

# The Family Development Specialist Certification Training Manual



Employment  
1 2 3 4 5



Income  
1 2 3 4 5



Household Budgeting



1 2 3 4 5

Education  
1 2 3 4 5



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## **CORE SKILLS FOR FAMILY DEVELOPMENT SPECIALIST CERTIFICATION TRAINING**

### **Overall Course Objectives:**

- 1)ability to support and empower families through skillfully building a collaborative relationship,
- 2)ability to help families identify their goals and barriers and develop a plan to achieve their goals,
- 3)awareness and intervention strategies for dealing with challenging family issues-psychological, emotional and interpersonal,
- 4)skillful application of core coping skills for families within systemic understanding of families and their context,
- 5)ability to identify strengths, develop a plan and coordinate a network of resources in partnership with families to help them achieve their goals, including skillful application of family assessment tools (eco-map, geno-gram, timeline, matrix, balance wheel, Emotional Wheel),
- 6)ability to advocate for families within communities through application of community organizational and group facilitation skills,
- 7)ability to access appropriate sources of professional growth, utilize self-awareness skills and ongoing self-care resources while providing Family Development services

## SHIFTING TO A FAMILY DEVELOPMENT PARADIGM

| <i>From</i>   | <i>To</i>  |
|---|--|
| <b>Short-term Thinking.</b>   | Long-term Thinking.                                  |
| <b>Emphasis on Crisis Intervention.</b>                               | Emphasis on Crisis Prevention.                       |
| <b>Seeing Deficits.</b>   | Seeing Strengths.                                    |
| <b>Ignoring/Devaluing Difference.</b>                                 | Recognizing/Affirming Difference.                    |
| <b>Low client expectation.</b>  | High client expectation.                             |
| <b>Disadvantaged have different aspirations than more advantaged.</b> | Aspirations are similar; access to resources differ. |
| <b>Professionals know better than parents or lazy people.</b>         | People have different kinds of knowledge.            |
| <b>Reliance on experts.</b>   | Reliance on the "common-wealth" of communities.      |
| <b>Bureaucratic norms and goals.</b>                                  | Consumer norms and goals.                            |
| <b>"WE" choose for "THEM".</b>  | Consumers choose for themselves.                     |
| <b>Power over.</b>  | Power with and among.                                |
| <b>My views are better.</b>   | My views are different.                              |

## PARALLEL SHIFTS IN PARTICIPANT SELF VIEW

| <i>FROM</i>                           | <i>TO</i>  |
|---------------------------------------|--|
| <b>Feeling hopeless</b>               | Feeling hopeful  |
| <b>Self-doubt</b>                     | Belief in self   |
| <b>Self-blame</b>                     | Promoting the possible   |
| <b>"They owe me", blaming others.</b> | "I am responsible for my future", taking control of my own life. |

# THE FAMILY DEVELOPMENT PROCESS

## **JOINING**

Through regular personal visits in family homes or other safe meeting places, the Family Development Specialist joins in a long-term partnership with each family member. This partnership is based on:

TRUST      RESPECT      RESPONSIBILITY      INTEGRITY

## **ASSESSMENT**

By approaching a variety of assessment tools, the Family Development Specialist meets with each family to identify:

FAMILY STRENGTHS    FAMILY PATTERNS AND TRENDS  
FAMILY VISION FOR THEIR FUTURE  
BARRIERS TO REACHING THEIR VISION

## **PLANNING**

The Family Development Specialist supports the family to actively move toward the family's vision of self-sufficiency through the setting and achieving of short-term and long-term goals that are:

FAMILY DRIVEN (developed by the family), REALISTIC  
ACHIEVABLE (revising to insure success experience), SYSTEMATIC

## **SUPPORT**

Ongoing emotional support is the core empowerment technique made possible by the Family Development Specialist, family and community partnership. The results of this support are witnessed in:

FAMILY EMPOWERMENT      FAMILY HEALING  
FAMILY COMMITMENT      FAMILY VISION ATTAINMENT  
FAMILY SELF-SUFFICIENCY

## **LINKING**

Throughout the process, each family is linked to the wider community to access:

BASIC LIVING RESOURCES    PHYSICAL AND EMOTIONAL HEALTH  
RESOURCES SOCIALIZATION OPPORTUNITIES NEW FAMILY  
SUPPORT SYSTEM

# FAMILY FORMATION

FAMILIES BEGIN MOST OFTEN WITH MATE CHOICE.

FAMILY FORMATION IS NOT RANDOM.

WE CHOOSE OUR MATES.

Commonly Cited Reasons for Mate Choice:

Chemistry, Shared Interests, Attractiveness, Social Pressure

**ANOTHER REASON: WE UNCONSCIOUSLY SEEK PEOPLE WITH SIMILAR BACKGROUNDS TO, IN SOME DEGREE, RECREATE OUR OWN FAMILIES.**

## The Function of Families

Our society expects families to meet a wide range of needs for their members in order to produce effective citizens of society. While there are some societal support for this work (i.e. school, churches, and human service agencies), the bulk of the responsibility resides within the family. In fact, in our country, there is a cultural bias against seeking help and support to meet the needs of our family. **Community Action believes that inclusion is part of our vocabulary and equality part of our reality.** Thus, family includes all couples and single parent relationships, i.e., gay and lesbian couples, single fathers and mothers, grandparent and partnerships.

## The Work of Families

Families are expected to function in such a way that allows them to meet the needs of their members in all the following areas:

**Physical Needs:**

Food, Shelter, Clothing, Heat, etc.

**Social Needs:**

Belonging, Appropriate Behavior, Responsibility, etc.

**Cognitive Needs:**

Learning, Skill Development, Stimulation, etc.

**Psychological Needs:**

Love, Identity, Self-Esteem, Expression of Feelings, etc.

**Spiritual Needs:**

Belief System, Values, Community, Meaning, etc.

## FAMILIES: DIVIDING UP THE WORK

Society has a lot of expectations for families. We expect them to do a lot of work. Like all systems, family systems divide themselves into subgroups – called subsystems – to get the work done. The four major subsystems are committed partnership, parental, siblings and grandparental.

[illegible]

# CREATION OF BOUNDARIES

**Boundaries:** The lines of demarcation between one system and another system.(diffuse, consistent, or permeable)

What would be the consequences if boundaries were too RIGID/  
CONSISTENT?

- a) the family isn't influenced by others and others are not influenced by them
- b) the family will tend to stay the same rather than grow and change
- c) not apt to use outside help
- d) limited interaction with friends to see how other families cope, thus may have limited coping strategies

What if boundaries were to DIFFUSE or become WEAK?

- a) sense of identity may be threatened
- b) members come and go without anyone apparently noticing
- c) a member may have no sense of what they mean to the particular family or lack pride of membership or mutually responsibility
- d) minimally structured or chaotic
- e) nobody seems to know much about what others are doing

What if boundaries are appropriately PERMEABLE?

- a) interaction across boundaries and with others
- b) members are growing and changing

How do families create these boundaries? They do it through *roles* and *rules*.

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## **ROLES**

- Assigns responsibilities and accountability

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## **RULES**

- Defines who belongs in each subsystem, and defines the appropriate behavior for members of the subsystem.

