to offer help in a nonjudgmental way. The questions that you ask as you begin the initial interview should encourage family members to talk about topics that they choose. For example, you might ask about a child's hobbies or favorite pastime. Individuals who are not comfortable talking may respond more easily if you ask initial questions that relate to everyday matters as opposed to starting out by discussing serious problems.

Open-Ended Questions

Open-ended questions are particularly useful during an initial interview because they can help you gather information on specific family needs and concerns. Open-ended questions should not restrict the kinds of responses that family members give. For instance, after presenting general information on FASST services you might ask, “What are some ways that our program can help you?” or “Are there particular concerns with your son or daughter that you would like help with?”

These questions also allow you to learn from family members what events or feelings are important to them and allow them to direct more of the conversation. A parent may respond to such questions with examples that provide valuable information for understanding family needs and goals.

Clarifying Questions

As the name suggests, these questions help you to gather additional information during your conversation(s) with family members. The questions are appropriate whenever a family member discusses issues or events that may be open to different interpretations.

Clarifying questions can be especially useful when a family member uses vague words or phrases. For instance, if you are discussing learning activities with a child’s mother and she says, “Things are all mixed up,” you might not know what “things” she means or how they might be “mixed up.” You might then ask, “Could you tell me what you mean by things?” Once you understand what she means, you may want to explore what she means by “mixed up.” In this way, you can avoid jumping to conclusions about what the mother means.

It is important that your clarifying questions do not interfere with what a family member is trying to say. It may sometimes be better for you to wait for a clarification before asking questions too soon.

Focusing Questions

During a home visit, you may find it necessary to help family members focus on specific issues or concerns. For instance, an individual may have a number of concerns or feel overwhelmed by a number of problems. This person might need some help focusing on one topic when she or he identifies many issues without seeming to prioritize them. For example, a father who is overwhelmed by his son’s discipline problems may say, “He does everything wrong. He is always making me upset.” In this situation, you could use focusing questions to help this parent identify specific concerns. You might ask, “What about his behavior upsets you?” to begin to identify specific areas of concern. Once these areas are identified, it becomes easier for both of you to discuss how serious the issues are and to determine – together – what action, if any, should be taken.

Redirecting Questions

You can use redirecting questions to shift the discussion from one topic to another or to focus on a particular aspect of an issue. These questions may also be used to return to a topic that you feel a family member may be avoiding through discussion of unrelated matters. For example, during your home visit, you notice that the mother mentions feeling a great deal of anger toward her child but then moves on to other topics. You may decide that the mother is avoiding the subject, and you may also know, based on your knowledge of the family’s issues, that this mother has very limited coping skills for dealing with this anger toward her child. At this point, you can return to the topic in a way that is supportive of the mother while helping her think about ways to deal with her anger. Your conversation might include a discussion on effective child management procedures and different ways of dealing with anger.

Remember, though, when you redirect a conversation or discussion with a family member you are making a judgment about the importance of certain feelings or events

for the family. Redirecting questions should be used thoughtfully and in a respectful manner that is consistent with the feelings being expressed at the moment. If, for example, the angry mother relates her feelings in an emotional manner and is crying, then you should show empathy for her and only later discuss child management strategies with her.

Probing Questions

Probing can help you gather additional information during a discussion and can be especially important when you don't have enough information to understand a family member's feelings or concerns to help them with an issue. Probing questions could be used to help family members begin to consider the resources they have available to them during stressful or difficult times. Parents of a child with disabilities may have been depending only on each other during times of relief. You could help them consider extended family members, friends, neighbors, and alternative forms of care and support by asking, "Who are some members of your family that could help?" or "You mentioned that your mother could not help because she works. Have you talked with her about your need for some help with your child?" Probing questions can help family members explore alternatives in more depth or consider those that have been dismissed or not considered at all.

When using probing questions, it is important to use your observation skills to determine whether the family member with whom you are talking appears to be uncomfortable because of your questions. If you notice that the questions you are asking are provoking a negative response, stop. You may be able to redirect the question(s) or ask them at a later date. You may also choose to delicately discuss the sense of discomfort these questions created and assure the family member that they can choose not to answer specific questions or to answer them when they feel more comfortable with doing so.

Prompting

Prompting can help you bring about a particular behavior by using verbal encouragement or through the use of your behavior, such as "modeling." Prompting can be very useful when teaching new techniques or when encouraging a family member to try something that he or she was hesitant to try. For instance, you may guide a parent through a learning game with their school-age child. Or you might suggest that a family carry out an activity that they have been planning to do together but needed encouragement to begin. When you prompt a family member to try something new, you are demonstrating your confidence in that individual's abilities while helping her or him learn new skills.

Relying on the support characteristics and skills presented in this section can help you to develop an effective level of rapport and trust with families receiving FASST services. Many of these skills are used in everyday conversation and can be further developed simply by becoming aware of their use. As you become more comfortable visiting with families in their own home, you will notice that communicating with them will also become easier.

Exercise 2:

Asking Questions and Taking Notes

Purpose: To practice the different forms of questions that might be used during a home visit and use the information gathered to write effective progress notes.

