

Addressing Disparities in Access to Mental Health Services



**RAICES/
Promotoras
Model**



Training Manual

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RAICES/ Promotoras Model



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Introduction



The RAICES/Promotoras Training Manual contains materials for eight structured workshop sessions. This section has been designed to help facilitators prepare for leading workshop sessions. It includes tips, techniques, and ideas to refresh and strengthen group leadership skills.

Preparation

Workshop facilitators will benefit from taking some time to review the manual and the additional resources provided before beginning the training sessions. The Resources and References sections of this manual contain listings for books, articles, web sites, and videos that may be helpful.

Logistics

Each structured session of the RAICES/Promotoras Training covers about four to six hours of material. Consider the following logistics issues in your planning and preparation:

Training participants – The training is designed for individuals who are employed as Family Support Coordinators, Parent Advocates, and Promotoras within Family and School Support Teams (FASST) in Hillsborough County. The material, however, is general enough to accommodate outreach workers and case managers who work within a System of Care or apply the Wraparound Process through their work. Exercises, activities, and handouts used in the workshop

require at least a 10th grade reading comprehension level in English.

Meeting room – Tables or desks should be part of the seating arrangements, since many of the training exercises and activities include writing on worksheets from the manual. Tables should be placed in a “U” formation or semi-circle. Other activities will call for participants to move around the room or to work in pairs/small groups, so the meeting area should be large enough to hold everyone comfortably. In addition, the room should offer participants a sense of privacy.

Equipment – Group leaders will need a flip chart or a dry erase/chalk board for writing down key points during discussions and brainstorming activities.

Breaks/refreshments – Offer participants a short break (10 minutes) at a logical stopping place during particular sessions. (Break times have generally been outlined for you within each chapter.) Providing coffee and other refreshments can add a nice touch and are generally appreciated by group members.

The RAICES/Promotoras training program has been distributed over eight sessions. Each session is designed to last from four to six hours, depending on the materials presented.

During the course of their work with the RAICES/Promotoras training

Guidelines For Giving Instructions

- *Be certain about the goal and the process of the activity;*
- *Tell participants the goal of each activity before giving the specific instructions;*
- *Give instructions in the form of a request or invitation instead of as an order or demand;*
- *Give instructions when the group is still and quiet so everyone can hear – make sure you have everyone's attention first;*
- *Give participants a time frame for each activity;*
- *Give one or two instructions at a time – avoid a long list of instructions;*
- *Have instructions clearly written as well, and if they involve a list of questions, write these on flipcharts for everyone to see;*
- *Don't give instructions that are too vague or general;*
- *Ask participants if they are clear about what they will be doing before they begin an exercise or activity. If they are not, repeat the instructions.*

program, trainers/facilitators are encouraged to model or demonstrate a number of communication skills (listening, I-Messages, nonverbal congruence). As part of the preparation process, leaders may find it helpful to practice with peers and get feedback on the most useful ways of modeling the recommended strategies.

Facilitation of the RAICES/Promotoras Training Program

All of the activities that you will facilitate during this training, from start-up to closing activities, will require clear and precise instructions so participants will know what is expected of them. The need for clear instructions will be important throughout the training.

This will especially be the case when introducing group exercises and activities. Instead of simply asking the training group to form groups and discuss an issue, be more specific. Ask the trainees to divide into a specific number of groups and give the groups a set amount of time in which to complete an assignment and then return to report findings to the whole group. Let participants know that they have to limit their comments to the issue at hand. The discussion needs to be focused so that they can accomplish their task in the allotted time. When instructions are clear, participants can monitor their own behavior.

Process of Giving Instructions

The following guidelines for giving instructions are presented to help you in your role as facilitator:

- Be certain about the goal and the process of the activity;
- Tell participants the goal of each activity before giving the specific instructions;
- Give instructions in the form of a request or invitation instead of

as an order or demand;

- Give instructions when the group is still and quiet so everyone can hear – make sure you have everyone's attention first;
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- Ask participants if they are clear about what they will be doing before they begin an exercise or activity. If they are not, repeat the instructions.

Facilitating Group Process

The pages that follow outline a number of process skills that you, as the facilitator, can make use of during the training of RAICES/FASST members. These skills can help you to lead group discussions and to handle group behavior in order to facilitate a positive and productive learning environment throughout the training. Before outlining these skills, it will be helpful to provide you with some information on facilitating group process.

Group process is the way that things happen in a group. It describes the various aspects that make up the learning environment. Thus, it is different from the content being discussed or taught. Group process includes:

- Group norms
- Communication processes
- The facilitator's behavior

- Participants' roles and behaviors
- Decision-making processes
- Cooperation and competition
- Stages of group development
- Degree of group cohesion

There are two forms of group process— member-facilitator interactions and member-member interactions. Part of your job will be to make sure that interactions between trainees and yourself, as well as between the trainees themselves, are respectful and positive.

Member-Facilitator Interactions

As a facilitator, you want to create an empowerment relationship where participants feel responsible for both process and content of the group. Members respect the knowledge and skills of the facilitator but do not depend on her/him to provide the “right answers,” approve of opinions, behaviors, or conclusions, or to make decisions for the group.

Member-Member Interactions

In an empowered group, an equal balance of participation among members usually reflects their feeling of acceptance and willingness to share ideas, opinions, feelings, and experiences. Group cohesion occurs when members cooperate to achieve a common goal. When people are empowered, they feel free to express viewpoints that conflict with those of others. Differing opinions are taken into consideration: no one position is perceived as “right.” You should keep in mind these ideal characteristics when you evaluate the group's progress and decide what techniques and interventions are necessary to move the group forward.

Group Development

Researchers and practitioners generally agree that groups move

through various development stages. Although we will not discuss these stages in detail, we would like to orient you to some of the behaviors and processes you may encounter as you facilitate the training sessions.

When groups first form, individuals are often *unsure* about their relationship to other members, the facilitator, and their role in the group. Their behavior may reflect anxiety about being accepted by other group members. Some people may be extremely cautious about sharing personal information or disclosing opinions. Other members may dominate discussions by talking too much or giving too much personal information. Your trainees will often depend on you, the facilitator, for cues about how to behave.

- At this stage, it is important for you to demonstrate empowerment behaviors that will help reduce any anxiety that group members may feel and help them feel welcomed. These behaviors include: active listening; being inclusive of everyone; openly appreciating the contributions of participants; communicating clearly; maintaining an attitude of trust and openness throughout the discussion; and keeping a good sense of humor.

As training participants become more comfortable with their role within the group, conflict can arise over who will control or influence the group. Competition among group members and challenges to the facilitator's leadership are common during this stage. A skilled facilitator can minimize challenges by giving only as much power to participants as they are able to handle. Conversely, if you seem too rigid with authority, participants will likely challenge you and your efforts.

Empowerment Behaviors Include:

- *active listening*
- *being inclusive of everyone*
- *openly appreciating the contributions of participants*
- *communicating clearly*
- *maintaining an attitude of trust and openness throughout the discussion*
- *keeping a good sense of humor.*

Help Participants Feel Comfortable By:

- *Offering suggestions for how to view or handle a problem*
- *Gathering information from the group*
- *Offering information to the group*
- *Summarizing an issue or helping the group develop a theme or idea*
- *Writing down ideas, suggestions, positions, or decisions made by the group*
- *Recognizing the contributions of group members and validating individual opinions*
- *Offering compromises or suggesting creative solutions to disagreements among group members.*
- *Keeping communication open by inviting quiet members to speak, or proposing procedures to give everyone equal speaking time*
- *Responding to the group's decisions or views*

- During this stage, it is important for you to diffuse competition among participants. For example, you can encourage a variety of opinions and stress that all opinions are valid. You can use problem solving and consensus building techniques to help people find common ground and shared solutions.
- Create an environment where all participants are heard, respected, and valued, even if their opinions do not meet with the agreement of others.

After a while, the group will begin to coalesce and find more common ground. This final stage of group development is often referred to as *maturity*. This phase is characterized by the behaviors of an empowered group, where people work collaboratively and seek to produce collective work products. It is important to note that groups vary in the amount of time it takes for groups to reach the final stage of group maturity, if at all. However, your goal as facilitator is to help participants feel comfortable enough to work together during the training sessions and begin to solidify their sense of being part of a team that will work together with students and families through FASST.

For the purposes of the FASST training, we should focus on reinforcing participant behaviors that help facilitate group processes, such as:

- Offering suggestions for how to view or handle a problem
- Gathering information from the group
- Offering information to the group
- Summarizing an issue or helping the group develop a theme or idea

- Writing down ideas, suggestions, positions, or decisions made by the group
- Recognizing the contributions of group members and validating individual opinions
- Offering compromises or suggesting creative solutions to disagreements among group members.
- Keeping communication open by inviting quiet members to speak, or proposing procedures to give everyone equal speaking time
- Responding to the group's decisions or views

Leading Discussions

In addition to the goal of encouraging participants to draw on and respect their own knowledge, skills, and strengths, as a discussion facilitator you will need to be clear about the specific purpose or goal of a particular discussion. Throughout this training, you will use a variety of tools or techniques including: mini-lectures, family stories, transparencies, visual diagrams, etc.

You may also rely on the following prompts to stimulate discussion:

Asking questions: Once you have introduced a topic, ask the group one or two constructive questions, such as “Have you had experience with this?” or “Can this be of use to you?” Questions such as these are a good way to get group discussion started. However, you want to take care that you don’t ask too many questions or questions that suggest there is a “right” answer. Rather, questions should stimulate discussion by addressing the concerns and experiences of the participants.

Linking comments: Making linking comments is an effective

way to connect what a person has said about an idea or concept to another's idea. Linking comments help validate participants' contributions as something valuable to remember. They also serve as a good way to get participants to talk with one another. By making linking comments during the group discussion, you will be encouraging interaction among participants and increasing group cohesion.

Summary statements: Group discussions are meant to assist with team building, develop a sense of partnership between participants, and build the capacity of the group to effectively support and serve families through FASST. Summary statements and lists are useful tools that help participants know where they are in the training process, to get a sense of where they are in the process, for recognizing participants' contributions and clarifying major points, themes and opinions that have been expressed. Keeping a running list of key statements on a dry erase or flip chart is a good way to create a visual vehicle for organizing participant's opinions. You may want to put checkpoints on those items that the group considers most important. Trainers usually write summary statements at the end of a discussion or module for maximum impact, but they can be useful at any point.

Making Transitions and Ending Discussions:

The facilitator can use a summary statement as a transition statement to link the discussion to the next activity or to relate it to the goals of the training. Deciding when to end the discussion depends on two factors: (1) time available and (2) the group's energy and involvement. If the group is tired or the group has exhausted the

discussion purpose, it may signal that you should end the process even if there is still time available. Reading a group's energy level by observing the participants' body language and the number of people still involved in the discussion is a valuable way for you to make the decision about when to end the activity.

Group Discussions

In large group discussions, your role as the facilitator will be to lead an inclusive discussion where each individual contributes and is therefore a resource to others. As facilitator, your role will vary. Sometimes, you will serve as a resource person. At other times, the other group members will know more about a topic being discussed than you. If someone has personal experience in an area, let her/him share it.

An inclusive discussion can:

- help participants develop a sense of group unity
- encourage development of a shared wisdom among group members
- enable members to get to know each other
- provide participants with more ideas and options than they might think of on their own
- give participants an opportunity to view their own experiences from other perspectives
- give participants opportunities to experience an exchange of information where each person has something important to contribute

A large group discussion is not a debate, an argument, or a simple conversation. Facilitating a large

An Inclusive Discussion Can:

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Small group discussions provide an excellent way for FASST training participants to build trust and learn to work cooperatively to accomplish specific tasks. Through their work in small groups, FASST trainees will have the opportunity to model cooperation, trust, mutual support, and communication.

group discussion is not the same as leading a meeting or moderating a debate; rather it is an activity that includes numerous viewpoints, as well as the perspective of the moderator. The challenge for the facilitator is to try to be as inclusive as possible of all of the viewpoints expressed in order to make individuals feel comfortable enough to participate.

The role of the facilitator in large group discussions can be complex. Most often, the facilitator is responsible for modeling empowering behaviors, such as active listening, being inclusive of all participants, openly appreciating participant contributions, communicating clearly, maintaining an attitude of trust and openness throughout a discussion, and maintaining a good sense of humor.

Other roles a facilitator may assume during a large group discussion include:

- clarifying the purpose or goal of the discussion
- beginning the discussion
- keeping the discussion relevant to the topic being discussed
- keeping the discussion flowing
- making sure that everyone has an opportunity to participate and contribute
- stimulating the discussion through intriguing questions
- giving feedback when needed
- using the flipchart to record key discussion points or statements
- validating participant contributions to the discussion
- modeling empowering behaviors

Small group discussions provide an excellent way for FASST training participants to build trust and learn to work cooperatively to accomplish specific tasks. Through their work

in small groups, FASST trainees will have the opportunity to model cooperation, trust, mutual support, and communication. These skills will help them prepare to more effectively engage families as partners.

Small groups can include pairs, triads, quads, or up to eight trainees. The size of the group will depend on the number of training participants.

The advantages of working with small groups include:

- Each participant has an opportunity to be more involved in accomplishing a task, seeking a solution, or exploring a topic;
- Each participant is better able to express her/his ideas and opinion and hear responses to them;
- Each topic or issue can be examined in more depth;
- There is greater opportunity for interaction between group members;
- All group members can be involved in accomplishing a task, which helps to build cooperation;
- Participants can learn and exchange a variety of alternatives for problem-solving, and when they re-join the large group, everyone benefits from the reports and conclusions;
- Facilitators get an opportunity to see how participants interact during small group work and the areas where some individuals may need greater support;
- There is greater opportunity for group cohesion and reliance on its members' ability to work out solutions.

Small group work is appropriate when participants need to be able to perform a required task successfully without direct guidance or

supervision. For small groups to work well, participants need to receive and understand clear instructions. It is also helpful to know ahead of time how many people will be in each group. This decision can be made once you know the number of trainees for each session

Group Process Skills

Role play is a learning process in which participants act out the roles of other individuals in order to develop particular skills and to meet particular learning objectives. It is used extensively in the structured sessions to help participants practice new skills and become comfortable using them. Here are some things to keep in mind when leading role play sessions. You may find it helpful to use some of this information to prepare your opening discussion of role play with group members:

- Role play is not the same as “drama.” Encourage participants to be natural and focus on helping each other create realistic situations for practicing skills.
- Stop and start the role play, as needed. It is sometimes helpful to focus on just a few lines and responses, then stop and process the interaction. After some processing, participants can repeat the scenario, incorporating the feedback generated during the preceding discussion.
- When processing a role play, encourage participants to talk about their feelings as well as the skills being practiced.
- Teach participants how to give each other helpful and constructive feedback. Provide examples.
- Ask for volunteers for role play. Don’t force anyone to participate in role play. Some people may be too uncomfortable. Remember

that some people learn more from observing than from participating.

- Stop the role play if you sense that a participant is becoming distressed or uncomfortable. Let participants know they can stop or “bow out” of a role play at any time.
- When appropriate, you may want to take part in a role play activity, by modeling effective techniques.
- Encourage the group to discuss both verbal and nonverbal communication in the role play scenario. Help stress the importance of appropriate nonverbal communication for effective parenting.
- If the parenting or communication techniques used by a member during the activity are ineffective or inappropriate, ask the participant or other group members for alternatives. Give examples.
- Thank members for participating in a role play activity. Find opportunities to offer praise and compliment their willingness to try.

Family Story Exercise

A family story exercise is based on a case study that provides information on a fictional family that may exhibit characteristics or experiences similar to those of families seeking or receiving FASST services. Effective use of family stories during the training will involve significant reflection and thinking ahead of time on the part of the facilitator. In order to prepare for the exercise, you must:

1. Review the section that includes the family story to better understand the content and context of each exercise.

Effective use of family stories during the training will involve significant reflection and thinking ahead of time on the part of the facilitator.

An action plan allows for participants to consider all of the knowledge and skills they have learned and to develop a “road map” of steps to take once they begin their work with families.

2. Read and reflect on the central themes of the story:
 - What are the needs of the family?
 - What are the strengths of the family?
 - How did/can FASST personnel work with the family?
 - How was trust built with family?
 - What is the family’s identifying information?
 - What do we know about the family’s situation?
 - Are informal and formal supports available to the family?
 - Are there any risks involved for the family?
 - What information is available? What is missing?
3. In addition to the questions listed above, create your own list of questions and pointers so that you can help participants think creatively. Participants may get stuck on a family story due to personal experiences, not enough reflection about the story itself, or because the story did not offer much information. If this is the case, encourage participants to identify the types of questions they would ask in that situation if they could speak with the family.
4. Make a record on a flipchart so that the group can reflect on their responses and discuss them.

Action Plans

Throughout the training, FASST personnel will gain insight into and an understanding of the activities they will use to identify family’s needs and how best to address them. By creating an action plan at the end of each

session, training participants will have the opportunity to reflect on the goals and expected outcomes of the training. An action plan allows for participants to consider all of the knowledge and skills they have learned and to develop a “road map” of steps to take once they begin their work with families. An action plan can also help to evaluate the training process.

Here are some steps to creating an action plan:

1. Begin by asking participants to organize themselves into groups of three individuals. They should then discuss what they learned during today’s session.
2. Prompt them by asking questions like, “What was one of the most important things you learned today?” Upon receiving their responses, review specific information or activities presented and record some of these responses on the flip chart.
3. After you have recorded their feedback, you might ask, “What are some of the ideas and goals that you developed during this session that you would like to implement?”
4. Ask them to make a list of all of the answers they come up with for this question. Each idea/goal must be numbered. Tell them that they can use both sides of the Action Plan worksheet to provide responses. Their responses can relate to personal goals, family-oriented activities, or work in the community.
5. When participants are finished listing their ideas/goals, ask them to write the heading “Action Barriers” on their worksheets. Then ask them to list all of the barriers they might encounter when they try to implement these goals in the field. Keeping these barriers in mind, how might they

go about trying to accomplish their goals?

6. Ask them to mark the barriers that they believe cannot be accomplished with an asterisk, “*”. Ask them to underline the barriers that they believe will be easy to accomplish.
7. Next, ask participants to share those barriers they think will be most difficult to overcome (those marked with an asterisk). Write these responses on the flip chart.
8. Ask them to share those goals that can be implemented easily (the ones that are underlined). Ask participants to share these goals and the barriers they associate with them, as well.
9. Ask the group to try to find ways to overcome the barriers they identified. If there is enough time, ask each person to share an individual action plan with the group.
10. Close the exercise emphasizing the positive ways in which goals can be met. Note: An Action Plan Worksheet and these instructions are included at the end of each chapter.

administer the pre-test and post-test questionnaires, time should be allowed before and after each session. The same questionnaire should be used for both pre-test and post-test administration. (The facilitator or evaluator can identify whether it’s being given as “Pre-Test” or “Post-Test” at the top of the form).

Evaluation

Evaluation Survey: There will be an evaluation survey administered to participants for each session of the RAICES/Promotoras Training (located at the end of the session in your Facilitator’s Manual). This simple evaluation is designed to give group facilitators’ some general feedback about the participants’ reactions to the material, what they found most useful, and a global rating of the session.

Performance measure (Pre- and Post-Tests): In addition to measuring increases in knowledge based on the workshop content, these instruments are designed to capture changes in attitudes and behaviors. To

Materials and Preparation

This section provides some suggestions on the materials needed to prepare for a successful training program.

Self-Study Materials – The Training Manual Appendix contains a number of short articles on the promotoras model of outreach, as well as a list of additional references. The Facilitator’s Manual contains a list of additional resources that may be suggested throughout the training when questions arise.

Specific Training Materials – Original copies of handouts and exercises are included in each session chapter within the Facilitator’s Manual. These should be reviewed, and copies should be made for each training participant. Copies are not included within the trainee’s manual and should be handed out by the facilitator during the session.

The following list outlines the handouts for each chapter. These are provided at the end of each chapter in the Facilitator’s Manual, in a section titled “Handout Masters.” These master handouts will need to be reproduced prior to each session.

Chapter 1

- Principles of a Productive Group
- Job Responsibilities Worksheet
- Ethical and Confidential Agreement
- Action Plan

Chapter 2

- I Come From...
- Understanding Stereotypes
- Diversity and Community Strengths
- Hurtado Family Story
- Cultural Competence Continuum Quiz
- Action Plan

Chapter 3

- 2006-2007 School Calendar
- Important SDHC Phone Numbers
- Making Time for Parent Involvement
- Report Card
- Conference Request Form
- FASST Target School Statistics
- Services and Supports for Families of Students in ESE
- Glossary of ESE Terms
- ESE – District Guidelines for Measuring Student Progress
- Fact Sheet – LEP Students
- LEP – State Assessments and Benchmarks
- Action Plan

Chapter 4

- State Regulation
- Action Plan

Chapter 5

- Reflection Questions
- Getting to Know the Family
- Important Names & Numbers
- Ecogram Worksheet
- Family Strength Discovery Worksheet
- Family Team Meeting Participant List
- Needs Worksheet
- Sample Meeting Agenda
- Summary Service History
- Family Team Meeting Agreement
- Sample Safety Plan
- Sample Family Support Plan
- Action Plan

Chapter 6

- Roles of the Case Manager – Self-Assessment
- Resource Information Form
- How Will We Collaborate?
- Experiences with Case Manager Roles
- Working As an Advocate
- Monitoring and Evaluation Analysis
- Action Plan

Chapter 7

- The Visiting Plan
- Sample Progress Notes – Hispanic Services Council
- Blank Progress Notes
- Group A & B Rating Sheets
- Action Plan

Chapter 8

- Action Plan

Support Materials – Make sure that the classroom or meeting space in which training sessions will be held includes a flip chart and easel, eraser board, or chalkboard. If you are using a flipchart, have masking tape or push pins available to hang completed pages for easy reference. Have extra pens, pencils, and paper available in case participants need them. Make sure to have a sign in sheet for each training session, as well as satisfaction surveys and pre- and post-tests.

Specific Training Procedures

This section provides information to help you begin the overall training program, and can be used before each session. As participants arrive, you should make an effort to welcome them and make them feel comfortable.

Once all of the participants have arrived, welcome them as a group and introduce yourself. You might want to comment on the diversity of experiences represented and how the group will benefit from that experience. Before moving

on to the actual training, discuss important housekeeping issues and if refreshments are made available, give participants a final opportunity to serve themselves.

Housekeeping issues: Tell training participants where restrooms are located. Explain the format of the day, breaks, and expectations about attendance and issues related to phone calls and beepers. (These should be kept silent or on vibrate. If calls must be taken, participants should exit the meeting space to avoid distracting others.)

Distribute materials: “To get us started, each of you will receive two notebooks with all of the basic materials needed for the training sessions. You will receive one notebook this week, and the second one before the beginning of the next training week. These notebooks are yours to keep, so you might want to put your names in them. During the training sessions you’ll receive a lot of handouts and information. We’ve found from working with other groups that participants like to keep these materials and we hope that these training notebooks will help you keep your materials organized.”

Providing a Session Overview

Ask participants to go to the Table of Contents in their manuals. On the first day, the facilitator will provide a brief overview of the entire manual.

Explain how the RAICES/ Promotoras Training modules were designed to provide useful information and skills training needed for the development of a successful Family and School Support Team (FASST) that includes bilingual promotoras. Participants will learn about important concepts, including Systems of Care and Wraparound Principles and Cultural Competence. The training

The training will emphasize building skills that include providing support, helping families identify their strengths and needs, and connecting families to the services they need.

will emphasize building skills that include providing support, helping families identify their strengths and needs, and connecting families to the services they need.

The RAICES/Promotoras Training Manual contains materials for eight structured training sessions that can be adapted to meet specific program and participant needs. (This particular training program has been designed to train FASST teams working within Hillsborough County schools.) Each chapter includes instructions for leading the session, along with handouts, discussion questions, and ideas for presenting information on the topics covered. Articles of interest, resources for obtaining teaching materials, and a bibliography of additional reading also are included in this manual.

The structured workshop sessions are designed for eight weekly meetings from four to six hours each. However, some flexibility is recommended. In practice, discussions of parenting issues have been known to become lively and individual participants have been found to need extra support and processing time when painful memories are triggered.

The following topics will be covered in the training program. Ask participants to review these with you, as they look over their manual's Table of Contents.

Chapter One: The first session will provide an introduction to Systems of Care and Wraparound concepts, their values, and principles.

Chapter Two: The second session will provide an introduction to the importance of culture in daily life, the principles of cultural competence, and how to use this knowledge in service delivery.

Chapter Three: The third session will provide important information on the elementary school system in Hillsborough County and important programs available to elementary school students and their families.

Chapter Four: The fourth session will provide important information on child development milestones and child mental health for elementary school-aged children.

Chapter Five: The fifth session will provide important information on how to implement Wraparound Principles to address child and family needs.

Chapter Six: The sixth session will provide important information on case management and how to collaborate with families and providers to develop a successful Family Plan.

Chapter Seven: The seventh session will provide important information on conducting home visits and establishing successful support relationships with families receiving FASST services.

Chapter Eight: The eighth session provides important information on how to assess your work in the field, implementation of Systems of Care and Wraparound principles, and conducting effective Family Team Meetings.

Chapter Goals and Objectives

Before beginning a particular training session, it will be useful for you to review the chapter goals and objectives with participants in order to orient them and present training expectations. Ask them to turn to the Goals and Objective page for each session while you review them aloud. Note: the information presented below relates to Chapter 1 and is repeated within that chapter. It is presented

here as a general example of how to conduct a session overview.

“Before we begin, let’s review the goals and objectives for today’s session.”

Ask participants to turn to the appropriate page (e.g., refer to Chapter 1, Page 1) and read the Chapter Goals and Objectives before moving on to training content.

“Our goal for today is to give each of you a basic understanding of the values and principles of the Systems of Care and Wraparound concepts.

“After completing this chapter, you will demonstrate:

- 1) Familiarity with the System of Care philosophy and its core values;*
- 2) Knowledge of the principles of the Wraparound Process and its role in a System of Care;*
- 3) Awareness of the ethical issues involved in working closely with families;*
- 4) Understanding of the importance of confidentiality in your work.”*

Review of Training Agenda

Once you have completed reviewing the goals and objectives for the session, give participants an overview of the agenda for the day. Note: Training participants do not have a copy of the agenda in their manuals. This is provided for facilitators to prepare and remain mindful of the estimated time allotted for each section of a training

session. You might choose not to give participants time estimates for each section because this may limit how much time you can devote to a particular section or activity. However, it is suggested that you tell them the specific training sections/topics that will be covered throughout the day. The agenda shown below is an example of the one created for Chapter 1. It is provided here for your review and is also included in Chapter 1.

AGENDA – FIRST SESSION	Time
Welcome and Introduction <ul style="list-style-type: none">Housekeeping IssuesCompletion of Pre-TestReview of Session Goals and ObjectivesExercise 1: Principles of a Productive GroupExercise 2: Set Shared Training Goals	40 Minutes
Introduction to FASST <ul style="list-style-type: none">Exercise 3: Review FASST Job Descriptions	40 minutes
<i>Short Break</i>	<i>10 Minutes</i>
What Is a System of Care?	45 Minutes
<i>Lunch Break</i>	<i>60 minutes</i>
Wraparound Values and Principles <ul style="list-style-type: none">Exercise 4: Identifying Our Strengths and Culture	75 Minutes
<i>Short Break</i>	<i>10 Minutes</i>
Ethics and Confidentiality <ul style="list-style-type: none">Exercise 5: Ethics and Confidentiality Agreement	45 Minutes
Closing/Concluding Discussion <ul style="list-style-type: none">Exercise 6: Action PlanPost-test	30 minutes
Total Time Session 1 (including 60 min. lunch)	5 hours 55 minutes

Principles for a Productive Group

Before moving on to the Chapter 1 content, distribute the “Principles for a Productive Group” handout, and ask the participants to reflect on the guidelines. The handout is reproduced for you below.

“These guidelines are a set of rules to be applied during group meetings to ensure healthy interactions. Please read them over carefully.”

1. Attendance is very important to the group. Your presence and participation are valued and important. It is important that you attend not only for yourself, but also for other members needing your support. If you must miss a session, please let the group know ahead of time. If this is not possible, please leave a message in the office.
2. Please be on time. If you are running late, please attend anyway, if possible.
3. Please honor the confidentiality of the group. Everyone must be able to feel comfortable that what is discussed within group meetings will not be repeated outside of the training.
4. Group members need to be supported when they talk about their feelings and concerns. There is no room for judging or blaming other group members. Each person needs to be able to express feelings openly, without fear of criticism.
5. Practice active listening. This means paying full attention to a group member who is talking instead of thinking about what you want to say next.
6. As group members we can offer support, hope, and encouragement, and at the same time respect that each person must find her/his own solutions.

7. Remember that each person in the group needs a chance to share. Since our meetings have a time limit, no one person should take over the conversation.

Session Closings

Session closings should include a concluding discussion that leads into the Action Plan exercise. After the exercise is completed, highlight important points raised and provide wrap-up and concluding comments. Note how the information presented during the day’s session will tie into the next session.

Give homework suggestions at this time (if necessary). Next, ask participants to stay to complete the Session Evaluation Form and the Post-Test. These forms will need to be completed after each session to assist in the evaluation of the training program.

When they have completed the evaluation forms, thank group members for coming and for their participation. Tell them that you look forward to their return for the next session.

Principles for a Productive Group

- *Attendance*
- *Be on time*
- *Confidentiality*
- *Do not judge*
- *Active listening*
- *Respect*
- *Equal sharing*





Chapter 1

Introduction to Systems of Care and Wraparound

Introduction to Systems of Care and Wraparound

Welcome participants (follow guidelines in Introduction) and review agenda for the first training session. Ask participants to turn to Chapter 1- Page 1 in their manuals to review the topics to be discussed. Go over this agenda with them (times are listed for facilitator's use).

