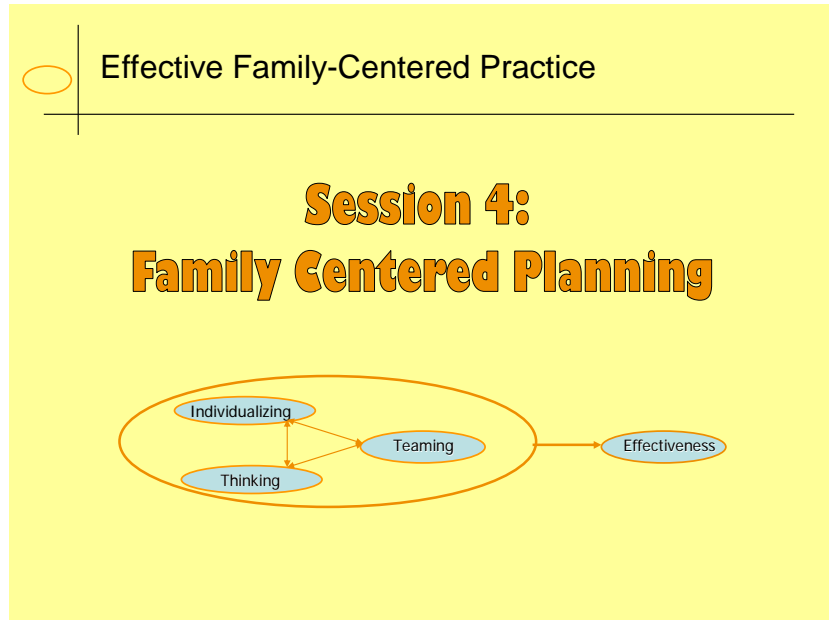


SESSION 4: FAMILY CENTERED PLANNING

SLIDE 4-1: SESSION TITLE SLIDE



Summarize:

- This session will focus on family centered planning, particularly working in partnership with the family to create a plan.

Ask:

What is the PI's role in planning?

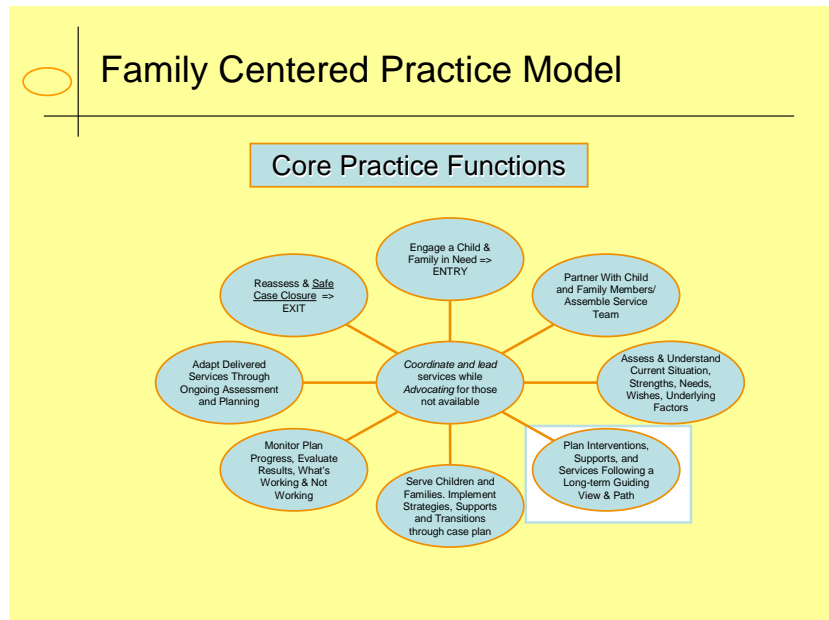
Suggested responses:

- *Write an initial safety plan.*
- *Determine with the family if immediate services are needed and, if so, what kind.*
- *Identify providers of the needed services (whether formal or informal).*
- *Based on the assessment with family, decide whether ongoing services are needed and, in court cases, use the PDS to identify those needed services.*
- Given this role, I believe both PIs and case managers will find the planning tools of this session useful.