Notes:

Section 7.3 – The Three Stages of Home Visiting

In this section we will discuss some practical aspects to consider during home visits. The three main stages of home visits are: the initial home visiting phase, the middle phase of ongoing home visits, and the transition or termination phase. Through the material presented in this section, you will learn the skills that are fundamental to the management and maintenance of home visits over time.

Different purposes are emphasized in each stage, however the most important purpose of visiting through all phases is to preserve family bonds, ensure safety, and promote goal-oriented behavior. The list below outlines important aspects related to FASST home visits within each phase:

Initial Phase – usually lasts about 30 days

- Build a relationship with the family.
- Family members may be uncomfortable with FASST members.
- Focus on assessment and goal planning.
- Visits typically need to be closely controlled for location and length.

Middle Phase – usually extends over several months

- Family members and others work to meet family goals and monitor progress of services (e.g. parenting classes, counseling, etc.).
- Visit activities are chosen to provide ways to learn and practice new patterns of behavior.
- FASST collaborates with other service providers to deliver needed resources.
- Feasibility, level, and timing of services are further assessed.
- Consideration is given to whether changes in arrangements or supports could be made to support goal attainment.
- Visits can include a range of participants significant to family members.
- Responsibility for change shifts from FASST to the family.

Transitioning or Termination Phase – may take up to 30 days

- Occurs after the Family Plan goals have been met successfully and safely.
- Emphasis is on identifying and securing the services that the family will need to maintain stability after termination of services.
- Evaluation of remaining stress points.

Now we will discuss the three phases in more detail:

Initial Phase – The First Home Visit

The first home visit will serve as the beginning of what could become a long-term relationship with a family. This relationship may extend over a period of months to years, depending on the situation in each household. Whether this relationship is short-term or long-term, it will form the core of the home visit process. The first home visit requires your special attention because it will establish the working relationship between you and the family⁴. During this visit you should make every effort to engage the family and begin to establish the rapport and trust that will be crucial to your continued presence in the family's home.

The first home visit should be focused and relaxed. You should make every effort to cover six objectives during this initial visit. These include:

- Establishing rapport and trust,
- Becoming acquainted with the family and allowing them to become acquainted with you,
- Reviewing program purposes and goals,
- Defining the promotor's roles and the family's roles,
- Clarifying the family's expectations, and
- Scheduling the next home visit.

Although these objectives have been highlighted individually, some of them – such as establishing rapport and trust – will be part of an ongoing process. Here are some things you can do to develop a good working relationship:

- Maintain a positive attitude
- Clarify the role of the family in the FASST program
- Use praise and encouragement
- Show empathy
- Be a good listener
- Make yourself clearly understood
- Be aware of non-verbal behavior (such as posture, gestures, etc.).
- Be non-judgmental
- Maintain confidentiality
- Be reliable

You may find it useful to informally interview families in order to understand them better. Effective interviewing takes practice. There is no one right way to do it and it takes years of practice to do it well. Allow yourself time to gain comfort and expertise as an interviewer. As you assess your progress, keep in mind that your goal is to focus on what works by helping people find the hope and motivation they have within. When you see clients as the experts on their lives and treat them as such, there is less pressure and expectation that you as the home visitor will be responsible for a “cure.” Rather, you will support people in addressing their own issues.

⁴ Wasik and Bryant, 2000; Berg and Helgeson, 1984.

Middle Phase – Ongoing Home Visits

Conducting home visits is a process that includes a number of important concepts to remember:

1. This program exists for the benefit of the family.
2. Families should be allowed to make their own decisions.
3. Family independence must be supported.
4. Family motivation and desires should form the basis of exercises, activities, and conversations.
5. The maintenance of a professional, yet friendly, relationship between FASST team members and the family will cut down on confusion for all.

Staying in Touch

Make sure the families you work with know how to reach you, and that you also know how to contact them. This is important not just for scheduling home visits, but so that the family understands that they can always consult with you should a problem or need arise.

This does not, however, mean that you need to be available to any family member day and night, every day. It is necessary to set certain limits, and your supervisor can help you do that.

The Home Visit Environment

You will be able to freely talk with family members, work together and accomplish your objectives for a particular visit if there are no distractions. A TV program or radio blaring in the room, children's friends running about, or curious neighbors can each create a poor environment in which to conduct a home visit. It's okay to ask that these disruptions be eliminated – in a respectful manner. Of course, if you want to involve the children or others during a visit, it will be important to schedule the visit when they will be at home.

What to Expect on Home Visits

Perhaps the best advice is to expect the unexpected. When you go through one full day and every appointment has been kept, and you have been able to provide information on the topics set forth in your objectives for each visit, give yourself a big pat on the back. You deserve it. But this day may be the exception rather than the rule.

Sometimes you will find one or more of the following: family members who have forgotten to set aside time for your visit, general chaos in the home, emergencies, or families who are not where they said they would be. However, over time, and with practice, you will be able to turn these unexpected situations into good learning opportunities, both for yourself and the families with which you work.

