Remember that confrontation is not a dirty word. It comes from Latin, meaning “to face.” Properly defined, to “confront” means to face an issue instead of avoiding it.

Benefits of Conflict

- May discover fresh ideas
- May develop an increased understanding
- May gain new ways of diagnosing and looking at conflict
- May enforce positive aspects
- May find an opportunity growth and learning

The Inherent Problem...

- Problem Solving requires logical thought.
- Parents are negotiating with people who have taken their children.
- Emotions cloud logical thought.
- Facilitators use their neutrality to help people move beyond anger and denial to enable them to solve their problems.
Meeting Parents Where They Are

Trauma and executive functioning

- A set of thinking skills that allow us to control impulses (self-regulate), focus and plan
- **Not** innate; roots begin in infancy
- Children & adults who experience early adversity are more likely to have deficits in EF skills as a result of early abuse and neglect, prenatal alcohol exposure, changes in caregivers, etc.

**NEUROPLASTICITY**

- Allow more time for cognitive processing
- Facilitate social interaction (turn taking in a Family Team Meeting, conversations with their children's teachers, perspective shifting with their children, etc.)
- Providing very specific verbal tasks, using one cue at a time in short 3-4 word sentences.
- Being cautious of “language overload” and abstract language (avoid sarcasm, idioms, jokes)
- Create 3 short term SMART goals to accomplish in the time before you meet again.

We can work together to support families
Engaging parents where they are

- Plan long-term
- Teach the child/parent to ask for help
- Focus on strengths
- Use specific praise
- Identify someone (or a team) to serve as the "external brain"

Problem Solving as a team...

- Define and List Issues—Prioritize
- Note Common Goals & Concerns
- Be Positive
- Negotiate
- Discuss Issues
- Focus on Interests NOT positions
- Brainstorm Options
- Act as Angel of Reality

Collaboration

<table>
<thead>
<tr>
<th>Cooperation</th>
<th>Coordination</th>
<th>Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-term, informal relationships</strong></td>
<td><strong>Longer-term effort around a specific task</strong></td>
<td>Ongoing, durable relationships</td>
</tr>
<tr>
<td><strong>Sharing information</strong></td>
<td><strong>Some planning and division of roles</strong></td>
<td>Commitment to common goals</td>
</tr>
<tr>
<td><strong>Separate goals, resources, and structures</strong></td>
<td><strong>Some shared resources, rewards, and risks</strong></td>
<td>All partners contribute resources and share rewards</td>
</tr>
</tbody>
</table>

**The Framework**

**Strength Based Family Team Meetings**

**WHERE THE MAGIC HAPPENS**

- Cooperation
- Coordination
- Collaboration
Goals

Focus: Child’s Best Interests

To help the parties create well-tailored and specific case plans
To expedite permanent placement of children
To improve communication between the parties

FTM Common Standards

* Participants must be knowledgeable in the process
* Family is engaged throughout the entire process
* Continual adjustment in strategies, services, and supports
* Meetings are facilitated by a trained and competent neutral
* Focus of meeting is collaborative case planning
* Team members keep personal and private details of the family discussed in a team meeting private!

FTM Values

- All families have strengths
- Families are the experts on their family
- Mutual respect is essential with all stakeholders
- A team approach is more likely to produce positive change
- Advance planning is essential to the success of each meeting

Who Attends FTM?

- Parent(s)
- Parent’s attorney
- Children’s Attorney
- Visit Coach
- Caseworker & the Agency’s attorney
- CASA
- Therapist/Counselor, EI Providers
- Foster Parents
- Parent’s social support
- Children (only if appropriate)
- Community Coordinator
### Your Role at the Table...

**Parent Counsel**
- Protect their Client’s interests
- Orient Parents to the Process
- Encourage Parents to Participate
- Provide Guidance & Advice
- Promote Dialogue
- Provide a Reality Check

**Parents**
- Participate in the planning process
- Identify what they want for their children and the commitments they are willing to make
- Identify family strengths that can be used to provide safety and well-being of their children
- Identify alternative permanent arrangements for their children in the event they are unsuccessful in their attempts

**Foster Parents**
- Participate in the planning process
- Assist the family in successfully reunifying with their children
- Tapping into Co-Parenting opportunities with the bio parent
- Provide information on the children’s medical and educational and mental health needs and identified services.