(Continued on next page.)

- In planning, all three strengths of our casework effectiveness model are used, though commonly to different degrees:
 - **Individualizing** – is probably the primary strength for planning. The plan is an *individualized* plan, based on the unique characteristics of the family and child.
 - **Thinking** – is certainly important, though not as prominent as individualizing; still, it takes critical thinking to have the plan flow directly from the assessment results and, perhaps, to identify or select specific formal or informal supports that are compatible with the family’s needs and concerns.
 - **Teaming** – like critical thinking, is important, but, if the teaming relationship has been growing through engagement and assessment, it should be a rather natural extension into planning.

SLIDE 4-2: FAMILY CENTERED PRACTICE MODEL



Say:

Here’s where we are in our practice model . . . planning the intervention We’ll be focusing on the planning process – what makes for a good plan and why – rather than how to write a case plan or working with a multifunctional team to develop the case plan.

SLIDE 4-3: SESSION OBJECTIVE



Session Objective

Working in collaboration with the family to develop the right plan, building on specific family strengths to meet the safety, permanency, and well-being goals while being responsive to the family's uniqueness.

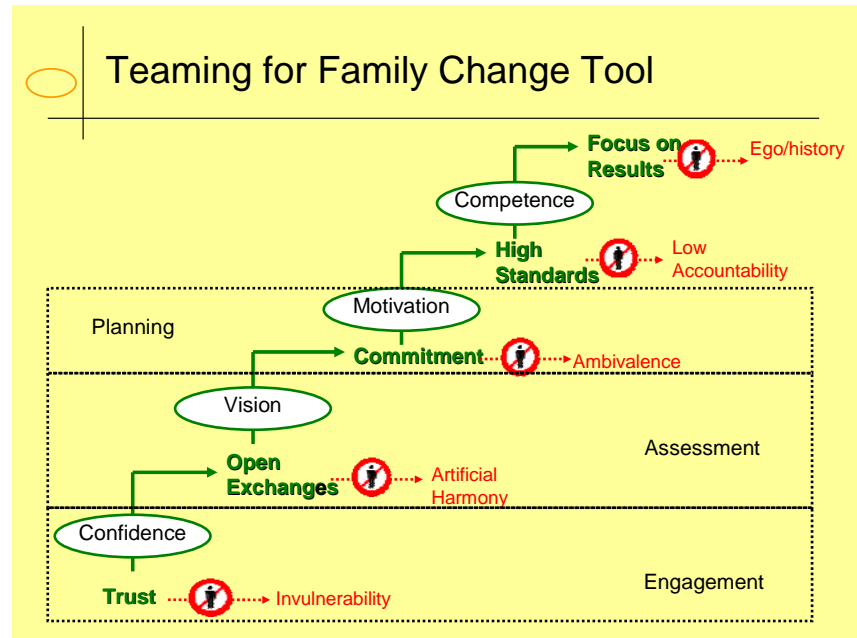
State the objective.

Point out that this session should apply to safety plans, service plans, transition plans, etc. – all types of plans that get developed for working with children and families.

TRANSITION

We'll start this session with a short focus on the teaming strength, then move on to individualizing, and then conclude with applying critical thinking to the planning process.

SLIDE 4-4: TEAMING FOR FAMILY CHANGE



Summarize:

- Where does planning fit in with the family change process?
- We said that a good engagement develops the trust necessary to start the change process. Trust gives people confidence to work together, rather than put up barriers to make them invulnerable.
- We use that confidence to conduct open and frank discussions during assessment, so we – the family and ourselves – develop a shared vision for the intervention. These frank discussions avert the problem of artificial harmony or just going through the motions and avoiding serious issues.
- Also in assessment, we begin to develop the commitment, the buy-in, to the assessment findings and the intervention in general.
- The confidence and vision are still tentative, however, and it is natural for the family and us to feel some ambivalence, or uncertainty, regarding the direction of the intervention and whether it will be successful. Whether we can believe in each other and what we can accomplish, in other words.
- The power of this sense of ambivalence is what makes how we conduct planning with the family so important.
- Through the planning process, our task is to work with the family to build their and our commitment to the plan – and through that to the intervention.