AGENDA – FIRST SESSION	Time
Welcome and Introduction <ul style="list-style-type: none"> • Housekeeping Issues • Completion of Pre-Test • Review of Session Goals and Objectives • Exercise 1: Principles of a Productive Group • Exercise 2: Set Shared Training Goals 	40 Minutes
Introduction to FASST <ul style="list-style-type: none"> • Exercise 3: Review FASST Job Descriptions 	40 minutes
<i>Short Break</i>	<i>10 Minutes</i>
What Is a System of Care?	45 Minutes
<i>Lunch Break</i>	<i>60 minutes</i>
Wraparound Values and Principles <ul style="list-style-type: none"> • Exercise 4: Identifying Our Strengths and Culture 	75 Minutes
<i>Short Break</i>	<i>10 Minutes</i>
Ethics and Confidentiality <ul style="list-style-type: none"> • Exercise 5: Ethics and Confidentiality Agreement 	45 Minutes
Closing/Concluding Discussion <ul style="list-style-type: none"> • Exercise 6: Action Plan • Post-test 	30 minutes
Total Time Session 1 (including 60 min. lunch)	5 hours 55 minutes

Chapter 1 Topics

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

Section 1.2 – What is a System of Care?

Section 1.3 – Wraparound Values and Principles

Section 1.4 – Ethics and Confidentiality

Review Goals and Objectives – See Introduction page 12 for detailed instructions

Goals: 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.

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.

Exercise 1

Review Principles of a Productive Group

Purpose: To establish guidelines for group behavior and to ensure positive interactions throughout the training program.

Time: 10 minutes | **Materials:** Principles of a Productive Group handout

Refer to the Introduction page 16 for complete instructions related to this exercise.

Exercise 2

Set Shared Training Goals

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

Time: 20 minutes | **Materials:** Flip chart; Markers

Instructions: Begin with a discussion regarding the training goals and other personal expectations about the training.

Excercise 2: Discussion Questions

Prompt with some of the following questions:

- What do you most want to get out of this series of workshops?
- What do you want to learn about most?
- What issues or concerns would you like help with?
- What might this training provide that will help you most in your job as a member of FASST?
- What do you hope to learn/gain from other members?

Ask participants to contribute one of their goals to a list of “group goals.” Use a flip chart or a piece of poster board to record group goals that apply most to FASST (e.g., learn how to communicate better with parents about child’s needs).

“Based on everything we’ve discussed today, let’s generate a list of group goals. Goals that relate to learning and developing new skills are especially helpful.”

“Let’s begin by having each person state a goal for this workshop based on your needs and concerns as a FASST team member. We’ll add to the list as needed.”

Review completed list of goals. Thank participants for their input.

Briefly reassure them that most of the issues reflected in their goals will be addressed within the topics to be covered during the workshop.

Let participants know you will keep the goals list and that reviewing it will be part of the business of the final meeting. In addition, the group may want to refer back to specific goals during the workshop.

Discuss issues raised by participants about the goals and objectives. If necessary, help clarify the differences among the other stakeholders.

Summarize with the following points:

“We would like to see the following results after our eight sessions together:”

- Understanding of the Systems of Care philosophy and the principles of the Wraparound Process
- Maintain confidentiality of shared group concerns and issues
- Demonstrate empathy, respect, concern and collaboration with other participants
- Understanding of the importance of family strengths and cultural diversity

Section 1.1 -

Introduction to Family and School Support Teams (FASST)

FASST Program Description

Note: The information in this section can be summarized when presented to training participants, with highlights given of important information concerning the FASST.

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 students in Kindergarten through 5th grade and their families attending public schools in regions served by FASST.

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 elementary 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

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*

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 collaborative's Board of Directors.

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.

The core of the FASST team consists of the Family Support Coordinator (FSC) and the Family Advocate.

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 Services 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 table below 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 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 3:

Review FASST Job Descriptions

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

Time: 35 minutes | **Materials:** FASST Job Descriptions; Job Responsibilities Worksheet; Flip Chart; Markers

Instructions: Hand out a copy of the Job Responsibilities Worksheet to each participant. Ask them to review the job description for the position in which they were hired. (Ask those individuals who were not hired for the FASST to select the job description that most closely fits their current job responsibilities.)

Exercise 3: Discussion Questions

“This worksheet will help you determine the different responsibilities that make up your position on the FASST team”.

“Most jobs can be divided into the following three categories: 1) the kind of knowledge required to do the job, 2) the skills required to complete the job, and 3) the employee traits needed to be successful on the job. Once you determine what responsibilities fall into each category, it will be easy to establish objectives for your particular position.”

After reviewing their job descriptions, ask participants to divide their responsibilities according to the categories on the Worksheet. When they are finished, ask individuals to share their worksheet results with the group. If possible, try to get input related to all of the available job descriptions.

Write responses on the flip chart for each position. Compare and contrast responses. How are positions similar? How are they different? How important are employee traits for each position?

¹ Exercise and worksheet adapted from Shirazi, Elham and Carol Nolan. (1995) Strategies for Successful Telecommuters: A Telemanager's Manual. Davis, CA: Department of Transportation, FHWA, the University of California at Davis.

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.

The FASST family functioning objective is for 80% of families receiving services to utilize skills to improve and/or maintain stable family functioning as a result of informal and formal supports.

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% 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 that 70% 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. Participating schools have also indicated their appreciation of how FASST can help parents negotiate and navigate the social service system, when school personnel have neither the time nor a 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 FASST 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. Catholic Charities was introduced as the lead

administrative agency through this initiative because of their experience in serving Spanish-speaking and migrant worker populations found in South Hillsborough County. This FASST team served the student populations of Wimauma and Cypress Creek elementary schools throughout the 2004-2005 school year. Further expansion of the bilingual FASST targeted the West Tampa area, with a new team began serving West Tampa Elementary School students and parents in January 2006. FASST services in Area V (Wimauma/Ruskin) were also expanded to include a third school, Ruskin Elementary through the addition of another promotora. 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 - What is a System of Care?

A System of Care (SOC) 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, an 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 an 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, an 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:

Simply put, an 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.

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.

System 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 an 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.

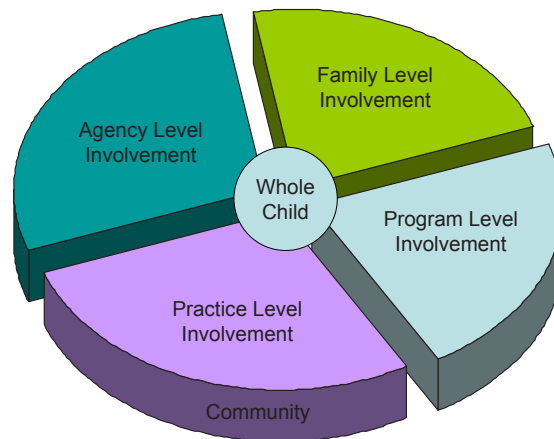
SOC communities also rely on the following guiding principles to direct their service delivery efforts:

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.

SOC communities rely on guiding principles based on the SOC core values to direct service delivery efforts.

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



Section 1.3 - Wraparound Values and Principles

Exercise 4:

Identifying Our Strengths and Culture

Purpose: To get to know each other better and to identify our individual strengths and the importance of culture in working with others.

Time: 30 minutes | **Materials:** Flip chart; Markers

Instructions: This exercise will help participants get to know each other better. Ask participants to introduce themselves by giving their full name, some personal information of interest (if they choose), their cultural background, a personal strength, and a strength they have identified in their agency. Facilitator note: Break the ice by introducing yourself first using this format. Record cultures, strengths separately on flip chart and discuss them afterwards.

A variation on this exercise for large training groups: Break participants into groups of 5 or less. Have groups pick a recorder and carry out introductions. Ask recorders to post lists of the individual cultures and strengths identified on notepads and have group briefly discuss these.

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 positive 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.
- 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.

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?”

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, coupled with a desire to alleviate that distress. 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. An individualized plan should take these differences into account and should address their specific needs and incorporates their specific strengths.

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.

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. 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 rapport with the family that a formally assigned provider simply does not. 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.

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.

*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.*

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

Flexible

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 is 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 meetings. 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 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 part of the Wraparound Process endure over time and can provide individuals and families with a great deal 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 resources to which a family may turn for help.

Goal-Driven

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

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

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 - Wraparound Values and Principles

Although case managers and outreach workers may play a variety of roles, concern for human welfare drives the 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 how much information to share with others, including your co-workers 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 you 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.

Many different ethical questions are likely to arise during your relationship with a family. Section 1.4 provides a few examples of how to handle these situations.

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.

In such a situation, you may find it helpful to talk with the mother and the grandparent together to determine points of agreement, as well as disagreement. You might also help facilitate a discussion as to which skills and activities they can both agree to practice with the child and how they might communicate their child rearing differences with the child in order to minimize confusion or anxiety on the child’s part. Respecting the configuration of families that you work with is an important part of FASST. The goal will be to get family members to work together as much as possible, in the best interests of the child being served through FASST.

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 employee 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. FASST personnel are mandated reporters of child abuse. As such, they are required by law to report suspected child abuse. 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 the laws and policies in place to protect children in such cases.

If an abuse allegation is verified and a child is removed from the home, the FASST may continue to work with the family, in conjunction with the child welfare agency in the county, Hillsborough Kids, Inc. (HKI), as part of the family’s intervention/reunification plan. In such cases, the FASST Family Support Coordinator will keep in close contact with the child welfare case manager to determine an appropriate plan of action. In all such cases, it is important to remember that FASST is a voluntary program and that the family must agree to continue to receive your visits and services.

Maintaining confidentiality is of utmost importance when working with families.

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.

Confidentiality

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 the FASST.

Confidentiality is an ethical obligation for all FASST employees. Further, 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 if the team uncovers a situation where there is threat of danger to a child or family member receiving FASST services (i.e., if there is an indication of child abuse, all FASST personnel are mandated reporters and must report evidence of abuse to the proper authorities).

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 personnel 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 on a home visit. They may learn more than families intend, making it even more important that the confidential nature of the FASST outreach relationship is understood.

Each FASST administrative agency will have its particular policies and procedures to ensure confidentiality, but several guidelines are applicable to all FASST:

- 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. 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.

The key word here is *pertinent*. If other members of the team hear about specific concerns related to a particular family, 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 other 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 would 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

Note: It is important to emphasize that FASST personnel should strive to remain compassionate while maintaining professional boundaries.

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

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.

relationship are established, the sooner you and the family can focus on productive work together.² 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 a family more effectively and may help the family feel comfortable in 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 she/he 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. It will be important to stress that FASST personnel should keep their jobs separate from their social life.

Maintaining ethical obligations, confidentiality, and professional 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.

Exercise 5:

Ethics and Confidentiality Agreement

Purpose: To develop an ethics and confidentiality agreement.

Time: 30 minutes | **Materials:** Handout; Flip chart; Markers; Copies of Ethical and Confidentiality Agreements from various providers

Instructions: Whenever possible, training participants should review copies of existing ethical or confidentiality agreements from various providers. These documents can serve as a useful starting point for discussion.

Ask participants to reflect on the previous mini lecture and brainstorm all the factors they would like to consider within their agreements. Record their responses on the flip chart. Discuss the responses. Are their responses similar or different? After discussion, ask them to collectively identify the most important factors that they would like to include in their agreement. When they have finished, ask them to sign the form. The facilitator will sign as a witness and return the forms to the team the next day before the session begins.

² Combs & Avila, 1985

Chapter 1 -

Session Closing

Exercise 6:

Create an Action Plan

Purpose: To provide an opportunity for training participants to review what they have learned during this session. Each participant will leave today's session with a positive plan of action.

Time: 30 minutes | **Materials:** Action Plan handout; Flip chart; Markers

Instructions:

1. If there are enough participants in the training group, ask them to form small groups of three to four members. If not, participants may complete this activity individually.
2. Mention that this activity will help integrate their learning and will provide each of them with a definitive plan of action for implementation of the concepts they learned during this session. Give each participant a copy of the Action Plan worksheet.
3. Instruct participants to write the following heading at the top of the worksheet: "How I can incorporate System of Care and Wraparound values and principles in my work." Ask participants to list all of the ideas that they would like to pursue. Each item should be numbered. Allow five to eight minutes.
4. When their time is up, ask participants to write another heading, either below the list they've created or on another sheet of paper. The heading should read: "Ways that I can help my FASST team observe ethics and confidentiality with the families we will serve." Again, ask participants to list all of their ideas and number each separate item. They may need to use additional sheets of paper, if they run out of room. Allow another five to eight minutes.
5. When participants are finished, ask each small group to identify at least three ideas they intend to put into action. (If activity is being completed individually, ask each participant to do the same.) This process should take five minutes. Next, ask each small group to elect one representative to write her/his group's responses on separate flip chart sheets. If activity is being completed individually, ask each participant to write her/his responses using flip chart sheets. Reconvene entire group, if small groups were used.
6. Review the responses posted by each group or individual. Summarize the findings and try to incorporate the most important topics of the day with participants' responses.

³ This exercise adapted from Pfeiffer, J.W. (1989) *The encyclopedia of group activities*. San Francisco: Jossey-Bass/Pfeiffer.

Handout Masters



Principles of a Productive Group

1. Attendance is very important to the group. Your presence and participation are valued and important. It is important that you attend not only for yourself but also for other members needing your support. If you must miss a session, please let the group know ahead of time. If this is not possible, please leave a message in the office.
2. Please be on time. If you are running late, please attend anyway, if possible.
3. Please honor the confidentiality of the group. Everyone must be able to feel comfortable that what she/he discusses within group meetings will not be repeated outside of the training.
4. Group members need to be supported when they talk about their feelings and concerns. There is no room for judging and blaming other group members. Each person needs to be able to express feelings openly without fear of criticism.
5. Practice active listening. This means paying full attention to a group member who is talking instead of thinking about what you want to say next.
6. As group members we can offer support, hope, and encouragement, and at the same time respect that each person must find her/ his own solutions.
7. Remember that each person in the group needs a chance to share. Since our meetings have a time limit, no one person should take over the conversation.

Job Responsibilities Worksheet

Job Title: _____

I. Kind of knowledge required:

- 0
- 0
- 0
- 0
- 0

II. Skills required:

- 0
- 0
- 0
- 0
- 0
- 0

III. Employee traits:

- 0
- 0
- 0
- 0

Ethical and Confidential Agreement FASST Team Members

As a member of the Family and School Support Team, I agree

As a FASST employee I agree to

As a FASST employee I agree to

As a FASST employee I understand

Signature: _____

Date: ____/____/____

Witness: _____

Action Plan: _____

Chapter: _____

Date: ____/____/____



Achieving Culturally Competent Practice

Welcome participants (follow guidelines in the Introduction) and review agenda for the first training session. Ask participants to turn to Chapter 2 - Page 1 in their manuals to review the topics to be discussed. Go over this agenda with them (times are listed for facilitator's use).

AGENDA – SECOND SESSION	Time
Welcome <ul style="list-style-type: none"> • Review Session Agenda • Review Chapter Goals and Objectives 	10 Minutes
What Is Culture? <ul style="list-style-type: none"> • Exercise 1: Definitions of Culture • Exercise 2: I Come From... 	50 minutes
<i>Short Break</i>	<i>10 Minutes</i>
Principles of Cultural Competence (Part 1) <ul style="list-style-type: none"> • Exercise 3: Understanding Stereotypes 	60 Minutes
<i>Lunch Break</i>	<i>60 minutes</i>
Principles of Cultural Competence (Part 2) <ul style="list-style-type: none"> • Exercise 4: Diversity and Community Strengths • Exercise 5: Family Case Example 	45 Minutes
Culturally Competent Practice <ul style="list-style-type: none"> • Exercise 6: Exploring Others' Values and Attitudes 	45 Minutes
<i>Short Break</i>	<i>10 Minutes</i>
Providing Culturally Competent Service <ul style="list-style-type: none"> • Exercise 7: Cultural Competence Quiz 	45 Minutes
Closing/Concluding Discussion <ul style="list-style-type: none"> • Action Plan • Completion of Satisfaction Survey 	15 minutes
Total Time Session 2 (including 60 min. lunch)	5 hours 50 minutes

Chapter 2

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

Review Goals and Objectives – See Introduction page 12 for detailed instructions

Goals: The main 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. We will also discuss how to apply these concepts and principles in providing services to diverse families.

Objectives: After completing this chapter, you will have:

- An awareness of your own culture and how to build relationships with people from many different cultures,
- Familiarity with the principles of cultural competence,
- Awareness of the necessary skills to interact, on a culturally competent basis, with the families that you serve, and
- An awareness of how you (and your agency) can increase the effectiveness of service delivery to families through culturally competent practice.

By the end of this session, I would like to see the following outcomes that will help us meet the session objectives. At the end of this session, you should be able to:

1. Identify the cultural groups that you belong to and identify various definitions of culture,
2. Identify two strategies that you can use to learn about culture and build relationships with people from other culture, and
3. Identify two strategies that you can use to help your agency/program provide culturally competent services.

Section 2.1 - What Is Culture?

Introductory Lecture:

Why is culture important? What role will culture play in our work with FASST and the Wraparound Principle?

Culture is a central issue in people's lives. It influences their views, their values, their humor, their hopes, their loyalties, and their worries and fears. If you are from New Mexico or Montana, if your parents are Cambodian, French Canadian, or Native American, if you are German or African-American, if you are Jewish, Catholic, Muslim, if you are straight or gay, if you are a mixture of cultures, your culture has affected you. So when you are working with people and building relationships with them, it helps to have some perspective and understanding of their culture(s).

Another important reason for us to begin understanding how to think about culture in our work and daily lives relates to the changes this country is experiencing. The United States is becoming increasingly diverse. By the turn of the century, one out of every three Americans will be a person of color. In addition to large numbers of immigrants from all over the world, this country includes people of many religions, languages, economic groups, and other cultural groups.

As you learned in the last chapter, cultural competence is also an important principle of the Wraparound Process, and respect for a family's culture plays an important role within a System of Care. A person's culture can affect the kinds of services needed, as well as the optimal time, place, and method of delivering services and supports. By working to understand the unique needs of families within Systems of Care, the importance that we place on respect, dignity, non-discrimination, and self-determination is expressed to all participants within our system.

As we explore culture, it will be important to keep in mind just how much we have in common with others. A person who grew up in Tibet, will probably see the world very differently than someone who grew up in Manhattan, but both people know what it is like to wake up in the morning and look forward to the adventures that of the day. We are all human beings. We all love deeply, want to learn, have hopes and dreams, and have experienced pain and fear.

At the same time, we can't pretend that our cultures and differences don't matter. We can't gloss over differences and pretend they don't exist, wishing that we could be alike all the time. And we can't pretend that discrimination doesn't exist.

Before we continue, it is important to remember that everyone has an important viewpoint and role to play when it comes to culture. You don't have to be an expert to build relationships with people different from yourself; you don't have to have a degree to learn to become sensitive to cultural issues; and you don't have to be a social worker to know how culture has affected your life. Your own personal experiences and knowledge can help you to build effective relationships with families as you strive to provide services through FASST.

Let's begin by working on an exercise that will get us to think about our definitions of "culture." How do you define culture?

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

Exercise 1:

Definitions of Culture

Purpose: To explore our definitions of culture.

Time: 10 minutes | **Materials:** Flip chart & markers

Instructions: Ask participants to write a definition of culture beginning with: "Culture is..." Also ask them to write some responses to the following introduction, "Culture includes..."

Allow 5 minutes for writing, and then ask participants to share the ideas that they have written. Write questions and participant responses on the flip chart.

Mini-Lecture: 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. It can also include groups we join or become part of. For example, we can acquire a new culture 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. Do you agree? How might this apply to you?

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 people in other cultures, we start by becoming more aware of our own culture. But we believe this is true. Why?

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 theirs. Or, if you understand how discrimination has affected you, then you may be more aware of how it has affected others.

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 one. 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 we belong to, 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 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.

Family culture is the unique way that a family forms itself in terms of its rules, roles, habits, activities, beliefs, and other areas. 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 therefore slightly different in the way that it does things. Every family has its own culture.

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 this family operates. We then are sometimes puzzled 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 with individualized services tailored to the family's strengths and needs.

Family culture is the unique way that a family forms itself in terms of its rules, roles, habits, activities, beliefs, and other areas.

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

What are the Primary Areas of Family Culture?

If we are to be culturally competent in 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 do/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: "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).

Time: 20 minutes | **Materials:** “I Come From...” handout; Flip chart; Markers

Instructions: Give each participant a copy of the “I Come From...” handout. Read the instructions out loud. Tell them they have only 10 minutes to answer the questions provided. When the participants finish the worksheet, ask for volunteers to contribute their responses to a particular question. Allow for discussion of similarities and differences between respondents, and be sure to include your own responses.

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

Section 2.2 - Cultural Competence

Mini Lecture: Principles of Cultural Competence

Show Principles of Cultural Competence Diagram Overhead

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

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

- *Understand the values, attitudes, and behaviors of others*
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people who are culturally different. 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 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 values.

Exercise 3:

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

Time: 30 minutes | **Materials:** Stereotypes handout; Flip chart; Markers

Instructions: Give the brief introduction below. Then, give each participant a copy of the Stereotypes Handout. Ask them to complete the exercise. When they are done, prompt them with discussion questions that follow.

Introduction for participants: We all carry misinformation and stereotypes about people in different cultures. Especially when we are young, we acquire this information in bits and pieces from TV, from listening to people talk, and from the culture at large. We are not bad people because we acquired this; no one requested to be misinformed. But in order to build relationships with people of different cultures, we have to become aware of the misinformation we acquired.

An excellent way to become aware of your own stereotypes is to pick groups that you generalize about and write down your opinions. Once you have, you can examine the thoughts that came to your mind and where you acquired them.

Discussion Questions (After handouts are completed):

- How did your parent(s) feel about different ethnic, racial, or religious groups?
- What did your parents communicate to you with their actions and words?
- Were your parents friends with people from many different groups?
- What did you learn in school about a particular group?
- Was there a lack of information about some people?
- Are there some people you shy away from? Why?

Start a discussion with the group on each of the above questions. Write down the answers on the flip chart. Discuss some of your experiences with the group, as well. How could these stereotypes affect the ways in which we provide services to diverse families?

Cultural competence refers to the professional's capacity to understand how culture shapes human behavior, and emphasizes the idea of effectively operating in different cultural contexts. (Cultural knowledge, awareness, and sensitivity do not include this concept.)

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 improved.¹

Cultural Knowledge - Familiarization with selected cultural characteristics, history, values, belief systems, and behaviors of the members of another ethnic group.²

Cultural Awareness - Developing sensitivity and understanding of another ethnic group; reading about cultures is a different way to gain knowledge. This 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.³

Cultural Sensitivity - Knowing that cultural differences and similarities exist, without assigning values (better or worse, right or wrong) to those differences⁴; 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. Describes demographic characteristics of a population.

Cultural Competence – 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 situations.”⁵ Cultural competence refers to the professional's capacity to understand how culture shapes human behavior, and emphasizes the idea of effectively operating in different cultural contexts. (Cultural knowledge, awareness, and sensitivity do not include this concept.)

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) to produce better health outcomes.

Note: Review with participants how cultural competence differs from the other terms presented in this section. Write down responses on flip chart, if helpful.

¹The 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.

²Adams, D.L. (Ed.). (1995). *Health issues for women of color: A cultural diversity perspective*. Thousand Oaks: SAGE Publications.

³Ibid.

⁴Texas Department of Health, National Maternal and Child Health Resource Center on Cultural Competency. (1997). *Journey towards cultural competency: Lessons learned*. Vienna, VA: Maternal and Children's Health Bureau Clearinghouse.

⁵Cross 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 Strengths⁶

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

Time: 20 minutes | **Materials:** Diversity and Community Strengths handout; Flip chart; Markers

Instructions: Give each participant a copy of the Diversity and Community Strengths handout. For this exercise, you will spend some time thinking about all of the ways that different aspects of your culture or identity have affected you as a community member and how they can affect you as you help bring services to families.

Let's begin by writing down your thoughts about how the different aspects of your culture or identity (gender, race, nationality, etc., listed below) can affect you as a member of the FASST. For example, write down how being a female or male has given you strengths as a case manager, parent advocate, or promotora. Perhaps, it has made the job more difficult. Note this as well.

After 10 minutes, have participants discuss their responses with the larger group. Record their responses on the flip chart. Prompt them to discuss one or more of the following questions:

Discussion Questions:

- How can your identity or culture give you strengths for working with your target community?
- How can these aspects of your identity or culture make your efforts more difficult?
- How do you think that these aspects of identity and culture affect how families operate within their own communities?

Mini Lecture: Cultural Competence Continuum

Show Cultural Competence Continuum Overhead

This cultural competence continuum can help you to understand the possible ways to respond to cultural differences. The continuum shows the capacity for cross-cultural interaction from low levels of achievement to the highest level of achievement.

Cultural Destructiveness is the most negative end of the continuum, represented by attitudes, policies, and practices that are destructive to cultures and to individuals within those cultures.

⁶This exercise adapted from Axner, D.M. (1993). The community leadership project curriculum. Pomfret, CT: Topsfield Foundation.

- Policies that promote cultural genocide, which is the purposeful destruction of culture.
- Assumes one race or culture is superior and should eradicate or control lesser races because of their perceived inferior position.

At the level of **Cultural Incapacity**, the system, agency, or individual does not intentionally or consciously seek to be culturally destructive. Instead, the capacity to help people and communities of color is missing. The agency or individual remains extremely biased, believes in the racial superiority of the dominant group, and assumes a paternalistic posture toward the perceived lesser cultures or races.

- These agencies or individuals may disproportionately apply resources and discriminate against people of color.
- They may also support segregation as a desirable policy or may enforce racist policies that reflect racial stereotypes.
- This level is characterized by ignorance and an unrealistic fear of people of color. This includes discriminating hiring practices, subtle messages that people of color are unwelcome, and lower expectations from clients

Cultural Blindness is the philosophy that all people are the same; ethnicity, race, and culture make no difference. Cultural blindness may be manifested as:

- The application of service approaches traditionally used by the dominant culture because those approaches are believed to universally applicable,
- Participation in special projects for minority populations when the dollars become available,
- Agencies or individuals cooperating with the intention of “rescuing” people rather than working collaboratively with them. When funding runs out, these programs would be the first to go, and
- A lack of information and the knowledge of where to obtain information specific to other cultures, as well as very ethnocentric views.

At the **Cultural Pre-Competence** level, the agency/individual realizes that they have weaknesses in serving minorities and try to improve some aspects of their services to specific populations. They also try new types of service approaches, hire diverse staff, explore various methods of outreach, initiate culturally relevant training for staff, and recruit individuals for their Board of Directors, for instance.

A danger at this point is the belief that the fulfillment of one culturally competent goal or activity fulfills the obligation to the minority community. In other words, the completion of one culturally competent activity or goal should not signal that the agency can discontinue its efforts.

Agencies hire minorities/people of color for positions and they feel they have accomplished the goal of serving a particular community, but this doesn't mean services will improve if the people they hired are not culturally competent or not knowledgeable of the function of culture and its impact on clients. *Discuss this point in particular with training participants.* Do you think that because you are Latina or Latino that you are able to work effectively with all Latina/o groups? Why or why not?

Ask training participants:

Do you think that because you are Latina or Latino that you are able to work effectively with all Latina/o groups? Why or why not?

Basic Cultural Competence

Culturally competent agencies and individuals are characterized by:

- Acceptance of and respect for differences
- Continuing self-assessment regarding culture
- Careful attention to dynamics of difference
- Continuous expansion of cultural knowledge and resources
- Adaptation of their service models in order to meet the needs of clients
- Ongoing dialogue with the community that is being served

Advanced Cultural Competence:

- Holds all cultures in high esteem
- Agencies/individuals seek to add to the knowledge base by developing new approaches that adapt to cultural differences
- Evaluating and disseminating results

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- *Holds all cultures in high esteem*
- *Agencies/individuals seek to add to the knowledge base by developing new approaches that adapt to cultural differences*
- *Evaluating and disseminating results*

Section 2.3 - Culturally Competent Practice

Mini Lecture: 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 to understand behaviors influenced by culture in the populations they serve. By providing culturally competent services, service providers can decrease barriers to services experienced by those who need services.

The five elements presented here contribute to the ability for an organization or an individual to become more culturally competent.

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 than the dominant culture.

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 to understand behaviors influenced by culture in the populations they serve.

Individual – Awareness and Acceptance of Difference

- People are different 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 identified populations, knowledge of how specific communities seek or utilize services, etc.)
- Use of such information to minimize cross-cultural barriers, and promote cultural diversity and appreciation (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 preference for meeting basic human needs and how this might affect the way you deliver or provide services
- 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 (e.g., programs often try to "educate" or correct 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.
- Maintaining 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 staff at all levels.
- Development of mechanisms for determining what is culturally appropriate for the specific populations that the organization serves.

Individual – Development of Cultural Knowledge

- Learn about a different culture(s) or group(s), especially if they represent a large part of the families served.
- 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

Organization and Individual – Adapt Practice Skills to Fit the Cultural Context of the Family's Values

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

Mini-Lecture: Values and Attitudes

Culture shapes how people experience their world. It is a vital component of how services are both delivered and received. Cultural competence begins with an awareness of your own cultural beliefs and practices, as well as 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.

It is important to promote mutual respect. Cultural competence is rooted in 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.

It also means recognizing that acculturation occurs differently for everyone.

Note: Ask participants if they can come up with a definition of acculturation. Write down responses before providing them with the following definition: **Acculturation is the process by which an individual or a group of people acquire the culture of a particular society, in most cases a new culture.**

“Acculturation occurs at different rates among different families from the same cultural or ethnic group. However, it also occurs at different rates among members of the same family as well.”

Culture shapes how people experience their world. It is a vital component of how services are both delivered and received.

Briefly discuss with participants how we might recognize aspects of acculturation in immigrant groups.