Safety Guidelines for Home Visiting

There are several basic safety guidelines that all home visitors must follow⁵:

- 1) Use common sense and trust your own judgment.
- 2) Always be sure that your supervisor knows your home visit schedule.
- 3) Know the neighborhoods in which your home visits take place.
- 4) Do not go into dangerous or unfamiliar neighborhoods after dusk.
- 5) Learn the safest route to and from your families' homes.
- 6) If you're driving, make sure the car door locks work and that you have enough gas in your tank.
- 7) Don't carry too much money and never wear expensive jewelry or revealing clothing.
- 8) If something happens to frighten you enough to think you might be in danger, leave.

Crisis Management

There may be times when you will visit families who present a new crisis that they feel demands all of their attention. And they will try to involve you, too, in this immediate need. Maybe a father came home drunk again or maybe a family's older child was caught stealing money from a local store. For some of the families you will be working with, every day brings a new crisis.

As a FASST team member, your challenge is to acknowledge the family's immediate concerns without losing sight of your (and the program's) objectives for these visits. Try to cover the material and information you planned to give to them, even if you can only spend a few minutes of your visit on it.

Maintain Realistic Expectations

Don't let yourself get caught up in the daily crises that seem to surround some of the families with which you work. If you do, you will soon be overwhelmed. It is important to remember that you can't solve a family's problems for them. There is no way that you can deal with a series of family crises on each home visit and still complete the job you was hired to do as a FASST team member.

It is therefore important for you to keep your job description, as well as your program's goals and objectives, in mind at all times. You probably **cannot** help get a family member to pay his gambling debts so those weird guys stop calling in the middle of the night with their scary threats. You could, however, guide a parent on ways she can help her child with her homework.

If you try to solve every problem, run interference for the families with which you work, and prevent every crisis, you will put yourself under too much stress. And if you let this happen to yourself, you will – before too long – experience burn-out. “Burn-out”

⁵ Adapted from Wasik, B., Bryant, D., & Lyons, C.. (1990). *Home Visiting: Procedures for Helping Families*. Newbury Park, CA: Sage Publications.

means physical and emotional exhaustion, and it comes from being under too much stress for too long a period of time.

The best way to make sure you will not burn out is to concentrate on those activities your program has hired you to do, and to consult with your supervisor as soon as you feel that any part of the job is starting to “get to you.”

Separate Work and Home Life

The next bit of advice comes from other outreach workers and home visitors with lots of on-the-job experience: learn to separate your work life from your personal life.

Experienced home visitors have reported that, at first, they got so worked up about all the problems or injustices they saw or heard about during their visits that they couldn't stop worrying about the families at the end of the workday. Not only did they bring these problems home to their own families, but they were also so intent on solving other family's problems that they neglected their own personal lives. Some found themselves being short-tempered and snapping at their children or spouses for no good reason. But they were smart enough to realize that they were hurting themselves and their families, and they took steps to change their own behavior.

No matter how tough or challenging a day you have had, when the workday ends, try to leave any work-related problems behind. Even though your work life may be very important to you, and of course you want to do a good job, you should not neglect your personal life. Your tasks at home, such as taking care of children, parents, a spouse or partner; keeping up a home, or pursuing your own interests also require your time and attention. Remember that your children and other family members also need you, and you need them as well. So try not to worry about your cases until you leave for work the next day.

Exercise 3:

Family Story – The Hurtado Family Revisited

Purpose: To practice the continued use of support and communication skills during a home visit with the Hurtado Family and evaluate their progress and motivation.

It has been five months since Carlos Hurtado was referred to FASST. His mother, Maria Hurtado has been working for the past three weeks for a Latin restaurant washing dishes. She works very long hours and is being paid cash (“under the table”). She catches the bus at 5 am six days a week before the children wake up and returns home at 6 p.m.

While Ms. Hurtado is working, Cindy takes care of Carlos. In the past few months, Ms. Hurtado noticed that Cindy likes it and feels “in charge of something in the house.” The children each catch the bus to school in the morning, and in the afternoon Cindy picks Carlos up at his bus stop. They always go straight to the park and play for a few hours before their mother comes home. (On Saturdays, they sleep in and then go to the park or play outside their home.) The neighbor, Clara Rodriguez, has asked Ms. Hurtado if she isn’t worried about leaving the kids alone for so long and has offered to let them come to her house after school.

Cindy is reluctant to do so and Ms. Hurtado doesn’t mind leaving the kids on their own so much. The only thing is that Carlos is not getting his homework done before she gets home from work, and she is usually tired after making dinner and cleaning

Notes: _____

Transitioning or Termination Phase – Concluding Home Visits

Successful completion of home visits with a family will require some planning on your part. Although some home visits may be terminated unexpectedly or abruptly, usually you can anticipate the end of the process and help prepare families to continue developing and using the skills they learned. Common circumstances for ending home visits are:

- When the time period set for the process has passed
- When the goals of the program have been achieved
- When the family no longer wants to participate (expressed through their words or actions)

A number of feelings may arise for you and the family with which you work. These may include sadness and a sense of loss, as well as pride and happiness, for both the promotor and the family.

One way to prepare yourself and the family with which you work is to begin discussing the completion of home visits and setting as specific a time as possible for them to end. As you approach this time, you can begin to discuss what has been accomplished over the course of your visits. You should also begin discussing the future and how the family might use the skills they learned through their work with you in future situations. If you approach the completion of home visits as a transition for the family, it may be easier to minimize the sense of loss felt on both sides. Although your home visits will end, it is important for you to stress that you will be available to consult with family members in the future should their circumstances change.