(Continued on next page.)

- If we are successful, the sense of the ambivalence decreases and that energy is transferred to a positive motivation to proceed, something we know as buy-in.
- If you've been successful with the family to date, you continue your strong partnership efforts; if you see a fair amount of ambivalence as you start the planning process, redouble your efforts to build the trust, confidence, and vision with the family . . . a stitch in time saves nine, you know.
- That's why your teaming strength needs to continue into planning; with a commitment to the plan, the rest of the intervention will go much smoother and is more likely to result in reaching your goal of **success with the family in the shortest amount of time and with the highest quality outcomes.**



**VIDEO SEGMENT #4:
TRACHELL'S STORY:
CASE PLANNING**

Introduce the video segment. Say:

Let's watch Trachell talk about her planning and working with Mamie as an example of how she "teamed" with her – developed Mamie's commitment to a plan.

Show the video segment now.

Process the video. Ask:

What are some of the key points Trachell makes about planning with Mamie and helping her attain her goals?

Possible responses:

1. Looking at the goals she had for herself and starting there.
2. They selected improving her self esteem as a starting place.

Ask:

What do you think about this as a goal to start with?

1. Helping her to identify strengths
2. Pointing out positives
3. Letting her know they would be working as a team
4. Encouraging her and being there for her to help her stay motivated

Ask:

Can you think of another goal that might also have been appropriate? If so, what is it?

Discuss briefly.

TRANSITION

That's my pitch for the teaming strength. Next, we'll turn to the individualizing strength . . . that is, how to individualize a plan to the child or family while strengthening your partnership with them.

Among all of you, you've probably developed over 1,000 case plans. To set the context for this session, we'll draw on your hard won expertise. We want to know what you see as some of the common problems with plans . . . and what you see as the characteristics of high quality plans.

ACTIVITY 4-1: Good Plans, Bad Plans, You Know I've Had My Share

TIME: MINUTES

DIRECTIONS:

1. Divide the participants into small groups of 4-6. Ideally, have some groups of PIs and the rest a mix of service workers, attorneys, etc.
2. Assign at least one of the PI groups to identify common problems of PDR's and safety plans. The rest of the groups are to identify common problems they see with case/service plans. For example, "cookie cutter" plans that are not individualized to the families.
3. Assign the other half of the groups to identify the characteristics of solution-focused plans. For example, the plans flow clearly from the assessment findings.
4. Tell the groups they can use the activity sheet in their Participant Guides to write their responses (on page 4-1).
5. Give the groups 10 minutes to work.
6. Have them "report out" after the 10 minutes. First go through the "problems" groups, then the good characteristics or "solutions" groups. Write the key words of unique responses on a Problems or Solutions flipchart sheet.
7. Compare how the problems match up with solutions. Point out that this session is to make the solutions more prevalent in daily practice.

PARTICIPANT GUIDE: PG. 4-1



(See trainer note on the next page.)

TRAINER NOTE

For common problems, examples are:

- Cookie cutter plans
- Objectives as compliance rather than behaviors
- Lack of family involvement/buy-in
- Focus solely on court-ordered actions/objectives
- Too many family objectives; too few worker/services objectives.
- Overwhelming number of tasks starting at same time.
- Plan seen as an administrative requirement rather than a process for working with the family.