**Providers**
- Participate in the planning process
- Assist in the development of case plan goals and objectives and identify/share resources that will assist with these goals
- Provide reports to the social worker of record
- Participate in the monthly stakeholder group (Court Team Meeting), to grow the work systemically

**Family Support Members**
- Participate in creative problem solving in real time.
- Shaping and adjusting the case plan, noting progress and barriers
- Identify family strengths
- Identify areas that need to be addressed for the children’s safety
- Identify what they want for the children and what they are willing to do
- Assist the family with developing a concurrent plan based on what the family is willing to do

**Social Worker/Agency Staff**
- Represent the child’s interest
- Prepare the child to participate if appropriate
- Present the wishes of the child
- Keeping the conversation about transitions on the table
- Advise the extent to which those wishes are in the child’s best interests

**Child’s Attorney**
- Support & Defend DHS caseworker
- Insure participants have all relevant documents
- Insure that the case plan follows Court Order
- Pursuing reasonable efforts through the lens of the child for safety, permanency and well-being.

**Agency Attorney**
- Participate in the planning process
- Assist in the development of case plan goals and objectives and identify/share resources that will assist with these goals
- Provide information on the children’s medical and educational and mental health needs and identified services.

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8/31/2017
Roles

Community Coordinator
- Explain the purpose and philosophy of the FTM
- Gather family's story including strengths
- Ask family who they want invited to the meeting
- Identify appropriate resources to help family meet goals
- Communicate with all stakeholders and advise facilitator before FTM on developments

Facilitator
- Manage the group's review and dialogue regarding the family, the family case plan and alternative permanent plan
- Move the process along, assuring ground rules are followed
- Assist the members in arriving at a mutually agreed upon plan

Traditional Staffing vs FTM

<table>
<thead>
<tr>
<th>Traditional Staffing</th>
<th>FTM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Designed to meet administrative needs for case planning and case management, family may be invited but little family decision-making</td>
</tr>
<tr>
<td></td>
<td>Designed to engage family in case planning, case management, and case closure process, family helps direct decision making</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Traditional Staffing</th>
<th>FTM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typically run by social worker</td>
<td>Led by third party facilitator</td>
</tr>
<tr>
<td>Minimal engagement of family prior to staffing, if any...</td>
<td>Family is engaged in process. Extensive prep work is done before meeting</td>
</tr>
<tr>
<td>DHS defined purpose for meeting</td>
<td>Family defines purpose for meeting with team feedback regarding non-negotiables</td>
</tr>
<tr>
<td>Only formal supports are invited</td>
<td>Formal and informal supports are invited and are part of the team</td>
</tr>
<tr>
<td>Meetings generally do not have refreshments. More formal</td>
<td>Meeting typically have refreshments. Less formal, more inviting</td>
</tr>
<tr>
<td>Decision making is done by formal supports invited for administrative purposes</td>
<td>Family is EMPOWERED to tell their story, share their concerns and strengths, and take lead on decision making</td>
</tr>
</tbody>
</table>

Benefits of FTMs

- Everyone hears the same information
- Shared understanding
- Buy-in
- Participation
- Accountability
- Transparency
Family Team Meeting Agenda

- **Introductions**
- **Current Goals (for each parent)**
  - Caseworker leads with input from entire team regarding generating ideas for problem solving
  - updates on previous goals established
  - focus is intentional about generating ideas and potential solutions and current strengths
- **Concurrent Goal for the Case**
  - what have parents been identified?
  - how are extended family and fictive kin been identified?
  - what are the outcomes from those contacts?
- **Children’s Right to Normalcy (input from team)**
  - why can’t the children go home today?
  - how are they doing? what is going on? what do they need?
- **SafeTime**
  - what is being done to promote quality family time?
  - what is being done to promote additional family time?
- **Placement**
  - are siblings placed together?
  - if not, specifically has been done to place them together?
  - does the currentplacement reflect the permanency plan?
  - if not, what steps need to be taken to align the current placement with the permanency plan?
- **Caretaker needs**
  - review of the court orders
  - create new infant court goals
    - parent leads
    - identify specific tasks necessary to reach each goal
  - next hearing and family/court team meeting date

Family Team Meeting Agenda continued...