Notes:



Assessing Our Use of SOC Values and Wraparound Principles

Chapter 7 Topics

Section 8.1 – Assessing Our Use of System of Care Values

Section 8.2 – Assessing Implementation of Wraparound Principles

Section 8.3 – Facilitating Effective Family Team Meetings

Chapter Goals and Objectives

Goal: The goal of this chapter is to give participants an understanding of the communication skills needed to facilitate effective Family Team Meetings.

Objectives: After completing this chapter, you will demonstrate:

- 1) Understanding of basic communication principles,
- 2) Knowledge of how to apply SOC principles to create a system-oriented Family Team,
- 3) Knowledge of the guidelines used to influence direction of a meeting, and
- 4) Understanding of how to empower all members of the team.

Notes: _____

Chapter 8

Assessing Our Use of SOC Values and Wraparound Principles

Section 8.1 - Assessing Our Use of System of Care Values

As noted in Chapter 1, a System of Care is a guiding philosophy for the planning and delivery of services to children with multiple needs and their families. Built into a SOC is the belief that all life domains and needs should be considered in the provision of services to children and families.

The SOC philosophy is built around three core values. We will review these here:

SOC Core Values

1. A System of Care is **child centered** and **family focused**.
2. A System of Care is **community based**.
3. A System of Care is **culturally competent**.

In addition, a SOC recognizes that:

- Child and family needs do not fit pre-defined service model or a “one size fits all” approach.
- For services to be beneficial, they must be individualized to the needs and strengths of a family.
- Families must become full partners with formal service providers and informal supports in creating a plan for services.
- The service plan should be implemented within the family’s community and in a way that is consistent with culture and language.
- Services providers must collaborate and develop partnerships with other agencies as they work together to seek new and innovative ways to meet the multiple and changing needs of the children and families they serve.

Assessing Implementation of SOC Values

The System of Care Practice Review (SOCPR)¹ was developed to assess whether SOC principles are being implemented at the level of practice, where children and their families have direct contact with service providers. The SOCPR also provides a way to evaluate how well the overall service delivery system is meeting the needs of children with mental health needs and their families.

Assessment of SOC value implementation relies on information gathered within one of four assessment domains, three of which correspond to the core values of a SOC highlighted above. Each of the assessment domains includes several sub-domains that represent the intention of each SOC core value and serve as indicators of the extent to which the core value guides practice.

¹ Hernandez, M., Worthington, J., & Davis, C.S. (2005). *Measuring the Fidelity of service planning and delivery to system of care principles: The system of care practice review (SOCPR)*. (Making children’s mental health services successful series, 223-1). Tampa FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute.

The four assessment domains and their sub-domains are:

1. ***Child-Centered and Family-Focused:*** The needs of the family dictate the types and mix of services provided. This approach is seen as the commitment to adapt services to the child and family, rather than expecting the child and family to conform to preexisting services. This assessment domain includes three sub-domains:
 - **Individualization** – Calls for the development of a unique service plan for children and families in which their needs are assessed and prioritized by life domains. Strengths must also be identified and included as part of the plan.
 - **Full Participation** – Developing an individualized Family Plan (or service plan) requires the full participation of the child, family, providers and informal supports. Additionally, children and families should participate in setting their own treatment goals and plan for the evaluation of interventions to reach those goals.
 - **Case Management** – Case management is intended to ensure that children and families receive the services they need in a coordinated manner, such that the type and intensity of services are appropriate, and that services are driven by the families' changing needs over time.
2. ***Community-Based:*** Services are provided within or close to the child's home community, in the least restrictive setting possible, and are coordinated and delivered through linkages between providers. This domain includes four sub-domains:
 - **Early Identification** – Early identification and intervention for children with emotional disturbances increases the likelihood of positive outcomes.
 - **Access to Services** – Children and their families should have access to comprehensive services across physical, emotional, social, and educational domains. These services should be flexible enough to allow children and families to integrate them into their daily routines.
 - **Restrictiveness** – Systems should serve children in as normal an environment as possible. Interventions should provide the needed services in the least intrusive manner to allow families to continue their day-to-day routine as much as possible.
 - **Integration and Coordination:** Coordination among providers, continuity of services, and movement within the components of the system are of central importance for children and families with multiple needs.
3. ***Culturally Competent:*** Services are attuned to the cultural, racial, and ethnic background and identity of the child and family. This domain includes four sub-domains:
 - **Awareness** – Refers to the level of cultural awareness that service providers have regarding the family's cultural background as well as their own. Self-awareness relates to their ability to place themselves within a cultural context and understand how it impacts their lives. Awareness of the cultural background of the families served refers to the service provider's ability to understand their cultural and environmental perspectives.

- **Agency Culture** – The families’ understanding of the agency’s culture, meaning how the system operates, its rules and regulations, and what is expected of them, is central to the treatment process.
- **Sensitivity and Responsiveness** – Culturally competent service systems are aware of their own organization’s culture and the culture of the families they serve. This implies that they accept cultural differences, understand the dynamics at play when persons from different cultural backgrounds come into contact with each other, and are able to adapt their services to the cultural context of their clients.
- **Informal Supports** – Refers to the inclusion of families’ informal or natural supports in formal service planning and delivery. Providers should also have knowledge about the resources that may be used on behalf of their clients and are able to access them.

