

SOLUTION FOCUSED STRATEGIES IN CHILD WELFARE:

PROMOTING FAMILY INCLUSION AND SUPPORTIVE STAFF DEVELOPMENT IN A SOLUTION FOCUSED FRAMEWORK

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This interactive session will focus on tools and strategies that promote a Solution Focused Framework in Child Welfare Settings. Brief presentations will be followed by a 40 minute discussion with teleconference participants. The presenters request that the attachments sent with this announcement be reviewed prior to the conference. They will be referenced and explained during the discussion.

Tentative Agenda

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|--|---------------|
| ◆ Welcome | |
| ◆ Overview of Agenda and Framework for discussion | Susan Kelly |
| ◆ Interviewing for Solutions | Peter De Jong |
| ◆ The Art of Parallel Process: Using the Case Conference | Mary Jiordano |
| ◆ Family Meetings: Making Solution Focused Decisions | Dan Cowan |

Attachments:

- Interviewing for Solutions
- Solution Focused Principles
- Case Consultation
- Collaborative Practice

COLLABORATIVE PRACTICE: SHARING CASES AND GOING OUT ON HOME VISITS

❖ Supportive Consultant

- > Family Point of View
- > Focus
- > Family Point of View Prepare
- > Family Point of View During
- > Family Point of View After

“TEAMING” and **“PARTNERSHIP”** between workers and supervisors provides an opportunity to provide **“ON SITE”** feedback and direction for improvement.

BEFORE THE VISIT, THE SUPERVISOR MIGHT ASK:

- ✓ “What do you hope to accomplish in partnership with the family?”
 - ✓ “What are the risks and safety issues the family needs to address?”
 - ✓ How can I be useful to you on this visit?”
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AFTER THE VISIT, THE SUPERVISOR MIGHT ASK:

- ✓ “Which parts of the visit would the family say were most helpful and made a difference?”
 - ✓ “What progress has the family made since your last visit?”
 - ✓ “What are the next steps for you and for the family?”
 - ✓ “In what ways can I be helpful to you with this family?”
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SUPERVISORS CAN HELP WORKERS KEEP THE FAMILY AND THE CHILD'S SAFETY CLEARLY IN FOCUS AS THEY:

- ✓ **Evaluate** for strengths and possible solutions from the family's perspective;
 - ✓ **Elicit** well-constructed goals from the family's frame of reference;
 - ✓ **Listen** to the family to find hidden resources and capitalize on them;
 - ✓ **Encourage** workers to always work toward family-driven solutions that are created in collaboration with the worker; and
 - ✓ **Emphasize** what will work, tailoring interventions for each family, with the family fully included in and leading the effort to make lasting change.
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COACHING

- ✓ Family Point of View
 - ✓ One on One
 - ✓ Peer Support “Coaching Buddy”
 - ✓ Leadership: Communicating Vision
 - ✓ Family Team Meetings: Modeling
 - ✓ Outcomes
 - > What are the family’s goal?
 - > How will they...we know?
-

CASE CONSULTATION

- ✓ Collaborative View of:
 - > Family Cases
 - > Family Point of View

 - ✓ Peer Wisdom Expertise

 - ✓ Building a Skill Set to Be:
 - > Family Centered
 - > Strength Based
 - > Focused
 - > Inclusive
 - > Outcomes Oriented
-

STRENGTHS-BASED DECISION MAKING PROTOCOLS

Building Solutions Together

Parents and Families at the Table

Parents and Families at the Table: Part I

As with the other components of the Partnership for Safety project, Parents at the Table builds on the capacities and resources of families. Utilizing a strengths-based perspective, the Family Team Decision Meetings (FTDM) are designed to make the best placement-related decision possible with a high level of participant feedback and agreement. This multi-disciplinary group should include the family of origin and extended family. It can also include friends and community-based service providers. The assigned CPS worker and their supervisor are also in attendance. The facilitated meeting encourages participants to share and discuss information related to the safety and protection of the children. Family Team Decision Meetings are consistent with the Agency's ongoing efforts to empower and engage families in the change process through a strengths-based approach. The information shared by the parents is especially important, as they usually know more about their situation than anyone else. That is why it is of the utmost importance that the atmosphere created is one of respect.

The Family Independence Agency has statutory responsibility to intervene in situations where children are at risk of harm due to considered or actual abuse or neglect. This FTDM process enhances the Agency's ability to make these crucial placement-related decisions. A facilitator trained in the facilitation process manages the meeting to ensure that all options are considered and that everyone participates in the discussion and ultimate decision. The purpose of the meeting is to determine if services and/or supports can be put into place that would allow the children to remain in the home safely, or, if placement out of the home is necessary, the first priority after the caretaker decision is the decision to make every effort to keep the child in his neighborhood if that is at all possible. Then the priority is to determine the least restrictive and intrusive form of placement. The overall goal of the FTDM is to reach a consensus in developing a plan that supports the family and protects the children. Consensus is a process that occurs through the sharing of ideas and honest discussion of a family's strengths and needs. It is not unanimity. It is willingness by the participants to support the team's decision and plan to keep the children safe. The goal of each meeting is for the group to reach a consensus decision, however if that is not possible, FIA must ultimately make the final decision. The criterion is always safety.

Family Team Decision Meeting Triggers

A CPS Caseworker requests a FTDM for removals when out of home placement for the children is required for their safety and protection. There are two distinct categories for the meetings:

1. Considered Removal: A Caseworker requests a FTDM for those open cases that have reached a level of risk where the children are not considered safe in the home.
The FTDM will be held within twenty-four hours after consultation with the Supervisor
2. Emergency Removal: A Caseworker requests a FTDM when the children have already been placed out of the home on an emergency basis.
The FTDM will be scheduled for the next working day following the removal.

Family Team Decision Meeting Process

While the FTDM is designed to support conversation and participation, the Facilitator of the meeting keeps the participants focused on the purpose of making a placement-related decision for the identified children. The following key elements of the meeting may not occur in a sequential manner in that the development of a consensus decision is a process.

Introductions:

The Facilitator introduces him/herself and explains the purpose of the meeting to all participants.

All participants introduce themselves and their relationship with the family.

The Facilitator reviews the Ground Rules for the FTDM and asks for agreement to the rules.

Ground Rules:

All participants are treated with respect and dignity

Information discussed at the FTDM is sensitive and personal. As such, team members should respect the family's privacy. Due to the nature of the meeting, it may be necessary to share some information with the court

One person speaks at a time and everyone will have the opportunity to speak.

The goal of the meeting is to reach consensus about a decision, however FIA ultimately owns the decision if the group cannot reach consensus.

FIA promotes a safe environment for employees and customers.

The parents are told that we believe they know more about their children than anyone else.

Issue Identification:

The parents may be asked to initiate the discussion by sharing information about their family and their situation/needs

The Facilitator should take note of the family's resources and capabilities. The family's strengths and needs can be recorded on the flipchart paper for the team to see and build on

The assigned caseworker will present the situation from his or her perspective using the Structured Decision Making tools that support their recommendation

Other participants will share information as it pertains to the identified risks and safety concerns

Situation Assessment:

Prior interventions, services and family strengths are identified during this phase of the meeting

All participants are encouraged to speak openly and honestly about the concerns and past successes (Exceptions) of the family

The Facilitator can model the exception finding process:

- *"Can you tell us more how you are able to get the children ready for school?"*
- *"How did working with that counselor make a difference?"*

Brainstorming:

Creativity is encouraged in the development of a plan to keep the children safe.

Ideas should focus on the least restrictive and least intrusive placement options that protect and provide safety.