Exercise 5:

Exploring Others' Values and Attitudes

Purpose: To recognize how values and attitudes operate in our daily activities and in the circumstances we encounter.

Time: 30 minutes | **Materials:** Family Case Study handout; Flip chart; Markers

Instructions: Give each participant a copy of the Family Case handout; ask them to take 5 minutes to read the narrative. Then ask them to take 2 minutes to write down their impressions of what the Hurtado Family's values and attitudes might be. Ask them to take another 2 minutes to write down how their values and/or attitudes might differ from those of the Hurtado's. Write these two questions down on the flip chart while they are working. When they are finished writing their responses, ask them to volunteer their responses. Write these down under the appropriate question. Discuss with the group the differences (and any similarities) that they may have identified between the Hurtado's values and attitudes and their own. Do they think that these differences will affect their ability to serve the Hurtados and maintain respect for the family's culture and values? Why or why not? Allow ample time for discussion.

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 that will be used in appropriate cultural settings to increase the quality of services and to produce better health outcomes.

Section 2.4 - Providing Culturally Competent Services

Mini Lecture: The Five Elements of Culturally Competent Practice

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 that will 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.

One of the most important things that you can do as a culturally competent service provider is to 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. (See the list provided below for examples.) A culturally competent Wraparound provider 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 focus and a slightly different organizational culture. The agencies' cultures (or subcultures) may even conflict, from time to time, when they work together on a Family Team. Whenever such conflict arises, it will be important for all members of the Family Team to remember that they are working together in the best interests of the child and 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

A culturally competent Family Team will work to ensure that Family Plan implementation is culturally competent for the family and agencies involved. 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 ability to demonstrate respect for diverse cultural beliefs, communication styles, attitudes, and behaviors in all of its practices and interactions with children and families. Providers who demonstrate cultural competence:

- 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.

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.

Remember: 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.

Your FASST 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. By recruiting and training this diverse team with members of the target community, you have the advantage of being familiar with some of the culturally and linguistic traditions of the families with whom you will work. You can continue to help your agency 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 diverse needs.

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

- Understand the history, language, norms, traditions, and beliefs of the cultural groups present in the community;
- Use 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);
- Ensure that service and resource information, educational materials, and messages are translated into the languages of the community;
- Rely on naturally occurring media outlets to make existing services known to the community (e.g., ethnic newspapers, TV, radio); and
- Develop partnerships with community leaders, “cultural brokers,” and natural networks to guide outreach efforts and to facilitate access to services within the community.

Remember: 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 one of the identified agencies (including churches, community centers, etc.) demonstrates cultural competence in service delivery.

Time: 15 minutes | **Materials:** Quiz Handout; Flip chart; Markers

Instructions: Hand out a copy of the quiz to each participant. Ask participants to break into small groups and assess an agency that they have visited or are familiar with. Give them 5 minutes to complete the quiz. Ask them to share their responses with the rest of the group. Write the responses down on the flip chart.

Chapter 2 - Session Closing

Exercise 7:

*Create an Action Plan*⁷

Purpose: To provide an opportunity for training participants to review what they have learned during this session. Each participant will leave today's session with a positive plan of action.

Time: 30 minutes | **Materials:** Action Plan handout; Flip chart; Markers

Instructions:

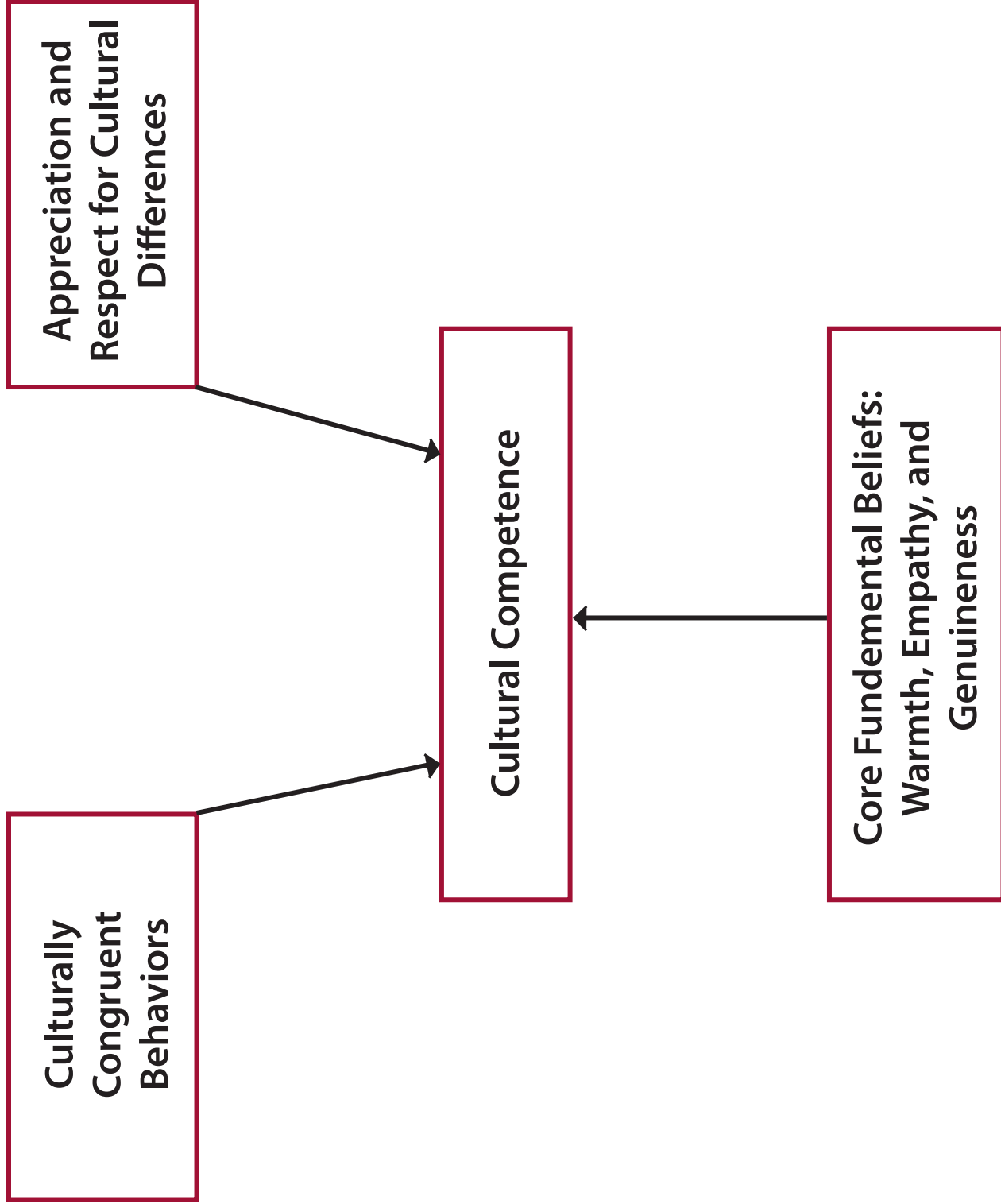
1. If there are enough participants in the training group, ask them to form small groups of three to four members. If not, participants may complete this activity individually.
2. Mention that this activity will help integrate their learning and will provide each of them with a definitive plan of action for implementation of the concepts they learned during this session. Give each participant a copy of the Action Plan worksheet.
3. Instruct participants to write the following heading at the top of the worksheet: "How I can incorporate System of Care and Wraparound values and principles in my work." Ask participants to list all of the ideas that they would like to pursue. Each item should be numbered. Allow five to eight minutes.
4. When their time is up, ask participants to write another heading, either below the list they've created or on another sheet of paper. The heading should read: "Ways that I can help my FASST team observe ethics and confidentiality with the families we will serve." Again, ask participants to list all of their ideas and number each separate item. They may need to use additional sheets of paper, if they run out of room. Allow another five to eight minutes.
5. When participants are finished, ask each small group to identify at least three ideas they intend to put into action. (If activity is being completed individually, ask each participant to do the same.) This process should take five minutes. Next, ask each small group to elect one representative to write her/his group's responses on separate flip chart sheets. If activity is being completed individually, ask each participant to write her/his responses using flip chart sheets. Reconvene entire group, if small groups were used.
6. Review the responses posted by each group or individual. Summarize the findings and try to incorporate the most important topics of the day with participants' responses.

⁷This exercise adapted from Pfeiffer, J.W. (1989) *The encyclopedia of group activities*. San Francisco: Jossey-Bass/Pfeiffer..

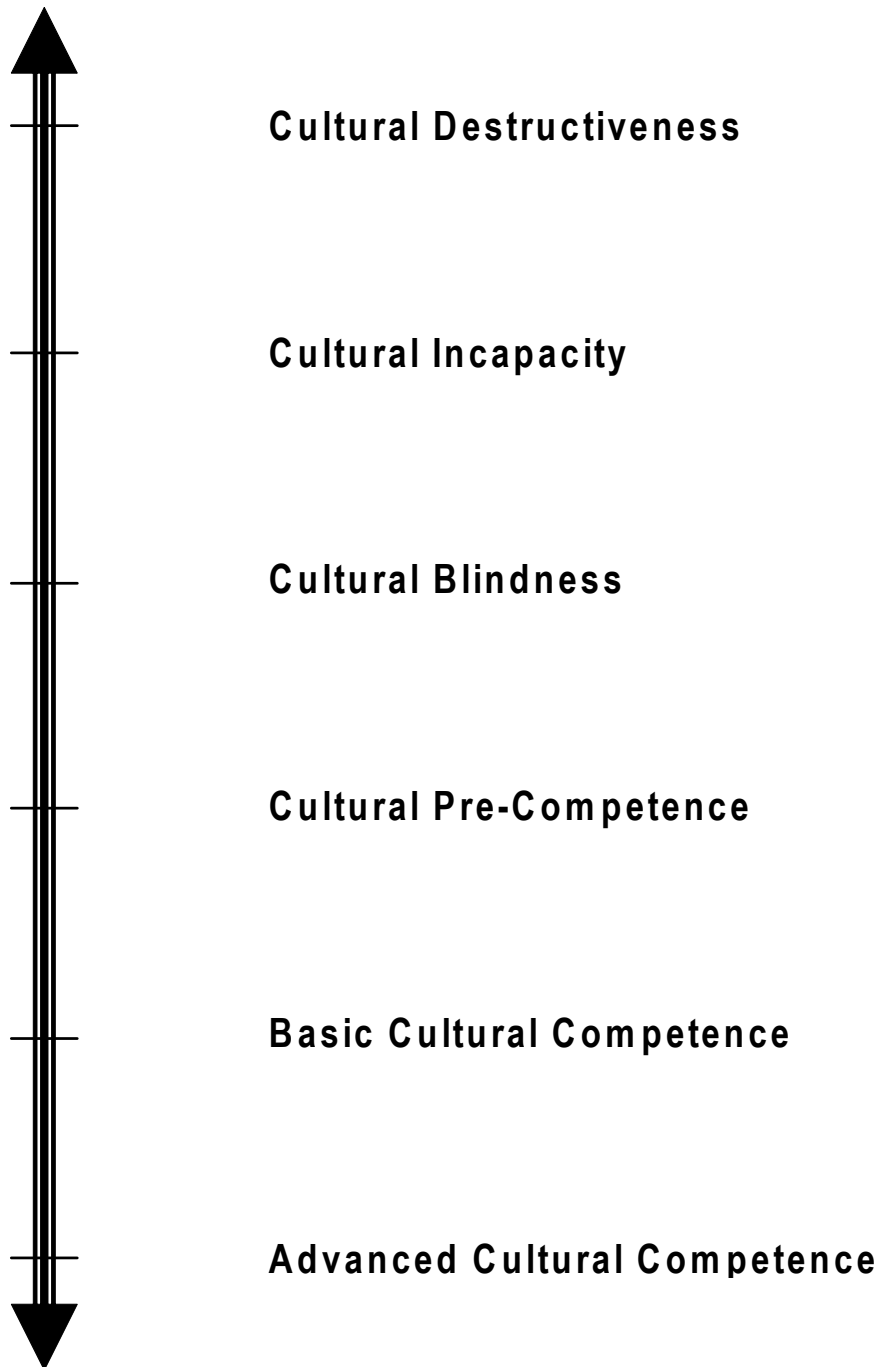


Overhead Masters





The Cultural Competence Continuum



Handout Masters



I Come From...

Think about your childhood and adolescence. What do you remember about your family and your home life during those years? Answer each of the questions below to the best of your ability.

What was in your back yard?

What did your kitchen look like? What was in it?

What smells were a part of your home life?

What kinds of sounds did you hear in your house/neighborhood?

What kinds of foods did you eat?

What are the names of some of the well-known people in your neighborhood?

What are some of the sayings or reprimands that were often repeated in your home?

Understanding Stereotypes

Think of three common stereotypes you believe or prejudices you have. If you can't think of any right away, try a technique called "free association":

1. Across the top of a sheet of paper, write the names of three different groups. (For instance, "Texans," "Football players," and "Skinheads.")
2. Add "all" or "always" to each name. (Examples: "Texans all/always," "Football players all/always").
3. Underneath each name, write the first three things that come to mind. Don't stop to think. Just write.

Your examples might look something like this:

- "Texans all own oil wells and wear boots and cowboy hats."
- "Football players all get lousy grades, take steroids, and date the best-looking girls"
- "Skinheads all hate black, Jews, and gays and beat people up all the time."

Where do you think you learned your stereotypes? Do you have classmates, relatives, or friends who feel the same way? How about TV, the movies, the newspaper? (By the way, how many Texans, football players, and skinheads do you know personally?)

Diversity and Community Strengths

CULTURAL FACTOR	STRENGTHS IN COMMUNITY LIFE AND WORK	DIFFICULTIES IN COMMUNITY LIFE AND WORK
Gender		
Religion		
Race/Ethnic Group		
National Origin		
Geographic Region		
Sexual Orientation		
Religion		
Parent's Occupation		
Your Occupation		
Disabilities		
Parenting Experience		
Age		
Appearance		
Education		
Community		
Marital Status		
Military Experience		
Defining Life Experiences		
Other Factors		

Hurtado Family Story

The Hurtado family was referred to FASST because of problem behavior exhibited by 6-year-old Carlos in his classroom. Carlos was referred to FASST by his first grade teacher, Mrs. Smith, because the boy rarely sat in his seat, argued with the teacher, and sometimes hit other classmates. Recently, he had taken to sitting on the floor beside his desk and refused to sit in his seat when asked.

Maria Hurtado, Carlos' mother, is a 30 years old woman from El Salvador who has lived in this country for 6 years and does not have working and immigration papers in order. Her fiancé died of AIDS about three months prior to Carlos' referral. The couple had lived together for four years; the last two years had been very difficult as the man's illness became more serious, and he required a great deal of care. Maria also had an eight-month-old child from this relationship and a 14 years girl from her relationship with a young boyfriend back in her native country. (Each of Maria's children had a different father.) During this time, Carlos became restless, more demanding, regressed to more infantile behaviors, and generally drove her "crazy." She said she felt he might be hyperactive and felt he had trouble concentrating on any one task for too long.

When she spoke with the FASST promotora, Maria also bitterly complained about her 14-year-old daughter, Cindy, who was failing in school, was continually tardy to class, skipped classes, and ran away when her mother tried to reprimand her. Maria felt that she had absolutely failed to bring Cindy up properly; she felt that she had lost control of her and that Cindy's "wild" behavior was caused by the "wrong friends she hangs out with." Whenever she tried to control Cindy's behavior through more restriction on her activities and time, Cindy rebelled and cooperated less. Maria no longer knew what to do about Cindy.

A brief conversation with Cindy indicated that she felt helpless about her situation. She says that her mother left her back in El Salvador when she was 8 years old with her aunt and grandmother. She seems resentful that her mother abandoned her and that it took 5 years for her mother to send the money and bring her to this country. She got very upset during the discussion and said that her mother called her "names." She also said that she feels "nobody cares" about her, and that she was ashamed of failing. During the discussion, Cindy seemed tough and street smart but at times, she seemed younger than her age.

Maria told the FASST promotora that she didn't know what else to do with her children and that she felt that whatever she was doing that caused her children to misbehave. She kept complaining that she felt as though she had no energy, feeling that she just couldn't get things done, and she found herself "losing it" with Carlos, especially.

The day before the FASST home visit, Maria felt that she slapped Carlos too hard, which scared her, since this kind of behavior could get her in trouble in this country. Carlos had always been active, curious, and hard to control, but somehow she felt less able to control him in recent months.

Cultural Competence Continuum Quiz

Circle the appropriate response.

1=never 2=almost never 3=sometimes 4=almost always 5=always

1) Programs are readily accessible by youth who are culturally different than the mainstream.

1 2 3 4 5

2) People of different cultures have reported that they are accepted in my programs.

1 2 3 4 5

3) People of different cultures actively participate in programs/workshops/activities.

1 2 3 4 5

4) People of different cultures actually attend my programs/workshops/activities.

1 2 3 4 5

5) People of different cultures are invited to serve on my advisory boards/committees.

1 2 3 4 5

6) At year-end, when all the “numbers” are tallied, the overall program reflects the cultural make-up of my area.

1 2 3 4 5

7) People of different cultures actually serve in recognized leadership roles in my programs.

1 2 3 4 5

8) During program planning, consideration is given to planning for the various cultures.

1 2 3 4 5

When you have completed this short quiz, tally your total score.

40 - 33 = cultural competence

32 - 25 = pre-competence

24 - 15 = blindness

14 - 19 = incapacity

8 - 13 = cultural destructiveness

Action Plan: _____

Chapter: _____

Date: ____/____/____



Collaborating with the Elementary School System in Hillsborough County

Welcome participants (follow guidelines in Introduction) and review agenda for the third training session. Ask participants to turn to Chapter 3 - Page 1 in their manuals to review the topics to be discussed. Go over this agenda with them (times are listed for facilitator's use).

AGENDA – THIRD SESSION	Time
Welcome <ul style="list-style-type: none"> Review of Session Goals and Objectives 	15 Minutes
Understanding Elementary Schools in Hillsborough County? <ul style="list-style-type: none"> Exercise 1: Review Basic School Information and Forms 	65 minutes
<i>Short Break</i>	<i>10 Minutes</i>
Understanding Elementary Schools (continued) <ul style="list-style-type: none"> Exercise 2: Review Target School Statistics 	45 Minutes
<i>Lunch Break</i>	<i>60 minutes</i>
Exceptional Student Education Programs (ESE) <ul style="list-style-type: none"> Exercise 3: Review ESE Forms 	75 Minutes
<i>Short Break</i>	<i>10 Minutes</i>
English for Speakers of Other Languages Programs (ESOL) <ul style="list-style-type: none"> Exercise 4: Review ESOL Forms 	45 Minutes
Closing/Concluding Discussion <ul style="list-style-type: none"> Exercise 5: Create an Action Plan 	20 minutes
Total Time Session 3 (including 60 min. lunch)	5 hours 45 minutes

Chapter 3

Collaborating with the Elementary School System in Hillsborough County

Chapter 3 Topics

Section 3.1

– Understanding Elementary Schools in Hillsborough County

Section 3.2 – Exceptional Student Education Program (ESE)

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

Review Goals and Objectives – See Introduction page 12 for detailed instructions

Goals: To have a general understanding of Hillsborough County’s elementary school 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)

Section 3.1 - Understanding Elementary Schools in Hillsborough County What Is Culture?

As a FASST 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 and become acquainted with.

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 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 schools in our county, as well as more targeted information about the school in which you will be working. Much of the information will focus on elementary schools, since FASST teams focus their services on students in grades K-5.

All schools in Hillsborough County are divided into geographic areas, which are administered by Area Directors. Area Directors supervise the day-to-day operations of schools and budgets in their geographic area to assure proper implementation of school board policy and procedures. In a sense, they are the “principals’ principal”. They also serve as a liaison between principals, district staff, the school board, and the public.

West Tampa Elementary School belongs to Area I, while the schools in the south part of Hillsborough County served by this FASST team (Cypress Creek, Wimauma, and Ruskin Elementary Schools) belongs to Area V. **[Distribute the SDHC Area Schools Handout.]**

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/he can also offer short-term individual and/or group counseling and support to students.

Migrant Advocate – Provides migrant students and their families additional support in the areas of academics, social services, health services, and advocacy. Migrant advocates are located in schools with high migrant populations who receive federal funding to provide additional services to this population.

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. Her/his main focus is conducting psychological evaluations for struggling

This section will provide you with basic information about schools in our county, as well as more targeted information about the school in which you will be working. Much of the information will focus on elementary schools, since FASST teams focus their services on students in grades K-5.

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 .

students and consults with parents and staff. The school psychologist may also conduct counseling support when needed.

Note: Take 5 to 10 minutes to review the school personnel listed above with the training participants. Emphasize that any one of these individuals may refer a child to the FASST, although referrals most often come from teachers, guidance counselors, and/or social workers. Be sure to mention that most often schools designate one staff members as the lead point of contact for the FASST. Most often this staff member is the guidance counselor or the school social worker. FASST team members should learn who this contact person and get to know this person, as soon as possible, after being assigned to a particular school.

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 behaviors.

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,

Progress codes for K-2 and 3-5 differ and reflect the grade level expectations and materials throughout the elementary school years.

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.

Time: 30 minutes | **Materials:** None

Instructions: Review basic school forms and their associated policies. Ask participants to keep these forms and emphasize the importance of becoming knowledgeable in the related policies, so that they may help parents understand them more clearly.

Cypress Creek Elementary School



Ruskin Elementary School



Academic Progress

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: Ismael Lebron-Bravo

Guidance Counselor: Tania Campisi

Social Worker: Adam Burke

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 Fourquarean

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: Milady Astacio

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.

West Tampa Elementary School



Wimauma Elementary School



Exercise 2:

Review Target School Statistics

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

Time: 30 minutes | **Materials:** School Statistics handout

Instructions: Review demographics on four target schools with participants and allow them to compare figures and information for each site. Ask participants who have experience working in one or more of these schools to provide added insight.

Section 3.2 - Exceptional Student Education Programs (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 call (813) 837-7777.

A Federal Law, known as *The Individuals with Disabilities Education Act (IDEA)*, guides the special education system for students with disabilities. IDEA is concerned with 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 for the inclusion of regular education teachers in the IEP 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 she/he needs the support (i.e. reading, writing, or math).

The Individual Educational Plan (IEP)

The Individual Educational Plan (IEP) is an important part of the process of placing ESE students into appropriate services. This 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

The Individual Educational Plan (IEP) is an important part of the process of placing ESE students into appropriate services. This plan includes but is not limited to:

general curriculum or (for preschool children) appropriate activities.

- A statement of measurable annual goals, including short-term objectives, related to meeting the child's special 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.

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 ESE 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.

At this meeting, the IEP team, which includes the parent, discusses the child's strengths and how she/he 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 composed of:

- Parent(s),
- 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(s) 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 LRE 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 her/his 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, called the *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/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/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. As a FASST team member, it is important for you to familiarize yourself with the forms and basic procedures related to ESE programs, in order to help parents understand their rights and responsibilities. A copy of the brochure may also be downloaded for free from the Internet.

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

It is the parent's choice to give or not give permission for the ESE services.

IEP meetings help parents, student, and school staff to make decisions together about an exceptional student's program.

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 her/him 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/he feels about school.
- Develop some ideas for goals that she/he would like included in the IEP.
- Develop a list of questions that she/he wants to ask team members regarding the child's needs.
- Be ready to share information on the child, such as:
 - What the child does best
 - Any problems the child may have at home
 - How the child helps at home
 - How the child gets along with other children, brothers, and sisters
 - What the child most needs to learn at school.

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 ESE program,
- The child is not eligible for an ESE 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 her/his involvement and progress in the general curriculum or, for a preschool child, how it affects her/his 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 her/his 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.

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:

Review ESE Forms

Purpose: To become acquainted with ESE forms that are required from parents seeking special education services for their children.

Time: 30 minutes | **Materials:** School Statistics handout

Instructions: Review ESE forms with participants carefully. Ask participants to keep these forms and emphasize the importance of becoming knowledgeable of related policies, so that they may help parents understand them more clearly.

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 LEP, 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 LEP 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 some schools, bilingual aides 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 general instructional time. Aides may also help to translate and/or meet with parents to help LEP students succeed academically. Aides may also work to help monolingual students feel more comfortable in our school setting.

The ESOL program relies on a number of terms to identify language proficiency levels in students. These terms 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.
- **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.

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.

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 Forms

Purpose: To become acquainted with ESOL forms that are required from parents seeking special education services for their children.

Time: 30 minutes | **Materials:** School Statistics handout

Instructions: Review demographics on four target schools with participants and allow them to compare figures and information for each site. Ask participants who have experience working in one or more of these schools to provide added insight.

Chapter 3 - Session Closing

Exercise 5:

*Create an Action Plan*¹

Purpose: To provide an opportunity for training participants to review what they have learned during this session. Each participant will leave today's session with a positive plan of action.

Time: 30 minutes | **Materials:** Action Plan handout; Flip chart; Markers

Instructions:

1. If there are enough participants in the training group, ask them to form small groups of three to four members. If not, participants may complete this activity individually.
2. Mention that this activity will help integrate their learning and will provide each of them with a definitive plan of action for implementation of the concepts they learned during this session. Give each participant a copy of the Action Plan worksheet.
3. Instruct participants to write the following heading at the top of the worksheet: "How I can incorporate System of Care and Wraparound values and principles in my work." Ask participants to list all of the ideas that they would like to pursue. Each item should be numbered. Allow five to eight minutes.
4. When their time is up, ask participants to write another heading, either below the list they've created or on another sheet of paper. The heading should read: "Ways that I can help my FASST team observe ethics and confidentiality with the families we will serve." Again, ask participants to list all of their ideas and number each separate item. They may need to use additional sheets of paper, if they run out of room. Allow another five to eight minutes.
5. When participants are finished, ask each small group to identify at least three ideas they intend to put into action. (If activity is being completed individually, ask each participant to do the same.) This process should take five minutes. Next, ask each small group to elect one representative to write her/his group's responses on separate flip chart sheets. If activity is being completed individually, ask each participant to write her/his responses using flip chart sheets. Reconvene entire group, if small groups were used.
6. Review the responses posted by each group or individual. Summarize the findings and try to incorporate the most important topics of the day with participants' responses.

¹This exercise adapted from Pfeiffer, J.W. (1989) *The encyclopedia of group activities*. San Francisco: Jossey-Bass/Pfeiffer..



Handout Masters





Brief Description of Handouts for Session 3

Note: This information is presented for the use of the Facilitator and is not meant for distribution to training participants

The majority of the handouts used in this chapter were downloaded directly from the website of the School District of Hillsborough County (SDHC). The information and forms here presented contains important information for parents of students attending local schools. FASST team members may have to explain this information in more detail for parents, especially for those who speak little or no English.

Exercise 1:

1. **Academic Calendar** – highlights important dates and holidays.
2. **Important Telephone Numbers** – lists a number of offices in the SDHC contact information for each.
3. **PTA Information: Making Time for Parent Involvement** – presents information on how parents can work to become more involved in their child's education.
4. **Report Card** – example of report card used K to 5.
5. **Conference Request Form** – example of form used to request meeting(s) with teachers.

Exercise 2:

6. **FASST Target Elementary School Statistics**

Exercise 3:

7. **Services and Supports for Exceptional Student Education (ESE)**– Information on the FDLRS office and contact information for parents to request additional information on ESE services and parent support.
8. **Glossary of Terms Associated with Exceptional Student Education Services (ESE)** – adapted from the ESE Pathfinder: A Guided Tour Through the Exceptional Student Education Process for Parents of Children with Disabilities, published in 2004 by SDHC.
9. **Exceptional Student Education: District Guidelines for Marking the Academic Progress Codes**
– Information on how ESE students are assessed for yearly academic progress.

Exercise 4:

10. **Fact Sheet: Limited English Proficient Students** – Brief description of the regulations covering LEP students attending SDHC schools.
11. **Hillsborough County Public Schools: Programs For Limited English Proficient Students** – Information on how LEP students are assessed for yearly academic progress.

2006-2007
SCHOOL CALENDAR
School District of Hillsborough County

August 3	School Begins
September 4.....	Labor Day
October 2	Non-Student / Non Teacher Day
October 6 / Early Release Day	First Report Period Ends
October 13	Professional Planning Day
Conference Night - First Semester	TBA by Individual Schools
October 20	Elementary Report Cards Distributed
October 26	Secondary Report Cards Distributed
November 22, 23 and 24.....	Thanksgiving Holidays
December 15.....	Second Report Period Ends
December 18 through January 1	Winter Holidays
January 2	Teacher Work Day
January 3	Students Return to School/First Day Second Semester
January 12	Elementary Report Cards Distributed
January 15	Martin Luther King, Jr. Day
January 19	Secondary Report Cards Distributed
February 9	Students' Day at the Fair
March 5 (East Hillsborough celebrates Strawberry Festival in lieu of Fair Day)	Strawberry Festival
March 9 / Early Release Day	Third Report Period Ends
Conference Night - Second Semester	TBA by Individual Schools
March 19 through March 23	Spring Holidays
March 26	Students Return to School
March 30	Elementary Report Cards Distributed
April 4	Secondary Report Cards Distributed
April 6 and 9	Non-Student Days / Non-Teacher Days
May 24 / Early Release Day	Fourth Report Period Ends / School Ends
May 24	Elementary Report Period Ends
June 6.....	Secondary Report Cards Mailed

CONFERENCE NIGHTS: for first and second semesters to be announced by individual schools.

INTERIM REPORTS: are routinely issued at the midpoint of each grading period. Elementary may use other types of reporting.

