FAMILY TEAM MEETINGS
ALONG THE CASE CONTINUUM

Introduction: Below are some examples of when the FTM might be useful along the child welfare case continuum. There will be other times when the FTM could be effective. To determine whether the FTM might be an effective tool, staff should consider:

- What advantages for achieving safety, permanency and well-being will be realized by using the FTM?
- Can all likely team members reach a reasonable degree of agreement of desired outcomes and ground rules?
- Are the non-negotiables and bottom lines clear and accepted?
- Could the use of the FTM demonstrate to the family members that they are being heard and their opinions valued?
- Can the FTM be safe for all participants?

Child and Family Planning: After engaging a family in the child and family assessment, a Family Team Meeting might be used to 1) develop the Child and Family Plan; 2) determine how the extended family and other informal supports as well as any formal supports can assist in implementing the case plan or in supporting the parents in their implementation efforts; 3) clarify for all participants the nature of, severity of and likelihood of recurrence of the abuse and neglect; 4) reach agreement on what needs to change and how change will be measured; 5) develop a schedule to have the team review case progress; 6) when relevant, come to child placement decisions. The same team would review the progress being made by the parents.

Safety Assessments: Child and family safety is constantly being assessed and plans to protect are developed and maintained throughout the life of a case. The FTM process supports this by increasing the numbers of concerned persons and creating an atmosphere of support for the family. Without a reasonable degree of acceptance and understanding of this

family, friends and professionals are not able to safely and effectively help parents make the required changes.

A FTM can provide a way for all the parties to have the same understanding of what the children have experienced and what the parents must do to be able to care for and protect their children. During initial safety assessment it is less likely that the FTM will be utilized due to the time frames of this process and the preparation that effective FTM's require. This does not mean, however, that families cannot be involved during Safety Assessment, only that time and sometimes volatility prevents the use of the formal FTM during initial investigation.

Placement Decisions: Placement decisions are made to best meet the needs of the child. Using a FTM to develop the best placement can bring together everyone who knows the child and his/her need as well as the available resources. The FTM can design both informal and formal supports to the identified "best" placement. The FTM can serve as a forum to resolve conflicts between relatives around placement. The FTM can bring clarity to what the child has experienced and what needs and challenges the child has that must be managed by any care provider. Placement of a child with a relative as a result of the FTM does not relieve us of the responsibility to conduct a relative home study.

Permanency Decisions: Not all children will be able to return to the care and custody of their parents. The FTM can be used to determine an alternative permanency plan for a child. Using the FTM increases the likelihood that parents and other family members will be supportive of the plan. It also increases the likelihood that a family resource will be part of the permanency plan.

As part of permanency planning the FTM could be used to develop concurrent plans resulting in all participants being clear and supportive of such plans.

STAGES OF CHANGE

Stage 1:   *Clearly Defining the Problem/Need*

The first stage is an acknowledgement and clear understanding of the problem(s). This is where the individuals or group are aware of the discomfort within the family and see a need for change. Or if the individual does not see the need for change, it becomes necessary to illustrate the discrepancies in their lives. People change when there is enough discomfort and pain or when they strive to seek a greater level of pleasure. The first stage is necessary for all family members to see a need for change and to acknowledge that what they are doing is not producing the consequences or outcomes they desire. People often need to reach an awareness or agreement with others that the pain is too great or believe there is a better way to do things. In this stage, individuals will go back and forth from a willingness to change to a desire to keep the status quo.

Stage 2:   *Endings and Loss*

Stage two focuses on the need to specifically examine how the change will affect each person. In this stage, people will become aware of what change will occur and begin to see the primary and secondary losses that will be experienced. Endings refer to the ending or loss of what is familiar. Emotions and behaviors common to the grieving process will be experienced and expressed as people begin to let go of their old ways. As people experience letting go of the old way, it is common for them to become resistant to the change. The experiencing of new loss will trigger the person's previous experiences with loss and their previous ways of managing the loss. It is a time of vulnerability for many. This is a time where family members will need to revisit their commitment to change.

Stage 3:   Ambivalence

Stage three is entitled the Ambivalent (or discomfort) zone because there is a great deal of confusion and uncertainty when family members have to let go of what is familiar and are unable to fully achieve the desired outcome.

It is in this stage that family members want to change and at the same time don't want to change. They may become self-protective and resentful. People feel disoriented and unsure of themselves. It is a time where old habits can easily resurface. Some family members will be highly motivated to move forward, other family members will want to go back to the old and familiar way of doing thing. The family system is out of balance and family members will be struggling to redefine it and try to achieve some balance. As one family member changes, it influences and causes others in the family to react. The new behaviors may not be as comfortable or as beneficial as the family had hoped. It is a time of ambivalence.

Stage 4:   Practicing the Desired Behavior

Stage four occurs when family members are ready to make the behavioral commitment to do things the new way. The desired behavior will precede new understandings, new values and new attitudes. Practicing the new behaviors that will provide the person with a new balance may look awkward at first, or even like they are "faking it". Supervisors and mentors do better when they remember that practice of new behavior leads to new values, so "faking it" may be part of real change. The practice of new behavior develops new balance, new and healthy interactions. This stage has both a positive and hopeful element to it as well as an unsettling and anxious part. The unsettling and anxious part has to do with a realization that the old way is really gone. The new way may be a bit risky because it is neither as familiar nor as comfortable yet. New beginnings can trigger past experiences where family members have made changes and they may have been successful or they may have experienced some failures. This is a time where goal setting and a vision for the future are **reestablished** and redefined.

Stage 5:   *Maintaining the Desired Behavior*

Stage five recognizes the need to assure that the desired behavior can be maintained over time. It is easier to change behavior than it is to maintain the desired behavior. Therefore, supports need to be put in place to assure that the new balance becomes familiar and comfortable for all family members.