The family's previous accomplishments related to the safety issues and their needs should be thoroughly explored

If a child is old enough to be present, their ideas should be solicited.

The Facilitator records and summarizes all the ideas generated

Decision:

Through discussion, the ideas generated are reviewed for merit, accessibility and feasibility.

The facilitator can use scaling and other solution-based questions to measure the likelihood of success, and/or the team members' confidence for the suggested ideas

- *To the team, "On a scale from 0 (no chance of succeeding) to 10 (reaching the goal) where does everyone see this plan?"*
- *To the family's support people, "How confident are you that you will be able to watch the children every day?"*
- *To the parent, "What will it take from the people at the table to help you follow-through with this decision?"*
- *To the CSP Worker', "What else can the parent or their supports do to help assure you that the children are safe?"*

All team members are again encouraged to participate in the discussion of the ideas as the facilitator moves the group to a consensus decision.

Any recommended services and resources are carefully reviewed.

Safety Plan/Action Steps:

The facilitator clearly identifies the safety plan decision and specifically outlines the action steps of each of the participants

The plan should be time-limited and measurable

Responsibility is given only to those who are in attendance at the meeting

Parents and Families at the Table: Part II

This second phase of the process occurs if the decision is made for a child to come into the foster care system. The Caregiver Meeting is a more informal meeting between the biological parents and the foster parents to discuss the emotional and physical needs of the child. The Foster Care worker calls this meeting by the child's third day in placement. The primary focus is on developing and maintaining a positive relationship between the biological parents and the foster parents, and to articulating the goal of reunification if that is possible. It is an opportunity for the foster parent to learn from the primary caregiver about the child's needs, likes, dislikes and daily habits or patterns. (*Bringing Families to the Table, March 2002*) The intention of the Caregiver Meeting is to discuss how to best help the child feel comfortable in his or her new environment.

Although unstructured, certain preparations can assist both the biological and the foster parents in creating a positive relationship.

For the Foster Parent:

Before the Caregiver Meeting:

- Ask them how they would like to be introduced; Mr. and Mrs. Smith, or Mr. John and Miss Mary
- Help them identify something positive about the child, i.e., manners, personal hygiene skills, school readiness, etc.
- Ask them to have a few questions prepared for the birth parents, such as: the child's favorite meals, does he have any allergies, what are her favorite TV shows?
- Ask them what information (phone, address, etc. they are willing to share with parent).

At the Caregiver Meeting:

- The Foster Parent can compliment the birth parent by pointing out the strengths and positive attributes of the child.
 - *"You must have done a great job helping your son learn how to cook, he has helped me with every meal"*
 - *"You should be very proud of your daughter, she told me exactly what she has to do for school"*

For the Birth Parent:

Before the Caregiver Meeting:

- Explain the purpose of the meeting is so they can meet the person helping to take care of their child at this time. Also, so the parent can help the foster parent learn more about their child.
- Ask the Birth Parent to have a few things in mind they think the Foster Parent should know about their child.

Be clear about the focus of the meeting. End the meeting by asking both the foster parents and the birth parents how this was helpful and what they think might be the next steps.

Building Strengths-based Tools for Child Protection Practice: A Case of “Parallel Process”

Throughout its history, social work has focused more on the problems, pathology, and deficits of its clients than on their strengths and resilience (Saleebey, 2002). Existing tools for practice reflect this emphasis. For example, Cowger and Snively (2002, p. 106) write regarding assessment tools in the field: “The assessment literature, including available assessment instruments, continues to be overwhelmingly concerned with individual, family, and community inadequacies.” Similarly, a review of the field’s prominent intervention tools indicates they too tend to be problem specific and focused on problem resolution and reduction (Sheafor, Horejsi, 2003). While there are notable efforts to construct and use assessment tools in strengths-based ways (Cowger & Snively, 2002; Early, 2001; Saleebey, 2001), these are still very much in the minority and, as Cowger & Snively (p. 107) point out, “... there is very little empirical evidence indicating the extent to which practitioners consciously make use of client strengths in their practice.”

There are at least two approaches in the early development of strengths-based practice tools. The first is to develop assessment tools of client strengths that stand in direct contrast to problem assessment tools. In these tools, categories of strengths and related assessment questions to ask of clients are constructed by professionals for later use by practitioners. The assessment tools described by Cowger & Snively (2002) and Early (2001) are examples.

A second approach is to develop tools that guide the practitioner in the broader process of continuously drawing on client strengths to improve the client’s situation. As Early and GlenMaye (2000) state in paraphrasing Saleebey (1997): “... the strengths approach is more than positive reframing and identifying strengths. It is a consistent focus on identifying client strengths and resources and mobilizing resources that directly or indirectly improve the problem situation.” The ROPES tool offered by Graybeal (2001) is a good example of this second approach. After questioning the validity of the distinction between assessment and intervention, Graybeal recommends that any type of assessment--whether focused on the realities of problems or strengths—be couched in a

broader, dynamic process between clients and practitioners that includes "... meaningful questions that will combat the relentless pursuit of pathology, and ones that will help discover hidden strengths that contain the seeds to construct solutions to otherwise unsolvable problems." This broader, dynamic process, then, is a *dialogue* or *conversation* aimed at expanding clients and practitioners' awareness of strengths and resources that can be marshaled to construct solutions specific to clients and their contexts. Graybeal's acronym ROPES identifies what he believes to be the most fruitful areas for strengths-based dialogue: "resources, options, possibilities, exceptions, and solutions."

The current paper adds to the literature on strengths-based practice tools. It describes tools for encouraging strengths-based interaction between child protection caseworkers and their clients on both investigation and follow-up visits. It also describes the process by which these tools were constructed. These tools reflect the second approach to developing strengths-based tools described above because they are a guide to child protection workers as to how to incorporate problem and strengths assessments related to child abuse and neglect into a broader strengths-based dialogue intended to expand practitioner and client awareness of strengths and resources that can be marshaled to construct solutions with at-risk families. This paper is also a contribution because the literature on the application of the strengths perspective to families is less developed than for other populations and presenting issues (Early & GlenMaye, 2000).

Building the Tools: Parallel Process

"Imagine the embarrassment of the physicist to have found that he was among his own data."

Henry Stack Sullivan

Partnership for Safety

The tools described here were developed out of a larger project called Partnership for Safety intended to introduce strengths-based, solution-focused practices into child protective services (CPS) in Michigan carried out through its large public welfare agency, the Family Independence Agency (FIA). The project began in 1996 after the well-known family preservation program, Families First, was already in place. The vision of

Partnership for Safety was to incorporate strengths-based, solution-focused ways of engaging families into child protection investigations as a way to more effectively build cooperation with families. Greater cooperation, in turn, would contribute to fuller and more accurate investigative information for protecting children and a more solid base for ongoing work with families in cases where child abuse and neglect was substantiated and services believed to be necessary (Berg, 1994; Berg & Kelly, 2000). Strengths-based principles for practice (Saleebey, 2002) were to be operationalized through CPS workers using solution-focused questions along with investigative questions. Solution-focused questioning was attractive to FIA because it leads to dialogues between workers and clients that are non-confronting and attempt to generate solutions within clients' frames of reference regarding what they want for their families while, at the same time, exploring and using family strengths and resources (De Jong & Berg, 2002). This approach seemed especially attractive in the CPS context of working with involuntary, often initially suspicious and resistive clients (De Jong & Berg, 2001).