Examples of common good characteristics or solutions are:

- Based on the functional assessment
- Addresses underlying needs, as appropriate, and particular needs of the child and caregivers
- Is comprehensive in addressing family needs, balanced by not being overwhelming
- Includes specific tasks for the PI/worker
- Makes use of the family's strengths
- Reflects the participation, views and preferences of the family (responsive to family concerns)
- Presents a coherent and achievable approach to achieve the strategic goals of safety, permanency, and well-being
- Sensible in the use of informal and formal supports/resources
- Culturally appropriate for the family

TRANSITION

We're now reminded of the main problems and solutions for creating family-centered plans. We've worked on the "whats" of plans, now let's turn to the "hows" – putting those solutions into practice.

Tell the participants for the next activity, we'll be focusing on building plans are two particularly family centered solutions: using strengths and being responsive to family concerns.

ACTIVITY 4-2: Mission Possible

TIME: MINUTES

DIRECTIONS:

TRAINER HANDOUT 4-1 & 4-2

1. Have the participants stay in their groups of 4-6.
2. Assign the groups to one of the solutions, either Using Strengths or Being Responsive.
3. Hand out the appropriate assignment sheets to each group. (See **Trainer Handout 4-1 and 4-2**).
4. For the scenario they've been assigned, each group will write the child and family needs and how they would apply their assigned solution to meeting those needs. They have 20 minutes to write their needs and solutions.
5. Have the teams give their reports (i.e., their identified needs and planning solutions for the assigned case scenario).
6. The whole group can then ask them questions or add possible alternative solutions or tips/success strategies for using that solution based on their experiences. Encourage a sharing of ideas – this is the content delivery part of the session, essentially. (*Some possible solutions are presented after these activity directions.*)
7. Repeat steps 5 & 6 until all teams have given their reports.
8. Re-emphasize the importance of applying the family centered solutions of using strengths and being responsive to family concerns as part of the planning process.

Possible Solutions: Slone Family: Building on Strengths

Identified Needs:

1. Jeremy is under age 5, non-verbal and not observed by anyone outside the family.
2. Jeremy needs age appropriate supervision when his mother is not available to provide care and supervision.
3. Jeremy needs to have regularly scheduled medical care/check-ups.
4. Ms. Slone needs a network /support system to assist her when she needs help.

(Continued on next page.)

Strengths-based Tasks:

Strength: Family Relationships

1. Ms. Sloan will check with her adult relatives (aunt, mother, sister) to determine if any of them can assist in providing care for Jeremy such as babysitting, or transporting him to medical appointments in exchange for her doing some housekeeping or gardening work for them.
2. CPI/CM will locate and obtain referral information about groups such as “Parents without Partners” who provide help exchanges for their members.
3. Ms. Sloan will work with the CPI/CM, her mother, her sister, and her aunt to try to get everyone working together to improve Leah’s father’s relationship with Leah.

Strength: Smart and a Good Worker

1. Ms. Slone will check with her employer to determine if her work hours could be changed to daytime to make child care more readily available.
2. Ms. Slone will check with the local Workforce Board and other job opportunities to see if she can find a job that better fits her schedule or provides an apprentice program that may benefit her.
3. Ms. Slone will talk with her sister about doing alterations for her business at home so she can simultaneously watch Jeremy.

Possible Solutions: Michaels Family: Family Responsive Plans

Family Identified Needs

1. John Michaels has experienced some drastic life changes (recent move, loss of best friend, deployment of father) which have impacted his life in negative ways.
2. Mrs. Michaels needs a support system to help her cope with the recent changes in her life (recent move, husband’s deployment, changes in son’s behavior.)

(Continued on next page.)

Outcomes

1. John will be able to adapt to his current life situation as evidenced by having positive involvement with others in the community.
2. Mrs. Michaels will develop and demonstrate techniques to cope with the recent changes in her life and that of her son.
3. There will be no incidents of child injury as a result of physical interventions by Mrs. Michaels.

