

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?