Important Hillsborough County School District Phone Numbers

<i>District Program or Office</i>	<i>Contact</i>	<i>Phone Number</i>
Adult And Community Education	Ken Allen	276-5654
Alternative Education	Anne Chatfield	272-4800
Charter Schools	Charlene Staley	272-4438
School Choice Plan		272-4876
School Choice Help Line		272-4692
District Administrative Center		272-4000
Alternative to Out of School Suspension	Chappella Hill	272-4678
Early Childhood Education	Marina Harkness	744-8941
Elementary Education	Joyce Haines	272-4455
Exceptional Student Education	Ed McDowell	273-7025
General Area Directors:		
Area 1 Schools	Valerie Orihuela	272-3800
Area 2 Schools	Anthony Satchel	631-4050
Area 3 Schools	Barbara Hancock	558-1406
Area 4 Schools	Henry Washington	558-1100
Area 5 Schools	Sherrie Sikes	744-8630
Area 6 Schools	Barbara Franques	707-7050
Area 7 Schools	Ken Adum	740-3711
High School Education	Chuck Fleming	272-4432
Human Resources		272-4166
Limited English Proficiency Programs	Sandra Rosario	272-4494
Magnet Schools	Susan King	272-4862
Migrant Title I	Carmen Sorondo	757-9331
Parent Education Center	Conchita L. Canty-Jones	272-0665
Parent/Family & Community Involvement	Velia Pedrero	272-4431
Public Information- Call Center	Terry McCoy	272-4974
School Board Office		272-4000
Security	Dave Friedberg	623-3996
Special Assignment	Steve Ayers	272-4612
Student Guidance	Pat Smith	273-7074
Student Nutrition	Mary Kate Harrison	272-4128
Student Services General Directors	Nelson Luis	273-7136
Title I	Walter Bartlett	272-4473
Administrator on Special Assignment	Jeff Eakins	272-4475
Superintendent Office	Mary Ellen Elia	272-4050
Transportation General Manager	Karen Stickland	982-5500

The information in this handout was adapted from the Parent/Family Resource Guide, Title I, 2005-2006. (2005). School District of Hillsborough County.

PTA Information

Making Time for Parent Involvement

Tips for Busy Parents

Long hours on the job, long commute times, long family to-do list, and a short amount of time to accomplish it-sounds familiar? The fact is today's parents are working more that ever before. Take a look at the statistics.

Schools with strong parent involvement programs experience profound benefits for students, parents, teachers, and administrations. Research shows that when parents are involved in students' education those students generally have higher grades and best test scores, better attendance, and more consistently complete homework.

Ways to Stay Involved in your Child's Education:

- Teachers/school conference;
- Stressing the importance of your child's school attendance.
- Reading school material (flyer's, weekly folders, progress reports, parent/student handbook, school climate survey and etc.);
- Keep a list of all teachers, guidance, principal, bus drivers, lunch room manager, nurse names, phone numbers and email address;
- Attend child's school for concerts, open-house, school visitation Kindergarten round-up, field trips, Festivals and Spirits Nights.
- Assist as homeroom mom/dad, making phone calls, or sending in items to your child's class/school, tutoring on your time schedule, soliciting for donation from community partners.
- Serve on different school committees School Advisory Council (SAC), Parent Teachers Association (PTA), Media Assistant, Booster Club, committees, etc.
- Getting to know your child's principal and front administration.
- Checking for your child's assignments daily, class, homework, projects and etc;
- Establish a contact relationship with your child's teacher through email or phone but don't overuse.

Hillsborough County Council PTA/PTSA
President
Sharold Allen
Sharall4@aol.com

Kindergarten – Grade 5 Report Card Left Side of Report Card

Student Name _____ Grade _____ Year _____ (Label)					
This report card provides summary information of your child's progress in school. It is very important that you also talk with the teacher for more detailed information about your child's progress. We know that by working together, we can do our best for your child.			REPORT PERIOD		
			1	2	3
ATTENDANCE	Present				
	Absent				
	Tardy				
Your child's progress could be helped by:	Attending School Regularly				
	Getting to School on Time				
ESOL: English for Speakers of Other Languages					
EXCEPTIONAL STUDENT EDUCATION					
Your child has an Individual Education Plan (IEP). Throughout the report card, an asterisk (*) denotes an IEP goal. The academic code indicates your child's progress toward meeting this goal.					
EXPECTED BEHAVIORS Areas below are marked "N" if improvement is needed.					
• Follows School and Classroom Rules					
• Follows Directions					
• Is Prepared for Class					
• Listens Attentively					
• Participates in Class Activities					
• Works Without Disturbing Others					
• Completes Work in Assigned Time					
• Completes Homework Assignments					
• Shows Effort to do Best Work					
• Works Cooperatively with Others					
• Takes Care of Personal and School Property					
• Respects Others and is Courteous					
• Practices Self Control					
• Respects Authority					
• Behaves Appropriately in Art					
• Behaves Appropriately in Music					
• Behaves Appropriately in Physical Education					

**Kindergarten – Grade Five Report Card
Right Side of Report Card**

ACADEMIC PROGRESS CODES					
K-2 CODES E = Excellent S = Satisfactory N = Needs Improvement / More Time U = Unsatisfactory (ALERT: Unsatisfactory Benchmark Progress)	3-5 CODES A = Excellent B = Good C = Satisfactory N = Needs Improvement U = Unsatisfactory (ALERT: Unsatisfactory Benchmark Progress)				
INSTRUCTIONAL LEVEL CODE	AL = Above Grade Level OL = On Grade Level BL = Below Grade Level (ALERT: Unsatisfactory Benchmark Progress)				
Academic grades reflect progress on grade level expectations.	REPORT PERIOD	1	2	3	4
READING	Instructional Level				
	Academic Progress				
WRITTEN COMMUNICATION	Instructional Level				
	Academic Progress				
MATHEMATICS	Instructional Level				
	Academic Progress				
SCIENCE/HEALTH	Academic Progress				
SOCIAL STUDIES	Academic Progress				
ART	Academic Progress				
MUSIC	Academic Progress				
PHYSICAL EDUCATION	Academic Progress				
PARENT COMMUNICATIONS					
Date(s) Conference Requested					
Date(s) Conference Held					
Date(s) Progress Alert Sent					
Enclosure(s)					
Placement for the 20__ - 20__ School Year: Grade _____					

To Whom It May Concern:

I, _____ would like to request a
(Parent Name)

conference, progress report, phone call. (Circle One)

Parent Signature

Date

Contact Number

Student Name

Homeroom

Grade

To Whom It May Concern:

I, _____ would like to request a
(Parent Name)

conference, progress report, phone call. (Circle One)

Parent Signature

Date

Contact Number

Student Name

Homeroom

Grade

To Whom It May Concern:

I, _____ would like to request a
(Parent Name)

conference, progress report, phone call. (Circle One)

Parent Signature

Date

Contact Number

Student Name

Homeroom

Grade

FASST Target Elementary Schools: School Statistics

School Statistics:

Category	Wimauma	Cypress Creek	Ruskin	West Tampa
Total Student Body	581	948	1015	541
Spanish speakers students	488	619	740	352
% Identified bilingual population	83%	65%	73%	65.06%
Children from Migrant families	204	320	Unknown	Unknown
% Receiving reduced lunch	82%	74%	71.03%	71.53%
Classrooms per grade	4 to 5	6 to 9	5 to 6 (7 K classes)	3 to 5
School Teams:				
Principal	Eric Cantrell (Rick)	Lisa Tierney	Donna Ippolito	Linda Geller
Guidance Counselor	Diane Van Etton	Shelley Stephenson	Tania Campisi	Lauren Zatcoff
Social Worker	Cathy Alexander	Lisette Hernandez-Hall	Adam Burke	Vacant
Psychologist	Alessandra Chiesa ^B	Anita Greenbaum	Tara Files-Hall	Bill Carlyon
Migrant Advocate	Margarita Gracia ^B	Karla Shuman ^B	Denise Rosado ^B Delilah Garcia ^B	N/A
ESOL Teacher	C. Silva	Lucy Sharpe	Tina McLean	Marcia Inman
PTA Chair	Pat Fleurijen	Claudia Carlin	Unknown	N/A
School Nurse	Patricia Valone	Linda Edinger	Rubi Olguin	Betty Apodaca, P.T.
Speech Pathologist	Parker & San Filipo	Dareth Benhalina	Beth Smith	Susan Schnitzlein
Reading Coach	Jenny Thorton	Laura Schoulty	Donna Koven	Joan Altshuler
SLD Resource	Monica Delgado Melissa Mallory	Carol Leveridge	Janet Gesten, Darlene R. & Sylvia P.	Richard Mainville
Parent Liaison	Unknown	Unknown	Jill T.	Vacant
Head Start	Yes	Yes	Yes	Yes
Voluntary Pre-K	No	No	Yes	Yes
Middle School	Eisenhower & Beth Shields	Eisenhower & Beth Shields	Eisenhower & Beth Shields	Madison & Stewart
High School	East Bay	East Bay	East Bay	Varies
Area Director (Area Number)	Sherrie Sykes (5)	Sherrie Sykes (5)	Sherrie Sykes (5)	Valerie Orihuela (1)

*Pending construction of new area high school in Ruskin for 2006.

** Due to staff transitions new assignments are pending for the 2005-2006 school year.

^B Bilingual personnel

Exceptional Students Education (ESE) Services:

ESE Classes	Wimauma	Cypress Creek	Ruskin	West Tampa
Specific Learning Disability Resource	Yes	Yes	Yes	Yes
Speech Therapy Resource	Yes	Yes	No	Yes
Full Time Emotionally Handicapped Class	Yes	Yes	No	Yes
Full Time Language Impaired Class	No	Yes	No	No
Full Time Specific Learning Disability	Yes	Yes	Yes	Yes
Varying Exceptionalities	No	Yes	Yes	No

Note: ESE services are subject to change during the (2006-2007) Academic School Year.
Children are bused to other schools with ESE services if neighboring school cannot meet their educational needs.

Students with Disabilities Services and Supports for Families of Students in Exceptional Student Education (ESE)

The School District of Hillsborough County offers support and information to families of students who receive services in Exceptional Students Education (ESE). FDLRS services are available free of charge to families of students receiving part time or full time services, or those students who are in the process of being evaluated for services.

Florida Diagnostic and Learning Resources Systems (FDLRS) provides support to the school district in the following areas: Human Resource Development, Parent Services, Child Find and Instructional Technology.

Services are available to teachers, administrators, parents, public/non-public schools, agencies, organizations, universities, community colleges and others involved in the education of at risk and exceptional students.

Contact information: FDLRS is located at 4210 West Bay Vila Ave., Tampa, FL 33611
Phone: 813-837-7777, FAX: 813-837-7702
Website: www.sdhc.k12.fl.us Link to FDLRS from Quick Links menu

FDLRS Parent Services:

FDLRS Parent Services offers assistance to families through the Parent Liaison Project. Parent Liaisons, who are specially trained parents of children with special needs, provide information on school services, policies and procedures as well as linkages to community resources. Liaisons attend educational planning meeting, arrange classroom visits, assist in transition activities, provide workshops, informational meetings, and printed materials.

One Liaison is assigned to each of the 7 geographic regions of the school district.

Contact information: Parent Services or Parent Liaisons: 837-7732
Project Coordinator: Millie Bucy, 837-7733
Email: mildred.bucy@sdhc.k12.fl.us

Communication between home and school is especially important for families of children with disabilities or special needs. FDLRS Parent Services publishes the Parent Press Newsletter, disseminated bi monthly via US Mail to all families of students receiving ESE services (Excluding Gifted). In addition to School District supports and services, the Parent Press offers information on community agencies and groups that serve persons with disabilities.

Electronic communications include a Listserv, allowing flexibility to provide time sensitive information in a simple, easy to access format, and the Parent E-Press Brief, a weekly overview of information, events and activities.

To receive electronic communications login at:

<http://apps.sdhc.k12.fl.us/sdhc2/mail/>

Visit the Exceptional Student Education (ESE) website for more information:
<http://sdhc.12.fl.us/~ese.dept/>

The information in this handout was adapted from the Parent/Family Resource Guide, Title I, 2005-2006. (2005). School District of Hillsborough County

Glossary of Terms Associated with Exceptional Student Education Services (ESE)

The definitions found on the next several pages are for words often used by people who work with exceptional children. The definitions are simplified for easier understanding and use in this book. Different school districts and educators may use these words in somewhat different ways.

Always feel free to ask for definitions of words being used to describe your child or his exceptional student education.

Academic - Having to do with subjects such as reading, writing, math, social studies, and science.

Accommodation - A different way of doing something that takes into account a person's disability. When a student with a visual impairment reads by listening to a recording of a textbook, he is using an accommodation.

Activity Areas - Areas that the Florida State Board of Education Rules say must be addressed on a student's Transition IEP. They are areas in which the student needs to develop skills that will help him improve his present level of performance and achieve his desired post-school outcomes.

Age-Appropriate - A term that indicates what is useful and suitable to persons of a particular age.

Annual Goal - A statement in an IEP of what an exceptional education student needs to learn and should be able to learn in his special program within a year.

Appeal - A written request for a court to review or change the decision of a hearing officer.

Assessment - A way of collecting information about a student's special learning needs, strengths, and interests. An assessment may include giving individual

tests, observing the student, looking at records, and talking with the student and his parents. See also "evaluation" and "test".

Autistic - One of the exceptional student education programs in Florida. A student who has autism may act, talk, think, or behave very differently from other students his age. He may not like to be close to people. In order to be eligible for programs and services for students with autism, a student must meet all the requirements listed in the Florida State Board of Education Rules.

Child Study Team - A group of people at a school who helps teachers meet the learning needs of their students. The team may refer a student for an "evaluation".

Confidential - Private, not to be seen by everyone. School records about an exceptional education student are confidential, so they are read or used only by school staff members who need them to work with that student, or by other persons who have a parent's written consent to read or use the school records.

Community-Based Instruction (CBI) - Instruction that is designed to fulfill students' needs in their own communities. CBI often includes training in the classroom followed by practice in real-life settings.

Consent - Parents' agreement to let the school take an action which affects their child's education. Consent is usually shown by the parent signing a form or letter which describes the action the school wants to take.

Daily Living Skills - Skills a student needs to take care of his own personal needs as independently as possible. Examples include dressing for work, renting an apartment, and buying a bus pass.

Deaf or Hard-of-Hearing - One of the exceptional student education programs in Florida. A student who is deaf or hard-of-hearing is one who has a loss of some or most of his ability to hear. This includes

students who are deaf or hard-of-hearing. In order to be eligible for programs and services for students who are deaf or hard-of-hearing, a student must meet all the requirements listed in the Florida State Board of Education Rules.

Desired Post-School Outcome Statement

- A statement that describes where a student would like to be within one to five years of leaving school. It is a vision of what that student wishes to become.

Determining Eligibility - The steps taken to decide whether a student is eligible for exceptional student education. An eligibility staffing committee meets to determine whether the student is eligible for exceptional student education.

Developmentally Delayed - One of the exceptional student education programs in Florida. A child with a developmental delay is developing more slowly than his peers either mentally, emotionally, or physically. In order to be eligible for programs and services for students with developmental delays, a child must meet all the requirements listed in the Florida State Board of Education Rules.

Disability - A problem or condition that makes it hard for a student to learn or do students. A disability may be short-term or permanent.

Dismissal - A decision made at an eligibility staffing and/or an IEP meeting. It determines that a child no longer meets criteria for, or needs exceptional student education.

Dual-Sensory Impaired (DSI) - One of the exceptional student education programs in

Florida. A student with dual sensory impairment has such severe problems with both seeing and hearing that he cannot learn well in either a program for the deaf or hard-of-hearing or a program for the visually impaired. In order to be eligible for programs and services for students who have dual-sensory impairments, a student must meet all the requirements listed

in the Florida State Board of Education Rules.

Due Process - A set of rights having to do with how decisions are made. These rights help to make sure that exceptional education students and their parents are treated fairly.

Due Process Hearing - A formal meeting held to settle disagreements between parents and schools in a way that is fair to the student, his parents, and the school. The meeting is run by an impartial hearing officer.

Duration - On an IEP, this indicates the length of time an exceptional student will need a special program or service.

Eligible - A decision that a student meets the requirements for and is in need of exceptional student education programs and services. The decision is based on Florida State Board of Education Rules and District Procedures.

Emotional Maturity - A student's ability to act, think, and feel in ways very much likemost other students his age.

Emotionally Handicapped - One of the exceptional student education programs in Florida. It includes students who are severely emotionally disturbed. A student who has an emotional handicap may seem to act differently, think differently, or have different feelings from most students his age. In order to be eligible for programs and services for students who have emotional handicaps, a student must meet all the requirements listed in the Florida State Board of Education Rules.

Employability Skills - Those skills necessary to get and keep a job. These are not technical skills but social and verbal skills that would help a person work well with others, communicate with others, follow directions, and be on time.

Evaluation - A way of collecting information about a student's special learning needs, strengths, and interests. It is used to help make decisions about whether a student is eligible for

exceptional student education programs and services. It may include giving individual tests, observing the child, looking at records, and talking with the student and/or his parents.

Evaluation Criteria, Schedules, and Procedures - A set of statements in an IEP that describes what a student will have to do-how much, how often, and in what ways-to show mastery of the “short-term instructional objectives.”

Evidence - Pieces of written material (e.g., records, letters, notes, or work samples) which are used by parents or schools in a due process hearing to support their point of view.

Exceptional Education Student - A student who has been found eligible for an exceptional student education program. This includes students who have a disability, a handicap, or impairment, as well as those who are gifted. A child does not have to be in school to be an “exceptional education student”.

Exceptional Student Education (ESE) – The name given in Florida to educational programs and services for students with special learning needs. It is sometimes called “special education.”

Exceptionality - A disability, handicap, or impairment. Giftedness is also an exceptionality.

Family Support Plan (FSP) - A written plan that describes the concerns and needs of a family related to the development of their infant or toddler who has an established condition or developmental delay. It lists the services to be provided to the child and the family. An FSP may also be used instead of an IEP for children who are four or five years old.

Free Appropriate Public Education (FAPE) - The words used in the federal law (IDEA) to describe the right of a student with disabilities to an appropriate education which will meet his individual special learning needs, at no cost to his parents.

Handicap - See “disability”.

Hearing Officer - The person who is in charge of a due process hearing and who makes the decisions after the hearing. The hearing officer cannot work for the local school system. He cannot know the student or be a friend or relative of the family. He is a person who is impartial fair to both sides, parents and school.

Homebound or Hospitalized - One of the exceptional student education programs in Florida. A student in this program must stay at home or in a hospital for a period of time because of a severe illness, injury, or health problem. In order to be eligible for programs and services for students who are homebound or hospitalized, a student must meet all the requirements listed in the Florida State Board of Education Rules.

IEP - See “individual educational plan”.

IEP Meeting - A meeting held to write, review, or change a student’s IEP.

IEP Review - A meeting held at least once each school year to look at, study, and talk about an exceptional student’s IEP. The purpose of the IEP review is to make decisions about changes in the IEP and to review the student’s placement.

Impairment - See “disability”.

Impartial - Fair - An impartial person is one who does not take sides.

Independent Evaluation - An evaluation asked for by a student’s parents, and done by someone who is not a school staff member. The person(s) doing the evaluation must be fully trained and qualified to do the kind of evaluation being asked for.

Individual Educational Plan (IEP) – A written plan that describes the special, individual learning needs of a student with disabilities and the exceptional student education programs and services which will be given to that student.

Initiation Date - The date, month, and

year on which a program or service is anticipated to begin for an exceptional student.

Least Restrictive Environment (LRE)

– Part of the federal law and the state law that addresses determining the placement of children with disabilities. It is emphasized that, to the maximum extent appropriate, children with disabilities shall be educated with children who do not have disabilities. The removal of a child from the regular school environment occurs only when the disability is such that the child cannot be satisfactorily educated in regular classes with the use of aids and services. In choosing a child's placement in the least restrictive environment, possible harmful effects on the child and the quality of services he/she needs are considered.

Master - to reach a goal or meet an objective as measured by the "evaluation criteria, schedules, and procedures".

Mediation - A process in which parents and school personnel try to settle disagreements with the help of a trained mediation guide. Mediation may take place before a due process hearing, if desired. Mediation is at no charge to parents or the school district.

Mentally Handicapped - One of the exceptional student education programs in Florida. A student who has a mental handicap learns more slowly than most other students his age. This includes students who are "educable," "trainable," or "profound". In order to be eligible for programs and services for students who are mentally handicapped, a student must meet all the requirements listed in the Florida State Board of Education Rules.

Motor - having to do with the use of the large and small muscles to move different parts of the body. Examples of motor skills are walking, holding and moving a pencil, and opening a door.

Mutually Agreeable - The parents and the school both agree on an issue-a time, date,

and place for a meeting, for example.

Notice - A way of telling parents about an action the school plans to take that will affect their child's education. A written notice to parents about proposed action.

Occupational Therapy (OT) - Treatment for an exceptional student that helps him to develop mental or physical well-being in areas of daily living such as awareness, self-care, and prevocational skills. These skills will help him/her benefit from special education. Treatment is given by a licensed occupational therapist or licensed occupational therapy assistant. In order to be eligible for occupational therapy programs and services, a student must meet all the requirements listed in the Florida State Board of Education Rules.

On-the-Job Training (OJT) - On-the-job training may refer to: 1) a kind of instruction designed to provide students and other trainees with realistic, on-the-job training experiences to acquire and apply knowledge, skills, and attitudes in an occupational field; 2) certain public school courses through exceptional student education or vocational education; or 3) a planned experience in a work situation through which trainees, undersupervision, learn to perform job tasks.

Participation - The act of sharing, joining, or working with others to make decisions or complete a task-such as writing an IEP.

Physical - Having to do with the use or well-being of the body. An example of a physical skill is being able to sit in a chair with good balance and posture.

Physical Therapy (PT) - Treatment for an exceptional student that helps to maintain, improve, restore, or develop his movements and coordination so that he can better benefit from special education. This treatment is given by a licensed physical therapist or licensed physical therapist assistant. In order to be eligible for physical therapy programs and services, a student must meet all the requirements listed in the Florida State Board of

Education Rules.

Physically Impaired - One of the exceptional student education programs in Florida. A student with a physical impairment has a severe illness, condition, or disability which makes it hard for him to learn in the same ways as other students his age. In order to be eligible for programs and services for students who have physical impairments, a student must meet all the requirements listed in the Florida State Board of Education Rules.

Placement - Where the child is to receive his education and services or the level of special education services recommended.

Post-School Activities - Activities a student would like to pursue after finishing high school. Post-school activities include postsecondary education, continuing and adult education, vocational training, employment, adult services, independent living, and community participation.

Postsecondary Education - The next level of education after high school, such as college/university course work or vocational/technical training.

Pre-Academic - Having to do with skills a student needs to master before he is ready to learn academic subjects, such as reading and math. Examples of pre-academic skills are knowing colors and holding a crayon or pencil correctly.

Present Levels of Performance – Statements in an IEP that describe what a student can do or what he knows now.

Prevocational - Having to do with skills a student needs to master before he is ready to learn vocational or trade skills. Examples of prevocational skills are telling time, using a ruler to measure, and following directions.

Profoundly Handicapped - A profoundly handicapped student has very severe disabilities.

Re-Evaluation - An evaluation that takes place for a student currently receiving ESE services. A student with a disability must

be re-evaluated at least every three years to determine if the programs and services he/she is receiving are still appropriate. See “evaluation.”

Referral - The act of telling a school or agency that a student may need special programs. A referral can be made by a parent, a teacher, a doctor, or any person who has worked with the student. Children do not have to be in school to be referred.

Related Services - Services available for an exceptional education student in addition to classroom teaching or instruction. Related services are provided so that a student can benefit from his teaching or instruction.

Residential Setting - Where a person lives. Residential services provide various community or institutional choices for persons with disabilities. These include one’s own home or apartment, a family care program, a foster care facility, a group home facility, and intermediate care facilities for the developmentally disabled (ICF/DD).

School Psychologist - A licensed professional who conducts various evaluations, especially intelligence testing. A school psychologist may also work with classroom teachers, parents, and school administrators on behavior assessments and behavior management. See also “assessment,” “evaluation,” and “test”.

School Social Worker - A professional who may provide services in the home, including parent-student conferences, family counseling, parent education, information and referral, social-developmental history, and behavior assessments, as well as services in the school and community, including parent groups.

Screening - A way of looking at or testing a group of students to find out if any of them need to be referred for individual evaluation.

Self-Advocacy - Any activity through

which an individual with disabilities pursues his rights.

Self-Help - Having to do with skills that allow a student to do things for himself. Examples of self-help skills are a student being able to feed himself, dress himself, or cross the street without help.

Sensory - Having to do with the use of the senses of hearing, seeing, touching (feeling), smelling, or tasting as a part of learning. An example of a sensory skill is being able to see the differences between letters of the alphabet.

Short-Term Instructional Objectives

- Statements in an IEP that describe small steps a student must learn or master in order to reach the “annual goals” set for him.

Situational Vocational Assessment – A system of observation used to evaluate work-related behavior in a controlled work environment.

Social - Having to do with a student’s ability to get along with other people, family members, adults, or other children. An example of a social skill is being able to play well with other children.

Specific Learning Disabilities - One of the exceptional student education programs in Florida. A student with a specific learning disability is one who seems to have average or even above average ability but is still unable to learn things as easily or quickly as most other students his age. In order to be eligible for programs and services for students who have specific learning disabilities, a student must meet all the requirements listed in the Florida State Board of Education Rules.

Speech and Language - Having to do with a student’s ability to speak (talk), write, listen, or read. This includes understanding others and making himself understood. An example of a speech-language skill is being able to put words together into a sentence.

Speech and Language Impaired - One of the exceptional student education programs in Florida. A student who

has a speech or language impairment has problems talking so that he can be understood or understanding what others are saying. In order to be eligible for programs and services for students with speech-language impairments, a student must meet all the requirements listed in the Florida State Board of Education Rules.

Speech-Language-Pathologist – A professional trained to identify and treat communication disorders. Speech-language pathologists assist persons with speech and language disorders. They work with classroom teachers in school systems to help children with communication problems and to develop lessons on the communication process. They also help parents understand and help their children who have communication disorders.

Staffing - A meeting at which a group of school staff members makes decisions on eligibility for and dismissal from exceptional student education programs or services. See “eligibility staffing” and “dismissal.”

Supplemental Security Income (SSI)

Benefits - These are benefits payable to children with disabilities who are under the age of 18 and whose families have limited income and resources. When a young person turns 18, and the income and assets of his parents are no longer considered, he becomes a family of one. A young adult who was not eligible for SSI before his 18th birthday because his parents’ income and assets were too high may become eligible at 18 and should reapply.

Supported Employment - Competitive work at or above minimum wage that provides regular opportunities for interaction with nondisabled coworkers or the public. Supported employment is maintained by ongoing support services.

Transition IEP - The IEP used to address transition needs for student who are age 14 and older. The transition IEP prepares

students for life after school.

Transition Services - Transition services are a set of activities that help a student move from school to post-school activities.

Visually Impaired - One of the exceptional student education programs in Florida.

A student with a visual impairment has a loss of some or all of his ability to see. This includes students who are blind or partially sighted. In order to be eligible for programs and services for students who have visual impairments, a student must meet all the requirements listed in the Florida State Board of Education Rules.

Vocational - Having to do with skills that will allow a student to learn a job or trade. Examples of vocational skills are typing and carpentry.

Vocational Evaluation - An ongoing process that identifies a student's work-related skills, interests, and need for training.

Exceptional Student Education

District Guidelines for Marking the Academic Progress Codes and Expected Behaviors for Exceptional Students on the Kindergarten – Grade 5 Report Card

The reauthorization of the Individuals with Disabilities Education Act (IDEA) requires that parents of exceptional students be informed of their child's progress toward the annual goals. Parents must be notified whether progress is sufficient to enable the child to achieve the goals by the expiration of the IEP. The reports of progress to parents must occur as often as progress is reported to parents of non-disabled students.

Exceptional Student Education Individual Education Plans (IEP's) address a variety of areas including, but not limited to, reading, writing, science, and/or mathematics as well as expected behaviors. The following guidelines must be used when marking the codes on the Report Card. The guidelines can only be applied to those areas for which goals have been written on the IEP. **If a student's IEP contains goals other than those addressed on the Report Card an ESE Progress Report Insert will be required** (see District Guidelines for Marking ESE Progress Report Insert – Kindergarten – Grade 5 Report Card). The purpose of the Report Card and insert is to ensure that families have a clear understanding of their student's progress toward benchmark attainment and progress toward IEP goals.

All areas of the Kindergarten – Grade 5 Report Card must be completed. Collaboration with the general education teacher(s) must take place for all ESE students who participate in the general education setting.

DIRECTIONS FOR REPORT CARD

Exceptional Student Education:

- A check mark (✓) is used in the box that corresponds to the Report Period for which the student has an IEP in effect.

Expected Behaviors:

- Mark any behavior with an asterisk (*) to indicate that the student has a corresponding IEP goal. Use **“N” if improvement is needed** to report progress, place in the box that corresponds to the Report Period.

Instructional Level Codes:

- If the student's instructional level is lower (BL) than the student's grade placement, report the actual instructional level by specifying the curriculum grade level where the student is currently working. For example, a second grader performing at kindergarten level, would be marked, “BL/K”. (Below Grade Level/Kindergarten)
- If the student's instructional level is commensurate or above grade placement, the instructional level codes “AL” or “OL” should be used as appropriate.

Academic Progress Codes:

- Mark any academic area with an asterisk (*) to indicate that the student has a corresponding IEP goal. Use the Academic Progress Codes to report progress on the Report Card (K-2 or 3-5), place in the box that corresponds to the Report Period.
- Mark the appropriate code based on the student's performance at his current instructional level. For example, a second grader working at a kindergarten level, the academic progress would be marked “E, S, N, U”. For a fourth grader working at a second grade level, the academic progress code would be marked “A,B,C,N,U.” **These progress codes reflect the student's progress at his actual instructional level.**

Exceptional Student Education

District Guidelines for Marking ESE Progress Report Insert Kindergarten – Grade 5 Report Card

The reauthorization of the Individuals with Disabilities Education Act (IDEA) requires that parents of exceptional students be informed of their child's progress toward the annual goals. Parents must be notified whether progress is sufficient to enable the child to achieve the goals by the expiration of the IEP. The reports of progress to parents must occur as often as progress is reported to parents of non-disabled students.