Tasks

1. Mrs. Michaels will talk with her husband about what is happening at home and ask his advice.
2. Mrs. Michaels will access family support services at the base, such as the spouse's support group.
3. Mrs. Michaels will enroll John in the surrogate father/mother program at the base to provide him with a father figure.
4. Mrs. Michaels will participate in the spouse's support group at the base.
5. The case manager will provide information on programs within the community such as the YMCA, Boys and Girls Club, Big Brothers as well as church sponsored programs for John to consider.
6. The Case Manager will refer John to the city/county recreation department and schedule an appointment for a baseball coach to talk with him about joining a team.

TRANSITION

Have applied planning strategies piecemeal through scenarios; now apply them comprehensively in one case . . . our practice case.

ACTIVITY 4-3A: Preparing for a Case Plan Meeting with the Family

TIME: MINUTES

DIRECTIONS:

1. Divide the group into small groups of at least 4 people.
2. Distribute the activity materials to the small groups.
3. Using the results from Activity 3-11 (have flipchart where all can see the results), have the participants develop the Mason's family needs and their associated tasks. As possible, include strength-based tasks and family responsive tasks. The intent is to pull together what the PI/worker feels would be good working draft of a plan to use as a starting point for a plan discussion with the family.
4. Have each group write their needs and task statements on a flipchart page. Tell the groups to select a spokesperson to present the statements to the rest of the class.
5. When the presenter has finished, post the flipchart on the wall.
6. After all of the small groups have been presented, as a large group, review the information to make sure that a need or task hasn't been overlooked.



Flipchart generated in
Activity 3-11



ACTIVITY 4-3B: Case Planning with the Family

TIME: MINUTES

DIRECTIONS:

TRAINER HANDOUT 4-3A, B, & C



Flipchart

1. Have the class return to their case practice groups used to practice with the Mason case.
2. Distribute role play materials to the members of each small group. Have the groups determine who will play the counselor and parent roles. (See **Trainer Handouts 4-3A, B, & C**).
3. Using the needs and tasks statements developed in the previous activity, have each group conduct a family-centered planning meeting where the PI/worker refines the plan statements (including needs and tasks) with the parents.
4. Have the worker and the parents write the case plan needs and tasks on flipchart paper.
5. Once all the plans are complete, have the groups switch case plans with another small group. The small groups are to review each other's case plan, making recommendations as to ways to possibly improve the written tasks.
6. Debrief the activity by discussing what the small groups experienced while negotiating the case plan with the parents.

Ask questions such as:

- For the family members, did you feel the worker demonstrated family-centered principles during the role play? If so, provide some examples . . . if not, provide some examples where the worker could have used family-centered principles.
- Those of you who role played the workers, do you think you demonstrated family-centered principles? What are some of the difficulties you experienced while negotiating with the family? How did you deal with these issues?
- How did they feel about any negotiations that took place? Did the negotiations lead to a better plan?

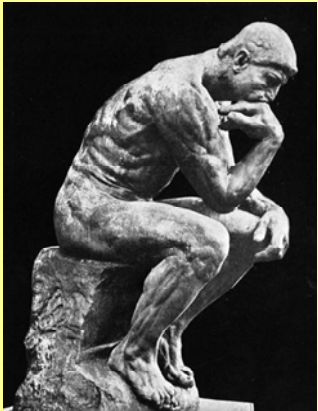
TRANSITION

We've finished the teaming and individualizing strengths for planning . . . now, let's close out this session with critical thinking.

SLIDE 4-5: WHAT IS CRITICAL THINKING?

Hmmmm?

What
is
critical
thinking in
planning?



OK, now that we're done our best thinking on how to apply the individualizing strength to planning, let's review our work with the critical thinking strength.



Critical Thinking: Planning

Do we have the right plan for the family, building on specific family strengths to meet the safety, permanency, and well-being goals while being responsive to the family's unique needs, characteristics, members, and situation?