- Outlines specific duties and consequences for not performing those duties.
- Also defines deviant and unacceptable behavior and how that behavior will be brought back into line.
- In less-well functioning families, look for uncovered roles, lack of cooperation and agreement about roles, and weak accountability.
- Families usually try to control situations related to expressing feelings (aggression, affection), meeting needs (eating, drinking, sleeping, sex) and socializing in and outside of the family.
- Families have explicit and implicit rules:
  - Explicit rules – stated
  - Implicit rules – not stated

## ENFORCEMENT OF RULES

### **Flexible**

Recognizes the rules but will allow some latitude in their enforcement. Better meets the changing needs of family members.

### **Rigid/Consistent**

Sense of order and stability is communicated. There usually isn't enough flexibility to meet everyone's changing needs.

### **Laissez-Faire**

Ignores the rules. Once rules are set, no one pays much attention to them. This communicates that the rules are not important. A family with no standards for behavior may emerge.

### **Chaotic**

Most damaging of all since it communicates mixed messages. Makes it impossible for members to know what behaviors are appropriate.

|             |
|-------------|
| HOMEOSTASIS |
|-------------|

Staying the Same

Changing



Every family system has two competing drives: to grow and to remain the same.



## WE ARE CREATORS OF RESISTANCE. WE ASK PEOPLE TO CHANGE.

If we understand that it is inevitable for a family to try to keep its stability, then we have a different way of interpreting things when people don't seem to cooperate with us. We're less likely to personalize it, to think we've failed or to think the family is bad.

1. Resistance is natural and inevitable.
2. We must look at how our relationship and interventions will affect the rest of the family system.
3. We remember that families operate the way they do because it meets somebody's need.
4. We expect and plan for resistance to change.

### Risk Matrix

|                        | <b>Housing/<br/>Shelter</b>   | <b>Food/Nutrition/<br/>Clothing</b>  | <b>Mental/<br/>Soc/Emot<br/>Health</b>   | <b>Employment</b>  |
|------------------------|---|--|--|--|
| <b>Thriving</b>        | <ul style="list-style-type: none"> <li>▪ Able to own or live in long term affordable housing</li> <li>▪ Safe and appropriate housing</li> <li>▪ Chosen to suit preferences</li> </ul> | <ul style="list-style-type: none"> <li>▪ Always able to furnish</li> <li>▪ Regular and balanced food</li> <li>▪ Variety and high quality foods</li> <li>▪ Clean and durable clothes</li> </ul>                         | <ul style="list-style-type: none"> <li>▪ No problems</li> <li>▪ Able to choose and pay for mental health services</li> <li>▪ Wellness behaviors</li> </ul>                   | <ul style="list-style-type: none"> <li>▪ Permanent and stable employment</li> <li>▪ Full benefits</li> <li>▪ Sustaining employment</li> <li>▪ Constant new skill development; transferable skills</li> </ul> |
| <b>Self-Sufficient</b> | <ul style="list-style-type: none"> <li>▪ Safe and secure</li> <li>▪ Dwelling for at least 12 months</li> <li>▪ Ability to pay</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Always has resources for healthy food and appropriate clothing</li> <li>▪ Dietary requirements for special conditions (i.e.; pregnancy, diabetes, asthma etc. met)</li> </ul> | <ul style="list-style-type: none"> <li>▪ Access</li> <li>▪ Has health insurance</li> <li>▪ Resources for mental health care of choice</li> <li>▪ Timely treatment</li> </ul> | <ul style="list-style-type: none"> <li>▪ Full-Time or adequate employment</li> <li>▪ Meets basic needs</li> <li>▪ Benefits</li> <li>▪ Market relevant skills</li> </ul>                                      |

|                   |   |  |   |   |
|-------------------|---|--|---|---|
| <b>Stable</b>     | <ul style="list-style-type: none"> <li>▪ Semi-permanent</li> <li>▪ Relatively safe &amp; secure housing</li> <li>▪ Mostly has ability to pay</li> </ul> | <ul style="list-style-type: none"> <li>▪ Sufficient personal and community resources for food and clothing</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Adequate access</li> <li>▪ Adequate insurance</li> <li>▪ Resources for mental health care</li> </ul>       | <ul style="list-style-type: none"> <li>▪ Under-employed</li> <li>▪ Inadequate pay and benefits</li> </ul>                                     |
| <b>Vulnerable</b> | <ul style="list-style-type: none"> <li>▪ Temporary or transitional housing</li> <li>▪ Rent uncertain</li> <li>▪ Unsafe or crowded</li> </ul>            | <ul style="list-style-type: none"> <li>▪ Limited knowledge of food, food preparation and clothing resources</li> <li>▪ Recommended Daily Allowances not met</li> </ul> | <ul style="list-style-type: none"> <li>▪ Limited access</li> <li>▪ Limited insurance</li> <li>▪ Limited resources for mental health care</li> </ul> | <ul style="list-style-type: none"> <li>▪ Temporary or part-time</li> <li>▪ No benefits</li> <li>▪ Limited skills</li> </ul>                   |
| <b>In-Crisis</b>  | <ul style="list-style-type: none"> <li>▪ Homeless or on verge</li> <li>▪ No income for housing</li> <li>▪ Dangerous or bad situation</li> </ul>         | <ul style="list-style-type: none"> <li>▪ No food and preparation</li> <li>▪ Clothing inadequate</li> <li>▪ Malnutrition</li> <li>▪ Eating Disorders</li> </ul>         | <ul style="list-style-type: none"> <li>▪ No access; providers not available</li> <li>▪ No insurance</li> </ul>                                      | <ul style="list-style-type: none"> <li>▪ Unemployed</li> <li>▪ No prospects or skills</li> <li>▪ Chronic or long-term unemployment</li> </ul> |

### **Housing/Shelter**

- 5 - Thriving: able to own or in long term/affordable/safe/appropriate housing
- 4 - Self Sufficient: safe & secure dwelling for at least 12 months, ability to pay
- 3 - Stable: in semi-permanent / relatively safe/secure housing, ability to pay
- 2 - Vulnerable: temp or transitional housing, rent uncertain, unsafe or crowded
- 1 - In-Crisis: homeless or on verge, no income for housing, bad situation

### **Transportation**

- 5 - Thriving: consistent/dependable transport, license, safe/reliable car & insurance
- 4 - Self Sufficient: dependable transport, basic car insurance/license or choose public transportation
- 3 - Stable: access to transportation when needed, safe
- 2 - Vulnerable: limited access, possibly unsafe, driving without license, reg, ins
- 1 - In-Crisis: no access to transportation to satisfy basic needs

### **Food/Nutrition/Clothing**

5 - Thriving: always able to furnish regular & balanced food, clean & durable clothes

4 - Self Sufficient: always has resources for healthy food and appropriate clothing

3 - Stable: sufficient personal & community resources for food and clothing

2 - Vulnerable: limited knowledge of food, food preparation & clothing resources

1 - In-Crisis: no food and preparation, clothing or seriously inadequate

### **Income/Budget**

5 - Thriving: sufficient/stable income, regular savings, some non-essential purchases

4 - Self Sufficient: sufficient/stable income, can pay bills, little or no savings

3 - Stable: adequate income, able to meet basic needs, little left for non-essentials