4. **Impact:** Services produce positive outcomes for the child and family. A system that has implemented a system of care philosophy assumes that the implementation of SOC principles at the practice level produces positive impacts for the child and family receiving services.

- **Improvement** – Service systems have enabled the child and family to improve their situation.
- **Appropriateness of Services** – Service systems have provided appropriate services that have met the needs of the child and family.

Within each of these assessment domains, there are a number of questions that will help you to assess the use of SOC principles and values in your work with FASST. For each of the domains outlined above, we list a series of these questions:

Domain 1 – Child-Centered and Family-Focused

How did you learn about the needs, strengths, and issues of the child and family?

1A. Providing Individualized Services

- How do the Family Plan goals reflect the **needs** that you identified for this child and family?
- How do the goals incorporate the **strengths** that you identified for this child and family?
- How well do the types of services and supports outlined in the Family Plan fit with the combination of needs and strengths you described for this child and family?

1B. Ensuring Full Participation

- Do the child and family actively participate in the planning? If so, how?
- Was the plan explained to the child and family? Were they provided with a copy of the plan?
- Do the child and family seem to understand the Family Plan?
- Do the child and family seem to be invested in and committed to the plan?

1C. Case Management

- What are the challenges you face in coordinating the planning and delivery of services and supports for this child and family?
- How do you maintain communication with all the child and family's service providers and informal helpers?

Domain 2 – Community-Based Services

2A. Early Intervention

- How long did it take to assess and clarify the family's initial concerns and needs?
- Once you clarified their needs, how long did it take for the child and family to receive help initially?

2B. Access to Services

- Are the appointment times and locations with you and with the other service providers convenient for the child and family?
- Does your child and family need any support to increase your access to services?
- Do the service providers who are working with this family speak the primary language of the child and/or family during Family Team meetings?
- Is written information provided to the child and family in their primary language?

2C. Minimal Restrictiveness

- Are the child and family comfortable spending time in the places where they receive services?

2D. Integration and Coordination

- How do the different service providers involved with the child and family integrate and coordinate their work?
- How smooth is the process for linking the child and family with additional services, if necessary?

Domain 3 – Culturally Competent Services

3A Awareness

- What is the cultural identity of this child and family as reflected in their values, beliefs, and lifestyles?
- How would you describe the community/neighborhood where the child and family live?

3B Sensitivity and Responsiveness

- How does your awareness of the child and family's culture influence your service planning and delivery?
- Are you able to adapt services to the child and family's culture? If so, how?

3C Agency Culture

- Does the family understand how your program works and how the agencies other service providers work (e.g. hours, regulations, services)?

3D Informal Supports

- Are you and other formal service providers on the Family Team aware of the informal and community resources that are available to the child and family (e.g. sports, clubs, churches/temples/mosques, after-school activities, etc.)?

Domain 4 – Impact

4A Improvement

- Have services improved the child's overall situation?
- Have services improved the family's overall situation?

4B Appropriateness

- What do you think has been most helpful about the services and supports provided to this child and family?
- What do you think has been least helpful about the services and supports provided to this child and family?

Exercise 1:

Assessing Our Use of SOC Values

Purpose: To apply some of the assessment questions to a FASST family and gauge the use of SOC values.

Notes: _____

[illegible]

Section 8.2 – Assessing Implementation of Wraparound Principles

As noted in Chapter 1, Wraparound is a philosophy of care and a process that guides the implementation of SOC values. The goals of the Wraparound Process are to improve the effectiveness, efficiency, and relevance of supports and services developed for children and their families.

The wraparound process is based on a core set of principles. We will review these here:

1. Compassion	9. Unconditional Caring
2. Individualized Services	10. Normalized Services
3. Strength-Based Process	11. Community-Based
4. Needs-Driven	12. Collaborative, Team Developed, and Supported
5. Family-Centered Services	13. Goal-Driven
6. Culturally Competent	14. Outcome-Focused
7. Informal Resources	
8. Flexible	

One of the most important FASST activities is the Family Team Meeting. The Family Team meeting allows FASST team members to assemble the child and family, school personnel, formal providers, and informal or natural supports to develop and discuss a Family Plan and work together with the family to assess their progress toward Family Plan goals.

Family Team Meetings are ongoing and may change in composition depending on the child and family’s needs or preferences over the length of their participation in the FASST program. These meetings provide a setting where wraparound principles are implemented in a concrete manner. However, because much of the work involved in the wraparound process takes place within the team meeting, FASST team members can face some challenges in assessing just how well they are applying wraparound principles in their work with a particular child and family.

Assessing Implementation of Wraparound Principles

Researchers have developed guidelines for assessing the implementation of wraparound principles in team meetings². There are a number of behaviors or actions that correspond to specific wraparound principles. The use of these actions is used to determine whether wraparound principles are being implemented within a Family Team meeting. To assess their use of these behaviors and actions, FASST team members can use the following guidelines.