- Integrates negotiable and nonnegotiable aspects
- First, check minimum needs and requirements (evidence)
- Next, do a gut (or heart) check (common sense)
- Then, have confidence in your decision

Summarize:

- Critical thinking in planning **reconciles** your urge to control the situation to ensure child safety with the common sense that that is impossible. Child safety cannot be ensured, no matter what the placement or plan. So, how do we apply critical thinking in planning?
- From the assessment findings, your professional experience, and the court order (if one exists), you determine the minimum required outcomes that need to be in the plan.
- These minimum outcomes may get buffeted around or dropped or have other outcomes take their place as the planning process unfolds with the family and others.
- As the plan is being written, you review your minimum outcomes, and then compare them to where the plan is headed. Then, ask yourself the gut check question:
Will this plan get the child and family to where they need to be in terms of adequate levels of safety, permanency, and well-being?
- In answering, you go beyond the objective review of the plan . . . you check your feelings and intuitions you've developed over the years.
- Combining structured thinking with intuitions or gut feelings to make a decision – that's family centered critical thinking as we define it.

TRANSITION

Let's see how we can apply critical thinking to planning.

ACTIVITY 4-4: Planning Self-Assessment

TIME: MINUTES

DIRECTIONS:

PARTICIPANT GUIDE: PG. 4-2

1. Refer the participants to the **Self-Assessment: Critical Thinking Applied to Planning** on page 4-2 in their participant guides.
2. Point out that the top of the self-assessment presents the critical decision that needs to be made. Then, questions for each of the seven factors of critical thinking are presented. Critical thinking integrates the seven factors to make the decision.
3. Tell the participants to think of a case they are currently working, and for which they have recently completed a plan of some sort.
4. Have them use the **Self-Assessment: Critical Thinking Applied to Planning** to assess their planning process with the child and family.
5. When they have finished, have them rate their critical thinking in **planning**, as described in their Participant Guide on page 2-12.
6. As the participants finish their self-assessment for planning, have them complete the **Improving Critical Thinking** activity at the bottom of Page 2-12.
7. Ask for some volunteers to share their plans for improving their critical thinking . . . ask for a show of hands to identify areas of strength and areas that need improvement.

PARTICIPANT GUIDE: PG. 2-12

POSTER REVIEW

Use the posters from Workshop 1 to relate the key points of the session to the models.

Ask:

How does what we have been talking about in this session advance us toward the goal of having a culture of success?

Suggested responses:

- This session has emphasized family involvement in the drafting of the case plan. If we can do a good job of that, then we increase the likelihood of having the right plan for the right family on the first try. That approach has a lot of potential for getting good outcomes through good practice.
- Also, if the teaming strength has been well-implemented on the case, then the family and worker have developed trust in one another, set a vision for intervention, and, now, can commit to actually implementing the plan. That mutual commitment counts for a lot in achieving success.

Ask:

Looking at the Best Interests Model, what did this session give us with regard to it?

Suggested responses:

- In this session, we've continued our emphasis on the CPI/worker – family partnership so our focus has continued to be on the collaborative/solution-focused to adversarial/problem-focused dimension.
- Through collaborative planning, ideally we've continued to stay in the first quadrant of the model.
- Through being responsive to the family's concerns as well as the nonnegotiables and building on family strengths, we should be solution-focused more than problem-focused.
- Also, while we'll discuss this more in the next session, our approach may have incorporated more formal and informal supports in the planning process, keeping us in the first quadrant for family service teaming rather than siloing.
- Finally, a high level of responsiveness to the family's concerns often triggers our creative thinking in terms of adapting policy to the individual needs and characteristics of a family – necessity becomes the mother of invention, so to speak. (Question #4: **How can we safely adapt our SOPs to better meet the child's best interests?**)

(Continued on next page.)

- In sum, then, these actions should give us answers to the first question: **What can I do right now to promote the best interests of the child and family?**

If you've been able to involve other formal or informal supports in the planning process – joining in on defining the plan goals, objectives, and tasks so there is a common approach across service providers, then you can definitely say you addressed the third question: **What other viewpoints might help me?**

TRANSITION

Planning with a family involves a complex mix of skills to convert the assessment findings into a comprehensive, yet workable plan with family input and, ideally, commitment to the result. We've touched on some of the basic skills in this session, but let's do a Strengthshare to share your planning skills and knowledge.