2 - Vulnerable: inadequate income, occasional problems with basics, bills

1 - In-Crisis: no money or basic needs, overwhelming debt

### **Energy Assistance**

5 - Thriving: ample personal resources to easily meet energy needs

4 - Self Sufficient: adequate personal resources to meet basic needs

3 - Stable: limited personal resources, community help needed to meet needs

2 - Vulnerable: shut off notice, less than 10-day supply, limited resources

1 - In-Crisis: power off, out of deliverables, no personal resources

- N/A: included in rent

- N/A: homeless

### **Employment**

5 - Thriving: permanent/stable/sustaining employment, full benefits

4 - Self Sufficient: full-time or adequate employment meets basic needs,

3 - Stable: under-employed, inadequate pay and benefits

2 - Vulnerable: temporary or part-time employment, no benefits, limited skills

1 - In-Crisis: unemployed with no prospects or skills

- Not able to work

### **Medical Care**

5 - Thriving: covered by insurance, practices medical/dental preventive

4 - Self Sufficient: gets medical/dental care when needed, partial coverage

3 - Stable: gets medical/dental care with subsidy, inconsistent use of system

2 - Vulnerable: inappropriate/limited use and access of system

1 - In-Crisis: no coverage or access to medical/dental, ignores health problems

### **Pregnancy/Infant Care**

5 - Thriving: receiving prenatal care, mother/child w/o health issues

4 - Self Sufficient: receiving prenatal care/immunizations, well baby visits

- 3 - Stable: adequate access/insurance/resources/prenatal care with subsidy
- 2 - Vulnerable: limited access/insurance/resources for prenatal care
- 1 - In-Crisis: no access/insurance/resources for prenatal care
  - N/A: not pregnant/no infant

#### **Personal Assist Care**

- 5 - Thriving: able to choose/afford personal in-home options of choice
- 4 - Self Sufficient: access/insurance/resources for in-home personal care
- 3 - Stable: adequate access/insurance/resources for in-home personal care
- 2 - Vulnerable: limited access/insurance/resources for in-home personal care
- 1 - In-Crisis: no access/insurance/resources for in-home personal care
  - N/A: no need for chore services, or in-home personal or medical care

#### **Mental/Soc/Emotional Health**

- 5 - Thriving: no problems or able to choose and pay for mental health services
- 4 - Self Sufficient: access/insurance/resources for mental health care of choice
- 3 - Stable: adequate access/insurance/resources for mental health care
- 2 - Vulnerable: limited access/insurance/resources for mental health care
- 1 - In-Crisis: no access/insurance/resources for mental health care

#### **Chemical Dependency/Abuse**

- 5 - Thriving: no problem or 5 yrs free of drugs, treatment complete
- 4 - Self Sufficient: year drug free, completed treatment, still receiving support s
- 3 - Stable: drug free, attending treatment program, receiving support services
- 2 - Vulnerable: chemically dependent, currently in treatment program
- 1 - In-Crisis: chemically dependent, not receiving treatment, no support

#### **Family Relations**

- 5 - Thriving: strong supportive network, strong family identity
- 4 - Self Sufficient: physically safe, emotionally secure, sense of family unit
- 3 - Stable: negative behaviors, seeks change, some support
- 2 - Vulnerable: little or no interaction, household composition changes often
- 1 - In-Crisis: unable to develop relationships, no support systems

#### **Parenting/Child Education**

- 5 - Thriving: excellent parenting skills and/or developmental problems handled
- 4 - Self Sufficient: good parenting skills or problems handled with support
- 3 - Stable: resolving parenting issues or receiving services with subsidy
- 2 - Vulnerable: limited parenting skills or child development problems, limited
- 1 - In-Crisis: no parenting skills or child development problems
  - N/A: no children

#### **Child Care**

- 5 - Thriving: able to afford/access many options for child care
- 4 - Self Sufficient: easy access to licensed/acceptable or special needs
- 3 - Stable: limited access to acceptable or special needs childcare

- 2 - Vulnerable: limited access or no subsidy to acceptable or special needs
- 1 - In-Crisis: no access/subsidy to acceptable or special needs childcare
  - N/A: no young children

### **Education, Adult**

- 5 - Thriving: post-secondary education/training, positive attitude
- 4 - Self Sufficient: actively pursuing post-secondary ed, values education
- 3 - Stable: high school diploma or GED, demonstrates some achievement
- 2 - Vulnerable: realizes value of ed, working on GED, improving literacy
- 1 - In-Crisis: history of school failure, doesn't value education, lacks basic skill

### **Community Involvement**

- 5 - Thriving: actively involved in community affairs, positive contribution
- 4 - Self Sufficient: meaningful/supportive involvement, feel part of community
- 3 - Stable: minimal involvement, express desire for greater involvement
- 2 - Vulnerable: appears isolated, lacks motivation/confidence to be involved
- 1 - In-Crisis: no positive/constructive involvement, limited social skills

### **Legal Problems**

- 5 - Thriving: no legal problem and not prone to legal problems
- 4 - Self Sufficient: minor legal issues pending or resolved, obtains legal council
- 3 - Stable: medium legal issues pending, has legal council
- 2 - Vulnerable: major legal issues or prone to problems, legal issues
- 1 - In-Crisis: major legal issues, no legal council

Participant  
Name: \_\_\_\_\_

Date: \_\_\_\_\_



## FAMILY DEVELOPMENT SURVEY

\_\_\_ Entry Survey

\_\_\_ Exit Survey

\_\_\_ Progress Survey

*Tell us how you are doing? Please circle the number that best represents your family.*



Employment

1

2

3

4

5

Income

1

2

3

4

5



Household Budgeting

1

2

3

4

5



Education

1

2

3

4

5



Training

1

2

3

4

5

Housing

1

2

3

4

5



Medical Care

1

2

3

4

5

Transportation

1

2

3

4

5



Childcare

1

2

3

4

5



|  |   |   |                                |   |
|--|---|---|--------------------------------|---|
|  |   |   | <b>Mental/Emotional Health</b> |   |
|  | 1 | 2 | 3                              | 4 |
|  |   |   |                                | 5 |

|  |   |   |                            |   |
|--|---|---|----------------------------|---|
|  |   |   | <b>Chemical Dependency</b> |   |
|  | 1 | 2 | 3                          | 4 |
|  |   |   |                            | 5 |

|  |   |   |                  |   |
|--|---|---|------------------|---|
|  |   |   | <b>Nutrition</b> |   |
|  | 1 | 2 | 3                | 4 |
|  |   |   |                  | 5 |

|  |   |   |                          |   |
|--|---|---|--------------------------|---|
|  |   |   | <b>Energy Assistance</b> |   |
|  | 1 | 2 | 3                        | 4 |
|  |   |   |                          | 5 |

|  |   |   |                              |   |
|--|---|---|------------------------------|---|
|  |   |   | <b>Pregnancy/Infant Care</b> |   |
|  | 1 | 2 | 3                            | 4 |
|  |   |   |                              | 5 |

|  |   |   |                             |   |
|--|---|---|-----------------------------|---|
|  |   |   | <b>Personal Assist Care</b> |   |
|  | 1 | 2 | 3                           | 4 |
|  |   |   |                             | 5 |

|  |   |   |                         |   |
|--|---|---|-------------------------|---|
|  |   |   | <b>Family Relations</b> |   |
|  | 1 | 2 | 3                       | 4 |
|  |   |   |                         | 5 |

|  |   |   |                  |   |
|--|---|---|------------------|---|
|  |   |   | <b>Parenting</b> |   |
|  | 1 | 2 | 3                | 4 |
|  |   |   |                  | 5 |

|  |   |   |                     |   |
|--|---|---|---------------------|---|
|  |   |   | <b>Legal Issues</b> |   |
|  | 1 | 2 | 3                   | 4 |
|  |   |   |                     | 5 |

|  |   |   |                              |   |
|--|---|---|------------------------------|---|
|  |   |   | <b>Community Involvement</b> |   |
|  | 1 | 2 | 3                            | 4 |