Children’s right to normalcy continued...

- **Phys/mental health**
  - updates on therapies
  - dates/time of any upcoming medical appointments
- **Education**
  - discussion of current school progress
  - updates on any RTI, spec ed, IEP, etc.
  - family/teacher IEP conference, GSR meetings or IEP conferences
- **Parent needs/other case concerns**
  - criminal charges?
    - if so, PC should make sure there are no conflicts with case plan goals
  - logistical concerns from the parent (housing/employment/treatment and therapies)
  - other concerns from the court orders
  - updates on services (initiated, current status, completed)
- **Review of the Court Orders**
  - create new infant court goals (parent leads)
    - identify specific tasks necessary to reach each goal
  - next hearing and family/court team meeting date

In Child Care...

Thoughts for preparation in setting the stage for transition

What services and supports are in place that promote:

- **Consistency:**
  - Continuity of care in educational settings
  - Teachers who know the child’s journey through care?
  - Expectations (developmentally appropriate) and trauma informed
  - Routine
- **Safety:**
  - Is it inviting and does it promote creativity?
  - Are considerations for the individual child’s response to change factored into any adjustments made?
- **Stability:**
  - Faces & Places
  - Communication amongst all those who touch the life of the child about upcoming changes?
  - What behavioral strategies are being used should troubling
At home…
Thoughts for preparation in setting the stage for transition

What services and supports are in place that promote:

- **Consistency:**
  - Modeling & choices
  - Age appropriate expectations
  - Routine – From current to permanent placement
  - What is being mirrored from child care, foster placement, and biological parents in behavioral strategies?

- **Safety Practices:**
  - Self-Regulation – learned by caregivers and the child
  - Supports for Social/Emotional Development – through quality parenting resources
  - Natural and logical consequences – that are consistent across all caregivers

- **Stability:**
  - Faces & Places
  - Building the Foundation in the home:
    - Love & Play
    - Routines & Rituals
    - Positive Attention

In a Mental Health Provider…

There are evidence-based trauma-focused treatments. A trauma-informed mental health professional should be able to determine which treatment is most appropriate for a given case.

That therapist should be informed when preparing for any change or transition involving the child.

- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**
- **Parent-Child Interaction Therapy (PCIT)**
- **Child-Parent Psychotherapy (CPP)**

Transitions are EVERYTHING…

Never offering this...

Without this...

How to Prepare for the FTM

- Be prepared with information requested on the Agenda
- Share information in advance
- Think about goals and action items needed to reach the goals
- Will you be recommending advancement to next Phase?
  - Why or why not?
- Have you shared the updated CANS and Case Plan with the TEAM?
SMART Goal Setting

- Goals give you focus and direction.
- Goal setting allows you to take control and also gives you a benchmark for determining whether you are actually succeeding.
- Goal setting is a process that starts with careful consideration of what you want to achieve and defining steps of how to reach the goal.

1. Set Goals that Motivate You

You should be able to determine whether the goals you set for yourself are motivating or not. This means making sure that they are important to you, and that there is value in achieving them. If you have little interest in the outcome, then the chances of you putting in the work to make them happen are slim.

Motivation is key to achieving goals.

2. Set SMART Goals

- S (specific)
- M (measurable)
- A (attainable)
- R (relevant)
- T (time-bound)

Your goal must be clear and well defined. A goal is important for the goals to provide you sufficient direction.

- What do I want to accomplish?
- Why is it important to me?
- What are the requirements and constraints?
- Which drug? What is drug free?

3. Make it smart

S (specific) - Which drug? What is drug free?
M (measurable) - This will be objectively measured by drug tests
A (attainable) - I will be able to succeed at this by:
R (relevant) - Does this seem important to you?
T (time-bound) - 3 weeks is the goal but drug tests might be bi-weekly or weekly

4. Thoughts From the Panel

I will refrain from using marijuana for 3 weeks by attending daily AA/NA meetings and utilizing personal and family supports put in place.
What do you see as the differences between regular staffings and Family Team Meetings?

What is the most beneficial part of the Family Team Meeting process as it relates to your specific role?

What is the most challenging part of the Family Team Meeting process as it relates to your specific role?

Questions and Answers