Worker and Supervisor Trainings

The project began with trainings of large groups of CPS workers and supervisors. In addition to their training in categories of child abuse and neglect, investigative policy, and investigative techniques, workers and supervisors were introduced to the assumptions and techniques of solution-focused interviewing. Responses were mixed. Some of those receiving training, conceiving of the CPS role as one of essentially investigation and service referral, complained that the integration of solution-focused dialogues was unnecessary, although they could usefully be incorporated into services for those families in which abuse and neglect were substantiated. Others seemed to share FIA's vision for using solution-focused interactions with families as the essential ingredient for engaging families in a joint effort to protect children and strengthen families. However, all agreed that solution-focused questions were not yet sufficiently incorporated into CPS policy and practice to make their usefulness readily apparent and practical.

By 1999, the basics of solution-focused interviewing had been incorporated into FIA's Child Welfare Training Institute for new workers and the Partnership for Safety project changed its focus to working more intensely with five counties to integrate

strengths-based thinking and practice with investigative policy and practices. The five members of the project began to shadow workers and supervisors and learn more details about how they were and were not integrating strengths-based thinking and practice into daily activities. Two things became clear in this process. First, while workers and supervisors received training in strengths-based practices and general policy statements of central office encouraged the use of these practices, the specific day to day activities and practices required by the CPS Policy Manual reinforced a conception of the CPS worker as an investigator and service-referral agent. The concrete tools that CPS workers are required to use in investigations (Safety Assessment, Family Risk Assessment, and Family Assessment of Needs and Strengths) are problem and deficit focused as are the case documentation requirements that require workers to report and use the scores obtained from these instruments in making their determinations of whether to substantiate abuse and neglect or not substantiate. Even the agency's Family Assessment of Needs and Strengths is deficit based with strengths being identified simply as the absence of those problems listed on and comprising the instrument.

Second, it became increasingly clear that many experienced workers and supervisors who themselves had been workers earlier in their careers resented strengths-based, solution-focused training because they sensed a contradiction between the way that interaction among the levels of FIA occurred and the strengths-based way that FIA now wanted them to interact with clients. As one worker put it, "Why should I be strengths-based and solution-focused with my clients when management never listens to workers around here?" Aside from the factual basis for this claim and aside from the fact that members of our team had either been workers at FIA or done extensive shadowing in preparation for our trainings, it did occur to us that our trainings were being held because of a top-down decision by central office and many workers and supervisors were only marginally engaged in the strengths-based initiative. It also occurred to us that the frustration expressed by the above worker mirrored the complaints of many CPS clients, namely, that workers do not listen to them. These realizations led us to the concept of *parallel process* and resulting ideas about how we might better engage workers and supervisors through the same strength-based, solution-focused processes we were teaching as the way to engage clients.

Parallel process is a concept taken from the literature on formal organizations that means processes at one level of an organization may be expected to reflect those at another. In some cases, the parallel process is identified around psychological dynamics such as transference and counter transference (Sullivan, 2002). In others, it is analyzed around broader communication and organizational culture factors (Harbor, Ashkanasy, & Callan, 1997). However, regardless of the level of analysis, the concept suggests and research evidence indicates that the treatment given to the clients of an organization will reflect the way in which employees perceive themselves to be treated by management (Harbor, Ashkanasy, & Callan, 1997; Harbor, Burgess, & Barclay, 1993).

Strengths-based Parallel Process

As the embodiment of a top management decision to introduce more strengths-based thinking and practice in CPS, our team members began to think more about how we could apply the same principles and practices in our relationship with workers and supervisors. As strengths-based practice begins by exploring and affirming the expertise of others about their situations including the strengths and resources they use to survive and even flourish in those circumstances, we decided to narrow our focus to one county and more carefully explore: 1) the nature of effective CPS case work, and 2) when and how effective work was happening. We chose a single county because our change in focus would require more time for the more in-depth work with fewer workers and supervisors. We chose the particular county we did (here called Miller County) because of the commitment of its leadership to the strengths-based approach and the willingness to participate in the more in-depth project. FIA central office accepted the change in focus with the understanding that the new partnership with Miller county would produce “products” that would be transferable to other counties through their incorporation into the FIA’s Child Welfare Training Institute and CPS policy.

Focus Groups: We began our work in Miller County in 2001 by conducting separate focus group interviews of clients, CPS workers, and supervisors. We held two focus groups of 12 and 15 clients that were mixed groups of equal numbers of current and former CPS clients. We met the county’s 28 workers in two groups of equal size and the 4 supervisors in a single group. We began all groups with the same solution-focused

scaling question: “On a scale of 0 through 10, where 10 means this county’s CPS program is as effective at protecting children and strengthening families as you can imagine any CPS program to be, and 0 means it is as ineffective as you can imagine, what number would you give to Miller county’s CPS program? As individual participants gave numbers, we asked: “What tells you that it is that number?” Participants then related their respective experiences and we obtained further details on their perceptions. We also asked: “Suppose it was one or two numbers higher, what would be different?” And: “How would that be helpful?” And: “What would 10 look like?” The comments of all focus groups were audio recorded, transcribed, and analyzed for thematic patterns.

For clients, effectiveness in CPS is primarily a matter of how the workers interact with the clients and working to meet their basic needs for living. Clients said the following things characterized effective workers they had known and/or were aspects of their vision of effective CPS workers for the future:

“... not hollering or treating us like dogs or like we’re nobody.”

“...not judging me on back history.”

“... works with me instead of just pulling my kids.”

“... got me a refrigerator when she didn’t have to.”

Effective workers then are those who treat clients with respect, listen to them, address their basic needs, and go the extra mile for clients. These themes are the same as those identified by previous studies of child welfare clients (Farmer, 1993; 1997; Maluccio, 1979; 2002)

Workers and supervisors likewise saw effectiveness as a matter of how the worker interacts with families and meeting basic needs through services. They also drew attention to the importance of services that address issues they believe contribute to child protection issues such as domestic violence, substance abuse, mental illness, and physical and mental deficits. Here are characteristic comments from workers about their view of CPS effective workers:

“...using good people skills, have them be at ease with you enough to share real information and not a bunch of phony lies.”

“...you’re having a heart for them; just by the fact that you care for them, it motivates them, gives them self esteem to try to do it.”

“...being dedicated to kids, clients, and quality services.”

“ ... first of all you listen(for) ... the immediate problems of basic needs, like ... no heat, no water, someplace to live or something like that, you take care of that first... then you go into, well, ... that binge with that crack cocaine and now(they) need to go to counseling.”

Supervisors similarly tended to mention:

“...quality of (worker) interaction with the family.”

“...if they call the kids by name.”

“...whether there is respect there.”

“...connecting to (helpful) services”

It was striking to the team that, despite the many criticisms of current CPS workers by clients, all groups interviewed (clients, workers, and supervisors) shared similar ideas about what it took to best protect children and strengthen families. All emphasized that respecting clients, hearing them, and going the extra mile to meet their basic needs was essential. Workers and supervisors added the need for additional services to address issues contributing factors like drug abuse, adding that following through on such services was also enhanced through “quality interaction with the family.”

Shadowing and Interviewing: In our earlier trainings of CPS workers, the workers emphasized the complexity of their job, the pressure from unsympathetic media and clients, and the uniqueness of each case. Clearly they felt isolated and unsupported in a very difficult role. As one worker said: “The only people who understand you are ... other CPS workers ... you can’t go home and talk to your husband or anybody else who really knows how you feel.” Ironically, this sense of not being understood and unsupported is the same as that often expressed by CPS clients in relation to CPS

workers. Workers also expressed that they believed they knew a great deal about how to do the work even though few of those higher up in the organization were interested in listening. We told workers we were interested in listening and learning from them.