Housing:

☐ homeless   ☐ living with friends/family   ☐ shared rent   ☐ renting home   ☐ buying/own home

Sect. 8   other subsidy

Monthly Household income: \$ \_\_\_\_\_ Food Stamp amt \$ \_\_\_\_\_

Source(s) :

☐ TANF   ☐ SSI/SSD   ☐ Employment   ☐ Child Support   ☐ Unemployment   ☐ Other:



| <b><i>Budget Item</i></b>       | <b><i>Amount Needed</i></b> | <b><i>Amount Available</i></b> | <b><i>Amount Available</i></b> |
|---------------------------------|-----------------------------|--------------------------------|--------------------------------|
| <b>Food (home/out)</b>          |                             |                                |                                |
| <b>House (rent/ payment)</b>    |                             |                                |                                |
| <b>House Insurance</b>          |                             |                                |                                |
| <b>Furniture</b>                |                             |                                |                                |
| <b>Cleaning Products</b>        |                             |                                |                                |
| <b>Personal Products</b>        |                             |                                |                                |
| <b>Car Payments</b>             |                             |                                |                                |
| <b>Car Insurance</b>            |                             |                                |                                |
| <b>Gas/Upkeep</b>               |                             |                                |                                |
| <b>School/Activities</b>        |                             |                                |                                |
| <b>Utilities/water/ garbage</b> |                             |                                |                                |
| <b>Cable/phone/ internet</b>    |                             |                                |                                |



|                                  |  |  |  |
|----------------------------------|--|--|--|
| <b>Health Insurance</b>          |  |  |  |
| <b>Medical/<br/>Prescription</b> |  |  |  |
| <b>Child Care</b>                |  |  |  |
| <b>Entertainment</b>             |  |  |  |
| <b>Savings/<br/>Emergency</b>    |  |  |  |
| <b>Clothes/Laundry</b>           |  |  |  |

### **Money Management Benchmarks:**

#### **Cash Flow Management**

Adults can: Identify the components of a budget  
 Create personalized budget documents  
 Revise their budgets to reflect current cash flow

#### **Personal Net Worth**

Adults can: Identify the components of a personal net worth statement  
 Create personalized net worth statements  
 Understand that their net worth will fluctuate as the values of their assets and liabilities change

#### **Financial Goal Setting**

Adults can: Differentiate between short and long term financial goals  
 Prioritize their financial goals, Construct a realistic financial goal action plan  
 Revise their financial goals as life circumstances change

<https://www.uaex.edu/life-skills-wellness/personal-finance/basic-money-management.aspx>

<https://uark.financialaidtv.com/play/1650-money-basics/54429-virtual-money-management>

<http://www.financiallit.org/resources/standards.aspx>; <http://www.ncai.org/initiatives/nativefinancial-ed>

## MODULE TWO: JOINING: BUILDING RELATIONSHIPS

1. Defining a Learning Relationship
2. Effective Relationship Building: Joining, empowerment and avoidance of rescue strategies
3. Communication Techniques and Skills Required for Effective Relationships.

### CHARACTERISTICS OF GOOD LISTENING

- ◆ Give the other an opportunity to talk.
- ◆ Establish an environment where the other person feels comfortable speaking.
- ◆ Demonstrate interest by asking appropriate questions.
- ◆ Lead the other to talk.
- ◆ Show interest through your body language and be cognitive of theirs.
- ◆ Attend to the content, not just the delivery of the message.
- ◆ Listen to the complete message and take caution to not finish sentences.
- ◆ Deal effectively with emotionally charged language.
- ◆ **Listen for the main idea.**
- ◆ Deal effectively with others' by listening to roadblocks.
- ◆ Identify areas of common experience and agreement.
- ◆ Practice listening.
- ◆ Repeat messages to insure full understanding-"Re-Anchoring."

### ROADBLOCKS TO LISTENING

- ❖ Comparing what the speaker says to themselves or to others.
- ❖ Rehearsing what you will say in response to the speaker.
- ❖ Mind Reading what the speaker is really feeling or thinking.
- ❖ Judging the merits of what the speaker says or how it is said.
- ❖ Identifying what the speaker says with your own experience.
- ❖ Advising the speaker and providing solutions without being asked.
- ❖ Diverting the speaker by changing the subject, distracting him or her from the topic.
- ❖ Being Right in your position or idea, leaving no room for listening to other's perspective.
- ❖ Placating the speaker by agreeing without him or her being involved in what is said.

## JOINING

"Joining" is a term borrowed from the family therapy literature that describes what workers need to do in the engagement phase in order to establish a positive working relationship.

It is primarily the worker's task to reach out to family members, project a warm and positive feeling, and foster the family members' confidence in the worker as someone worthy of their trust.

When family members believe you are interested in them and want to work with them, they are more likely to cooperate and work with you to make changes.

### HOW CAN YOU JOIN WITH FAMILIES?

#### 1. PREPARE.

Before meeting a family member for the first time, put yourself in their position. Imagine what you would want a worker to do for you. Remember to set aside your personal feelings about family members and take a detached, but curious stance with them.

#### 2. AVOID PROFESSIONAL JARGON.

Use simple, everyday language. Use terms family members use: "where you live", "person", "concerns about you", "to make sure you're doing okay", "to help take care of your child" etc.

#### 3. SET THE TONE.

The first meeting set the tone for positive contacts. Use friendly, positive words. Be sensitive to the family. Be aware of issues that may cause family members to become defensive.

#### 4. LOOK FOR KEY WORDS.

Find idiosyncratic ways the family uses certain words, such as "fussing", "bothering", "discussion" or "argument". Try to adopt their language. Repeat words that the family uses. Are there any unusual ways they use certain words, and are these words emotionally charged?

#### 5. ACCEPT THE FAMILY.

Behave in a way that accepts the family's way of doing, seeing and explaining things. Their way seems logical and realistic to them.

#### 6. AVOID DIRECT CONFRONTATION.

Do not confront openly or promote defensiveness. Always avoid getting into debates or arguments with family members. Always ask for clarification so understanding can be reached.

**7. THE FAMILY AS EXPERT.**

Allow the family to be the expert about their issues, concerns and circumstances. Don't tell them what their "problem" is. Allow the family to take the lead on solving their own problems.

**8. ADAPT.**

Do not expect the family to accommodate to your thinking or solutions. Adapt yourself to their way of thinking.

**9. COMPLIMENT.**

Look for positive things and compliment the family frequently.

**10. REMAIN NEUTRAL.**

Support the parents. Allow and encourage input from the children and interaction between family members.

**11. MATCH CLIENTS LEARNING STYLE.**

Talk in a manner that family members understand. Someone who is very concrete and has a low ability to abstract needs a very concrete communication style. If the client is visually oriented, visual cues and words are needed to explain programs. Auditory cues are necessary when clients relate by hearing. Some kinesthetic clients use words related to feelings or action. Always respond to the client in a way where understanding and learning can be attained.

**12. COLLECT INFORMATION.**

- a) What is important to this family?
- b) What would make sense to the family?
- c) What are their problem solving strategies?
- d) What are the family's successes and failures around this problem?
- e) How does the family see the problem?
- f) What are they willing to do or not do?
- g) What are the family's resources – family, neighbor, church, and friends?