SLIDE 4-7: STRENGTHSHARE

Strengthshare: Planning

- *training programs,*
- *videos*
- *books,*
- *presenters, or*
- *possible mentors*

Introduce:

- As I pointed out at the start of this workshop, we're going to emphasize how we can help one another become more skillful in the core functions of family centered practice.
- What I would like to do now is conduct a short discussion of how that could happen by asking you for your best ideas on training programs, books, presenters, or possible mentors on planning.

(Continued on next page.)

FLIP CHART

Ask:

What are some good resources for family centered planning? What books, training programs, videos, etc. would you recommend?

Ask:

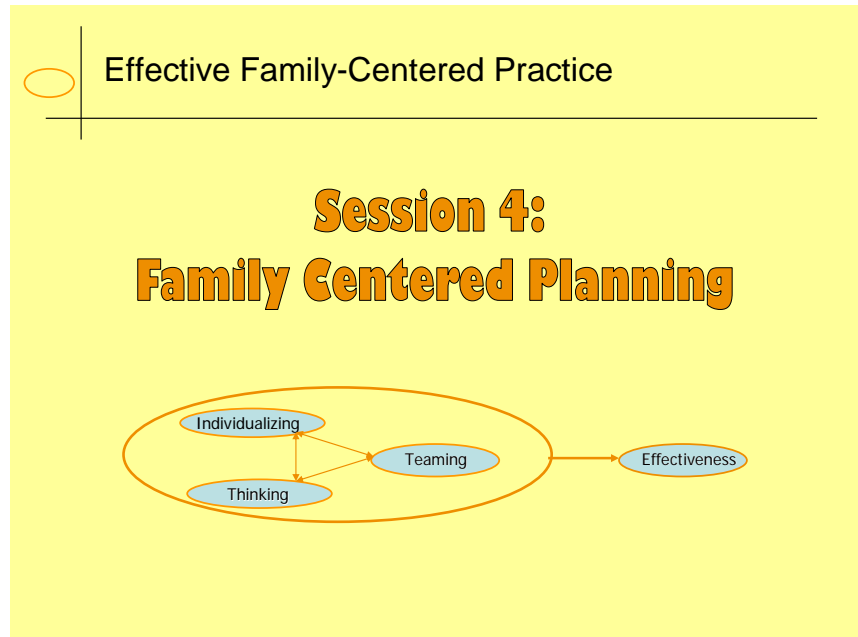
How about among you . . . don't be shy . . . who is particularly skilled in planning or some particular component (like family team conferencing, using eco-maps, etc.) and could serve as a problem solver or provide suggestions or technical assistance to other PIs or service workers?

TRANSITION

We've come to the end of the planning presentation. We have one final wrap-up to go.

SESSION SUMMARY

SLIDE 4-8: TITLE SLIDE



Summarize:

- In this session, we applied the three strengths of family centered casework effectiveness to planning.
- We emphasized *individualizing*, and practiced four solutions to individualize plans:
 - using strengths to meet needs,
 - learned behaviors, not compliance,
 - family responsive plans
 - using family-friendly services

(Continued on next page.)

- For teaming, we focused on how the planning process is a critical time for solidifying the family’s commitment to not just the plan, but the whole intervention. The family must be involved in the planning to strengthen the partnership and the motivation for the intervention.
- With critical thinking, we reflected on the planning process to make sure that we had indeed the right plan for the family.

SLIDE 4-9: TEE

Professional Competence and Family Centered Practice

Are you getting on the **TEE**?



Time?
Effectiveness?
Empowering?

So, how are we doing with the TEE criteria?

How will the planning approach we’ve discussed help you to make better use of your time? Over the life of the case, can you see how the family centered practices may even save you time?

Are you feeling more effective with the family centered practice approach?

Are you feeling more empowered? Feeling like you personally can have a positive impact on families?