In order to find out more about what workers tried to accomplish in their contacts with families and what they had discovered to be most successful in making these things happen, we decided to change our focus in shadowing. Earlier we had gone out primarily with the purpose of looking for, reinforcing, and teaching strengths-based practices.

Now, we began by meeting with all the CPS workers in Miller County and affirming that they had a very challenging job and must have learned a lot through the “ups and downs” of being CPS workers. We asked if we might shadow and see how they did their work and, in the process, ask questions about what they had discovered that was most useful each step of the way with the clients they were seeing. We emphasized we were most interested in exploring “what is useful,” that is, their successes rather than deficiencies or mistakes. We also indicated we planned to gather what we learned into a set of principles for best practices as well as tools for interviewing that we would share with central office so that their wisdom could be incorporated into training of new workers. This strengths approach to workers engaged workers and several set aside their initial reluctance to our shadowing them and soon we had more invitations than we could accept.

We set up a structured format for the shadowing that incorporate strengths-based, solution-focused questions. On the way out to a visit we would ask the worker:

What do you know about the case (including referral information)?

What are the risks or safety issues that need to be addressed?

What do you hope to accomplish in this visit?

Suppose you accomplish what you hope, how will that be helpful to the children and the family?

Are there any ways I can be helpful to you on this visit?

In the course of the worker answering, we asked for details about how, step-by-step, the worker planned to go about doing things. After reminding us each situation was different, most workers described their ideas in detail. Not surprisingly, as with clients, workers seemed to make discoveries about how they worked and what was useful through these questions because, as has been explained elsewhere, people often do not know the answers to these questions until they are asked (de Shazer, 1994; De Jong & Berg, 2002). For example, workers gave details about how they prepare for a visit in the office after they are assigned a referral for investigation, how they mentally prepare themselves on the way to an interview, what they say at the front door, how they introduce and cover referral information, and so forth. In the course of these conversations, workers shared many details and useful techniques that they had built up through experience. For example, one worker who, like many others, told us the most difficult thing in an investigation is to “get through the front door and get started on the right foot,” related that when he encounters resistance and hostility, he says to the client: “This is not going very well, is it?” The client angrily agrees and then, the worker said, he calmly suggests: “How about if I go back on the porch, knock on the front door again, and we start all over and see if we can’t get things to work better between us?” Almost always he said that, for him at least, this approach helps to calm the situation and put the investigation on a more productive path. Another worker told us he always tells clients what he is required by CPS policy to do at different points in the investigation and then asks for and receives permission from the client to do it before proceeding. For example, well into an investigation interview where the referral information charges there is failure to meet the basic needs of the children he would say to the client: “CPS policy says I

have to check for whether you have food for the kids in the house. Is it okay if I go into the kitchen now and check the cupboards and the refrigerator?” This approach of “no surprises,” being respectful, and offering control to clients whenever possible is supported as useful in the professional literature (Rooney, 1992).

After completing the visit with workers, we asked similar strengths-based questions such as:

What parts of the interview would the client say were most useful?

What was it about those parts that the client would say made a difference for her/him?

What would the client say about how you and the agency could be most helpful to the children and the family?

What will you have to see different to close this case?

What will it take for that to happen?

These questions and follow-up questions for details continued to invite workers to identify what they were doing that was useful. The questions asked the worker to identify useful practices taking into account the perceived client’s point of view. We asked these questions because we and FIA management wanted to continue to teach and reinforce workers using a strengths-based process with clients even as we were gathering information about practice successes from the workers. Added motivation to teach and reinforce came from federal funding guidelines applicable to FIA that were calling for CPS workers to engage in more family-centered practice that incorporated the family’s perspective, their strengths, and their resources into service planning.

Also consistent with strengths-based process, we gave compliments to workers at the end of the visit and followed these up with an e-mail message of appreciation to the workers that had invited us to shadow over the course of our two-day visits to Miller

County. In this feedback to workers, we were concrete about the interviewing successes and strengths we saw. Here are some excerpts from the e-mail messages:

... Thanks, Julie and Kristi , for taking me out in the field last Tuesday. It was impressive to watch Julie connect with her family by talking so naturally with them about their children--her fine work reminded me of what Pat (a supervisor) said in the meeting about how best to build trust with a family by exploring the strengths, interests, and needs of the children.... The thing I remember most about my field visits with Kristi was how she so respectfully allowed the customer to state her understanding about the allegations she was investigating. The mother really settled down and was affirmed in her efforts with her children. You both also did a nice job with scaling progress and asking follow-up questions about the progress. I'm convinced more and more how useful scaling can become in CPS work. Customers immediately understand the question when the meaning of 0 and 10 are stated clearly by the worker in the question and the question usually leads into a productive, customer-focused conversation....

... Speaking of good questions, Delores, I also really liked your question to the couple struggling with the teenager who seems to have thrown the family for a loop. You asked: "What do you need in order to get Ashley (the teenager) in shape to come home?" The question helped them move from describing all that was going wrong to a useful, next step. It also helped to move the interview along because by that time they were so comfortable telling us--especially you Delores--about their situation that they were pouring out their hearts and they could have gone on and on.

... I am always surprised after I spend time at Miller County CPS how much I actually got involved with. There is always something going on at your office. I also appreciate every ones openness and how people keep their eyes open for the next interesting thing that I can participate in, such as Jim and Ivan inviting me to the family conference on the on the spur of the moment. So keep up the good work and hope to see you again soon. ☺Peter

We copied these e-mails to the workers' supervisor, the CPS program manager, and the agency director. Anecdotally, supervisors and the program manager told us that these e-mails had a decidedly positive affect on the interaction among workers and supervisors and the general atmosphere in the CPS division of the agency. Workers often kept these e-mails; one told she used it as a reference when applying for a promotion.

In-depth Interviews: Because the drives to and from client visits often were too brief for all our questions, we requested to interview several workers more in-depth about what they had learned about how to do effective CPS casework. We conducted ten interviews of one to two hours each in which we followed up with workers on their themes and tips for effective practice at each step of the CPS investigation process, service planning in substantiated cases, and follow-up on opened cases. With more time,

we were able to pursue in more detail the practice challenges of special importance to CPS workers. These included: 1) how to figure out whether a child is safe in the home and how to respond in a helpful way when there are concerns, 2) assessing and responding to illegal drug use by clients because drug use lowers motivation to make changes, 3) being sensitive to mental health issues that lead to child protection issues; 4) the art of reinforcing client progress; 5) how to encourage multi problem families to begin with small changes, 5) trying, as one worker put it, “any which way to engage and communicate with clients who are not making progress,” 6) how to blend compassion with other best practices; 7) the art of negotiating with clients within the boundaries set by CPS policy; 8) how to share information about useful services with clients so they will make use of them, 9) the usefulness of additional support from supervisors via periodic supportive shadowing by supervisors in the field and conducting unit meetings where workers get to set the agenda based on the challenges they face in the field.

These interviews consistently followed a pattern. Workers would share how difficult the challenges were, sometimes seemingly impossible, and then the interviewer would ask: “As difficult as such situations are, what have you have figured out to do that is useful— even a little bit?” And, “What would clients say you do in such situations that are useful to them?” Workers almost always had developed ways to be useful and would describe them in detail, while frequently qualifying their answers with a statement such as “nothing works all the time and every situation is different.”

In addition to the rich practice wisdom that emerged from these interviews, workers consistently made two points about CPS work and practice innovation: 1) with CPS case work being so heavy and so heavily policy driven (as evidenced by the sheer

size of the Children's Protective Services Manual), any practice innovations in CPS must not create extra work and must fit the CPS context, and 2) with the overriding challenge in CPS work being how to engage clients and keep them engaged, any practice innovation must offer something new and useful in this regard.