² Epstein, M.H., Nordness, P.D., Duchnowski, A., Kutash, K., Schrepf, S., & Benner, G. (2003). Assessing the wraparound process during family planning meetings. *The Journal of Behavioral Health Services and Research*, 30, 352-362.

Individualized Services

The services and supports discussed in the meeting were guided by child and family needs and strengths and tailored to these.

- Especially during an initial Family Team meeting, ask the parent/caregiver which treatments or interventions worked and which didn't.
- The meeting facilitator should help identify advocate for services and resources needed by the family
- All services needed by the family are identified in the Family Support Plan
- Barriers to services or resources-interventions are identified and solutions are discussed within the meeting
- The steps needed to implement the Family Support Plan are clearly specified by the team
- A safety/crisis plan is developed and/or reviewed

Family Centered

The family (including the child) is treated as an equal partner in the Family Support Plan design and supports its implementation

- Convenient arrangements for the family's presence at the meeting are made (location, time transportation, day care arrangements)
- All participating family members are seated where he/she can be included in the meeting discussion
- Family members are treated in a courteous manner at all times
- The family's perspective is presented to the other formal system partners that are present
- The family is asked to identify the goals they would like to work on
- Parents or caregivers are asked about the types of services or resourced they would prefer for their family
- All participating family members are involved in designing the Family Support Plan
- The team works to keep the family intact or to reunite the family
- Family members are encouraged to voice agreement or disagreement with the Family Support Plan

Culturally Competent

All members of the Family Team (FASST members, formal providers, and informal supports) exhibit awareness of the family's cultural background and the family's understanding of the participating agencies' cultures. The team reflects an understanding and acceptance of cultural differences and the cultural dynamics of the team. Informal supports are included throughout service planning and delivery.

- The meeting is conducted in the family's native language with interpretation/translation support for others
- Forms and written materials are provided in the family's native language
- Friends, relatives, and/or neighbors are invited or included to participate in the team meeting

- There is evidence that extended family, friends, relatives, neighbors, and/or community resources have been included in the treatment plan or service delivery
- Especially during an initial team meeting, the team explains to the family how the participating agencies work (i.e., hours of operation, rules, regulations, etc.)
- The team offers to assign to the team professionals who have cultural characteristics in common with the family
- The team shows interest in learning about the family's culture, background, family lifestyle, and hopes
- The team uses its knowledge of the family's neighborhood and its influence in the decisions the family makes, in discussing the treatment plan
- The team shows awareness of family relationships
- The team is able to adapt the services to conform to the family's values, beliefs, and lifestyle

Collaborative, Team Developed, and Supported

Providers work to ensure smooth coordination of their services and movement between components of the system.

- Staff from other agencies who care about or provide resources and services to the family are present at the meeting
- Staff from other agencies (if present) have an opportunity to provide input
- Informal supports have an opportunity to provide input
- Agency mandates are acknowledged and respected but every effort is made to work together as a team, in the best interest of the family and child
- Communication between team members related to the child/family between meetings is noted at family team meetings
- Availability of alternative funding sources is discussed before flexible funds are committed

Outcome-Focused

The goals and decisions set during team meetings are data driven, goal oriented with measurable objectives, and have identified timeframes for a review.

- The Family Support Plan goals are discussed in objective, measurable terms
- Each team member (including family members) are assigned or asked to perform tasks and assume specific responsibilities related the Family Support Plan
- Objective or verifiable information on child and family functioning is used as outcome data
- The criteria for ending of provider services are discussed as goals are met

Specific Challenges During Family Team Meetings

During the course of Family Team meetings, teams may struggle with implementation of Wraparound Principles. The guidelines provided should serve as a reference point for you as you work with your FASST team to support children and families. Some specific challenges that teams often face during team meetings include difficulty in:

- Matching family strengths to their goals;
- Developing or reviewing the family's safety plan only when a crisis or emergency situation seems to be imminent or is brought up in a meeting;
- Hearing and following through on all needs mentioned in meetings;
- Giving full voice to family and informal supports, equal to that of other, more formal system partners;
- Getting full support from all present for the Family Support Plan;
- Introduction and assimilation of latecomers to the meetings.

Certain difficulties mentioned above, such as not fully matching family strengths with their goals can be better handled if this process is begun prior to a Family Team meeting. Others may require you to keep these guidelines handy, until specific practices become second nature. Still others, will require an awareness of how important communication and facilitation skills are within Family Team meetings. These skills will be discussed in the next section.

Exercise 2:

Assessing Our Use of Wraparound Principles

Purpose: To apply some of the implementation guidelines to a FASST family and gauge the use of Wraparound Principles.

Notes: _____

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

8.3 - Facilitating Effective Family Team Meetings

There are a number of factors that can influence the degree to which Wraparound Principles are implemented within Family Team Meetings. Facilitation and communication skills are important in helping FASST team members to develop an atmosphere of support for all participants involved.

Management and Facilitation of Meetings

Each FASST team member will have the opportunity to lead and facilitate a Family Team Meeting during the course of working with children and families referred to the program. When leading or facilitating a Family Team meeting, it will be important to create an atmosphere where all team members feel welcome and have the opportunity to provide input. Below are a list of management and facilitation skills that may help in developing this team atmosphere.