Below are indicators when an ESE Progress Report (insert) is required:

- A student's IEP contains goals **NOT** addressed on the Kindergarten – Grade 5 Report Card.

Note: When providing an ESE Progress Report Insert, **Write: "ESE Insert"** on the Enclosure(s) line of the Report Card, and place a check mark (✓) in the box that corresponds to the Report Period.

- A student receiving only "Consultative" Service

Note: When providing an ESE Progress Report Insert, **Write: "ESE Insert"** on the Enclosure(s) line of the Report Card, in the box that corresponds to the Report Period.

- A student who is Home Schooled and receiving ESE services through the school district.
- A student enrolled in Private School receiving ESE services through the school district.

Ordering Information: Inserts may be ordered through the warehouse.

- Order SB 14122 for English version
- Order SF 14122 for Spanish version

Exceptional Student Education

SCHOOL DISTRICT OF HILLSBOROUGH COUNTY, FLORIDA
EXCEPTIONAL STUDENT EDUCATIONHILLSBOROUGH COUNTY PUBLIC SCHOOLS
EXCEPTIONAL STUDENT EDUCATIONINDIVIDUAL EDUCATION PLAN
PROGRESS REPORT

Dear Parent(s),

The Exceptional Student Individual Education Plan Progress Report has been developed to provide you with information about how your child is progressing toward meeting his/her IEP goals on a quarterly basis.

The Individual Education Plan Progress Report shows your child's progress toward meeting his/her goals by listing the goal number from the Individual Education Plan in the area of (1) Satisfactory progress, or (2) Insufficient progress, or (3) Annual goal(s) met. If insufficient progress occurred, the section "Reason(s) for Not Meeting Goal(s)" is completed to explain why success is not being achieved as anticipated at this time.

It is hoped that this Progress Report is helpful and informative. As always, should you have any questions about the information provided, please contact your child's ESE teacher, your principal or me at 273-7025.

Sincerely,

Edward H. McDowell, Jr.
Director
Exceptional Student Education

Student Name _____ Grade _____ Year _____ Report Period _____
School _____ Case Manager _____

The following information reflects your child's progress toward meeting his/her annual goal(s):

PROGRESS TOWARD ANNUAL GOAL(S):

1. Satisfactory progress toward meeting annual goal(s) # _____
2. Insufficient progress toward meeting annual goal(s) # _____
3. Annual goal(s) met # _____

REASON(S) FOR INSUFFICIENT PROGRESS TOWARD MEETING ANNUAL GOAL(S):

Goal # _____						CODES
Goal # _____	1	2	3	4	5	1. More time needed to allow for progress
Goal # _____	1	2	3	4	5	2. Assignments not completed
Goal # _____	1	2	3	4	5	3. Excessive absences
Goal # _____	1	2	3	4	5	4. Need to review/revise IEP
Goal # _____	1	2	3	4	5	5. Other (Specify under comments)

Comments _____

SB 14122
ESE – Rev. 12/29/98

Distribution: White-Parent Yellow- Cumulative File Pink - Teacher

Exceptional Student Education

Sample 1 – K-2 Report Card

Student Name _____ Grade <u>2</u> Year <u>2002 – 2003</u> (Label)					
This report card provides summary information of your child's progress in school. It is very important that you also talk with the teacher for more detailed information about your child's progress. We know that by working together, we can do our best for your child.		REPORT PERIOD			
		1	2	3	4
ATTENDANCE	Present				
	Absent				
	Tardy				
Your child's progress could be helped by:	Attending School Regularly				
	Getting to School on Time				
ESOL: English for Speakers of Other Languages					
EXCEPTIONAL STUDENT EDUCATION					
Your child has an Individual Education Plan (IEP). Throughout the report card, an asterisk (*) denotes an IEP goal. The academic code indicates your child's progress toward meeting this goal.		√			
EXPECTED BEHAVIORS Areas below are marked "N" if improvement is needed.					
• Follows School and Classroom Rules					
• Follows Directions		*N			
• Is Prepared for Class					
• Listens Attentively					
• Participates in Class Activities					
• Works Without Disturbing Others		*N			
• Completes Work in Assigned Time					
• Completes Homework Assignments					
• Shows Effort to do Best Work					
• Works Cooperatively with Others					
• Takes Care of Personal and School Property		*			
• Respects Others and is Courteous					
• Practices Self Control		*N			
• Respects Authority					
• Behaves Appropriately in Art					
• Behaves Appropriately in Music					
• Behaves Appropriately in Physical Education					

Exceptional Student Education

Sample 1 – K-2 Report Card

ACADEMIC PROGRESS CODES					
K-2 CODES E = Excellent S = Satisfactory N = Needs Improvement / More Time U = Unsatisfactory (ALERT: Unsatisfactory Benchmark Progress)	3-5 CODES A = Excellent B = Good C = Satisfactory N = Needs Improvement U = Unsatisfactory (ALERT: Unsatisfactory Benchmark Progress)				
INSTRUCTIONAL LEVEL CODE	AL = Above Grade Level OL = On Grade Level BL = Below Grade Level (ALERT: Unsatisfactory Benchmark Progress)				
Academic grades reflect progress on grade level expectations.	REPORT PERIOD	1	2	3	4
READING	Instructional Level	BL/K			
	Academic Progress	*S			
WRITTEN COMMUNICATION	Instructional Level	BL/K			
	Academic Progress	*N			
MATHEMATICS	Instructional Level				
	Academic Progress				
SCIENCE/HEALTH	Academic Progress				
SOCIAL STUDIES	Academic Progress				
ART	Academic Progress				
MUSIC	Academic Progress				
PHYSICAL EDUCATION	Academic Progress				
PARENT COMMUNICATIONS					
Date(s) Conference Requested					
Date(s) Conference Held					
Date(s) Progress Alert Sent					
Enclosure(s)					
Placement for the 20__ - 20__ School Year: Grade _____					

Exceptional Student Education

Sample 2 – 3-5 Report Card

Student Name _____ Grade <u>4</u> Year <u>2002 – 2003</u> (Label)					
This report card provides summary information of your child's progress in school. It is very important that you also talk with the teacher for more detailed information about your child's progress. We know that by working together, we can do our best for your child.		REPORT PERIOD			
		1	2	3	4
ATTENDANCE	Present				
	Absent				
	Tardy				
Your child's progress could be helped by:	Attending School Regularly				
	Getting to School on Time				
ESOL: English for Speakers of Other Languages					
EXCEPTIONAL STUDENT EDUCATION					
Your child has an Individual Education Plan (IEP). Throughout the report card, an asterisk (*) denotes an IEP goal. The academic code indicates your child's progress toward meeting this goal.		√			
EXPECTED BEHAVIORS Areas below are marked "N" if improvement is needed.					
• Follows School and Classroom Rules					
• Follows Directions		*N			
• Is Prepared for Class					
• Listens Attentively					
• Participates in Class Activities					
• Works Without Disturbing Others					
• Completes Work in Assigned Time					
• Completes Homework Assignments					
• Shows Effort to do Best Work					
• Works Cooperatively with Others					
• Takes Care of Personal and School Property		*			
• Respects Others and is Courteous					
• Practices Self Control					
• Respects Authority					
• Behaves Appropriately in Art					
• Behaves Appropriately in Music					
• Behaves Appropriately in Physical Education					

Exceptional Student Education

Sample 2 – 3-5 Report Card

ACADEMIC PROGRESS CODES					
K-2 CODES E = Excellent S = Satisfactory N = Needs Improvement / More Time U = Unsatisfactory (ALERT: Unsatisfactory Benchmark Progress)	3-5 CODES A = Excellent B = Good C = Satisfactory N = Needs Improvement U = Unsatisfactory (ALERT: Unsatisfactory Benchmark Progress)				
INSTRUCTIONAL LEVEL CODE	AL = Above Grade Level OL = On Grade Level BL = Below Grade Level (ALERT: Unsatisfactory Benchmark Progress)				
Academic grades reflect progress on grade level expectations.	REPORT PERIOD	1	2	3	4
READING	Instructional Level	BL/2			
	Academic Progress	*C			
WRITTEN COMMUNICATION	Instructional Level	OL			
	Academic Progress	*N			
MATHEMATICS	Instructional Level				
	Academic Progress				
SCIENCE/HEALTH	Academic Progress				
SOCIAL STUDIES	Academic Progress				
ART	Academic Progress				
MUSIC	Academic Progress				
PHYSICAL EDUCATION	Academic Progress				
PARENT COMMUNICATIONS					
Date(s) Conference Requested					
Date(s) Conference Held					
Date(s) Progress Alert Sent					
Enclosure(s)					
Placement for the 20__ - 20__ School Year: Grade _____					

Exceptional Student Education

Sample – When Insert is Required

ACADEMIC PROGRESS CODES					
K-2 CODES E = Excellent S = Satisfactory N = Needs Improvement / More Time U = Unsatisfactory (ALERT: Unsatisfactory Benchmark Progress)	3-5 CODES A = Excellent B = Good C = Satisfactory N = Needs Improvement U = Unsatisfactory (ALERT: Unsatisfactory Benchmark Progress)				
INSTRUCTIONAL LEVEL CODE	AL = Above Grade Level OL = On Grade Level BL = Below Grade Level (ALERT: Unsatisfactory Benchmark Progress)				
Academic grades reflect progress on grade level expectations.	REPORT PERIOD	1	2	3	4
READING	Instructional Level				
	Academic Progress				
WRITTEN COMMUNICATION	Instructional Level				
	Academic Progress				
MATHEMATICS	Instructional Level				
	Academic Progress				
SCIENCE/HEALTH	Academic Progress				
SOCIAL STUDIES	Academic Progress				
ART	Academic Progress				
MUSIC	Academic Progress				
PHYSICAL EDUCATION	Academic Progress				
PARENT COMMUNICATIONS					
Date(s) Conference Requested					
Date(s) Conference Held					
Date(s) Progress Alert Sent					
Enclosure(s) ESE Insert	√				
Placement for the 20__ - 20__ School Year: Grade _____					



FACT SHEET

NEW *NO CHILD LEFT BEHIND* PROVISIONS GIVE SCHOOLS NEW FLEXIBILITY AND ENSURE ACCOUNTABILITY FOR LIMITED ENGLISH PROFICIENT STUDENTS

Creating New Flexibility

Issue One: Assessing Limited English Proficient Students

Limited English proficient (LEP) students new to the United States often have a difficult time participating in state assessments due to language barriers or the lack of schooling prior to arriving in the United States from their native countries. Thus, it is often difficult to assess LEP students' content knowledge in reading and other language arts in their first year of enrollment in a U.S. public school. A number of states have students representing more than 100 languages, making it virtually impossible to provide native language assessments for all students.

Solution:

Allow LEP students, during their first year of enrollment in U.S. schools, to have the option of taking the reading/language arts content assessment in addition to taking the English language proficiency assessment. These students would also take the mathematics assessment, with accommodations as appropriate. States may, but would not be required to, include results from the mathematics and, if given, the reading/language arts content assessments in Adequate Yearly Progress (AYP) calculations—part of the accountability requirements under No Child Left Behind (NCLB). Students would be counted as participants for AYP purposes for the 95 percent testing requirement, which ensures that all children count and receive the quality education they deserve.

Rationale:

This flexibility provides teachers and students more time for English language instruction and acquisition. The policy is grounded in common sense: states are not required to develop native language assessments, and even those that have developed a few native language assessments will not likely cover the gamut of all languages found within a state.

Issue Two: LEP Students as a “Subgroup”

A second issue concerns the definition of the limited English proficient subgroup itself. LEP is not a demographic group per se, but a classification that changes as a student gains language proficiency. Its membership can change from year –to year with language proficient students exiting each year and new LEP students entering each year. Since LEP students exit the subgroup once they attain English language proficiency, states may have difficulty demonstrating improvements on state assessments for this student subgroup.

Solution:

For AYP calculations, allow states for up to two years to include in the LEP subgroup students who have attained English proficiency.

Rationale:

This policy is an option for states, not a requirement. It would give states the flexibility to ensure that AYP calculations credit schools and local education agencies (LEAs) for improving English language proficiency from year –to year. The concept of including students who have exited the

LEP subgroup for up to two years is consistent with Title III of the law, which requires Title III-funded schools to include in their evaluations for two years academic achievement data of students who used to be in the LEP group but who no longer receive Title III services.

This option provides an incentive for states to help students attain full proficiency in both the English language and in the academic content areas of reading/language arts and mathematics. It also serves as a response to the complaint that schools do not receive credit for the good work they have done helping LEP students attain full proficiency.

Using Already Existing Flexibility

Definition of the LEP subgroup:

The NCLB definition of a limited English proficient student gives states flexibility in defining the students who constitute the LEP subgroup. For example, a state has the flexibility to define narrowly the LEP subgroup as only those students receiving direct, daily LEP services. A state could also define the group more broadly to include both students receiving direct services and students being monitored based on their achievement on academic assessments.

Minimum group size:

States can also make an argument for needing a larger number of LEP students within a school for AYP purposes. Following a precedent set by other states with special education students, this option would reduce the number of schools that have LEP students as an accountability subgroup and improve the validity of AYP determinations.

General LEP Facts

- Limited English proficient students (LEP) are also known as English language learners (ELL).
- There are 5.5 million LEP students in U.S. public schools who speak more than 400 different languages. Eighty percent of LEP students speak Spanish as their first language.
- Under Title I and Title III, NCLB provides more than \$13 billion (FY 04 funding) for LEP students for English language acquisition and academic achievement.
- With the support of funds provided through NCLB, states are developing better assessments and accommodations for LEP students. A few states are creating assessments for LEP students that will serve the dual purposes of assessing a student's academic knowledge in reading/language arts as well as English language proficiency. Other states are working together to better understand what accommodations are needed for LEP students.

**HILLSBOROUGH COUNTY PUBLIC SCHOOLS
PROGRAMS FOR LIMITED ENGLISH PROFICIENT STUDENTS**

**APPROVED PROCEDURES AND BEST PRACTICES TO ASSESS LIMITED
ENGLISH PROFICIENT STUDENTS
STATE ASSESSMENTS AND DISTRICT BENCHMARK TESTS**

SUNSHINE STATE STANDARDS AND DISTRICT BENCHMARKS

Limited English proficient (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 must be held to the same high expectations for learning, as are all other students. The academic success of LEP students is the responsibility of educators, parents, and communities.

Information concerning the standards and graduation requirements is provided to LEP students and their parents at the same time, and in the same manner, that information is disseminated to all other students and parents. To ensure that communications are understandable to students and parents who are not English proficient, information is provided, whenever feasible, in the language of the home.

Schools provide information to students and parents on the State and District Benchmarks and Graduation Requirements through the use of newsletters, posters, videos, telephone communications, and meetings. Schools provide assistance and support to students and parents through tutorial programs, that are held during regular school hours, on designated half-days, after school, in the evening, or on weekends, and through mentoring programs and workshops.

Teachers of LEP students utilize ESOL teaching strategies, language and content-appropriate instructional materials, and instructional modifications to make instruction comprehensible to students. Teachers are aware of, and value the diverse linguistic, cultural, and academic backgrounds of their students, and they take these differences into account in the development of instructional plans and in the delivery of instruction.

Limited English proficient students are provided with the following program services and support to enable them to participate fully in programs and services that are offered by the District, and to prepare them to meet the Sunshine State Standards, the District Benchmarks and Graduation Requirements:

**ADMINISTRATION OF STATE ASSESSMENTS – THE HIGH SCHOOL COMPETENCY
TEST (HSCT) AND THE FLORIDA COMPREHENSIVE
ASSESSMENT TEST (FCAT)**

All LEP students are expected to participate in the Statewide Assessment Program. There is no categorical exemption from participation in the Statewide Assessment Program for LEP students. An exemption from participation in any of the Statewide Assessments for an individual LEP student may only be made by specific action of a LEP Committee and only for a student whose date of classification as LEP falls within one year prior to the assessment date.

The LEP Committee, in making its decision, shall consider the following factors:

1. Extent and nature of prior educational and social experiences, and student interview;
2. Written recommendation and observation by current and previous instructional and supportive services staff;
3. Level of mastery of basic competencies or skills in English and home language according to appropriate local, state, and national criterion referenced standards;
4. Grades from the current or previous years; or
5. Other test results.

The LEP Committee shall exempt an LEP student from participation in a component of the Statewide Assessment Program if it determines that the student's participation would have an unsound pedagogical impact on the student. The decision must be documented on the individual student's LEP plan.

Assessment results of LEP students, whose date of classification as LEP falls within two years prior to the assessment date, shall be specifically reported but will not be used for the grading of schools.

LEP assessment data will be used by the district and schools to evaluate the effectiveness of the instructional programs for LEP students and to evaluate ESOL Program services. Assessment results of individual students should be used by schools to evaluate the progress of individual students.

No promotion or retention decisions should be made for any individual student classified as LEP based solely on a score on any single assessment instrument, whether such assessment instrument is part of the Statewide Assessment Program, or of a district's formal assessment program. A formal retention recommendation regarding a LEP student will be made through action of the School Placement Committee and the LEP Committee.

TESTING ACCOMMODATIONS FOR LEP STUDENTS

Listed below are approved accommodations that must be provided to LEP students in the administration of State Assessments. The exact combination of accommodations to be offered to any particular student will be individually determined considering the needs of the student:

1. The High School Competency Test (HSCT) and the Florida Comprehensive Assessment Test (FCAT)

- a. LEP students may be given additional time as necessary to complete the test. However, students must complete each section of the HSCT and/or of the FCAT in one school day. Students must not be permitted to continue testing within a section from one day to another.
- b. LEP students may be given access to an English-to-heritage language/heritage language-to-English (bilingual) dictionary. Such a dictionary would be familiar to students because of its regular availability in instructional settings. A dictionary written exclusively in the heritage language or English shall not be provided.
- c. LEP students may be offered the opportunity to be testing in a separate room with the English for Speakers of Other Languages (ESOL) or heritage language teacher acting as test administrator. When the student is not of legal age, the parents shall be informed of this option and shall be asked for their preferences in test administration setting.
- d. The ESOL or heritage language teacher may answer student questions about the general test directions in their heritage language.

For the mathematics sections, the ESOL or heritage language teacher may answer specific questions about a word or phrase that may be confusing to the student because of limited English proficiency, but is prohibited from giving assistance that will help the student solve mathematics test questions. A student's questions must not be answered in a way that would lead the student to unmistakably infer the correct answer to a question. When administering the test to a group of students, the teacher may answer questions about directions for the benefit of the group; questions of clarification from students must be answered on an individual basis without disturbing other students taking the test.

For the communication or reading sections, the ESOL or heritage language teacher may answer student questions about the general test directions in a way that the student would not be unmistakably led to infer the correct answer to any of the questions. The teacher is prohibited from answering student questions about reading passages, the question stems, or answer alternatives. Students may have access to the English-to-heritage language/heritage language-to-English (bilingual) dictionary, but the student is expected to read the reading passage, the question stems, and the answer alternatives in English.

2. The FCAT Writing Assessment Program

- a. LEP students may be given additional time beyond the time limit specified in the test administration manual for administration of the test to non-LEP students. LEP students may also take the test during several brief sessions within one school day. Students must not be permitted to continue testing from one day to another.
- b. LEP students may be given access to an English-to-heritage language/heritage language-to-English (bilingual) dictionary. Such a dictionary would be familiar to LEP students because of its regular availability in instructional settings. A dictionary written exclusively in the heritage language or English shall not be provided.
- c. LEP students may be given the opportunity to be tested in a separate room with the ESOL or heritage language teacher serving as test administrator. If the student is not of legal age, the parents of the student shall be informed of this particular accommodation and shall be given the opportunity to select the preferred method of test administration.
- d. The ESOL or heritage language teacher may answer student questions about the general test directions in their heritage language, but the teacher is prohibited from reading the prompt to the student or answering questions about the prompt.

ALTERNATIVE ASSESSMENTS FOR STUDENTS EXEMPTED FROM STATEWIDE ASSESSMENTS

State Board Rules stipulate that limited English proficient students who have been enrolled in an ESOL program for less than one year, can be exempted from participating in statewide assessments such as the Florida Comprehensive Assessment Test (FCAT) and the High School Competency Test HSCT (administered at grades 11 or 12).

Exempted students are not automatically exempted from meeting the standards which are measured by these assessments. Therefore, school sites must make every effort to ensure that LEP students who have been exempted from statewide tests are provided with instruction in the tested skills. Alternative assessment methods must be utilized by classroom teachers to assess the academic performance and progress of LEP students. Recommended methods may include the use of student interviews, oral reports, student observations, portfolios, and informal inventories. Students should participate in the District Benchmark Assessments.

DISTRICT BENCHMARK ASSESSMENTS

All limited English proficient (LEP) students are expected to be tested. LEP students may be exempted only when a student has been receiving services in a program operated in accordance with an approved District LEP Plan fewer than one year, and when a majority decision is made by an LEP committee on an individual student basis, to exempt an LEP student. **The decision must be documented on the student's individual LEP student plan.** Exemption from testing does not mean that a student is automatically exempt from passing the District Benchmarks.

Districts are required to offer accommodations to LEP students who are enrolled in an ESOL program. The exact combination of accommodations to be offered to any particular student shall be individually determined considering the needs of the student. The authorized accommodations for LEP students taking the district Benchmark Assessments are listed below:

1. Test administration time and scheduling may be modified to permit LEP students to complete a given section of a test within one school day.
2. Students may have access to an English-to-heritage language (bilingual) or heritage language-to-English dictionary, such as those made available to LEP students in an instructional setting. A dictionary written exclusively in the heritage language may not be provided.
3. LEP students may be offered the opportunity to be tested in a separate room with the English for Speakers of Other Languages (ESOL) or heritage language teacher acting as test administrator. Parents must be informed of this option for students not of legal age.
4. For the mathematics test, LEP students may be provided limited assistance by an ESOL or heritage language teacher using the student's heritage language. The teacher may answer student questions about any test directions. The teacher may answer specific questions about a word or phrase that is confusing the student because of limited English proficiency, but is prohibited from giving assistance that will help the student solve mathematics test questions. A student's questions must not be answered in a way that would lead the student to unmistakably infer the correct answer to a question. If the District Benchmark Assessment is administered to a group of students, the teacher may answer questions about directions for the benefit of the group; questions of clarification from individual students must be answered on an individual basis without disturbing other students taking the test.
5. For the reading test, the ESOL or heritage language teacher may answer student questions about the general test directions, in a way that the student would not be unmistakably led to infer the correct answer to any questions. The teacher is prohibited from answering student questions about reading passages, question stems or answer alternatives.

DISTRICT BENCHMARKS ATTAINMENT

Guiding Principles

1. All students must be provided with instruction that will prepare them to attain required benchmarks and standards;
2. Limited English proficient (LEP) students possess unique linguistic, cultural, and academic needs;
3. Due to their limited English proficiency, LEP students need additional time to develop the necessary skills to be able to demonstrate expected standards and benchmarks performance levels;
4. Research indicates that it takes approximately 5 to 7 years for many second-language learners to develop academic language competency that is equivalent to that of native English speakers;
5. LEP students must be provided with specialized and individualized instruction, curriculum modifications, testing accommodations, and alternative assessments; and
6. LEP students have to learn English at the same time that they are learning the appropriate grade level/course material. Therefore, they may need additional time and practice to learn and demonstrate mastery of higher academic language competencies.

The following best practices and procedures for the evaluation of the performance of limited English proficient (LEP) students on District Benchmark Assessments will be implemented to ensure that the District is in compliance with Federal and State laws pertinent to ESOL:

Limited English proficient (LEP) students who are unable to pass the Hillsborough County Revised Graduation Standards and Benchmark Assessments due to their limited English proficiency, must be referred to the School placement committee which will meet jointly with the LEP Committee to recommend the students' appropriate placement. The LEP Committee is composed of the principal or his/her designee, the students' ESOL English/language arts teacher, the guidance counselor, the ESOL resource teacher, and any other instructional personnel directly responsible for the instruction of limited English proficient students. Parents of students being referred must be invited to participate in the meetings. Criteria to be utilized in making an appropriate placement recommendation include:

1. Academic performance and progress of a student as determined by formal assessments and/or alternative assessments in English or the home language and
2. Progress, attendance, and retention reports and
3. Number of years a student has been enrolled in an ESOL Program and
4. The student's English-proficiency level.

Placement decisions must be recorded on the individual student's LEP plan.

APPENDIX B

Articulation must occur between the sending and receiving schools for students moving from elementary to middle and/or middle to senior high school.

If agreement for placement is not reached, the student will be referred to the County Level Special Placement Committee. The student's parents (s) must be invited to participate in the placement decision.

Current legislation mandates that senior high school LEP students **must** meet all State requirements for graduation (HSCT, FCAT, required credits, etc.) to be awarded a regular diploma.

Please contact Carmen Sorondo, LEP Program Supervisor, at 272-4494 for additional information.

Action Plan: _____

Chapter: _____

Date: ____/____/____



Understanding Child Mental Health and Well-Being

Welcome participants (follow guidelines in Introduction) and review agenda for the fourth training session. Ask participants to turn to Chapter 4- Page 1 in their manuals to review the topics to be discussed. Go over this agenda with them (times are listed for facilitator's use).

AGENDA – FORTH SESSION	Time
Welcome <ul style="list-style-type: none"> • Completion of Pre-Test • Review the day's agenda • Review chapter goals and objectives 	20 Minutes
Overall Framework for Child Mental Health and Well- being <ul style="list-style-type: none"> • Exercise 1: Goodness of Fit Exercise 	60 minutes
<i>Short Break</i>	<i>10 Minutes</i>
Child Developmental Domains & Milestones <ul style="list-style-type: none"> • Exercise 2: Understanding Developmental Domains 	50 Minutes
<i>Short Break</i>	<i>10 Minutes</i>
Healthy Relationships and Nurturing Environments <ul style="list-style-type: none"> • Exercise 3: Role Play 	60 Minutes
<i>Lunch Break</i>	<i>60 minutes</i>
Facilitating Child Mental Health and Well-being	40 Minutes
<i>Short Break</i>	<i>10 Minutes</i>
Facilitating Child Mental Health and Well-being (cont.) <ul style="list-style-type: none"> • Exercise 4: Thinking about Strengths and Resources 	30 Minutes
Closing/Concluding Discussion <ul style="list-style-type: none"> • Exercise 5: Action Plan 	45 minutes
Total Time Session 4 (including 60 min. lunch)	6 hours 35 minutes

Chapter 4

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

Review Goals and Objectives – See Introduction page 12 for detailed instructions

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

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:

- **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.
- **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.
- **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.

The individual aspect of children’s lives will be explored in this section. The developmental area will be discussed in the following section. We will briefly explore how relational and environmental factors affect children’s lives in section 4.3. In section 4.4, we will discuss child mental health and well-being. While your job is not to be a mental health counselor, some points regarding child mental health and well-being may be helpful to know.

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

Sensory refers to how a child takes in, processes and responds to information they perceive through their senses of sight (visual), hearing (auditory), tasting (gustatory), smelling (olfactory), feeling (tactile and proprioceptive) and moving (vestibular).

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

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*

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.

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, and some homes). When children express their sensory preferences and limits, they are sometimes 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. While the child's reaction may be intense, it may not always 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: waiting patiently for the outburst to run its course, trying to distract the child, singing a song, or reading a book to him or her.

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 sometimes called slow-to-warm up or "shy". The child with this temperament has discomfort with new things and people and adapts slowly. However, unlike children with difficult or feisty temperaments, this child tends to withdraw. The child may or may not be irregular in sleep, feeding and toilet training. This is the child who 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 fearfulness 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

In your work with children and their parents/caregivers, you will be helping families to identify their strengths and needs. In addition to helping families to recognize their child's temperament, you might also help them to recognize the parenting styles and strategies they are using with their child, in order to think about whether their parenting style fits with their child's temperament. If it does fit, this is evidence of a family strength. If it does not fit, a family might consider seeking out additional resources and supports in order to increase the goodness of fit between their child's temperament and the parenting style and strategies they use.

Here are some examples of the kinds of parenting strategies that fit well with each child temperament type:

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 sometimes 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. Do not set expectations too high; These children will have meltdowns or bad days, too. They will have times when they need extra care as well.

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.

The caregiver's way of relating to the child's temperament can play a big role in the child's emotional development.

Feisty Temperament

1. **Positive Mood-** The caregiver sets the tone. 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

Trainer: Please refer to the handout/overhead of the State Regulation curve.¹ Point out the stages on the curve (such as “gleam in the eye”) as you discuss them.

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 awake. 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.”²

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

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.

^{1,2}Lillas, C. (2001, May). Psychoneurobiological principles for assessment, diagnosis and intervention. Lecture presented to Infant Mental Health Specialist Training Program at Cedars-Sinai Medical Center, Beverly Hills, California.

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.

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 state³.

Exercise 1:

Goodness of Fit Exercise

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

Time: 30 minutes | **Materials:** Flip Chart; Markers; List provided below and in participants’ manuals.

Instructions: Class is instructed to break up into groups of two. They are to talk about themselves and a child they know, and refer to this list (below). They will want to write down comments. Afterwards, ask participants to share observations with the rest of the class.

Exercise 1: Discussion Questions

In this exercise, you will first describe yourself in terms of your:

Individual sensory capabilities

- Auditory (sound & hearing)
- Visual (sight & light)
- Tactile (touch)
- Proprioceptive (deep pressure, vibration) muscle & joint
- Vestibular (movement & gravity)
- Olfactory (smell)
- Gustatory (taste)

Temperament

- Easy
- Difficult
- Slow-to-warm-up

³Pinto, A.H., Yeatman, S., Escarce, E., McDermott, M. & Reuter, K. (2003, February). *Applying Current Models of Infant Mental Health to the Assessment of Children from Birth to Age Five*. Continuing Education course presented at Saint John’s Child and Family Development Center, Santa Monica, California.