Strengths-based Interviewing Tools

The information gathered from shadowing and interviewing workers was reviewed by the Partnership for Safety team and formulated into initial drafts of two interviewing tools: 1) a tool for CPS investigation visits with parents or caregivers, and 2) a tool for follow-up visits with substantiated and open cases. Drafts of these two tools were shared with workers willing to field test them and periodic meetings were held with the team to receive feedback from CPS workers on how to fine-tune the tools. In addition to the 14 workers who were shadowed, an additional 7 workers participated in the review meetings on the tools so that, in the end, 21 of the 28 CPS workers at Miller County participated in the construction of these tools. Also, all four supervisors and the program manager and agency director reviewed and made suggestions for revision.

As stated, drafts of the tools were prepared by the Partnership for Safety team; workers did not have the time for this task. In preparing the drafts, the team analyzed information from shadowing notes and recorded interviews for themes about the components of CPS interviews and the sequencing of these components. Characteristic descriptions or tips from workers about how to accomplish each component were also identified. There was close consistency among workers interviewed about the components of CPS interviews and their sequencing, undoubtedly because of the detailed written policy governing how to conduct CPS work. The tips about how to accomplish

the components varied more. Some were specific and concrete, others more general and intuitive. In thinking about how to respect this diversity and still develop interviewing tools that could serve as clear guides for practice, the team did two things. First, specific worker comments were selected to include in the tools to capture the rich diversity of worker wisdom about how to do the work. Second, two key solution-focused interviewing questions were incorporated, exception and scaling questions. These questions, besides being specific and key elements in operationalizing the strengths-based practice philosophy (De Jong & Miller, 1995; Graybeal, 2001), were already familiar to workers through the introductory training CPS workers receive as part of the larger organization's (FIA) commitment to shifting toward more strengths-based work with clients. In field testing and reviewing the tools, the workers accepted these questions as generally consistent with strengths-based philosophy and their tips about what is useful in CPS work.

The Tool for Strengths-based CPS Investigations and Safety/Service Planning

This tool is organized around the sequenced components identified by workers and consistent with CPS policy regarding how to make a visit to a parent or caretaker to investigate allegations of child abuse or neglect and, when there seems to be a preponderance of evidence for the allegations, begin the process of taking steps to ensure the safety of the children and strengthen the family. For example the first component of the tool is:

*“Review referral; check customer’s CPS history, think: ‘Be respectful and clearheaded!’”*¹

For each component, the tool includes both “worker wisdom” and “guidelines.” The worker wisdom is the tips about how to accomplish that part of the interview, primarily in quoted form with all the color and intuitive truthfulness that workers use in describing their work. For example, the companion worker wisdom to the first component of this tool includes:

- “Review referral, think of alternative things that could have happened to set your mind open to any of many possibilities.”
- “Prior to going out, I review the case history if there is one and armed with this past history and the result of past investigations, I try and determine if the family is going to be honest with me, if I’m gonna have to decipher every evasive response or if they are going to be open and honest about things. It kind of gives me a way of gauging how much cooperation I’m going to have.”
- “I read the referral at least two, three times and circle or square off the actual allegations, cause a lot of it is extraneous garbage, but it’s leading up to what the actual thing is, you know, the kids are left alone or the house is dirty or it’s a fire hazard or whatever it may be.”
- “Get a coke on the way to calm yourself and relax.”
- “Listen to your favorite CD in the car.”
- “Remind yourself to look at the total picture.”
- “When you’re not feeling good about a referral, do whatever it takes lower yourself down and say: ‘Okay, I’m ready to go up in here now.’ Pray, deep breathe.”

The guidelines for each component are a summary set of practice guidelines formulated from team’s notes taken while shadowing as well as from the recorded interviews with workers and written consistent with CPS policy. As an example, here is the first guideline for the first component of the tool.

1. Consistent with the spirit of FIA policy (CPS Manual 712-5), these workers believe it is a good idea for you to check the background history and any CPS case record involving individuals mentioned in the referral accepted for CPS field investigation. An existing case history can give you important information about how the persons interacted with previous CPS workers. If a previous worker is still on staff, often you can share impressions with her before going out. Of special importance, of course, are past patterns of violence toward CPS workers and any additional history of sexual abuse, serious physical abuse and/or domestic violence. While past patterns and history of any person are predictive of future behaviors, the predictive value of anyone’s history is not foolproof. It is important for you to be prudent and take

¹ “Referral” refers to an allegation of child abuse or neglect called in by the community that a supervisor identifies as requiring investigation according to CPS policy. “Customer” is the term FIA uses for its clients.

necessary precautions especially when a person has a history of violence, but in the large majority of cases, as later comments by experienced workers in this protocol make clear, it is best not to make assumptions and approach the customer with an open, not-knowing attitude. While customers may have a history of certain problems, as human beings they are always much more than their problems. They also are likely to have wishes for the future of their families, strengths, and resources that can be brought out with effective interviewing.

While among the lengthiest, this guideline illustrates well the attempt to blend informal practice wisdom with formal policy in the interviewing tool.

In addition to the full tool complete with worker wisdom and practice guidelines, the team reduced the tool to a shortened form of one page that workers could use as a reminder sheet, even carrying it with them into the field until fully familiar with it. The short form includes each component of the interview along with the strengths-based scaling and exception questions, but omits the worker wisdom and guidelines. Several specific and key interviewing questions are included in the form to reinforce workers obtaining the family's point of view on its situation and to use strengths-based, solution building with families within families own frame of reference. The short form is printed below.

- *Review referral; check customer's CPS history; think: "Be respectful and clearheaded!"*
- *At the door, clarify why you are there; explain your role – "to ensure the safety of children"; be personable and humanize yourself; request permission to come in and discuss the referral*
- *As you enter notice and compliment something positive about the person or home*
- *Go over referral information "line by line" asking for the customer's understanding of the situation; stay calm; allow customer to vent; stay "not knowing"; take your time ☺*
- *Respectfully gather information to start making a decision of denial or substantiation*
- *If clearly a denial, thank the customer and be on your way*
- *If thinking substantiation, gently but clearly level with the customer about your concerns for the child(ren)'s safety. State your desire to work cooperatively with them. Assure them you will listen carefully and always keep them informed of your actions. (Qualify this assurance as needed and give examples about situations of immediate, extreme danger to children.)*
- *Scale customer's/child's/others' sense of child(ren)'s safety (10=safest imaginable, 0=unsafest imaginable)*
 - *Ask: "What number are things at right now?" (Get details)*
 - *"What tells you things are at that number?" (Get signs of both safety and risk)*

"What would be different if it was 1 or 2 numbers higher?"
"What would it take for that to happen?" "What else might be helpful?"