Meeting Facilitation Skills

The facilitator manages the team meeting and facilitates discussion so that Wraparound Principles are followed.

- The facilitator makes the meeting agenda clear to all participants present
- The facilitator reviews the goals, objectives, interventions, and/or progress of the Family Support Plan early in the meeting.
- The facilitator directs (or redirects) the team to revise or update the Family Support Plan
- The facilitator summarizes the content of the meeting at the conclusion of the meeting
- The facilitator sets the next meeting date/time and makes sure it is convenient to the family

Management Skills

The Family Team exhibits a supportive working relationship and are open with regard to the sharing of information

- At least two key participants are invited to the meeting, aside from family members (i.e., teacher, therapist, DJJ, others identified by the family, etc.)
- Current information about the family (such as social history, behavioral and/or emotional status) is gathered prior to the meeting and is shared at the meeting
- All meeting participants introduce themselves early on in the meeting. Newcomers should be introduced or introduce themselves when they arrive.
- The Family Support Plan is agreed upon by all present at the meeting
- If meeting is to be observed, the family is asked to consent to observation during the meeting.
- Team meeting participants are reminded that an observer is present, when applicable.

Important Communication Factors

There are six communication factors that influence implementation of Wraparound Principles in Family Team Meetings. These factors are: development of a system-oriented team, framing the meeting, clarity of team roles, the meeting structure, communication during the meeting, and team member empowerment. Each of these factors will be discussed in more detail.

Creating a System-Oriented Team

A system-oriented team works together toward a shared goal. Therefore, the first basic ingredient in developing a successful team is a shared vision, or a shared understanding of the way things will be. A shared vision gives your team something to work towards, together.

A successful team should also have a clear mission a common approach. Your team mission is an ongoing process that may need to be clarified and reconfirmed as your team evolves. The process of developing a common mission can help make for a stronger team. To become a team, you must decide that you will succeed or fail together – the mission will only be accomplished if you work together.

Once the team mission is clear, your team should create a set of desired outcomes that are agreed upon by all. In order for the team to meet these outcomes, it is important that a common approach is adapted to determine specific responsibilities. The team will need to agree on the frequency of team meetings, how group decisions will be made, how the team's work will be planned, and how conflict will be handled should it arise.

As the team works toward these outcomes, it is important to celebrate successes. Celebrating successes will provide motivation to the team and will further develop their commitment to the team. When celebrating successes, it is important to emphasize and acknowledge the contributions made by **each** team member.

Finally, it will be important for the team to acknowledge its role in the larger system of care. A successful team recognizes that it is part of a larger system of relationships that are represented by each individual within the team. These relationships will be negotiated as the team works toward the common goal of serving the child and family.

Framing the Meeting

The framing of a Family Team meeting is best achieved through the use of an agenda, meeting guidelines or ground rules, and an explanation of wraparound principles. Your team may rely on these for each team meeting or on an as needed basis.

Below is a copy of the sample agenda that was outlined in Chapter 5. This agenda can help frame the meeting for participants and give them guidelines as to what to expect and how they are expected contribute.

Family Team Meeting Agenda (Sample)

- I. Ground rules
- II. Strengths
- III. Family Support Plan
- IV. Needs
- V. Goals/Desired Outcomes
- VI. Action Steps
- VII. Assignments
- VIII. Review
- IX. Adjourn

Estimated Meeting Time: 1 hour to 90 minutes

Meeting guidelines or ground rules can also help frame the meeting by making sure participants know up front what is expected of them. These ground rules were also originally introduced in Chapter 5.

Sample Ground Rules

- Keep meeting focused on strengths
- Goals/Plan should be based on family/child needs/strengths
- Everyone should be encouraged (and is expected) to contribute
- Ask that side conversations be avoided
- Stick to agreed-upon rules for decision-making

When making choices for a Family Team meeting agenda, consider what is most helpful to the team process and what will best help you meet your objectives for this meeting.

Clarity of Team Roles

One of the important roles of the facilitator when framing a Family Team meeting is to clarify the roles of each Family Team participant. This is important because providers and family members may be unclear about their roles on the team. Each team member plays a variety of social roles outside of the team (e.g., therapist, teacher, administrator, social worker, parent, aunt, etc.) And may not understand that the role of Family Team member is different.

It is important that the facilitator makes sure that each participant understands what it means to be a member of a Family Team. The facilitator should emphasize that this role is different from the roles specific members (such as the teacher or therapist) may already have established with the child and family.

Meeting Structure

Meetings can be classified into two categories: those that appear to be more structured and those that are less structured. In a structured meeting, the facilitator may rely heavily on the agenda and make introductions, prompt team members for participation and/or highlights of their work with the child and family. In contrast, less structured meetings may rely on less facilitation from the team leader although the discussion should be directed to maintain its focus on the tasks at hand.

The decision as to whether to maintain a highly structured meeting environment will depend on many factors. The initial Family Team meeting may work best if it is more structured. As the team becomes more comfortable working together, meetings may begin to be less structured and allow for longer discussion, while remaining focused on the goals of the family. As long as the team is working together to ensure that progress is being made, meeting structure can change to fit current circumstances. The use of the agenda at the beginning can help to keep meetings on track.