Regulatory style

- Sensory Seeking
- Sensory Avoidant

Next, you will describe a child you know with regard to these same domains.

- What are the similarities?
- What are the differences?

What do you anticipate that the implications might be for your relationship with this child?

- What similarities would make it easy to relate?
- What similarities would make it difficult to relate?
- What differences would make it easy to relate?
- What differences would make it difficult to relate?

Notes: _____

The developmental domains are:

- 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).*

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.

There are some issues you might want to keep in mind while learning about developmental stages. First, every child is a little different, and may progress slightly ahead of or behind age-mates. If there is a reason to worry, a doctor or other specialist could be consulted.

Also, children may mimic older and younger siblings, and therefore may not seem to comply with the standards of their age. Children may become jealous of younger siblings and start acting more "baby-like." For example, children who had previously started speaking in short sentences, have been known to revert to baby-talk when they are presented with a newborn sibling who seems to be getting all the attention. Caregivers should be encouraged to show the older child attention and perhaps even emphasize the positive aspects of being older, such as special privileges⁴.

⁴American Academy of Child & Adolescent Psychiatry. 1998 Your Child. New York: Harper Collins

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 distress, does it seem like the delays are causing distress or the distress is causing the delays?

Following 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.

For purposes of simplicity, this discussion will highlight the physical and motor development; cognitive development; language; and social-emotional development domains. This chapter presents only general guidelines of how child development usually proceeds. It is not meant to diagnosis children or cause needless worrying.

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 old⁵.

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

This chapter presents only general guidelines of how child development usually proceeds. It is not meant to diagnosis children or cause needless worrying.

⁵American Academy of Child & Adolescent Psychiatry. 1998 Your Child. New York: Harper Collins

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 help⁶

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.

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 developed⁷.

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 time⁸. 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

⁶Berk, L. 2000 Child Development (5th ed.). Needham Heights, MA: Allyn & Bacon.

⁷Barber, 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>.

⁸American Academy of Child & Adolescent Psychiatry, 1998

grouped together.

Children can practice problem-solving, and they can start thinking in hypothetical terms⁹. 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 consequences¹⁰.

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 words¹¹.

Social-Emotional Development

Friendships tend to become increasingly important during middle childhood¹². 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 rules¹³.

Additional Issues in Language Development

⁹Schaefer and DiGeronimo 2000 *Ages & Stages: A Parent's Guide to Normal Cognitive Development*

¹⁰Ibid (Schaefer and DiGeronimo)

¹¹Ibid

¹²American Academy of Child & Adolescent Psychiatry, 1998

¹³Schaefer and DiGeronimo, 2000

Exercise 2:

Understanding Developmental Domains

Purpose: To apply knowledge about the different developmental stages

Time: 35 minutes | **Materials:** FASST Job Descriptions; Job Responsibilities Worksheet; Flip Chart; Markers

Instructions:

Think of a toddler, preschooler and school-aged child whom you know. What are the differences you notice when you consider the various developmental domains?

Excercise 2: Discussion Questions

Physical—Bodily structures and processes.

Toddler

Preschooler

School-aged child

Motor—How a child moves using large muscles (gross motor), small muscles (fine motor) and mouth muscles (oral motor).

Toddler

Preschooler

School-aged child

Cognitive—How a child notices, thinks about, stores and remembers information.

Toddler

Preschooler

School-aged child

Social – emotional—How a child relates to other people and manages thoughts, feelings and behaviors.

Toddler

Preschooler

School-aged child

Language—How a child understands language (receptive language) and uses language to communicate (expressive language).

Toddler

Preschooler

School-aged child

Given the differences you mentioned, how would a family that was parenting a toddler, preschooler and school-aged child need to adapt parenting strategies to meet the needs of all three kids?

Literacy and the Importance of Early Reading

As you may have noticed, learning to read goes hand in hand with language development. 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, but it serves as a good foundation for literacy.

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.

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

As a FASST member, you might work with some children who are growing up bilingual. 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.

In your interaction with your families, you should stress that bilingualism is an asset, not a weakness. Families that you work with may have already heard from educators that they need to speak only English with their children. Some educators are acting out of mistaken assumptions that children who grow up bilingual will be “permanently confused” in both languages¹⁴. Studies have shown that children can become proficient in two (or more) languages at the same time¹⁵. As you work with families, you might

Learning to read goes hand in hand with language development. Reading develops language skills by increasing a child's vocabulary and promoting conversation between an adult and child.

¹⁴Paneque, Oneyda M. Good intentions, bad advice for bilingual families. *Childhood Education* 82(3): 171

encourage them to take advantage of opportunities for their children to practice language skills in both languages. 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 life¹⁶.

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.

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 with which they feel most comfortable. This is often referred to as “code-switching”¹⁷.

It is important that adults try to understand what a child is saying, as this build 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 wrong¹⁸. 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

¹⁵Genesee, F., Paradis, J., & Cargo, M.B. (2004). *Dual language development & disorder: A handbook on bilingualism & second language learning*.

¹⁶Wong Fillmore, L. (1991). When learning a second language means losing the first. *Early Childhood Research Quarterly*, 6, 323-46.

¹⁷McClure, E.F. (1977). Aspects of code-switching in the discourse of bilingual Mexican-American children (Teach.Rep. No. 44). Cambridge, MA: Berancek and Newman.

¹⁸Wong-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.

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 processing¹⁹.

Section 4.3 - Healthy Relationships and Nurturing Environments

Primary relationships— or relationships between a young child and a few familiar adults who take responsibility for the child's care and well-being—provide young children with the individualized support they need for health development. Within the context of caregiving relationships, the young child builds a sense of what is expected and what is possible in relationships with other people. The young child 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-control²⁰. This description of the importance of primary relationships applies to later in childhood as well.

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 important²¹. 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.

Relationships can be best understood by considering the behavioral interactions, emotional tone, and attitudes of the people who are in the relationship²². 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?

¹⁹McLaughlin, B. (1995). Fostering the development of first and second language in early childhood: Resource guide. Sacramento: California State Department, Early Childhood Division.

^{20, 22}Weider S (ed). DC 0-3:Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. Washington, DC: ZERO to THREE, 1994.ZTT Press.

²¹Schaefer & DiGeronimo. 2000

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 supports and nurtures children.

- 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 involved²³.

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 typically are 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

Children who live in safe homes with warm, caring relationships with family members, or caregivers, with enough food, clothing and supplies for daily living, can be described as living in nurturing environments. 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 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 families may be stressful for a young child—for example, the birth of a new brother or sister, moving to a new home, a parent's return to work after staying at home, or a child beginning day care or a new school. Some children will experience these transitions as stressful while others make transitions smoothly and adapt to new circumstances easily. Some sources of stress are pervasive and enduring; these include poverty, violence in the environment, and abuse in the home²⁴.

To clarify the impact of stress on young children, it is helpful to frame the impact in terms of the child's loss of basic safety, security and comfort. Safety, security and comfort are part of the "protective, supportive buffer" that is typically provided by a child's caregiving environment. It is important to differentiate between the **severity** of a specific stressor and its ultimate impact on a child, which will be modified by the extent to which

^{23,24}Diagnostic Classification: 0 – 3—Revised (2005).

caregivers provide safety, security and comfort. Caregivers may shield and protect a child from stressors, thus lessening the **impact**, or they may compound the impact by failing to offer protection, or they may reinforce the impact of the stressor through the effect of anxiety and/or other negative attitudes²⁵.

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

- The severity of the stressor
- The child's developmental level
- The caregivers' availability and capacity to serve as a protective buffer and help the child understand and deal with the stressor²⁶.

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. Migrating to a new country is another type of family transition. 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 directly 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 typically 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.

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

- *The severity of the stressor*
- *The child's developmental level*
- *The caregivers' availability and capacity to serve as a protective buffer and help the child understand and deal with the stressor.*

^{25,26}Diagnostic Classification: 0 – 3—Revised (2005).

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.

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 Families²⁷

- 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.

²⁷American Academy of Child & Adolescent Psychiatry. (1997). Family Problems [Fact Sheet]. Washington, DC.

- 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:

- There is no time for the parental bond to solidify, creating resistant behavior in children to any change in parenting styles.
- A child of divorce may be very cautious about developing feelings of attachment to the new stepparent.
- Older children, may find it difficult to bond with the stepparent.
- The stepchild may resent the stepparent "intruding" on the relationship the child has with his/her parent.
- The stepparent may resent the relationship the stepchild has with his/her parent.
- In stepfamilies, sexual taboos have not had a chance to develop; parents and children may be distressed over inappropriate feelings.
- Crowding and the issue of "territory" can be a problem.
- Changing roles can be a source of significant strain.
- The lack of affectional bond and push for discipline with a stepparent may increase the risk of abuse.

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.

Exercise 3:

Role Play

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

Time: 35 minutes | **Materials:** List of practice questions, Paper, Pen/Pencil

Instructions: Partner with a classmate and choose to play either the role of promotora or the role of live-in aunt or uncle. The person playing the role of promotora then asks the “aunt” or “uncle” questions to better understand their relationship with their niece or nephew and identify some everyday activities that the family could participate in that might increase happiness within the family.

- 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 feel to each other?

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?

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

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?
 - Are there thoughts, feelings or behaviors that are of concern?
 - Does their child seem to be:
 - o often feeling sad, angry or afraid,
 - o acting out,
 - o turning inward,
 - o losing focus, or
 - o are there signs of delayed development or
 - o symptoms of physical/medical distress?
3. What might explain their child's compromised well-being or signs of distress?
 - Are there certain conditions or situations that seem to trigger the child's distress?
 - Does it seem like the distress relates to the child's:
 - o developmental level,
 - o individual physical / sensory capabilities, temperament, or regulatory style
 - o relationships with others,
 - o environmental circumstances or situations?
4. What are the strengths and resources of the child, family, school and community?
 - Which strengths are "tapped" and which are "untapped?"
 - 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?
 - What resources would be helpful for FASST to introduce and explain to the family?
 - What resources could FASST provide referrals to?

A particular mental health symptom could reflect one of many different disorders.

- 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?
- o 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

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.

Exercise 4:

Thinking about strengths and resources

Time: 35 minutes | **Materials:** Flip Chart; Markers of Various Colors.

Instructions: This is a three-part exercise. First, instruct participants to read the following case study. After they have read the case study, ask them about the strengths and resources of the family and community. List these on the flip chart. Then, you will discuss the follow-up questions with the participants. Detailed instructions are below.

Case Study: The Rodriguez Family

The Rodriguez family consists of a mother and two children. Ana Rodriguez, age eight, is having some difficulties in paying attention during school reading time, because she is easily distracted. Ana also has a younger brother, age three, who requires a lot of looking after. Ana enjoys being a big sister, but sometimes she feels like her brother gets all the attention.

Their mother, Maria, works full-time as a LPN (licensed practical nurse). Their grandmother steps in to watch the children when needed. She lives less than ten minutes away. On those occasions when the grandparents cannot baby-sit the children, Maria has her younger sister (their aunt) watch the kids. The sister has two children who are close in age to Ana and her brother.

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.

Excercise 4: Discussion Questions

What are the strengths and resources of this family?

Facilitator: make two columns on the flip chart. Label one column “strengths” and the other “resources.”

- What are Ana’s individual strengths? What are her resources? What are the family’s strengths and resources? What are the community’s strengths and resources?

As the students list some of the strengths and resources, record them on the board. Use different colors for family, community, and children’s strengths and resources.

Ask the participants the following follow-up questions:

- How might you find out this information from the families you work with? What kinds of questions might you ask them?
- What types of strategies might help Ana to stay focused and able to learn? Can you think of any strategies that draw upon her strengths?

Chapter 4 - Session Closing

Exercise 5:

*Create an Action Plan*²⁸

Purpose: To provide an opportunity for training participants to review what they have learned during this session. Each participant will leave today's session with a positive plan of action.

Time: 30 minutes | **Materials:** Action Plan handout; Flip chart; Markers

Instructions:

1. If there are enough participants in the training group, ask them to form small groups of three to four members. If not, participants may complete this activity individually.
2. Mention that this activity will help integrate their learning and will provide each of them with a definitive plan of action for implementation of the concepts they learned during this session. Give each participant a copy of the Action Plan worksheet.
3. Instruct participants to write the following heading at the top of the worksheet: "How I can incorporate System of Care and Wraparound values and principles in my work." Ask participants to list all of the ideas that they would like to pursue. Each item should be numbered. Allow five to eight minutes.
4. When their time is up, ask participants to write another heading, either below the list they've created or on another sheet of paper. The heading should read: "Ways that I can help my FASST team observe ethics and confidentiality with the families we will serve." Again, ask participants to list all of their ideas and number each separate item. They may need to use additional sheets of paper, if they run out of room. Allow another five to eight minutes.
5. When participants are finished, ask each small group to identify at least three ideas they intend to put into action. (If activity is being completed individually, ask each participant to do the same.) This process should take five minutes. Next, ask each small group to elect one representative to write her/his group's responses on separate flip chart sheets. If activity is being completed individually, ask each participant to write her/his responses using flip chart sheets. Reconvene entire group, if small groups were used.
6. Review the responses posted by each group or individual. Summarize the findings and try to incorporate the most important topics of the day with participants' responses.

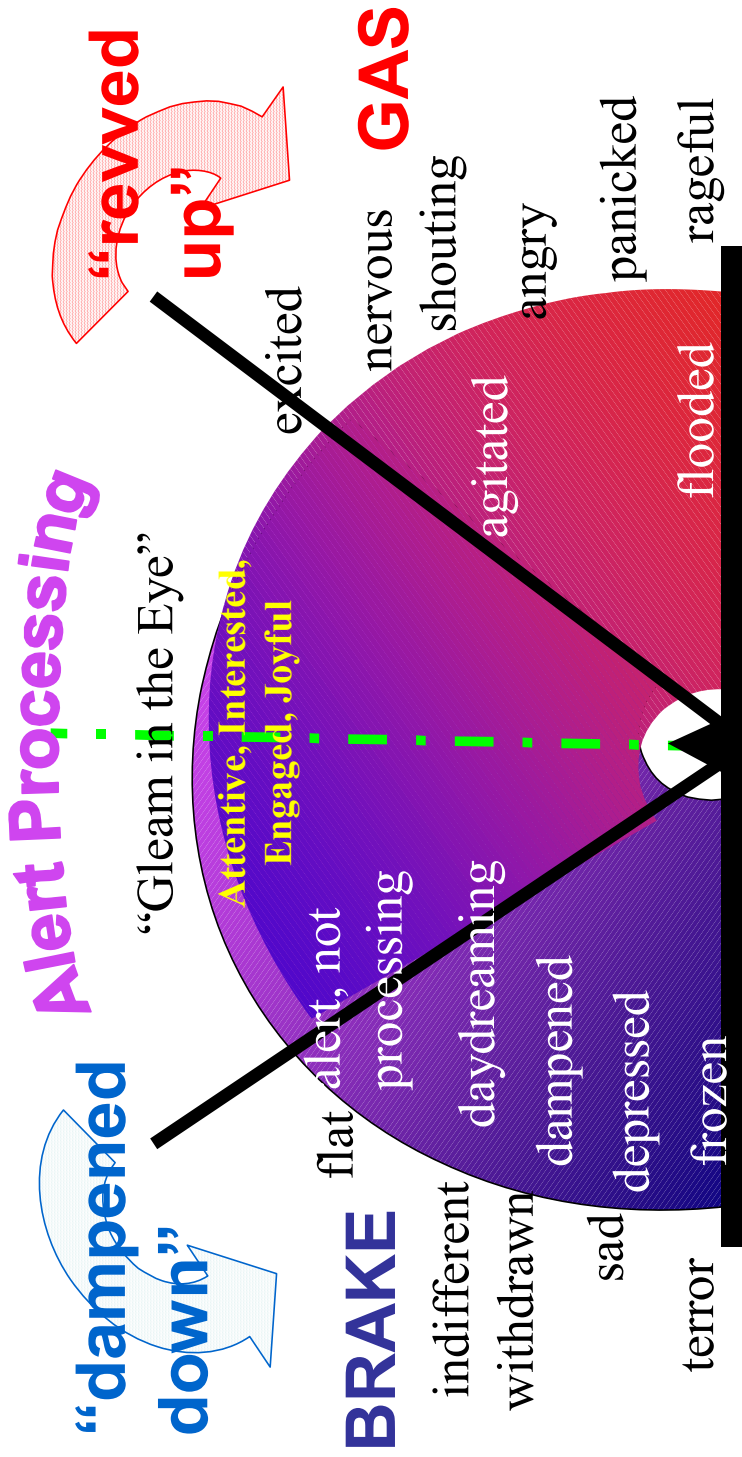
²⁸This exercise adapted from Pfeiffer, J.W. (1989) *The encyclopedia of group activities*. San Francisco: Jossey-Bass/Pfeiffer..

Handout Masters





STATE REGULATION



Sensory Input or Stressor

**internal input (thought, feeling or sensation)
or external input (relational or environmental)**

Lillas, C. (2001, May). Psychoneurobiological principles for assessment, diagnosis and intervention. Lecture presented to Infant Mental Health Specialist Training Program at Cedars-Sinai Medical Center, Beverly Hills, California.

Action Plan: _____

Chapter: _____

Date: ____/____/____



Addressing Family Needs with Wraparound

Welcome participants (follow guidelines in Facilitator's Introduction) and review agenda for the first training session. Ask participants to turn to Chapter 5 - Page 1 in their manuals to review the topics to be discussed. Go over this agenda with them (times are listed for facilitator's use).

AGENDA – FIFTH SESSION	Time
Welcome <ul style="list-style-type: none"> Review Session Agenda Review chapter goals and objectives Exercise 1: Training Reflection 	30 minutes
Section 5.1 – Essential Components of the Wraparound Process	20 minutes
Section 5.2 – Implementing the Wraparound Process	30 Minutes
<i>Short Break</i>	<i>10 Minutes</i>
Section 5.3 – Utilizing Family Strengths in Wraparound <ul style="list-style-type: none"> Exercise 2 – Ecogram Exercise 3 – Discovering Family Strengths 	90 Minutes
<i>Lunch Break</i>	<i>60 minutes</i>
Section 5.4 – The Family Team	90 Minutes
<i>Short Break</i>	<i>10 Minutes</i>
Closing/Concluding Discussion <ul style="list-style-type: none"> Action Plan Completion of Post-Test 	45 minutes
Total Time Session 5 (including 60 min. lunch)	6 hours 25 minutes

Chapter 5

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

Review Goals and Objectives – See Introduction page 12 for detailed instructions

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; and
- 4) Knowledge of how the Family Team operates in the Wraparound Process.

This chapter will outline the Wraparound Process in detail, how you will incorporate the components of this process in your work within a Family and School Support Team (FASST). The chapter also provides an important introduction to family safety planning.

Exercise 1:

Training Reflections

Purpose: To give participants the opportunity to contemplate the topics and skills that have been presented to date.

Time: 20 minutes: | **Materials:** Reflection Questions handout; Flip chart; Markers

Instructions: Distribute the “Reflection Questions” Handout and ask participants to answer the questions as honestly as possible. Ask participants to volunteer their response to a question of their choosing. Discuss any questions or particular concerns that may emerge.

Thank participants for taking the time to engage in some reflection and for sharing with others. Ask them to keep their answers to these questions in mind throughout the remainder of the training. Remind them that this training is designed to help them do their best work to successfully help as many families as possible. Encourage them to continue to ask questions and participate so they will benefit from the training.

Section 5.1 - Essential Components of the Wraparound Process

Mini-lecture: Human beings typically prefer to live in communities with families and friends of their choosing. Sometimes, the needs of humans are very complex.

Human beings with complex needs often do better when they have support from other humans. Due to the unique aspects of human nature, individual needs and how needs should be met vary from person to person. No single sequence can adequately respond to the wide variety of human experiences. Practitioners should tailor the process to each individual's and family's situation and style.

For people who have unmet needs, the steps that will be introduced in this chapter may be useful for initiating and implementing a successful Family Plan.

Throughout this chapter, we will revisit the Hurtado Family Story (introduced in Chapter 2) and use the information we have about their circumstances to develop a Family Plan that can address their needs. In order to accomplish this task, we will apply the Wraparound Process for the Hurtado Family.

Essential Components of the Wraparound Process

- Engage the family
- Stabilize crises
- Discover strengths and culture: family, youth, staff, community
- Create a Family Team
- Select a life domain area(s) to begin process with
- Set goals in that area
- Discuss needs in the priority life domain areas
- Determine strengths-based culturally competent options to meet needs and reach goals
- Plan for crisis and safety

These essential components form the basis for the steps of the Wraparound Process that you will help you to work with families to develop a family plan that will make use of their strengths to address their needs. Remember, the family is at the center of the Wraparound Process. Wraparound works 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

Wraparound works 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*

Steps of the Wraparound Process

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

Section 5.2 - Implementing the Wraparound Process

Mini-lecture: Outline the steps of the Wraparound Process in detail.

These steps build upon each other to help you effectively link children and families to resources and services. In order to complete each of these steps successfully, FASST team members must work closely with the family involved and respect their values and goals.

Families must be engaged through every step of the wraparound process. As FASST team members, our tasks are to:

- Find a way to link with the people with/for whom a Family Plan will be developed.
- Approach families in a compassionate, practical, and honest manner.
- Make sure that the people involved actually want, and choose, to participate in the Wraparound Process.
- Help the individual or family decide who will facilitate the process.

Useful, supportive relationships are built on the acknowledgment that we, and those we choose to have around us, are experts on our own lives, our children, our dreams and our personal attributes. We should strive to build such supportive relationships with the families involved in the FASST program.

It's okay to like the people and families with whom you link. In fact, it's one of the most helpful things you can do. By relating to families as people, you set the stage for a process that allows for trust and rapport to develop. Remember, it is critical to recognize the family as an important partner throughout the Wraparound Process.

Steps of the Wraparound Process

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

Step 1. Establishing Effective Linkages

There are some important ways to establish effective linkages with families to facilitate their participation in developing their 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, they should be honored *especially in their own homes*. 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 with which you work.

- Meet the adult, child/family *before* you read the file or consult other professional service providers about them.
- Offer to assist with needed tasks that reflect a practical understanding of the person's circumstances.
- Come when you say you are going to come; call when you say you are going to call.
- Learn about the individual and the family from their own points of view.
- 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.
- Ask families to teach you their cultures, traditions, values.
- Avoid comparisons; concentrate on the person at hand and her/his resources.
- Tell the truth. No one will believe you if you lie, whether it's by action, omission or misdirection.
- Avoid jargon, murky descriptions and initials. Speak like a normal person.
- Keep your promises and don't make any that you can't keep.

Note: Give each participant a copy of the Adult and Children Sample Questions handouts. "The questions on these handouts that I am giving to you now can help you get to know the children and families receiving FASST services. These don't have to be asked in any particular order." Once each participant has received a copy of the handouts, review the questions briefly with them. Ask them to consider additional questions they might ask parents or children involved in the FASST program. Record these additional questions on the flip chart.

Continue Mini-lecture: Once you have begun to connect with the child and family, begin to prepare them for their involvement in the first Family Team Meeting. Ask

The ultimate goal of the Wraparound Process is for the family to live an independent, fulfilling, and constructive life within the community.

Wraparound is a process that plans for safety.

the family to write down the names and contact information of individual or service providers that they know they can turn to or that have provided them with help or assistance in the past. These individuals and/or agency representatives may become important members of the Family Team and may be able to assist the family throughout the Wraparound Process. Once a family has identified providers and other natural supports with which they have worked in the past, ask them if they would like to include these individuals within the FASST Family Team.

Step 2. Initial Safety Check

At this point, it is important to check to see if there are safety issues or impending crises/difficult transitions and resolve them immediately. Remember, *Wraparound is a process that plans for safety.*

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

At this point in the process, the FASST personnel working with the family should begin to identify any potential safety issues. The safety plan will be developed a later time; however, you can begin to make note of any particular situations that may require monitoring.

Ask the family to review the list of supports and agencies that have helped out in the past. Certain names and contact information may be of particular importance in case of an emergency or crisis. The chart (shown below and included in participants' manuals) may help families keep such information handy in case of a crisis.

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

Exercise 2:

Use an Ecogram

Purpose: To learn how to use an ecogram to identify family supports and strengths that can be later included within the Family Team. Refer to the diagram on page 11 to complete this exercise.

Time: 30 minutes | **Materials:** Ecogram handout; flip chart; markers

Instructions: An ecogram is a map of the formal and natural supports a family has both current and over the past year. It can include everyone from therapists to clergy to neighbors.

Break up into diads with blank ecogram handout and pens. Take approximately 10 minutes and map out an ecogram of the Hurtado Family with the help of your partner. Don't forget to include people from all aspects of their life. If applicable, include anyone who isn't involved with their life currently, but had been in the past year.

When the time is finished, bring group back together, ask for volunteers to present their ecograms and map them out on a flipchart.

Allow 15 minutes for discussion. **Note:** After the exercise is completed, tell participants that typically, families sign releases of information after they have completed an ecogram with FASST team members (family advocates or promotoras).

Section 5.3 - Utilizing Family Strengths in Wraparound

Mini-Lecture: Discovering the strengths of the family.

Discovering the strengths of the family with which your working is the third step in the Wraparound Process. It is also one of the most important because acknowledgement 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

Acknowledging a family's strengths can make all the difference in encouraging them to meet their goals.

Seven key child and family strengths:

- 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*

- 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 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 assessment, planning and intervention:

- 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:

Note: Participants' manuals include the following bulleted list with space to write in examples for each category. Give participants time to come up with possible examples for each one. Ask them to write these down in their manuals, Chapter 5 – Page 80.

- **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.

For example, a family that values independence may have a strong sense of people taking care of their own.
- **Skills/Abilities:** This listing often includes hard skills as well as soft "social" skills. Examples can include hobbies and interests such as wood working or auto mechanics as well as the fact that this family likes to play together.
- **Preferences:** Statements in this category chronicle family preferences and build a base in which interventions can be matched with the choices of the family. Preference summaries can be fairly mundane in terms of basic likes and dislikes such as food, clothing, entertainment, etc. In addition, inventories can provide a detailed statement about family choice in terms of service delivery thus building a base in which family voice and choice is maximized in subsequent planning and

delivery.

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

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.

Get to know who the person's/family's *people* are. Information from ecogram: Who are the friends, relatives, neighbors, or other individuals who are important in their lives? Learn who could become supportive back-ups for them and where these individuals might be found. Contact everybody selected for the Family Team and get their input on individual and family strengths, desired outcomes, needs and additional resource people. 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.

This can include previous providers school, child welfare, delinquency information, etc. The goal here is to form a full holistic picture of the child and families issues and needs

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.

Time: 40 minutes | **Materials:** Strengths Discovery Worksheet; flip chart; markers, pens

Instructions: Using the seven key types of strengths from this section and the strengths discovery worksheet, again break up into diads (different from last exercise). Allow 20 minutes for this part.

Ask participants to develop a strengths discovery on Hurtado family. Require them to fill out at least one item in each category with the help of their partner. Switch after 10 minutes. (This can be difficult for someone who hasn't done this before).

At the end of the 20 minutes, ask again for a volunteer and list their strengths on the flipchart. Probe participants for information on how they formulated the answers to each category. This will help them when they do this with their families.

Allow 20 minutes for discussion and feedback.

The strengths discovery process can be broken down in the following categories:

- *Attitudes/Values*
- *Skills/Abilities*
- *Preferences*
- *Attributes/Features*

Family Teams are unique to each family.

Section 5.4 - The Family Team

Mini-Lecture: 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.

Step 4. Convening a Family Team

Family Teams bring informal and formal resources together. They include family members, “blood” relations and otherwise; friends; neighbors; service providers; spiritual leaders; and others who want to help. They also include mandated service providers, who can fill important roles on the Family 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 are unique to each family. They are comprised of family members and four to eight persons who know them best and work together to develop a plan. A goal is for professionals *not* to make up more than half of the team.

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.

Questions to Ask When Convening Family Teams

- Have we missed anyone or any resource that can help this family get their needs met?
- Who will be eligible to participate in the Wraparound Process involving this family?
- Who can recommend a child, adult or family for inclusion in Wraparound?
- 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 be resolved?
- How will grievances be addressed?

Note: Give each participant a copy of the Sample Family Team Meeting Participant List. This worksheet provides a good example of how to keep an organized list Family Team members with contact information and their relationship to the family. It can help the family and the team keep track of all the participants and how they can best contribute to the family’s well being. If time permits, you may want to work through

creating a sample Family Team for the Hurtado Family, including local providers, FASST team members, and other informal support. If time permits, develop this into a longer exercise to be used in conjunction with the sections on the Family Team Meeting and Developing the Family Plan.

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 participants an opportunity to set a positive, hopeful, and practical tone that will influence how the Wraparound Process unfolds.

1. Convene the first meeting and begin by presenting the individual's/family's strengths, learned above, so that all participants can fully appreciate the person's and/or family's culture, assets, resources, preferences and beliefs.
2. Establish and build consensus around ground rules that fit the situation, the individual, the family and the team.
3. Ask all Family Team members to contribute additional information related to the family and/or its current situation (sometimes strengths of the team and team members).
4. Ask how much time participants have allotted for the meeting. On the average, it takes about 20-30 minutes to complete planning in each life domain area, so plan accordingly.

Note: Ask participants to review the Sample Meeting Agenda, shown on Chapter 5 – Page 83, which may be modified and used for the first Family Team meeting.

Developing an agenda can help team meetings stay on track and keep meeting participants focused on the task at hand.

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

The first Family Team Meeting will give participants an opportunity to set a positive, hopeful, and practical tone that will influence how the Wraparound Process unfolds.