**When the family thinks you respect and validate their ideas, they will respect and validate your input.**

|                    |
|--------------------|
| <b>EMPOWERMENT</b> |
|--------------------|

Empowerment of the family is an idea based on certain philosophical views of human problems and their solutions.

Family Development work empowers the family and is based on the notion that families are competent to make choices that are good for them.

This is not the same as “enabling” or condoning antisocial, illegal or unhealthy belief systems or behaviors.

**The practice of empowering has the following features:**

1. The basic belief about the Family Development Specialist relationship is that it is a collaborative venture between family and worker.
2. It is assumed that adult family members are competent and know what is good for them and their family.
3. It is further assumed that the family member has the ability to solve problems and has successfully solved problems in the past.
4. The family determines and negotiates the goals for the contact.
5. Family members participate in the identification and selection of options that are suitable for them, since they are assumed to be the expert on what is good for their lives, their bodies, and their families.
6. The technique of complimenting the family is an expression of these assumptions about them.
7. The emphasis on exceptions to the problem assumes that the family member do solve problems on his or her own. Interviews are designed to uncover such solutions and successes.
8. The family member is in charge of the termination of contacts unless they are unwilling to set goals.
9. It is an approach that respects the person’s autonomy and personal, familial, and cultural boundaries, and is thus, less intrusive.

|  |
|--|
| <b>SUPPORTIVE vs. DEFENSIVE CLIMATES</b> |
|--|

**DEFENSIVE CLIMATE**

**SUPPORTIVE CLIMATE**

Evaluation  
Control  
Strategy  
Neutrality  
Superiority  
Certainty

Description  
Problem Orientation  
Spontaneity  
Empathy  
Equity  
Provisionalism

**EVALUATION:** To pass judgment on another; to blame or praise; to make moral assessments of another; to question his/her standards, values and motives and the affect loadings of his/her communication.

**DESCRIPTION:** Nonjudgmental; to ask questions which are perceived as genuine requests for information; to present “feelings, events, perceptions, or processes, which do not ask or imply that the receiver change his/her behavior or attitude.”

**CONTROL:** To try to do something to another; to attempt to change an attitude or behavior of another – to try to restrict his/her field of activity; “implicit in all attempts to alter another person is the assumption of the change agent that the person to be altered is inadequate.”

**PROBLEM ORIENTATION:** The antithesis or persuasion; to communicate “a desire to collaborate in defining a mutual problem and in seeking its solution” to imply that he/she has no preconceived solution, attitude, or method to impose upon the other; to allow the receiver to set his/her own goals, make his/her own decision, and evaluate his/her own progress.

**STRATEGY:** To manipulate others; to use tricks to “involve” another, to make him/her think that he/she was making their own decisions, and to make him/her feel that the speaker had genuine interest in him/her; to engage in a strategy involving ambiguous and multiple motivations.

**SPONTANEITY:** To express natural simplicity; free of deception; having unhidden uncomplicated motives; straightforwardness and honesty.

**NEUTRALITY:** To express lack of concern for the welfare of another, “the clinical, detached, person-is-the-object-of-study attitude.”

**EMPATHY:** To express respect for the worth of the listener; to identify his/her problems, view his/her feelings, and accept their emotional values at face value.

**SUPERIORITY:** To communicate the attitude that one is “superior in position, power, wealth, intellectual ability, physical characteristics, or other ways” to another. Tend to arouse feelings of inadequacy in another.

**EQUALITY:** To be willing to enter into participative planning with mutual trust and respect; to attach little importance to differences in talent, ability, worth, appearance, status, and power.

**CERTAINTY:** To appear dogmatic. ‘To seem to know the answers, to require no additional data,’ and to regard self as teacher rather than as partner; to manifest inferiority by needing to be right, wanting to win an argument, rather than solve a problem, seeing one’s ideas as truths to be defended.

**PROVISIONALISM:** To be willing to experiment with one’s own behavior, attitudes and ideas; to investigate issues rather than taking sides on them. Problem solve rather than debate. Communicate that the other person may have some control over the shared quest of the investigation of ideas.

***“If a person is genuinely searching for information and data, he/she does not resent help or company along the way”***

### **13 WAYS TO BUILD COOPERATION**

From Insoo Kim Berg, *Family Based Services: A Solution Focused Approach*, 1992.

#### *What is Resistance?*

- ✓ “Resistance” is a clash of cultures that often occurs when very different systems with opposing goals and expectations meet.
  - ✓ Each side believes that the way it has always done things works, there’s no need to change and everyone should adopt the same belief system.
  - ✓ The burden of building cooperation between a worker and a family member lies with the worker.
1. Have an open mind about family members and be prepared to give them “the benefit of the doubt.”
  2. Put yourself in their shoes and look at everything from that point of view.
  3. Figure out what’s important to the family members at this time and see this view as a valuable asset that served them well over the years, although it may get them into trouble now and then.
  4. Don’t argue or debate with family members. You are not likely to change their mind through reasoning. If that was going to work, it would have worked by now.
  5. Check once more on the reality of your expectations for the family, given their limitations and circumstances. View change.
  6. Look for the family’s past success, however small, ordinary or insignificant. How did they achieve them? Compliment.
  7. Look for any small current successes and ask how they accomplished them and what it would take to repeat or expand these into other parts of their lives. This indicates your confidence in the family’s ability to solve problems.
  8. Look for positive motivation behind the family members’ behavior and comment on it. This instills self-confidence.
  9. If you have to choose sides between the family and another social service system, choose to be on the family’s side until proven wrong.
  10. Be willing to apologize to the family for any mistake or misunderstanding. It takes strength, self-confidence, and professional integrity to be willing to apologize, but paradoxically, it gives you power and credibility in the relationship.
  11. If a family member is not home or is unavailable for meetings, it may not necessarily be a sign of resistance. For many families, being on time is not an important factor in life.
  12. Always use a gentle and soft voice. Use positive words and non-threatening gestures.
  13. Most family members respond better when you provide services that relate to immediate problems, such as housing, food, diapers, daycare.

## EMPATHY

1. In an **empathic response**, the listener communicates to the speaker that he or she understands and accepts a family member's feelings and the reasons for those feelings.

*"Empathy is your pain in my heart."*

2. To communicate empathetically, the listener:

- 1) **Attend**

- a. Avoids his or her own inner distractions.
    - b. Listens both to **what** is said and **how** it is said.
    - c. Repeats what the family member says to him or herself.
    - d. Anchors family in strengths they can use.

- 2) **Processes**

- a. Identifies the dominant feelings.
    - b. Considers reasons for a family member's feelings.
    - c. Considers why the event is so important to a family member.

- 3) **Responds**

- a. Responds with incisive feeling words.
    - b. Responds with specific and concise terms.
    - c. Rephrases the content using fresh words, which describe the **meaning** of the event as the family member sees it.

3. To begin to respond emphatically, try the following structured format:  
*"You feel \_\_\_\_\_ when/about/because \_\_\_\_\_."*  
 Ex: "You feel sad because your best friend is moving to another city."