Communication During the Meeting

Within family team meetings, communication should take place in an atmosphere that stresses peer relationships. Although the facilitator will serve as a leader, it is important that all team members feel that they can speak to anyone else on the team as an equal. Although such interactions may seem complicated at first, the facilitator can help to model such behavior through listening intently and maintaining regular eye contact with the person speaking at any given moment.

Team Member Empowerment

An empowered team is one that feels capable of carrying out its mission. Empowered team members, including family members, must understand that they are capable and have the authority to carry out the group's mission. Within the Family Team meeting, empowerment of the family might consist of helping them build the skills required to take care of themselves, and in fact, this is one of the stated goals of the wraparound process. Empowerment of other team members might consist of giving them the authority to make decisions and take actions.

Meeting Facilitation Tips

The first rule of thumb is to shift your style. You may be required to act differently than you would in other situations. Some tips that may help you to elicit information or a desired response from participants include:

- Act like you don't know or have the answer to a question
- Move out of your comfort zone
- Become various versions of yourself
- Be what you need to be in order to get what you need from the group
- Except for the first warm-up introductions, don't let team meeting participants talk in order or they'll get in that habit.

When asking a question, throw it out to the whole table. If no one responds, wait to a count of ten and then rephrase the question. It's best if you avoid eye contact and look at the center of the table so that no one person feels responsible for providing an answer.

Meeting facilitation is often active. Walk around while facilitating. Your movement will make the meeting feel less stagnant. It also indicates that you have a more flexible

style of facilitation that will encourage participation.

During a team meeting, your attitude should be:

- Curious
- Open
- Aware
- Respectful
- Intuitive
- Process-oriented
- Enthusiastic

Arrive early and be in the room as everyone arrives to create rapport. Your energy level is of utmost importance because it will set the tone for the rest of the meeting. Start meetings with your energy level at 110% and don't let it drop under 100%.

During the meeting, be sure to practice active listening. Allow for bursts of conversation and then recap the key points that were made. The list below outlines some common errors that might occur during a team meeting with limited or no active listening:

- Didn't leave enough time for person to "retrieve the data" and answer
- Asked more than one question at a time
- Asked unclear questions
- Half listened and missed a chance to probe appropriately
- Didn't vary question styles
- "Fed" answers to participants
- Didn't start with an agenda
- Didn't summarize plan at end

Although participants involved in a Family Team meeting should serve as supports to the family, there are times when individuals can hinder the team meeting process, consciously or unconsciously. Such individuals can quickly turn into troublemakers who can derail an entire meeting if we allow them to.

Troublemakers are team participants that, in a child and family team meeting, talk too much or too long, talk off topic, act flippant, make side comments, and sabotage Wraparound Principles (by using deficit/problem based language, blaming, power plays, etc.). The best way to deal with troublemakers is to change the way you think about them. It is helpful to remind yourself that everyone in that room is there because they want to help the child and family. They may not always agree on the best way to do that, but they're all there for that purpose. Try to see "troublemakers" as people who really want to "make a difference," but perhaps are overly engaged in the process. This view of participants helps you see that the best way to change their behavior is to remind them of their expected role in the team. In dealing with such individuals it may be helpful to:

- Reframe the meeting according to the guidelines
- Remind them of the team vision and mission
- Use them to get others to open up more

- o “Now, John hasn’t been shy. How about you, Mary?”
- o “Well, we all know that John will have an opinion on this. Can someone else give us THEIR opinion first?”

If such attempts fail, it may be necessary to suppress them. The following tips provide examples of how to suppress a “troublemaker” in a team meeting:

- Interrupt them
- Hold up your hand
- Firmly acknowledge hearing them
- Remind group of importance of equal participation
- Get up and stand where they can’t make eye contact
- Stop them verbally
- Ask them for “the short version”
- Ask them if there is anything new they want to add
- Point out the need to get back on track, then move on
- Take a break, change seats, change ANYTHING!

Here are some tips for dealing with other problems or challenges you might face in a team meeting:

- Use eye contact to regulate the flow of conversation
- Break rapport with someone whose communication you want to discourage
- Re-establish rapport with someone whose communication you want to encourage
- Change physical location (move people around; change seats)
- Change roles (ask someone to take notes; ask someone else to list strengths, etc.)

Finally, the way you end the meeting helps determine how successful your next child and family team meeting will be. It is important to end on time, even if you have to schedule another meeting to finish up. Summarize the meeting at the end, and especially review goals and assignments. Schedule the next meeting, while you have people together. Get in the habit of doing this, and people will start remembering to bring their calendars to the meetings. Follow up after the meeting by sending out assignments, following up on assignments, and asking for feedback. When talking with team members after a meeting, ask them how the meeting went from their point of view and what might be done to improve future meetings. You want all team members to feel that they are a part of the team, and you want them to want to return to future meetings.

Exercise 3:

Facilitating a Successful Family Team Meeting

Purpose: To build skills needed to successfully manage a Family Team meeting and develop an atmosphere of support for the child and family

Notes: _____

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RAICES/ Promotoras Model



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