Even at a glance, this agenda tells participants what they can expect to happen during the meeting, and it 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 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 | • Social |
| • Culture | • Spiritual |
| • Health | • Education |
| • Legal | • Work |
| • Family | • Transportation |
| • Emotional/Psychological | • Public Safety |
| • Permanent Relationships | • Restitution |
| • Competency Development | • Behavior |
| • Language/Communication | • Finances |
| • Accountability | • Immigration/Citizenship Status |
| • Place to live | |

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. The family may address additional domains once goals have been met in particular areas and FASST will work with them during the summer and in the following school year, if necessary.

Note: When mandated issues of safety are part of the discussion, the facilitator chooses the safety Life Domain and then invites them to select the rest.

For each Life Domain area selected, help the student, family and team draft a statement that identifies the desired outcomes specific to each Life Domain.

Ask yourself and the participating Family Team members, “What is the product we are working together to create, and is the statement of it measurable?”

Step 7. Defining & Prioritizing Needs

When we know what outcomes are to be produced, we define the unmet needs that might keep the family from achieving their priority outcomes. One of the most important functions of the Family Team will be to help the student and family identify their unmet needs. Remember, these needs, when met, become the bridges between the desired outcomes and the current reality.

Definition of unmet **needs** or why they specific resources needed may often be left out of the Wraparound Process, yet this is the precise area where the unique strengths and values of the family emerge, making the process individualized.

For example, two families may have the same goal of moving to another home, but for very different reasons and needs. The options available to these families may therefore be different because of their individual circumstances. Regardless of these differences, it is important to provide families with existing options and allow them to choose from these.

Options should always come out of the strengths and culture of the family. They are often developed after brainstorming by the team, but the family must have the final say as to its choice (or if custody is involved, by the family and the representative of the government).

For each Life Domain area identified, the Family Team will work together with the student and family to identify and record what they will *need* to produce the selected outcomes. Make sure that the *needs* identified are not service options. Translate services into need statements and make sure that your translation really reflects what was meant.

Note: Give an example here.

When the needs statements are completed, help Family Team members prioritize them by voting. The method used to identify priority needs should reflect the people involved. It is their call, unless mandates for child/community safety are identified as priorities.

When mandated issues of safety are part of the discussion, the facilitator chooses the safety Life Domain and then invites them to select the rest.

Note: Give participants the “Family Needs” worksheet. The worksheet provides an example that may be used to identify needs statements, which may then be sorted by priority. If time is available, ask students to role play the needs identification process with members role playing various Hurtado Family members. The sample can then be used in developing a sample Family Plan at the end of this session.

Step 8. Selecting and Assigning Strengths-Based Strategies

When the top priority needs are identified, the Family Team then works together to generate strategies to help the family meet its needs. It's important to connect the child, adult, and/or family strengths, preferences and choices to these 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. Crisis, Safety and Transitions: An In-Depth Look

At this point, the Family Team should revisit potential crisis and safety issues and develop detailed, practical responses to help prevent or minimize them.

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.

Remember: crisis will always occur. Planning for crisis, however, can help make these experiences less stressful and help families develop new patterns for how to overcome difficult issues in their lives. While planning for emergencies won't keep them from happening, a good Safety Plan can make a difference in how families

The three words of crisis and safety planning: Predict, Prevent, & Plan. We predict the worst-case scenario, we try to prevent that from happening, we plan for what to do if the crisis does occur. Whenever possible, informal supports should be used for crisis management.

Crisis Patterns and Safety Plans

Crises have a beginning, a peak, and an end. They are often seen as being less severe if they are predicted in advance.

In the event that an emergency or crisis does occur, the Family Team should not attempt to make major changes in the Family Plan beyond immediate stabilization.

Safety Plans that Address Crisis

- 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 transitioning 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

Need to be:

- Maintained over time
- Consistent
- Documented

May include:

- Expert help
- Electronic supports

Exercise 4:

Developing a Safety Plan

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

Time: 25 minutes | **Materials:** Sample Safety Plan Worksheet; flip chart; markers

Instructions: Ask participants to break into four small groups. Ask them to create a Safety Plan for the Hurtado Family based on the case study presented in Chapter 2. Ask them to take turns role playing the part of Ms. Hurtado, as well as the FASST team members and other providers as they fill out the Safety Plan. Allow 15 minutes for each group to complete the Safety Plan. Once the plans are completed, ask the small groups to come together to discuss their plans and present them to the larger group. Create a larger safety plan based on the responses of each small group.

Safety plans should focus on:

- *Unsafe behavior/alternative behavior*
- *Safe settings/unsafe settings*
- *Rationales*
- *Consequences*

Use the Family Team Meeting to tell the stories and celebrate the successes. Look for opportunities to build community capacity and fill gaps in local informal support strategies and systems of care.

Setting Up the Next Meeting

At the end of the Family Team meeting, spend a few minutes setting up the next one and making sure it goes as well as possible.

Plan the next meeting while everyone is still there and resolve any logistic issues that impede Family Team members participation. Check how they feel they've been treated, and note anything thing else that can improve the facilitator's performance.

Tell the stories and celebrate the successes. Look for opportunities to build community capacity and fill gaps in local informal support strategies and systems of care.

Step 10. Developing the Family Plan

The last step in the Wraparound Process is the documentation of the Family Plan. If time permits, work with the group to document a Family Plan for the Hurtado Family using the exercises and activities provided in this chapter.

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

Chapter 5 - Session Closing

Exercise 5:

*Create an Action Plan*²⁸

Purpose: To provide an opportunity for training participants to review what they have learned during this session. Each participant will leave today's session with a positive plan of action.

Time: 30 minutes | **Materials:** Sample strengths-based support plan, pen, paper, flip chart and markers.

Instructions:

1. If there are enough participants in the training group, ask them to form small groups of three to four members. If not, participants may complete this activity individually.
2. Mention that this activity will help integrate their learning and will provide each of them with a definitive plan of action for implementation of the concepts they learned during this session.
3. Have group spend 10 minutes creating an imaginary family of a parent and two children. Define a goal, needs, strengths. List with pen and paper.
4. Have group fill out sample strength-based support plan using the information created above plus adding information as they proceed through each item. Have them end with action steps, date of completion/review, and person responsible. 20 minutes
5. Pick one group or individual to present their plan to the larger group. 5 minutes
6. Afterwards, ask group for concerns, difficult parts, areas of interests and write on flip chart.
7. Summarize findings and try to incorporate topics with essential components of the Wraparound process.

References

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

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

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.

Handout Masters





Reflection Questions Handout

1. Remember your attitude at the beginning of training. Did you plan to contribute and share with the group?

1 2 3 4 5

Not contribute

Somewhat contribute

Fully contribute

Why? _____

2. Now look back on the Training Sessions that you have attended. Have you contributed what you thought you would?

1 2 3 4 5

Not contribute

Somewhat contribute

Fully contribute

Why? _____

3. How much do you plan to contribute to the training from now on?

1 2 3 4 5

Not contribute

Somewhat contribute

Fully contribute

Why? _____

4. Remember the beginning of training. How did you feel about being here?

1 2 3 4 5

Not excited/interested

Somewhat excited/interested

Very excited/interested

Why? _____

5. How do you feel about the training right now?

1 2 3 4 5

Not excited

Somewhat excited

Very excited

Why? _____

6. How do you feel about learning in general?

1	2	3	4	5
Not excited		Somewhat excited		Very excited

Why? _____

7. How much have you learned about FASST?

1	2	3	4	5
Very little		Some information		A lot of information

Why? _____

8. Will you apply what you've learned thus far?

1	2	3	4	5
No		Maybe		Definitely

Why? _____

Getting to Know the Family Handout

Sample Questions for Adults

1. Is there anything you believe in that gets you through tough times?
2. How do you blow off steam?
3. How would you spend your leisure time if you could choose freely?
4. How have you managed to cope with (whatever she/he is coping with) so far?
5. What would give you and your family a happier life?
6. What were you like as a kid?
7. Who do you consider family?
8. Did you/do you look up to somebody? Do you have a hero? Is there someone you admire?
9. What is your family (kin & non-blood kin) like?
10. Do you have a favorite relative? Best friend?
11. Who do you call when...? (Adapt a potential, locally relevant crisis: A/C broken, ice storm, broke, fired, dumped, angry.)
12. What is your favorite show, movie, book, story, song?
13. What are you proud of? What is the best thing you have ever done?
14. What kind of mom or dad do you want to be? (For parents and possible future parents)
15. Do you have a favorite holiday or celebration?
16. Do you have any special days and customs and ceremonies to mark them?
17. What are your hopes and dreams for yourself? Your family? Your loved ones?
18. What do you and your family value?
19. What expectations do you have for the children in your life? In your home? What do you expect from adults?
20. What are your best qualities as a person? As a parent? As a relative? As a partner? As a friend?

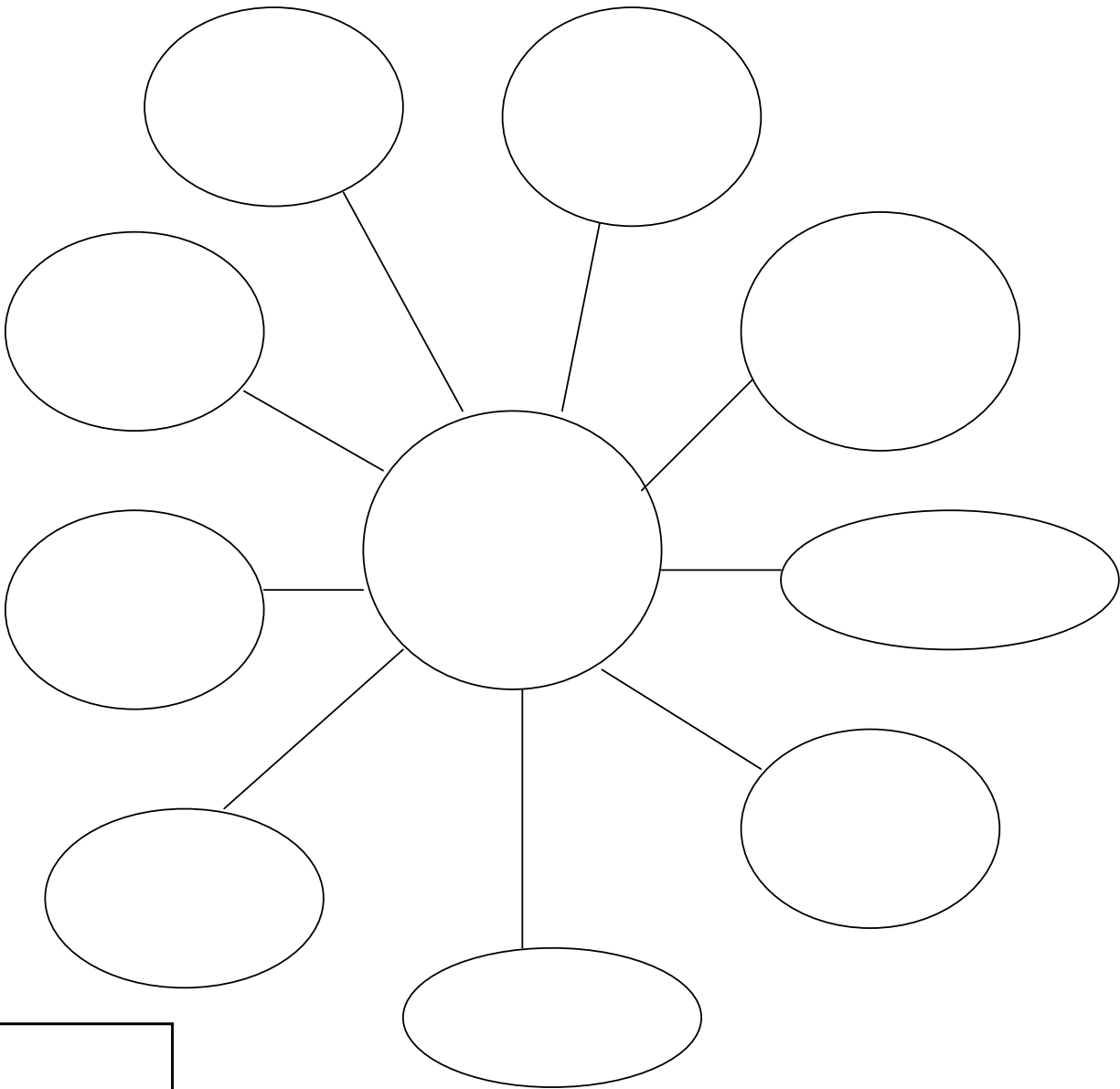
Sample Questions for Kids

1. What are the best things about your parents?
2. Do you know anyone whom you admire?
3. Who is your hero (actual or fictional)?
4. What are the best things about your brothers, sisters, and other relatives?
5. Who are your favorite people? What do they do?
6. What are the best parts of school?
7. Who do you think is cool?
8. What is your own best thing?
9. What do you want to be when you get older?
10. What do you want to be like?
12. What times of year do you like best?
13. What are your favorite celebrations?
14. What do you do for fun?
15. Who can you count on, no matter what?
18. What do you believe in, no matter what?
19. What do you do when you have free time and the choice of how to spend it:?
20. Do you have any dreams you hope will come true someday?
21. What's your favorite gift you've ever been given? Given to someone else?
22. What is your favorite song, band, movie, TV show? Why?
23. What kind of a friend are you? What kinds of friends do you have? Want to have?
25. If you could change anything about your life, what would you change?

Important Names and Numbers

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

Ecogram Worksheet



<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Updated: _____

Family Strength Discovery Worksheet

Family Member	Values/Attitudes	Skills/Abilities	Preferences	Features/Attributes

Family Team Meeting Participant List

Family: _____ Date: _____

<i>Team Member</i>	<i>Relationship to Family</i>	<i>Address</i>	<i>Phone & Best Time to Contact</i>

Needs Worksheet

Life Domain Area	Needs Statement	System or Family*
Family		
A Place to Live		
Social/Fun		
Emotional/Behavioral		
School/Work		
Legal		
Medical		
Crisis/Safety		
Cultural/Spiritual		
Financial		
Other		

*Who defined each domain, the family and/or a team member?

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

Summary Service History
(Worksheet 5.4:4)

Child's Name:

Age: _____

Parent's Name:

Date of Referral:

Date of Service Contact & System Involved	Child's Age	Service Description	Parent's Evaluation of Helpfulness of that Services

Sample Family Team Meeting Agreement¹
(Worksheet 5.4:6)

For the team meeting on _____ I / we agree with the plan.

Signed by the Family _____

I received a copy of the plan on _____.

For the team meeting on _____ I /we do not agree with the following specific issues:

I / we request another meeting on _____ to address the disputed issues.

Signed _____

¹ Borrowed with permission from the **THINKids Project, a program of Success 4 Kids & Families, Tampa, Florida**

Family Team Meeting Participant List

Date: _____ Family: _____

<i>Team Member</i>	<i>Relationship to Family</i>	<i>Address</i>	<i>Phone & Best Time to Contact</i>

Family Needs Worksheet

Life Domain Area	Needs Statement	System or Family
Family		
A Place to Live		
Social/Fun		
Emotional/Behavioral		
School/Work		
Legal		
Medical		
Crisis/Safety		
Cultural/Spiritual		
Financial		
Other		

Sample Safety Plan

Identified Concern (specific behaviors, precipitating events, risks, etc.):

What has helped my family in the past? What is helping now?

Safety Plan:

Step 1:

Step 2:

Step 3:

When developing a safety plan the following questions must be completed for all children with significant risk for harm to self or others:

In the past five years, has my child been suicidal or homicidal?

Is my child currently at risk for a suicidal attempt or homicidal action?

Sample Safety Plan

Family Crisis Options

Following are 10 things the family can do in a crisis situation that are safe and are probably different from old behaviors:

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

Sample Strengths-Based Family Support Plan

Child Strengths (Talents, Capabilities, Resiliencies, Dreams/Values, Available Resources, Past Strengths/Successes, Hidden Strengths)	
Family Strengths (Talents, Capabilities, Resiliencies, Dreams/Values, Available Resources, Past Strengths/Successes, Hidden Strengths)	
Sources of Support (FORMAL)	
Sources of Support (FAMILY/INFORMAL)	
Sources of Support (COMMUNITY)	
Describe family's culture (ETHNICITY, RITUALS, PRACTICES, LIFESTYLE, BELIEFS, VALUES, ATTITUDES, MISSION IN LIFE)	

Child/Youth Needs/Dreams/Concerns	
Sibling Needs/Dreams/Concerns	
Parent Needs/Dreams/Concerns	
Family Needs/Dreams/Concerns	
Other Needs/Dreams/Concerns	
<i>ANSWER THE FOLLOWING QUESTIONS FOR EACH GOAL:</i>	
What life domain area does this goal address?	<i>(Financial, legal, residential, mental health, etc.)</i>
What specifically do I want? How will I know that I am getting it? Where/with whom do I want it? What will I be doing? Saying? Thinking?	<i>(State in positive, within your control, sensory based description (what will I see/hear/feel))</i>

Present Situation: What am I currently doing/saying/thinking about this situation? What need does this represent to me?	(Where am I now? How does my outcome differ from my present situation?)
When do I want it by?	(Deadline for achievement)
Cultural competence question: What do I want for my family? What are our family's beliefs, attitudes, lifestyle? What is our family's mission?	
How does this goal support our family's culture?	
How will getting it affect my life? What price(s) will I have to pay for getting it?	
What benefits will I receive as a result of achieving this goal?	
What stops me from getting it now? What might get in the way of achieving it?	
What resources do I have that will help me achieve this goal?	
What resources do team members have that will help me achieve this goal?	
What talents, strengths, do I have that will help me achieve this goal?	
What other resources do I need to achieve this goal? How can I obtain them?	
What have I accomplished in the past that was similar to this? How did I accomplish it?	
What actions will I need to take to overcome these obstacles and achieve these resources? What do I need to do, to make this happen?	(Move these action steps to next section)

What specifically will I do to achieve this goal? What steps will I take? When will I take them? TAKE ACTION!	Action (BABY STEPS!)	Date	Person Responsible
	1.	1.	
	2.	2.	
	3.	3.	
	4.	4.	
	5.	5.	
	6.	6.	
	7.	7.	

Action Plan: _____

Chapter: _____

Date: ____/____/____



Managing the Family Plan

Welcome participants (follow guidelines in Introduction) and review agenda for the first training session. Ask participants to turn to Chapter 6 - Page 1 in their manuals to review the topics to be discussed. Go over this agenda with them (times are listed for facilitator's use).

AGENDA – SIXTH SESSION	Time
Welcome and Introduction <ul style="list-style-type: none"> Review of Session Goals and Objectives 	15 minutes
Case Management: The Basics <ul style="list-style-type: none"> Exercise 1: Roles of the Case Manager 	45 minutes
<i>Short Break</i>	<i>10 Minutes</i>
Collaboration with Providers and Agencies <ul style="list-style-type: none"> Exercise 2 – Gathering Resource Information Exercise 3 – How Will We Collaborate 	65 Minutes
<i>Lunch Break</i>	<i>60 minutes</i>
Collaboration with Families <ul style="list-style-type: none"> Exercise 4 – The Parent Perspective Exercise 5 – Collaboration with Families Exercise 6 – Problem Solving and Advocacy 	80 Minutes
<i>Short Break</i>	<i>10 Minutes</i>
Monitoring the Family Plan <ul style="list-style-type: none"> Exercise 7: Monitoring Family Progress Exercise 8: Evaluation of Service Delivery 	80 minutes
Closing/Concluding Discussion <ul style="list-style-type: none"> Exercise 9: Action Plan 	30 minutes
Total Time Session 6 (including 60 min. lunch)	6 hours 35 minutes

Chapter 6

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

Review Goals and Objectives – See Introduction page 12 for detailed instructions

Goal: The main goal of this chapter is to help you understand the case management process and how to successfully link families to needed resources. This chapter will also explain how to help families to transition, from the beginning to the end of their relationship with FASST.

Objectives:

After completing this chapter, participants 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; and
- 4) Basic knowledge of how to monitor family progress.

Section 6.1- Case Management: The Basics

Mini-lecture: There are a variety of definitions of case management. Case managers, in a team or individually, are responsible for service planning, service 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.

The FASST team provides case management by working with a number of different service systems (e.g., mental health, physical health, social, educational, etc.) to assist children and their families in a variety of ways, including:

- 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

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

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 on 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 provides children and families with case management services, which includes a number of functions, such as:

- Child/family identification and outreach
- Service planning
- Resource identification
- 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 that facilitates 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 case manager is part of an interactive process that facilitates collaboration between parents and professionals, as well as among different providers and professionals.

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.

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 the case management and in the collaboration process; studies the 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 help participants identify the multiple roles of case managers, their need for diverse skills, and the skill areas that they need to develop.

Time: 20 minutes | **Materials:** Roles of the Case Manager Handout; Flip chart; Markers

Instructions: Give each participant a copy of the handout. Ask each person to fill in the chart by indicating three case manager roles in which they feel most comfortable, the three roles in which they feel least comfortable, and the three roles they believe are most critical to case management practice in children's mental health. Give them 10 minutes to complete the activity.

Once they have finished, ask participants to look for relationships among their responses. For instance, how many of the items that they marked "most comfortable" were also marked as "most critical." Explain the results as follows:

The chart serves as a self-assessment tool to help identify training and supervision needs. If one or more of the roles identified as "most critical" is also identified as "least comfortable," it is likely that additional training or supervision is needed to support skill development and improve job performance in critical roles. In the best of all possible worlds, all of the roles identified as "most critical" would also be identified as "most comfortable." In the real world, however, that will rarely be the case, so participants should be able to pinpoint one or two areas in which they could benefit from additional training or supervision.

Ask participants to consider why individuals may perform some of their job tasks better than others. Ask for volunteers to share some of their responses with the group. Some possible responses include:

- Roles that they are most comfortable with are likely to be the roles with which they have had the most experience or the roles in which they are the most skilled.
- Roles they are least comfortable with are likely to be those they have had the least experience with or roles in which they are less skilled.
- Some roles are more critical than others, depending on a variety of factors, such as population, location, agency policy, and particular family situations.
- Case management roles require administrative support if they are to be carried out effectively.

Summarize by reiterating that the case manager's job is complex, requiring mastery of a wide variety of skills to carry out many roles.

A case manager plays a number of different roles in carrying out activities with families.

The FASST will need accurate and up-to-date information about the services available for their families at the local, regional, and state levels.

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 network 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 other 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, better coordination of services is possible. Agreements between agencies and your program can establish procedures to facilitate such 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.

Note: The following sentence is not in the trainee manual. When services are unavailable or inadequate, the FASST may need to find creative ways of assuring that children and families receive the services they want and need.

Exercise 2:

Gathering Resource Information

Purpose: There are several purposes to this activity: (1) to help participants identify what they need to know about an agency in order to make an appropriate referral; to give participants an opportunity to get to know individuals from other agencies and to gather information about those agencies; to give participants an opportunity to exchange information about successful strategies to gather and maintain up-to-date information.

Time: 25 minutes | **Materials:** Resource Information Handout; Flip chart; Markers

Instructions: In this activity, participants will compile information about local resources and describe strategies that they have developed for maintaining up-to-date resource information files.

Ask participants what they need to know about an agency in order to make a referral. List responses on the flip chart. Responses should include:

- Services offered
- Eligibility requirements
- Expertise
- Hours of operation
- Agency size
- Fees
- Waiting list

After recording these and other responses, ask participants to break up into small groups. Give each person a copy of the handout. Ask each group to work together to complete the Resource Information Forms on local agencies. They may rely on information from individuals represented within their group or on information they have gathered on other agencies they have worked with in the past. (Allow 5 – 10 minutes for this part of the activity.)

Once the groups have finished filling out the forms, ask participants to brainstorm strategies that case managers can use to update and maintain referral information. List these on the flip chart for reference. Responses may include:

- Pair experienced case managers with new case managers to allow for “mentoring.”
- Maintain an up-to-date resource file in a central location for reference.
- Facilitate the sharing of information by staff with particular knowledge and experience.
- Designate staff to maintain current information on specific aspects of the service network.

Summarize the activity by underscoring the importance of maintaining up-to-date information, such as waiting lists, staffing, and eligibility requirements. Encourage participants to make additional copies of the Resource Information forms for use in their agencies.

The case manager's role is to ensure 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 SOC.

Collaborating with Programs and Agencies

Mini-lecture: 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. The diversity of service providers can make collaboration complex but is necessary to address the variety of client needs.

There is also diversity in the expectations and level of understanding among different families in the service system, and this can affect collaboration in important ways. Case managers need to be sensitive to this diversity among families and avoid assuming that all families share the same values or the values of the case manager.

“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 her/his own role and responsibilities well enough to be able to articulate them to someone else.
- Collaboration needs administrative support.
- Family Plans that include provision for regular contact and involvement must support collaboration.

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

Rather, the case manager's role is to ensure 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 SOC. 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 well informed of the problems.

Exercise 3:

How Will We Collaborate?

Purpose: To give participants an opportunity to consider optimal levels of collaboration in various situations.

Time: 20 minutes | **Materials:** “How Will We Collaborate?” handouts; Flip chart; Markers

Instructions: Ask participants to divide into groups of three. Distribute the handouts (give one to each group). Next, ask each group to consider the optimal levels of collaboration needed to address the case study presented in each handout. Ask the groups to select one member to be the “recorder” who will write their joint responses on the handout.

Ask each group to describe how they would establish contact with each party identified in the handout and how they would facilitate collaboration among the participants identified. Allow 10 minutes for this portion of the activity.

When everyone has finished, ask each group to provide examples of how they would collaborate with each party. Record main points on flip chart. Discuss who the “other” parties might be for each case, and discuss why parents should always be included as collaborators and the circumstances under which children should be directly involved. Emphasize the importance of collaboration while summarizing points brought up in the discussion.

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 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.

Effective case management is grounded in the relationship between the family and the case manager or case management team.

In order to build an effective parent/professional partnership, all FASST activities should be carried forward from an empowerment perspective.

Exercise 4:

The Parent Perspective

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

Time: 30 minutes | **Materials:** Flip chart; Markers

Instructions: For this activity, identify 2 parents who have been involved with a case manager in the child mental health system, preferably including parents who have been involved with multiple agencies and who have had experience in advocacy. Ask them if they would agree to present the "parent perspective" in the workshop.

Ask parents to prepare a brief presentation (10 minutes) addressing the following questions:

1. Briefly describe your experiences in the child mental health system.
2. How would you characterize your relationship with your case manager?
3. How did your relationship with your case manager affect your involvement in the case management process?
4. What did you gain from your experience?
5. What advice do you have for case managers in the child mental health system?

Note: If you have not worked with parents before, it is important that you be available to talk with them and to help them prepare for their presentations (if necessary) and to "debrief" afterwards, if appropriate.

After the parents have presented, allow time for the participants to ask questions of them. Summarize the main points raised by parents and/or participants during the activity. Record these on the flip chart.

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 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.

This information will help 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 also 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, FASST members need to carefully explain their possible roles and responsibilities to the family, so that mutual expectations can be developed.

Sensitivity to the family’s confidentiality is crucial, and expectations as to confidentiality should also be established at initial contact between the FASST and the family.

Problem solving is the underlying process in most case management activities with families.

Exercise 5:

Collaboration with Families

Purpose: To give participants an opportunity to consider the case management roles they have developed with a particular family.

Time: 20 minutes | **Materials:** “Experiences with Case Managers’ Roles” handout; Flip chart; Markers

Participants will use their understanding of the case manager’s roles with service providers to describe ways that they have worked in the service network.

Instructions: Give each participant a copy of the handout. Next ask participants to consider an example of a positive relationship they have had with a family. Using the handout, ask them to identify the roles they took on with this family. Allow 5 to 10 minutes for this portion of the activity.

When they have finished, begin a large group discussion of participants’ responses. Remind participants that case management roles will depend on a number of things, including program priorities and family priorities, needs, and resources. Reinforce the importance of the family support and empowerment roles to the success of the parent/professional partnership.

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 SOC 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 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 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 6:

Working as an Advocate

Purpose: To give participants an opportunity to examine advocacy strategies that they have utilized in the past and consider how they might be more effective in their advocacy role.

Time: 30 minutes | **Materials:** “Working as an Advocate” handout; Flip chart; Markers

Instructions: Briefly discuss four advocacy processes that can be used when working with families. These are:

Education involves providing needed information to families or providers regarding availability of services or the service system. Sometimes simply educating an agency or worker about a client’s needs is enough to assure that they will make the necessary efforts. Education is effective when a provider or family member does not have adequate information to know how to proceed.

Consultation involves providing information and expertise about an issue when the issue is complex and may require long-term involvement or when a family member has a basic perception of the problem and understanding of the issues.

Persuasion implies that you differ as to the best way of proceeding and involves arguing for, urging, or advising someone else about how best to serve a client.

Negotiation involves working with someone to come to agreement on a plan of action, when initially there is considerable difference in perception as to how to proceed.

Next, ask participants to form small groups and distribute the activity sheet. Ask participants to describe when they used one of the advocacy strategies that you just introduced (Allow approximately 10 minutes for this portion of the activity).

- How effective were they?
- Why did/didn’t it work?
- How might it have been more effective?

Process the activity. Ask groups to report the range and effectiveness of the advocacy strategies they discussed. Record main points on the flip chart. Summarize by emphasizing the importance of the advocacy role and the need for family advocacy at all levels.

When there are differences between the family and a service provider, it is up to FASST to advocate for the family and to assist the family in effectively representing their own interests.

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.

Section 6.4- Monitoring the Family Plan

Monitoring the Family Plan allows FASST to keep abreast of problems in the 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 FASST members must decide how to handle referral to services and assure service access. They will also decide 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, FASST needs 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 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, 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 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.

Time: 15 minutes | **Materials:** Flip chart; Markers

Instructions: Ask participants to identify ways in which they have involved or can involve families in service monitoring, and list their responses on the flip chart. Responses may indicate ways to monitor child or parent involvement in therapy or counseling, communication with school personnel, telephone contact with the case manager involvement in day care services, support groups, etc. Monitoring takes place through direct discussion between the case manager and the child and/or family and with other service providers.