## RELABELING

RIGIDITY \_\_\_\_\_ Steadfast Purpose.  
 IMMATURITY \_\_\_\_\_ Aggressive Exploration.  
 HOSTILITY \_\_\_\_\_ Involvement and Desire to Protect Self and Family.  
 RECLUSIVE \_\_\_\_\_ Preferring to Explore One's Own Consciousness.  
 WITHDRAWING \_\_\_\_\_ Able to Enjoy Solitude/Care for Oneself.  
 PASSIVE \_\_\_\_\_ Able to Accept Things As They Are.  
 SUBMISSIVE \_\_\_\_\_ Seeking Authority and Direction to Find Oneself.  
 INSENSITIVE \_\_\_\_\_ Protecting Oneself From Hurt.  
 SEDUCTIVE \_\_\_\_\_ Wanting to Attract People and Be Liked  
 INDECISIVE \_\_\_\_\_ Exploring All Possibilities.  
 OVERSENSITIVE \_\_\_\_\_ Tuning Into Other People, Alive and Aware.  
 CONTROLLING \_\_\_\_\_ Insisting on Structuring One's Environment.  
 IMPULSIVE \_\_\_\_\_ Able to Let Go, Be Spontaneous.  
 CONTRARY ——— Searching for One's Own Way, Trying to be Independent.



## **CHALLENGING**

### **I. GUIDELINES FOR CHALLENGING**

1. An empathy-based relationship must already be established.
2. Your own motives for challenging must be examined. Is there a commitment to deeper involvement with the person? Whose needs are being met.
3. Assess the person's readiness to hear your challenge.
4. Challenging needs to be tentative and gradual, proportional to the level of your involvement
5. Challenges are given for specific facts or behaviors.
6. Strength challenges may be used frequently, more than other types.
7. Follow up challenges with empathy skills to maintain the relationship

## **CULTURAL COMPETENCE**

1. Communication/Outreach--Communication is encouraged.
2. Outcomes Management--Staff members define, collect, and use outcomes to improve service delivery.
3. Reward Performance--Staff and clients celebrate often.
4. Leadership--Leadership is committed to cultural competence.
5. Policies/Procedures—Policies and procedures address language access, cultural competence training, and regular assessment of organizational cultural competence.
6. Vision/Mission--Diversity is integral to the programs vision/mission.
7. Staff composition--Staff reflects the diversity of the community.
8. Cultural Concepts--Inclusive language is used; cross-cultural concepts
9. Collaboration--Staff and management work together and share responsibility.
10. Service Delivery--Clients receive what they want and need.
11. Training/Staff Development-- The organization recognizes the values of its staff member's capabilities and ensures on-going training to affect cultural competence.

## **CLOSURE/ENDING THE INTERVIEW**

### **GOALS**

- ☐ The closure of a meeting is just as important as its beginning.

**Assess the length of the meeting. How long is appropriate?**

**Review the goal for the meeting and the next steps. Have you achieved what you and the family set out to do? What's next?**

**Compliment at the end of a meeting.**

**How close are you to termination?**

#### ASSIGNMENT

1. LIST THE TECHNIQUES AND SKILLS YOU BELIEVE ARE YOUR STRENGTHS. MAKE THIS STRENGTH INVENTORY AS COMPLETE AS POSSIBLE.
2. LIST THE SKILLS OR TECHNIQUES THAT ARE NOT AS STRONG AS YOU WOULD LIKE THEM TO BE.
3. IDENTIFY ONE SKILL OR TECHNIQUE YOU WISH TO IMPROVE.
4. PLEASE INDICATE HOW YOU WILL WORK ON THE SKILL OR TECHNIQUE TO IMPROVE.

MODULE THREE: ASSESSING FAMILY STRENGTHS,  
CHALLENGES AND RESOURCES

#### SOLUTION FOCUSED INTERVIEWING

Assumptions of solution-focused interviewing:

1. It is usually unnecessary to know much about the causes or functions of a complaint in order to resolve it.
2. Generating awareness and insight into these causes often makes the resolution of complaints more difficult. There is no "right way" to view things. The concept of an objective reality is not useful; the useful interpersonal reality is co-created by the worker and participant.
3. Goals are always defined by the participants. The focus is on what is possible and changeable.
4. Rapid change is possible. Small changes are often all that is necessary.
5. Change is inevitable and constant; when goals are defined by the participant, the participant is cooperative.

#### ENVISION SOLUTIONS

- I. **MIRACLE QUESTIONS or PROBLEM HAS BEEN SOLVED QUESTIONS.** Create an image or vision of what life will be like when the problem is solved. This creates hope for change.

“If a miracle happened and you woke up tomorrow and your problem was solved, what would you notice that tells you there’s been a miracle?”

“If you were to do that, what would be the first change you’d notice about yourself?”

“Who will have to do what to make it happen?”

“How will you know the problem is really solved? How will your partner know...? Your boss... your mother etc?”

## **II. EXCEPTION-TO-THE-PROBLEM QUESTIONS.**

**Help family members discover their own strengths and problem-solving abilities and clarify that they did something to create exceptions to the problem.**

“When don’t you have that problem?”

“What’s different about those times? What happens instead?”

## **III. PAST SUCCESS QUESTIONS.**

**Help family members regain self-confidence and realize that they have the ability to shape their life, as they’d like it to be.**

“Have you ever faced something like this before? How did you deal with it then?”

“What will be a small sign that your past success with this is beginning to happen again?”

“How has that been helpful?” “How do you think family members see that as having been helpful?”

## **IV. SCALING QUESTIONS.**

**Assess abstract things like hopefulness, self-esteem, evaluation of progress; it’s often helpful to specify a time limit such as “today”, “during the past month,” etc.**

“On a scale of 1 to 5, with 5 meaning you feel sure this problem can be solved and 1 meaning you don’t think it can be solved at all,

“What is your desire to make this change happen?”

## TIMELINE

The timeline creates a family chronology, a running account of significant family events. Timelines can be completed for the family as a whole, for each family member, for a particular period of time or around a specific area, like employment, parenting, education or significant relationships.

To construct a timeline, draw a line across a sheet of paper, mark off yearly intervals and ask family members to note various events--good and bad--that seem significant to them. These might include: ***marriages, births, accidents, jobs gains and losses, chronic or serious illnesses, relocation, untimely deaths or suicide, divorces, or other life cycle transitions.***

Next, you will scale the family's life events between a -5 and +5 (scaling questions), asking them where they are on the scale. Then connect the dots so a picture of events emerges. Ask family members to point out any patterns they notice--***periods of difficulties and accomplishments, recurring obstacles, and solutions found to challenges faced. Note how these long-term patterns might be strengths or barriers to overcoming or achieving a goal.***

Timelines encourage family members to ask themselves:

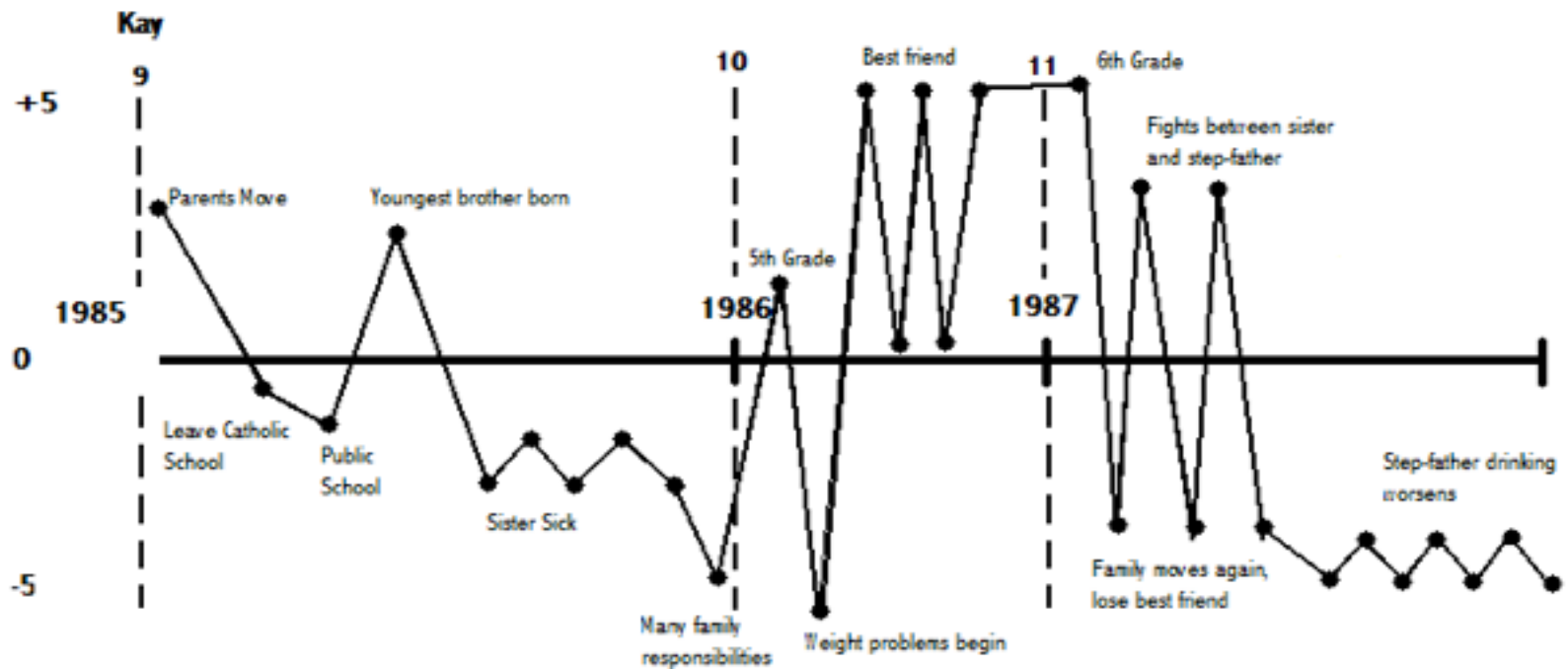
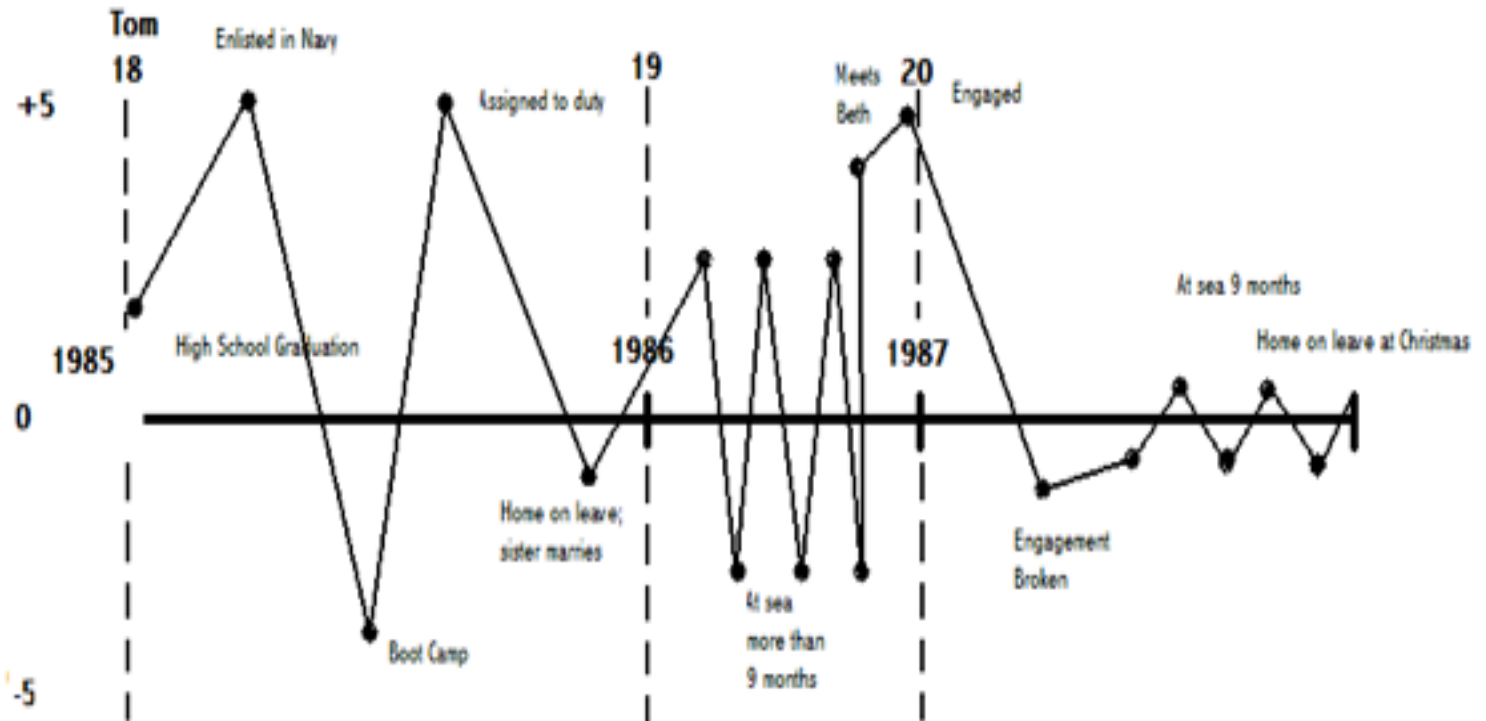
***"What problems have we faced, how do we feel about them and how did we face them?"***

***"What have been moments of success and celebration?"***

***"How did we create those?"***

***"What are the patterns of our lives?"***

## Timeline: Version Two



# EGO-MAPS

Eco-maps allow us to create a snapshot of the relationships a family has with other individuals and institutions.

We can determine how many relationships a family has and the nature of the relationships with the Eco-map. With this picture, the family can identify its current strengths and challenges with regard to support and their interaction with others. We can also identify families that are isolated and families overwhelmed by the number of stressful relationships.

You begin by asking the family who they would like in their inner circle. We should not make assumptions about who a family wants placed in the center. **It is up to the family to define its own membership. This is an example of empowerment.** Different cultures and family systems will identify membership differently.



Then ask the family to label the additional circles around the inner circle. Ask the family to tell you about the systems their family is involved with. These could include: ***school, health care, church, employment, the state agency, or other family members and friends. You could also show relationships with areas such as money, substance abuse, mental health, transportation, education and hobbies.***

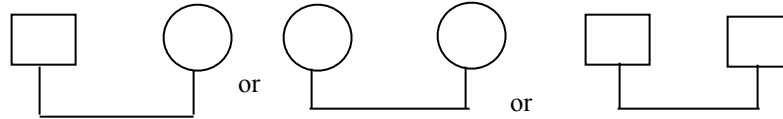
Once the circles are filled in, you will want to get a sense of the kind of relationships the family has with each support system. Are they **strong**, **tenuous/weak** or **stressful/conflictual**. You may also want to ask how much energy is used by the family in relation to each area.