- *As needed, do safety planning with the customer*
 - *Use cooperative language: "We would like to work with you and be useful."*
 - *Ask: "Who else that you know might be helpful?"
"Who has helped in the past and what did they do that was so helpful?"
"Have you ever faced something like this in the past? What worked?" (Explore exceptions)
"What else might be helpful?"*
 - *Scale family situation (10=way you want things in your family, 0=worst ever):
"What number are things at right now?" (Get details)
"What would 10 look like?"
"Has there ever been a time when your family situation was closer to what you want it to be?"
"What would 1 or 2 numbers higher look like?"
"What will it take for that to happen?" "What else might be helpful?"*
- *Affirm and reinforce customer strengths, resources, and cooperation.*
- *Negotiate the next steps, being respectfully clear about what you think CPS will need to see different and possible useful services--ideally related to what the customer wants for her or his family. (On services, be sure to explore what difference the customer hopes the services might make.) Bottom line: Negotiate what the customer is able and willing to do to reduce the concerns and what FIA can do in the process to be most useful. Record goals/activities.*
- *Ask if customer has any other questions. Thank the customer and leave.*

The Tool for Follow-up Visits with Substantiate/Open Cases

A second interviewing tool was also developed for follow-up visits in cases where child abuse or neglect was substantiated or where the family seemed to be at high risk and was open to working with CPS to strengthen the family. Like the first tool, it included the components of the interview, worker wisdom, and practice guidelines. It focuses on the measurement of progress through scaling, amplifying and complimenting progress, and incorporates procedures for responding to cases with seemingly little or no progress. The short form of this tool is printed below:

- *Re-clarify situation with customer; carefully answer any questions about the customer's case; provide information about how the system works*
- *Continue safety/service planning as needed (see Protocol for CPS Investigations and Service Planning). If the plan is in place, proceed to scaling progress.*
- *Scale progress on goals/activities of the safety/service plan (10=goal accomplished, 0=no progress)*

- *Ask:* "What number are things at right now on _____ (goal or action step)?"
 "What tells you things are at that number?" "What exactly did you do?" (Get details of the progress)
 "How has that been helpful ... to you ... to your children?"
 "Who else is noticing things are better?" "What are they noticing?"
- *Reinforce progress:*
 "Has it been difficult to do?"
 "Did it surprise you that you were able to do it?" "How were you able to do it?"
 "What would the children say they notice different now?" "What do they like about the change?"
 "Does this progress make any difference in the children's safety?" "Would they agree?"
 "What will it take to keep this progress going?"
- *Work on the next step:*
 "Suppose things were one or two numbers higher on _____, what would be different?"
 "What would you notice?" "What would the children notice?"
 "How would these differences be helpful?"
 "Could they happen?" "What will it take ... from you? ... from FIA?"
- *Scale other goals/activities and record next steps*
- *When there is little or no progress:*
 - *Ask:* "Who knows you well?" "What would they say it will take to make things better?" (Get details!)
 "What could I do differently to be useful to you in this situation?"
 "What would your friend ... your children, ... your mother, ... etc suggest you do?"
 "Do you think that might make a difference?" "How so?"
 "Suppose you decide not to do what is on the plan, what do you think will happen?"
 "Would it be helpful, knowing the system the way I do, to tell you what I think will happen?"
 "Would it be useful if I told you some more about the services that I think might be useful?"
 - *Whenever customer comes up with an idea, build on it by asking:*
 "How might that be helpful?"
 "Suppose that were to happen, what would be different for you .. between you and your children,
 ... between you and FIA, ... between you and the court?"
 "Could that happen?" "What would it take ... from you, ... from FIA?"
 "Who else might be helpful to you in making this happen?"
 "When was the last time you did something like that?" (Get details about exceptions)
 "Are you the sort of person who can make things happen when you decide to?"
 "What would it take to make the decision to do ___? Who or what might help in making the decision?"
 "Who knows you well?" "What would they say it will take to make things better?" (Get details!)
 - *If the above questions do not help the customer to come up with any ideas, as necessary, respectfully inform the customer of the likely consequences of insufficient progress. Unless there is an emergency, do not push too hard. Perhaps ask one last time:*
 "What can I, you, or anyone else do differently to be useful? How might that be helpful?"
- *Compliment the customer on strengths and progress. Thank the customer for his or her time. Always try to finish on a positive, encouraging note!*

Incorporating the Interviewing Tools into Practice

As Miller County began to encourage workers to use the tools, it soon became clear that some workers were using the tools more fully than others. Some workers already were incorporating more strengths-based ways of interacting with families and using the tools fit the way they practiced. Others were more purely focused on

investigation, gathering the problem-assessment information for making a determination of substantiation or denial of abuse or neglect. Still others tended to use a problem-focused model of identifying family problems from their own frame of reference and recommending the services they thought would best reduce those problems. With workers customarily going out in the field individually to meet with families and children, there was not a means of determining the extent to which they were using the tools or practicing according to the organization's strengths-based philosophy.

It soon occurred to the team that one way to encourage workers to ask the strengths-based questions in the tools was to require them to incorporate the answers to such questions in the case documentation. However, while the larger organization had adopted a strengths-based philosophy, it has only just begun reworking its case documentation requirements in child welfare to incorporate more strengths-based case information in case assessments and service planning. A recent federal audit of the state's child welfare case documents supports this observation especially in the area of service planning. The audit stated that service plans do not sufficiently reflect client views of their family's situation, client strengths, or the extended family and other community resources the client might identify as useful in removing any child safety concerns and strengthening the family. The audit concluded that even if workers were gathering such information, it was not being incorporated into the goals, action steps, or outcomes of planning with families.

In reviewing case documentation templates, the team encountered a management colleague in foster care division who had begun to use the “hidden text”² option on the case documentation templates to guide workers in providing required case information and incorporating strengths-based information into case assessments and service plans. We have recently followed suit and written hidden text into the CPS templates in order to guide workers in Miller County in incorporating information obtained through using the strengths-based interviewing tools into their case documentation. We expect that this added hidden text keyed to the interviewing tools will reinforce the use of strengths-based interviewing across all CPS workers. With workers preparing case documentation almost daily and supervisors reviewing and authorizing it, supervisors have ongoing opportunity to influence and train workers in strengths-based directions. Consistent with the notion of parallel process discussed earlier, the team has encouraged supervisors to do this by especially noticing and complimenting successful examples of strengths-based documentation as well as the interviewing that the documentation rests on. The team has also encouraged Miller County supervisors to periodically shadow workers using the same strengths-based (supervision) questions that team members found so useful in engaging workers and reinforcing strengths-based practice when they shadowed workers.

Conclusion

² Hidden text is an optional feature of a template formatted as a Word document in which instructions about what information to include at given points can be included as “hidden text” that can be shown or not shown, depending on the user’s needs.

Given the space limitations, this article has only presented the short versions of the interviewing tools. These tools were taken from a larger field guide that contains the full version of both tools. The field guide also includes the mission statements of FIA and CPS, the assumptions behind strengths-based interviewing, an explanation of client change and solution building in CPS, description of the application of scaling and exception questions in CPS work, and references. The forty-page field guide is available for downloading at [www. _____](http://www._____) .

As of this writing, Miller County is beginning to use the interviewing tools and hidden text with all its workers. Supervisors and workers continue to fine-tune the tools, principally incorporating added specific and non-negotiable points of policy and exploring the usefulness of versions of different length to accommodate the needs of new and experienced CPS workers. At the state level, the interviewing tools, case documentation with hidden text, and the field guide are being used to prepare new CPS workers. Also being used are companion case-documentation exemplars and videotapes of strengths-based interviewing produced by the project team in cooperation with workers.

As our Partnership for Safety team reflects on our experiences thus far with Miller County and the larger CPS system of which it is a part, we are reminded of two observations made by the authors cited in our introduction. First, there is little evidence that practitioners actually make use of client strengths in their practice (Cowger & Snively, 2001). The federal audit of FIA's case documentation in child welfare described earlier is again evidence supporting Cowger and Snively's observation. In our several years of training and collaborating with the child welfare workers, we have come

to realize that workers profess acceptance of strengths-based philosophy and generally seem to believe in its value; however, they struggle much more with how to put it into practice and incorporate information about families gained from strengths-based interviewing into case planning.