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 SOC.

Exercise 8:

Evaluation of Service Delivery

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

Time: 20 minutes | **Materials:** “Monitoring and Evaluation Analysis” handout; Flip chart; Markers

Instructions: Distribute the handout. Ask participants to consider the questions and to write down their individual responses. (Allow about 10 minutes for this portion of the activity.) Ask participants to volunteer their responses for each one. In this discussion, underscore the fact that evaluation can be carried out in a variety of ways, but it must always include the child and the family.

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 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 FASST members 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.

Helping families make transitions in their lives is an important aspect of case management.

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 FASST, as they work with a variety of providers in the SOC. FASST 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 during which the child and family are moving into a new phase of their lives in which 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, and/or
- 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, and/or
- Enhanced self-esteem.

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 FASST if the need arises.

- Establish a contact for follow-up at periodic time(s) (e.g., one month, six months, one year).

There are a number of ways that FASST 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.

Chapter 6 - Session Closing

Exercise 9:

Create an Action Plan

Purpose: To provide an opportunity for training participants to review what they have learned during this session. Each participant will leave today's session with a positive plan of action.

Time: 30 minutes | **Materials:** Action Plan handout; Flip chart; Markers

Instructions:

1. If there are enough participants in the training group, ask them to form small groups of three to four members. If not, participants may complete this activity individually.
2. Mention that this activity will help integrate their learning and will provide each of them with a definitive plan of action for implementation of the concepts they learned during this session. Give each participant a copy of the Action Plan worksheet.
3. Instruct participants to write the following heading at the top of the worksheet: "How I can incorporate System of Care and Wraparound values and principles in my work." Ask participants to list all of the ideas that they would like to pursue. Each item should be numbered. Allow five to eight minutes.
4. When their time is up, ask participants to write another heading, either below the list they've created or on another sheet of paper. The heading should read: "Ways that I can help my FASST team observe ethics and confidentiality with the families we will serve." Again, ask participants to list all of their ideas and number each separate item. They may need to use additional sheets of paper, if they run out of room. Allow another five to eight minutes.
5. When participants are finished, ask each small group to identify at least three ideas they intend to put into action. (If activity is being completed individually, ask each participant to do the same.) This process should take five minutes. Next, ask each small group to elect one representative to write her/his group's responses on separate flip chart sheets. If activity is being completed individually, ask each participant to write her/his responses using flip chart sheets. Reconvene entire group, if small groups were used.
6. Review the responses posted by each group or individual. Summarize the findings and try to incorporate the most important topics of the day with participants' responses.

Handout Masters





Roles of the Case Manager – Self-Assessment

Role	Most Comfortable	Least Comfortable	Most Critical	May Need
Advocate				
Broker				
Planner				
Community or Service Organizer				
Boundary Spanner				
Service and System Modifier				
Record Keeper				
Evaluator				
Consultant				
Colleague and Collaborator				
Service Coordinator				
Expediter				
Problem Solver				
Other:				
Other:				

Resource Information Form

Agency_____Public ☐ Private ☐

Address_____

Phone day _____ night_____

Contact Person _____ Job Title of Contact _____

Contact Person _____ Job Title of Contact _____

Directions to Agency _____

Description of Services _____

Eligibility Requirements

Paperwork (Forms) Requested

Waiting List

Fees

Notes

How Will We Collaborate?

Family Situation #1

Six-year-old Carlos Hurtado was recently referred to FASST by his teacher because of his behavior. His behavior worsened following the death of his mother's boyfriend, about three months ago. His mother is concerned because she doesn't know how to deal with Carlos' worsening behavior and meet the needs of the entire family, which includes Carlos' older sister, Cindy, 14. She feels Carlos needs a man to spend time with, but she is also aware that he is falling behind academically because of his behavior in class. Ms. Hurtado is concerned because she recently slapped Carlos too hard and is afraid that she may be reported for abuse and have Carlos taken away from her.

Can you identify some providers and natural supports that could help the Hurtados deal with this situation? Identify these potential team members and describe the optimal of collaboration with each:

- _____
- _____
- _____
- _____
- _____
- _____

How Will We Collaborate? Family Situation #2

Cindy Morales, Carlos' 14-year-old sister has been skipping school at least twice a week for the past five months. The last three times, she was picked up by the school Resource Officer and returned to the school. Each time she was placed on in-door suspension, but the assistant principal told Cindy that next time she would be suspended from school for 10 days. Ms. Hurtado is unable to convince Cindy to attend school regularly. She is also very frustrated because Cindy runs away from home whenever she reprimands her about school. Ms. Hurtado wonders what she would do if Cindy were thrown out of school and feels as if she has nowhere to turn for help with Cindy.

Can you identify some providers and natural supports that could help the Hurtados deal with this situation? Identify these potential team members and describe the optimal of collaboration with each:

- _____

- _____

- _____

- _____

- _____

- _____

How Will We Collaborate? Family Situation #3

Maria Hurtado, 30, recently met with the FASST promotora to discuss her family's issues. Aside from Carlos' behavioral issues and Cindy's attendance problems, she feels overwhelmed by what is going on in her home. Ms. Hurtado's boyfriend recently dies of AIDS and he was the sole economic support. Ms. Hurtado is undocumented and does not have the documents necessary for her to work in this country. She is afraid that she will soon be unable to feed and clothe the children. She feels tired, frustrated, and doesn't know where to begin to deal with all of the problems facing her family. Lately, she has been attending the local Baptist church more and has heard that they may have some services for which her family might qualify. She is also thankful for her neighbor, Clara, who comes by to talk with her and lets Cindy come over to spend time with her own daughter, Yolanda.

Can you identify some providers and natural supports that could help Ms. Hurtado deal with this situation? Identify these potential team members and describe the optimal of collaboration with each:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Experiences with Case Managers’ Roles

ROLE	PURPOSE OF ENCOUNTER	WHAT MADE IT SUCCESSFUL?

Working as an Advocate

1. How effective were you in your advocacy role?
2. What advocacy strategies did you employ?
3. Why did/didn't your efforts work?
4. How could you have been more effective as an advocate?

Monitoring and Evaluation Analysis

1. Which family members might you include in monitoring and evaluating service delivery and the involvement of the Hurtado family?
2. How will you monitor and evaluate each service noted in the Family Plan?
3. When might you carry out an informal evaluation?
4. When might you carry out a formal evaluation?
5. Under what circumstances would you need to revise the service plan?
6. How might the Hurtado's rights to confidentiality affect the monitoring and evaluation process?

Action Plan: _____

Chapter: _____

Date: ____/____/____



Home Visits and Communication

Welcome participants (follow guidelines in Introduction) and review agenda for the first training session. Ask participants to turn to Chapter 7 - Page 1 in their manuals to review the topics to be discussed. Go over this agenda with them (times are listed for facilitator's use).

AGENDA – SEVENTH SESSION	Time
Welcome and Introduction <ul style="list-style-type: none"> Review of Session Goals and Objectives 	10 minutes
Home Visits: What to Know Before You Go <ul style="list-style-type: none"> Exercise 1: Preparing a Home Visiting Plan 	40 minutes
Establishing A Successful Support Relationship (Part 1)	30 minutes
<i>Short Break</i>	<i>10 Minutes</i>
Establishing A Successful Support Relationship (Part 2) <ul style="list-style-type: none"> Exercise 2 – Asking Questions and Taking Notes 	45 Minutes
<i>Lunch Break</i>	<i>60 minutes</i>
The Three Stages of Home Visiting <ul style="list-style-type: none"> Exercise 3 – Family Story: The Hurtado Family Revisited 	80 Minutes
<i>Short Break</i>	<i>10 Minutes</i>
Closing/Concluding Discussion <ul style="list-style-type: none"> Exercise 4: Action Plan 	25 minutes
Total Time Session 7 (including 60 min. lunch)	5 hours 10 minutes

Chapter 7

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

Review Goals and Objectives – See Introduction page 12 for detailed instructions

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) Identify and practice the stages of successful home visiting,
- 4) Apply communication skills to establish a successful support relationship with families, and
- 5) Practice skills for communicating respectfully and diffusing conflict that may arise during home visits.

Note to Trainer: The following are specific outcomes that you bring about:

- Participants will be able to implement a plan before they conduct the first home visit
- Participants will be able to establish a positive relationship with the family members

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

Mini-lecture: 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.

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.

When setting home visit appointments, the key is to remain flexible.

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 your 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 member’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 visits 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/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) assessment 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.

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.

It's important to have something sturdy in which to carry all the materials you will need during the day. A briefcase can easily hold all you will need, but some home visitors report that when they go into certain neighborhoods, it is very important not to be carrying anything that looks expensive. A large tote bag might be a practical substitute.

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 allow participants to plan the logistics of the first home visit, outline the reasons for making the visit, and identify the expected outcomes.

Time: 30 minutes | **Materials:** “The Visiting Plan” handout; Flip chart; Markers.

Instructions: Give each participant a copy of the Visiting Plan handout. The Visiting Plan handout is used by some Wraparound Programs to document the specific objectives of a home visit. Ask participants to work in teams of two to three individuals. Each team should prepare a Visiting Plan for the Hurtado Family based on the information they received during the first Family Team meeting and follow up activity with the family. Allow 15 – 20 minutes for participants to complete the handout sections.

Although this plan has been adapted from another program, it will help participants prepare goals and objectives for each Home Visit and link them to the overall Family Plan. Discuss each team’s plan and record main points on the flip chart.

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 FASST will provide the family.

Through the home visit, FASST can:

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

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

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

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 FASST 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.

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 means 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 she/he says she/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

²Ibid.

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 FASST and the family in need. The techniques and strategies highlighted below can help FASST members establish an effective support relationship.

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

- Observation
- Listening
- Asking questions
- Prompting

Observation

Observation is an important way for FASST 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.

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

Essential support skills include:

- *Observation*
- *Listening*
- *Asking questions*
- *Prompting*

³International Medical Services for Health (1993). *MotherNet Home Visitors Handbook*. Sterling, VA: International Medical Services for Health (INMED)..

Asking questions can help structure conversations with family members.

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/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

Types of questions include:

- *Initial questions*
- *Open-ended questions*
- *Clarifying questions*
- *Focusing questions*
- *Redirecting questions*
- *Probing questions*

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 to 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." For instance, prompting is very useful when teaching new techniques or when encouraging a family member to try something that she/he 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/him learn new skills.

Exercise 2:

Asking Questions and Taking Notes

Purpose: To practice the different forms of questions that might be used during a home visit.

Time: 40 minutes | **Materials:** Progress Notes handouts; Flip chart; Markers

Instructions: Ask participants to brainstorm questions for use during the home visit that they planned in the last exercise. Write the answers on the flip chart. Allow 5 minutes for this portion of the exercise.

After you have a group of questions, ask participants to identify the type of question that it is: open-ended, initial, facilitating, clarifying, focusing, or redirecting.

Examples of good questions:

Do you need more information on FASST?

How can our services help you and your family?

What is the most important thing for us to accomplish during today's meeting?

What are some changes that need to happen so that you can feel that you are making progress as a family?

What has been the most important thing that you've learned here about your ability to solve problems?

What do you envision for your family in one year's time?

What do you imagine you'll be doing to keep things on track after I'm/we're no longer visiting you?

Next, ask the group to divide into 2 or 3 groups, with enough participants in each to play the key family members and FASST personnel on the initial home visit. Each group will role play a home visit, focusing on different home visiting skills discussed thus far.

Instructions for Group A:

Give participants the "Rating Sheet for Group A" handout.

The parent, Ms. Hurtado, will talk about her life experiences and choose what information to share or not share.

The home visitor(s) will conduct an interview with Ms. Hurtado, asking as many questions as she can about concerns related to Carlos and Cindy, their behavior in school, and Ms. Hurtado's techniques for disciplining them.

The observer will take note of skills used by the home visitor(s) and will make notes about the following points with concrete examples used by the home visitor.

Instructions for Group B:

Give participants the "Rating Sheet for Group B" handout.

The parent, Ms. Hurtado, will talk about her life experiences and choose what information to share or not share.

The home visitor(s) will conduct an interview with Ms. Hurtado, asking as many questions as she can about concerns related to Ms. Hurtado's documentation issues, the recent death of her boyfriend from AIDS, and how this has affected her and her family, and whether there are needs other than those of the children that need attention.

The observer will take note of skills used by the home visitor(s) and will make notes about the following points with concrete examples used by the home visitor(s).

Allow 25 minutes for this portion of the exercise: 15 minutes for the interview, 5 minutes for discussion in small groups, and 5 minutes for large group processing. Ask participants what they learned. Focus on strengths.

The home visiting process has three main phases, which are highlighted in this section.

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.

Section 7.3 - The Three Stages of Home Visits

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.

As part of FASST, promotoras will be expected to help an average of 10 families during the course of a year. At any given point in time, the families that you are working with will fall into one of the above stages.

Different purposes are emphasized in each phase, 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

Your 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 you encounter 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

The first home visit requires your special attention because it will establish the working relationship between you and the family

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

- 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.

Middle Phase – Ongoing Home Visits

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

- This program exists for the benefit of the family.
- Families should be allowed to make their own decisions.
- Family independence must be supported.
- Family motivation and desires should form the basis of exercises, activities, and conversations.
- The maintenance of a professional, yet friendly, relationship between FASST 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, before you even get around to discussing school issues, will present you with a new crisis that they feel demands all 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 member, your challenge is to acknowledge the family's immediate concerns without losing sight of your (and your 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.

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

It is important for home visitors to separate their work lives from their home lives.

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 were hired to do as a FASST 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” 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.

Time: 45 minutes | **Material:** Flipchart; Markers

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 up to help him. Although Cindy is helping with Carlos, Ms. Hurtado is not sure if she is completing her assignments either.

Instructions: Ask participants to brainstorm questions for use during the home visit that they planned in the last exercise. Write the answers on the flip chart. Allow 5 minutes for this portion of the exercise.

After you have a group of questions, ask participants to identify the type of question that it is: open-ended, initial, facilitating, clarifying, focusing, or redirecting.

Examples of good questions:

Do you need more information on FASST?

How can our services help you and your family?

What is the most important thing for us to accomplish during today’s meeting?

What are some changes that need to happen so that you can feel that you are making progress as a family?

What has been the most important thing that you’ve learned here about your ability to solve problems?

What do you envision for your family in one year’s time?

What do you imagine you'll be doing to keep things on track after I'm/we're no longer visiting you?

Next, ask the group to divide into 2 or 3 groups, with enough participants in each to play the key family members and FASST personnel on the initial home visit. Each group will role play a home visit, focusing on different home visiting skills discussed thus far.

Instructions for Group A:

Give participants the "Rating Sheet for Group A" handout.

The parent, Ms. Hurtado, will talk about her life experiences and choose what information to share or not share.

The home visitor(s) will conduct an interview with Ms. Hurtado, asking as many questions as she can about concerns related to Carlos and Cindy, their behavior in school, and Ms. Hurtado's techniques for disciplining them.

The observer will take note of skills used by the home visitor(s) and will make notes about the following points with concrete examples used by the home visitor.

Instructions for Group B:

Give participants the "Rating Sheet for Group B" handout.

The parent, Ms. Hurtado, will talk about her life experiences and choose what information to share or not share.

The home visitor(s) will conduct an interview with Ms. Hurtado, asking as many questions as she can about concerns related to Ms. Hurtado's documentation issues, the recent death of her boyfriend from AIDS, and how this has affected her and her family, and whether there are needs other than those of the children that need attention.

The observer will take note of skills used by the home visitor(s) and will make notes about the following points with concrete examples used by the home visitor(s).

Allow 25 minutes for this portion of the exercise: 15 minutes for the interview, 5 minutes for discussion in small groups, and 5 minutes for large group processing. Ask participants what they learned. Focus on strengths.

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.

Chapter 7 - Session Closing

Exercise 4:

*Create an Action Plan*²⁸

Purpose: To provide an opportunity for training participants to review what they have learned during this session. Each participant will leave today's session with a positive plan of action.

Time: 25 minutes | **Materials:** Action Plan handout and additional sheets of paper, if needed; Flip chart; Markers

Instructions:

1. If there are enough participants in the training group, ask them to form small groups of three to four members.
2. Mention that this activity will help integrate their learning and will provide each of them with a definitive plan of action. Give each participant three sheets of paper and a pencil (if needed).
3. Instruct the participants to write the following on the top portion of the sheet labeled, "Action Plan," in their training manual: "How the cultural groups that I belong to affect me in my daily life." Ask participants to list all of the ideas that they will like to pursue. Each item should be numbered. Allow five to eight minutes.
4. When their time is up, ask participants to write the following under the list they just created: "Ways that I can learn about culture and build relationships with people from other cultures." Again, ask participants to list all of their ideas and number each separate item. They may use the additional paper provided, if they run out of room. Allow another five to eight minutes.
5. When their time is up, ask participants to write one more label either below the second list or on another sheet of paper. The label should read, "Ways that I can help my agency/program provide culturally competent services." Repeat instructions used for the last two items and allow another five to eight minutes for participants to complete this portion of the activity.
6. When participants are finished, ask each small group to elect one representative to write her/his group's responses on the flip charts. The participants in each group should identify at least three ideas she/he plans to put into action. (Approximately five to ten minutes). If the training group is too small, each member of the various groups shares her/his plans of action with the total group.
7. After each group or individual has shared their responses, reconvene the entire group. If time permits, each member of the various groups shares her/his plans of action with the total group.
8. Summarize the findings and try to incorporate the most important topics of the day with participants' responses.

Handout Masters





The Visiting Plan*

Approximate dates effective _____ to _____.

1. Child's last name
2. Who will be present during Home Visit?
3. What is the relationship to the child of those present during the Home Visit?
4. Visit purposes:

*to learn and practice skills to meet the following case goals:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

*to involve the following service providers

_____ Name	_____ Relationship to family	_____ Role during visit
_____ Name	_____ Relationship to family	_____ Role during visit
_____ Name	_____ Relationship to family	_____ Role during visit

5. Activities which will occur to support the case goals:

Goal(s) # ____:

Activity:

Goal(s) # ____:

Activity:

Goal(s) # ____:

Activity:

6. Length of Home Visit required to carry out above goals:_____ minutes / hours

7. Visit time (circle one and if appropriate specify time):

- a. flexible, to be arranged by parents
- b. from ____ am/pm to ____ am/pm .If relevant, is this a good time of day to meet case goals?

8. Visit location (circle one):

- a. parents' home
- b. grandparents home
- c. relative's home
- d. agency visiting room
- e. other, describe_____

9. Transportation arrangements:

10. Other:

The following changes in this plan may be made with agency authorization (specifically describe):

*Adapted from: McCartt Hess, P & Ohman-Proch, K (1988). *Family Visiting in Out-of-Home Care: A Guide to Practice* .Washington, DC: Child Welfare League of America.

*Found in Krieger, R., Maluccio, A.N. & Pine, B.A. (1991). *Teaching Family Reunification: A Sourcebook*. West Hartford, CT: Center for the Study of Child Welfare, University of Connecticut School of Social Work.

*A revised version can be found in Warsh,R., Maluccio, A.N. & Pine, B.A. (1993). *Teaching Family Reunification: A Sourcebook*.Washington, DC: Child Welfare League of America.

Date	Start Time	End Time	Progress Notes	Service
9/25/05	10:00am	11:35am	Assisted (Child's name) with today's homework, also provided additional tutoring by reading book.	Home Visit
			Mother mentioned (Child's name) has been reading on her/his own. Mother stated child's behavior has improved. Child has been going to the therapist 2x per month. Mother transports the child to the scheduled appointments.	
			Mother requested assistance with current energy bill. Her car needed major repairs, which caused her to have this additional expense this month.	
			Mother provided proof of car repair bill and energy bill. FSC stated she will contact mother after speaking with supervisor about energy bill.	
			FSC encouraged mother to set aside & sit with child for 10 – 15 minutes for reading time (every evening). Child will read to mother due to the mother's language limitations.	
			Mother and FSC scheduled the next home visit on Monday, 10/3/2005 at 5:30pm.	
SAMPLE				
First Case note should have Child & Family HISTORY				
<p>Child needs: reason why child was referred to FASST</p> <p>Family Structure: Parents (mother/father), Single Parent, Paramour in the home, Number of Siblings (how many individual's in the home)</p> <p>Home: Type of living arrangement</p> <p>Medical Needs: Concerns of the child or family members</p> <p>Source of Income: Whose? (Not during 1st visit and only if it seems appropriate)</p> <p>Documentation: Within the case note; document each form completed & signed during specific visit; (e.g application, consent, HSC intake, Family Needs Assessment, ect.)</p> <p>Note: (Observation of the home and living environment) (Observation of the family and child at home) (After tutoring-specify the activity completed with the child)</p> <ul style="list-style-type: none"> • Note has to be based on observations • Relate the notes back to the Family Support Plan; specifically the goals • ASO notes have to relate to goal and specific line item on budget. • A note should be written immediately after contact with child or family, but no later than 3 days. <p><i>Always sign the end of the note and add your credentials</i></p>				

--- Service Options ---	
1. Assessment 2. Case Management 3. Collateral Contact 4. Counseling 5. Discharge Planning	
6. Home Visit 7. Referral 8. Service Plan 9. Service Plan Review/Follow-up	

Hispanic Services Council

Client Name: Last name, First name (CHILD)

Client ID #:

[illegible]

(HSC - 9/26/2005)

--- Service Options ---	
1. Assessment	2. Case Management
3. Collateral Contact	4. Counseling
5. Discharge Planning	6. Home Visit
7. Referral	8. Service Plan
9. Service Plan Staffing	10. Service Plan Review/Follow-up

Group A Rating Sheet

- 1. Have a positive attitude.**
- 2. Clarify the role of the family.**
- 3. Use praise and encouragement.**
- 4. Show empathy.**
- 5. Be a good listener.**
- 6. Make yourself clearly understood.**
- 7. Be aware of non-verbal behavior.**
- 8. Avoid being judgmental.**
- 9. Maintain confidentiality.**
- 10. Be reliable.**

Group B Rating Sheet

- 1. Establishing rapport and trust**
- 2. Becoming acquainted with the family and allowing them to become acquainted with you**
- 3. Reviewing program purposes and goals**
- 4. Defining the promotora's roles and the family's roles**
- 5. Clarifying the family's expectations**
- 6. Scheduling the next home visit**

Action Plan: _____

Chapter: _____

Date: ____/____/____



Assessing Our Use of SOC Values and Wraparound Principles

Welcome participants (follow guidelines in Introduction) and review agenda for the first training session. Ask participants to turn to Chapter 8 - Page 1 in their manuals to review the topics to be discussed. Go over this agenda with them (times are listed for facilitator's use).

AGENDA – EIGHTH SESSION	Time
Welcome and Introduction <ul style="list-style-type: none"> Review of Session Goals and Objectives 	15 minutes
Assessing Our Use of System of Care Values – Part 1	40 minutes
<i>Short Break</i>	<i>10 Minutes</i>
Assessing Our Use of System of Care Values – Part 2 <ul style="list-style-type: none"> Exercise 1 – Assessing Our Use of SOC Values 	50 Minutes
<i>Lunch Break</i>	<i>60 minutes</i>
Assessing Our Use of Wraparound Principles - Part 1	45 Minutes
<i>Short Break</i>	<i>10 Minutes</i>
Assessing Our Use of Wraparound Principles – Part 2 <ul style="list-style-type: none"> Exercise 2: Assessing Our Use of Wraparound 	60 Minute
<i>Short Break</i>	<i>10 Minutes</i>
Facilitating Effective Family Team Meetings <ul style="list-style-type: none"> Exercise 3: Facilitating A Successful Family Team Meeting 	50 Minutes
Closing/Concluding Discussion <ul style="list-style-type: none"> Exercise 4: Action Plan 	15 minutes
Total Time Session 8 (including 60 min. lunch)	6 hours 5 minutes

Chapter 8

Assessing Our Use of SOC Values and Wraparound Principles

Chapter 8 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

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.*

Review Goals and Objectives – See Introduction page 12 for detailed instructions

Goal: The goal of this chapter is to give participants an understanding of how to put the SOC and Wraparound concepts into practice through case management and in Family Team meetings.

Objectives:

After completing this chapter, you will demonstrate:

- 1) Knowledge of how to apply SOC principles to create a system-oriented Family Team,
- 2) Knowledge of how to apply Wraparound Values during Family Team Meetings, and
- 3) Understanding of the factors that can influence the degree to which Wraparound Principles are implemented within Family Team Meetings.

Section 8.1 - Assessing Our Use of SOC Values and Wraparound Principles

As noted in Chapter 1, a SOC 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) 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 values 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.

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.

The System of Care Practice Review (SOCPR) provides a way to evaluate how the service delivery system meets the needs of children with mental health issues and their families.

- 
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 SOC 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 questions:

Domain 1 – Child-Centered and Family-Focused

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

1A. 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. 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

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

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 have improved the child's overall situation?
- Have services have 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 case study and gauge the use of SOC values.

Time: 60 minutes | **Materials:** Paper and pens for participants; Flip chart; Markers

Instructions: Ask participants to break up into groups of four. Select a recorder, a FASST member, a parent, and a child. Direct groups to role play a newly admitted family where the FASST member's task is to interview the mother and child using the assessment questions on pages 4 through 6 of this chapter. Ask participants who role play family members to be responsive to the questions. The recorder should note which questions elicited an easy answer and which questions were more difficult. At 10 minute intervals, ask participants to switch their roles so that each person gets a chance to practice questions. Allow 50 minutes to give everyone a chance to participate in the various roles. Allow 10 minutes at end to process exercise and summarize.

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 review these here:

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

One of the most important FASST activities is the Family Team Meeting. The Family Team meeting allows FASST 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 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 meetings¹. 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 members can use the following guidelines.

¹Epstein, 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 she/he 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 resources 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 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 case study and gauge the use of Wraparound Principles.

Time: 45 minutes | **Materials:** Paper and pens for participants; Flip chart; Markers; Review of all Hurtado Family Case Studies

Instructions: Ask participants to refer/all of the case studies presenting the Hurtado Family. Depending on the size of the class, select 1 or 2 recorders, then ask participants to select one of the following roles: Ms. Hurtado, her neighbor Ana who is attending the family meeting to support her, two FASST members, and assorted providers (ask participants to pick providers that would make sense given all that they know about the Hurtado case). Direct groups to role play an initial family meeting using the guidelines and questions presented on pages 6–7. Ask participants who role play family members to be responsive to the questions, and that those who are FASST members take their time to explain to the entire team the need for following the Wraparound Principles. The recorder should note times in which implementation of Wraparound Principles were harder and during times when they were easy to follow. Also, ask them to note how Ms. Hurtado and Ana relate to the providers and vice versa. At 10 minute intervals, ask participants to switch their roles so that each person gets a chance to practice questions. Allow 25 minutes to give everyone a chance to participate in the various roles. Allow 20 minutes at end to process exercise and summarize.

Facilitation and communication skills are important in helping FASST members to develop an atmosphere of support for all participants involved.

Section 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 members to develop an atmosphere of support for all participants involved.

Management and Facilitation of Meetings

Each FASST 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 or 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 SOC. 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.

There are six communication factors that influence implementation of Wraparound Principles in Family Team Meetings:

- *Development of a System-Oriented Team*
- *Framing the Meeting*
- *Clarity of Team Roles*
- *Meeting Structure*
- *Communication During the Meeting*
- *Team Member Empowerment*

Sample Agenda

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

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 less on 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.

Time: 30 minutes | **Materials:** Flip chart; markers

Instructions: Ask participants to break up into two groups. Each group will direct a family team meeting practicing the communication skills outlined in this section. Direct groups to role play a family team meeting after Ms. Hurtado's family has received FASST services for three months. Each group should select a recorder and the remaining individuals can select which role to play. The recorder should note how well the team meeting facilitator is moving the meeting along while maintaining a focus on strengths and family plan goals. questions elicited an easy answer and which questions were more difficult. At 7 minute intervals, ask participants to switch their roles so that each person gets a chance to practice. Allow 20 minutes to give everyone a chance to participate in the various roles. Allow 10 minutes at end to process exercise and summarize.

Chapter 8 - Session Closing

Exercise 4:

Create an Action Plan

Purpose: To provide an opportunity for training participants to review what they have learned during this session. Each participant will leave today's session with a positive plan of action.

Time: 30 minutes | **Materials:** Action Plan handout; Flip chart; Markers

Instructions:

1. If there are enough participants in the training group, ask them to form small groups of three to four members. If not, participants may complete this activity individually.
2. Mention that this activity will help integrate their learning and will provide each of them with a definitive plan of action for implementation of the concepts they learned during this session. Give each participant a copy of the Action Plan worksheet.
3. Instruct participants to write the following heading at the top of the worksheet: "How I can incorporate System of Care and Wraparound values and principles in my work." Ask participants to list all of the ideas that they would like to pursue. Each item should be numbered. Allow five to eight minutes.
4. When their time is up, ask participants to write another heading, either below the list they've created or on another sheet of paper. The heading should read: "Ways that I can help my FASST team observe ethics and confidentiality with the families we will serve." Again, ask participants to list all of their ideas and number each separate item. They may need to use additional sheets of paper, if they run out of room. Allow another five to eight minutes.
5. When participants are finished, ask each small group to identify at least three ideas they intend to put into action. (If activity is being completed individually, ask each participant to do the same.) This process should take five minutes. Next, ask each small group to elect one representative to write her/his group's responses on separate flip chart sheets. If activity is being completed individually, ask each participant to write her/his responses using flip chart sheets. Reconvene entire group, if small groups were used.
6. Review the responses posted by each group or individual. Summarize the findings and try to incorporate the most important topics of the day with participants' responses.



Handout Masters





Action Plan: _____

Chapter: _____

Date: ____/____/____