The second observation--and we believe this is the main contributor to workers' struggle to incorporate the strengths-perspective into day-to-day practice—is that strengths-based practice is more complex than the single application of an assessment or intervention tool. It is, rather, an ongoing dialogue between practitioners and clients around : “resources, options, possibilities, exceptions, and solutions” (Graybeal, 2001). Being so, we, like others, believe workers need ongoing support in learning how to shift from more problem-focused interactions with clients to dynamic strengths-based conversations (De Jong & Berg, 2002; Graybeal, 2001; Saleebey, 2001). This may be especially the case in the field of child protective services because it is so heavily influenced by practice approaches and tools that are deficit-focused, investigatory, and worker-driven in their case planning. The tools presented here offer a version of how to conduct dynamic, strengths-based conversations with clients in child protective services. We believe they are an especially good example of such a tool because, in addition to being strengths-focused, they were cooperatively constructed with CPS workers and supervisors through a dynamic process of strengths-based conversation.

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SBI Protocol for use in CPS Investigations and Safety/Service Planning

(short form for the field)

- *Review referral; check customer's CPS history; think: "Be respectful and clearheaded!"*
- *At the door, clarify why you are there; explain your role—"to ensure the safety of children"; be personable and humanize yourself; request permission to come in and discuss the referral*
- *As you enter notice and compliment something positive about the person or home*
- *Go over referral information "line by line" asking for the customer's understanding of the situation; stay calm; allow customer to vent; stay "not knowing"; take your time ☺*
- *Respectfully gather information to start making a decision of denial or substantiation*
- *If clearly a denial, thank the customer and be on your way*
- *If thinking substantiation, gently but clearly level with the customer about your concerns for the child(ren)'s safety. State your desire to work cooperatively with them. Assure them you will listen carefully and always keep them informed of your actions. (Qualify this assurance as needed and give examples about situations of immediate, extreme danger to children.)*
- *Scale customer's/child's/others' sense of child(ren)'s safety (10=safest imaginable, 0=unsafest imaginable)*
 - *Ask: "What number are things at right now?" (Get details)*
"What tells you things are at that number?" (Get signs of both safety and risk)
"What would be different if it was 1 or 2 numbers higher?"
"What would it take for that to happen?" "What else might be helpful?"
- *As needed, do safety planning with the customer*
 - *Use cooperative language: "We would like to work with you and be useful."*
 - *Ask: "Who else that you know might be helpful?"*
"Who has helped in the past and what did they do that was so helpful?"
"Have you ever faced something like this in the past? What worked?" (Explore exceptions)
"What else might be useful?"
 - *Scale family situation (10=way you want things in your family, 0=worst ever):*
"What number are things at right now?" (Get details)
"What would 10 look like?"
"Has there ever been a time when your family situation was closer to what you want it to be?"
"What would 1 or 2 numbers higher look like?"
"What will it take for that to happen?" "What else might be helpful?"
- *Affirm and reinforce customer strengths, resources, and cooperation.*
- *Negotiate the next steps, being respectfully clear about what you think CPS will need to see different and possible useful services--ideally related to what the customer wants for her or his family. (On services, be sure to explore what difference the customer hopes the services might make.) Bottom line: Negotiate what the customer is able and willing to do to reduce the concerns and what FIA can do in the process to be most useful. Record goals/activities.*
- *Ask if customer has any other questions. Thank the customer and leave.*

SBI Protocol for use in CPS Follow-up Contacts (short form for the field)

- *Re-clarify situation with customer; carefully answer any questions about the customer's case; provide information about how the system works*
- *Continue safety/service planning as needed (see Protocol for CPS Investigations and Service Planning). If the plan is in place, proceed to scaling progress.*
- *Scale progress on goals/activities of the safety/service plan (10=goal accomplished, 0=no progress)*
 - *Ask: "What number are things at right now on _____ (goal or action step)?"*
"What tells you things are at that number?" "What exactly did you do?" (Get details of the progress)
"How has that been helpful ... to you ... to your children?"
"Who else is noticing things are better?" "What are they noticing?"
 - *Reinforce progress:*
"Has it been difficult to do?"
"Did it surprise you that you were able to do it?" "How were you able to do it?"
"What would the children say they notice different now?" "What do they like about the change?"
"Does this progress make any difference in the children's safety?" "Would they agree?"
"What will it take to keep this progress going?"
 - *Work on the next step:*
"Suppose things were one or two numbers higher on _____, what would be different?"
"What would you notice?" "What would the children notice?"
"How would these differences be helpful?"
"Could they happen?" "What will it take ...from you? ... from FIA?"
 - *Scale other goals/activities and record next steps*
- *When there is little or no progress:*
 - *Ask: "Who knows you well?" "What would they say it will take to make things better?" (Get details!)*
"What could I do differently to be useful to you in this situation?"
"What would your friend ... your children, ... your mother, ... etc suggest you do?"
"Do you think that might make a difference?" "How so?"
"Suppose you decide not to do what is on the plan, what do you think will happen?"
"Would it be helpful, knowing the system the way I do, to tell you what I think will happen?"
"Would it be useful if I told you some more about the services that I think might be useful?"
 - *Whenever customer comes up with an idea, build on it by asking:*
"How might that be helpful?"
"Suppose that were to happen, what would be different for you .. between you and your children, ... between you and FIA, ... between you and the court?"
"Could that happen?" "What would it take ... from you, ... from FIA?"
"Who else might be helpful to you in making this happen?"
"When was the last time you did something like that?" (Get details about exceptions)
"Are you the sort of person who can make things happen when you decide to?"
"What would it take to make the decision to do ___? Who or what might help in making the decision?"
"Who knows you well?" "What would they say it will take to make things better?" (Get details!)
 - *If the above questions do not help the customer to come up with any ideas, as necessary, respectfully inform the customer of the likely consequences of insufficient progress. Unless there is an emergency, do not push too hard. Perhaps ask one last time:*
"What can I, you, or anyone else do differently to be useful? How might that be helpful?"
- *Compliment the customer on strengths and progress. Thank the customer for his or her time. Always try to finish on a positive, encouraging note!*



*** Putting on the Mindset...**

The Challenge To Child Welfare



Creating a Mindset Approach

Is

Everything

5/17/06



Solutions: The Groundwork

Guiding Principles:

- * Families can enhance & improve the well being of their children with assistance
- * Families are our colleagues
- * Family strengths can be enhanced
- * Families are able to formulate their own solutions with assistance
- * Families tend to maintain solutions they create
- * Families are doing the best they can in difficult situations
- * Families have a right to support in their efforts to improve their children's well being



Building Solutions in Child Welfare

Groundwork and Guiding Principles

- * **Families know more about their situation than anyone**
- * **Respect the dreams and aspirations clients have for themselves and their children**
- * **Families are able to formulate their own goals and build their own solutions**
- * **Families tend to maintain solutions they create**
- * **Family strengths can be enhanced and change can happen**
- * **Families are our partners and need our support**
- * **Families can enhance and improve the well being of their children, with assistance and support**
- * **Safe solutions will be found in partnerships among parents, workers, supervisors and other community partners**
- * **Families have a right to be supported in their efforts to improve their children's well being**
- * **Most children can be protected by their parents**
- * **Child protection must also focus on family protection**



Building Solutions in Child Welfare Services

Focused Paradigm Solution

- ✧ **Client takes center stage**
- ✧ **Assessment of solutions, not deficits**
- ✧ **Capitalize on what has worked so far**
- ✧ **Listen to what are the client's desired outcomes. Join with client to realize outcomes.**
- ✧ **What are the client's existing strengths and resources? Use them to build solutions.**
- ✧ **Using a client's own words and images will help the worker build on past successes (however small) and move toward solutions that last**
- ✧ **Collaboration is the key**
- ✧ **Solutions will be generated by client together with worker**
- ✧ **Worker respects and works with unique individual, cultural, ethnic realities that each client brings to the situation**
- ✧ **Responsibility for safety of child becomes the parent's responsibility**

Solution-Focused Strategies In TDM Meetings

This concept is not just a matter of using techniques or different types of questions. In order for a strengths-based, solution-focused approach to *really* work, one must understand and embrace the philosophy. It is a way of thinking about situations, about people; co-workers, customers, etc. AND, about our interactions with them, i.e., do you believe people have the capacity to resolve their problems? Can a father who hits his child be a good parent? If someone uses drugs, are they still able to contribute to the lives of others?

For professional child welfare staff, it is a sense that our job is not to solve people's problems, but rather to help them re-discover their solutions. A recognition that we do not *know* the answer and a confidence that we do not *have to know* the answer.

The questions (miracle, scaling, etc) and techniques (compliments, language, etc) are merely the tools to make these beliefs come alive.

Problem solving is other guided. It is your best friend coming to you and saying, "here's the deal... what should I do?" You give the answers. You see the picture on the puzzle box and proceed to put the puzzle together.

Solution-finding is done together. Your best friend says, "here's the deal... what should I do?" You start to find out more about 'the deal'. How did it happen? What did others think about it? Did anything like this happen before? What did he/she do about it then? Together, you try to figure it out. It is the pieces of the puzzle given to you slowly and you work with your friend to put the picture together one piece at a time until a recognizable scene emerges.

In TDMs, you have the ability to truly be curious. You don't know about the situation. The image is brought forward through the worker's description, the family and their supports' recounting of the details, the community representative's query and through your questions and summary. It is a prime opportunity to use this approach as everyone explores a safe placement alternative.

Scaling Questions

Scaling for the team's sense of success.

- "On a scale from 0 to 10, 0 meaning there is no chance it will work, 10 meaning this is the best thing since sliced bread, what is everyone's sense that this plan will be ok in keeping the children safe?"

Scaling for confidence.

- "From 0 to 10, Ms. Johnson, how confident are you that you can do what you said by next Monday?"

(Follow-up)

- "What will it take for you to feel more confident?"
- "Is there anything that your sister here can help you with to achieve that?"

Relationship Questions

- "What would the children say is the most important thing we talk about today?" Gets to the real need, keeps everyone focused on the purpose of the meeting
- "How would the children rate this plan on a scale from 0 to 10?"
- To the parent, "How would your mother/brother/sister rate how well you are following through with your treatment plan, from 0, not at all, to 10, everything is accomplished?"

Exception-Finding

- "How did working with that counselor make a difference?"
- "Can you tell us how you were able to get the kids off to school everyday even with so much going on in your life?" (Indirect Compliment)
- "I know that we talked about the relapse you had a couple of months ago, but can you tell us how you have managed to remain sober these last two months?"
- To the worker, "You mentioned that there are times when Ms. Johnson has kept everything under control, what do you think helped her to do that?"

Compliments

Indirect compliments imply something positive about the person

- To the parent, "The foster mother mentioned how well behaved your son is, you must have taught him well"
- "According to everyone here, you have made a lot of positive changes, what do you think is the most noticeable to your children?"
- To the foster parent, "How did you know to contact the worker when things weren't going well?"

Being Solution Focused in the TDM Family Meeting Process

FAMILY: Is the family treated with respect? How is that evidenced? Does the family understand the role of a TDM? Is their comfort assured? Does the family participate fully in the discussion? Do the staff and others talk to and with family members, is the decision a "new" decision for the family or does the TDM only affirm decision already made? Are family strengths used as part of the decision making strategy, or are they only listed? How does the family think the TDM/ has been good for them and their children? Does the family have a strong voice from beginning to end of the meeting? Does the family leave thinking this was useful to them? What would improve the TDM/ process for the family?

SPECIALIST: Does the specialist treat the client with respect? Does the specialist come to the meeting prepared? Can he/she focus on the decision to be made and clearly articulate the reason for her considered decision? Or, if an emergency, at least know the major facts? What are the facts from the client perspective as well as from the professionals? Does she focus on the behaviors of the client instead of the "attitude" and personality of the client? Can she/he be behaviorally specific about what needs to change to prevent a removal or change of placement, or effect a reunification? Is it clear that the Specialist sees her role as a partner 'with ' the family not the one with all the power? Is it evident that the family has been consulted and involved in the decisions and treatment plan? Does the specialist focus on the power the family has to change rather than short-term compliance? Can the specialist be clear about what is at issue and has clearly thought through the consequences of the decision about to be made? Does the Specialist respect the role of the facilitator? What does the specialist do well in the TDM?

SUPERVISOR: Does the supervisor give evidence that the TDM process is important by their presence and support for the process? Does the supervisor know the case and support the considered decision of the specialist? Is the supervisor open to having a different outcome than the one brought in to the TDM Does the supervisor use behaviorally specific language to discuss concerns, issues, behaviors? Does the supervisor model strength based language and behavior? Does the supervisor actively participate in the meeting and show support for the process? Does she/he expect that the Specialist prepare well? Is the Supervisor knowledgeable about policy and reasonable efforts? Does the supervisor evidence understanding of this case? Even if it is an emergency? Is it clear that gender, culture, race, religion and respect for these differences is apparent and are being dealt with appropriately? Does the supervisor participate appropriately and not take over for the specialist? Does the supervisor respect the role of the facilitator? What do you think we need to do to assist supervisors to make the process better? Training? Coaching? Other?

COMMUNITY REPRESENTATIVE: Is the role and presence of Community rep. seen as vital and valued? Does the community Rep. get adequate information about case to be helpful? Does the family understand the role of the rep.? Is the rep. knowledgeable about resources and

services? Can the rep. be an appropriate advocate for the family, the community and the process? Does he/she see all sides? Is he/she encouraged to participate? What would make the role of the Community rep. more helpful in the meeting? What is enhanced by having a community rep. at the meeting? Is the current training enough? How does the rep. relate to the specialist and supervisor?

FACILITATOR: Does the facilitator create an atmosphere that is respectful, inclusive and supportive for all parties? Is the process and desired outcome for the meeting well explained? Does everyone have clarity at the outset of what the process is and what is at stake? (process and content). Does the facilitator work from a solution-focused perspective? Is the facilitator able to be fair and neutral? How is the discussion facilitated so that everyone feels they are making a contribution? Is she/he able to handle tension, disagreement and anger well? When the meeting gets off point does the facilitator have the skill to get back to task? Is the meeting kept within the timeframes but not rushed? Are all points of view heard? Considered? Can the Facilitator be transparent enough so that the family has a place of primacy? How does the facilitator ensure that the family and the family viewpoint is treated as central to the decision making process? Can the facilitator connect the strengths outlined with the the emerging decisions? Can the facilitator see the safety concerns? Is the meeting kept focused on the DECISION and not used to review all aspects of the case (except when relevant)? Does the facilitator encourage solution-focused language? and actions? Does the facilitator ask good and relevant questions? When the facilitator sees evidence of domestic violence does she know how to address it? Is the facilitator knowledgeable of the resources in the community? Is the facilitator conscious of race, class, gender, power, cultural issues? and those of religion and faith? Does the facilitator know how to end meetings well? Does the facilitator know how to ask for help? What are the facilitator's strengths? What would be helpful to this facilitator to improve the TDM/FCR process? Training? Coaching?

OVERALL PROCESS: As you look in on the TDM Process, what issues are surfacing that are common across facilitators, counties? What training issues do we need to address? Service issues? What would improve the process? What are we doing right? Is this (TDM) helping us make better decisions? What do we need to address policy wise? Service wise?