Once the Eco-map is complete, ask the family what they notice. You may ask the family to identify the **strengths** they see, if there is anything they would like to **change or to be different**. You could say something like: ***“If we came back and looked at this eco-map in 6 months what would you like it to look like then?”***

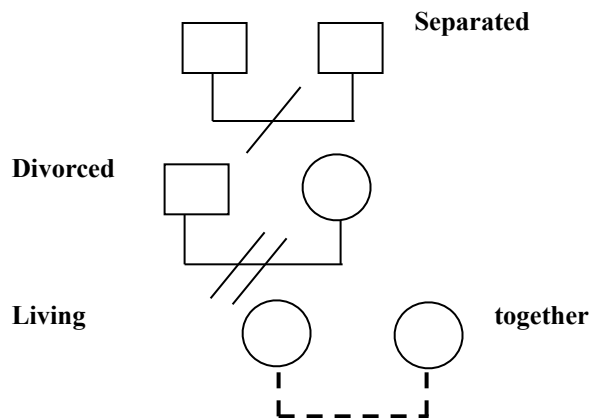
The Eco-map brings out important areas a family may have not yet explored and helps a family identify both current strengths and a vision for the future. It can help pick out generational patterns, validate feelings and allow the Family Development Specialist to elicit factual information and emotional material in an easy digestible, straight-forward and light hearted way.

## CONVENTIONS OF DIAGRAMMING FAMILY STRUCTURE

Male  Female 



**Committed Partnership**



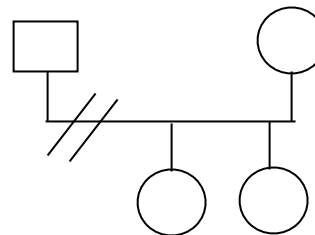
**Significant non-relationship**

**cohabitating**

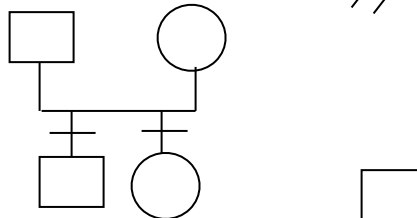


**Death**  or 

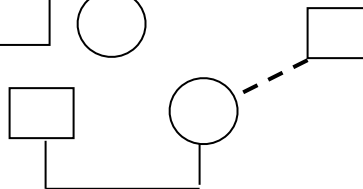
**Divorced mother with custody of two female children**



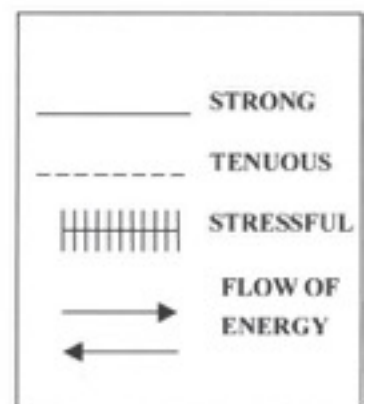
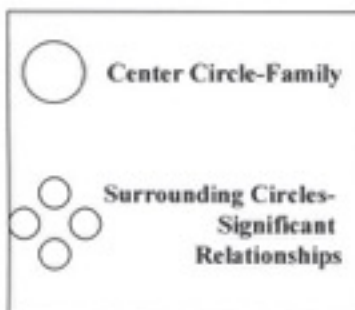
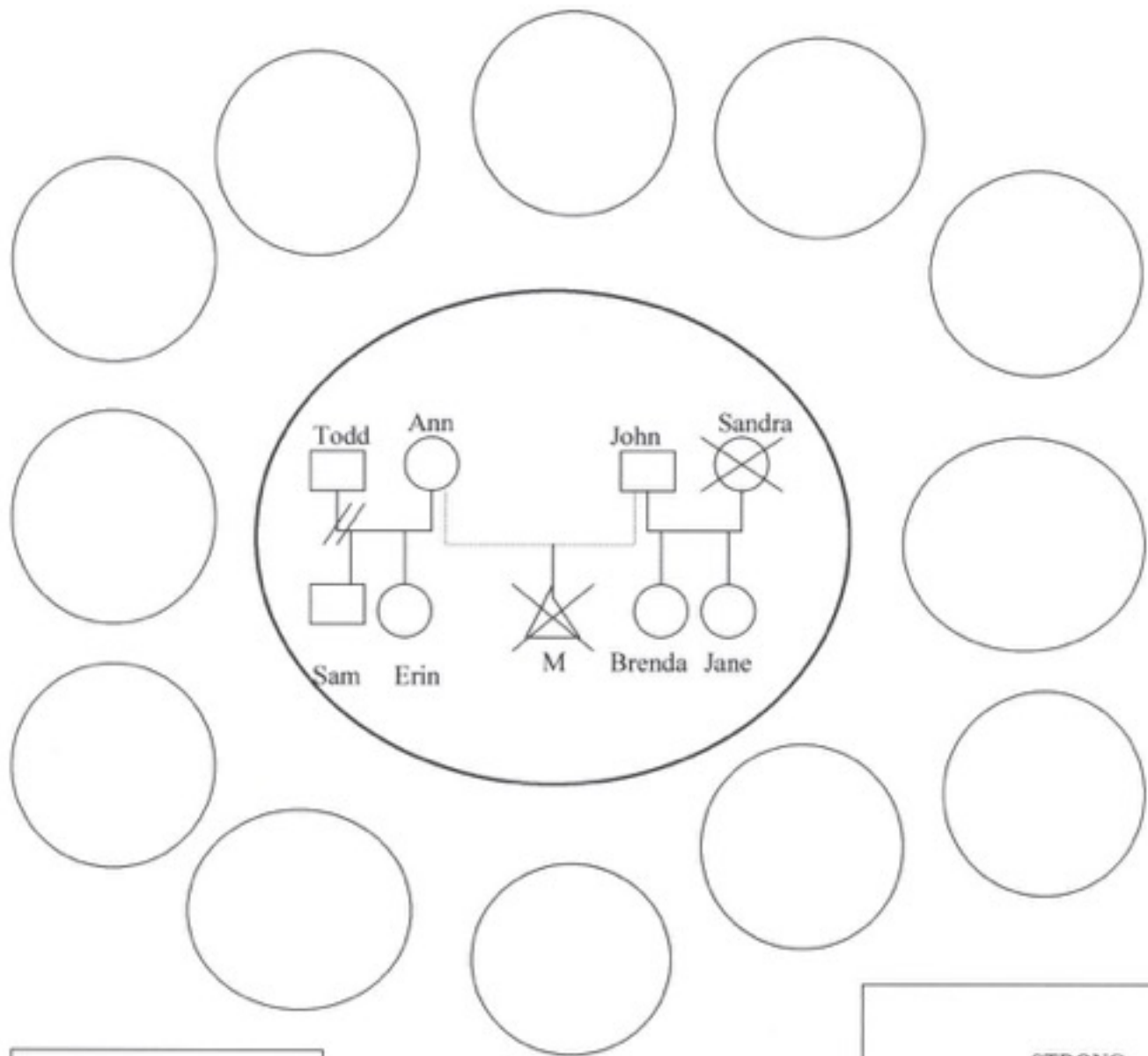
**Children out of the home**



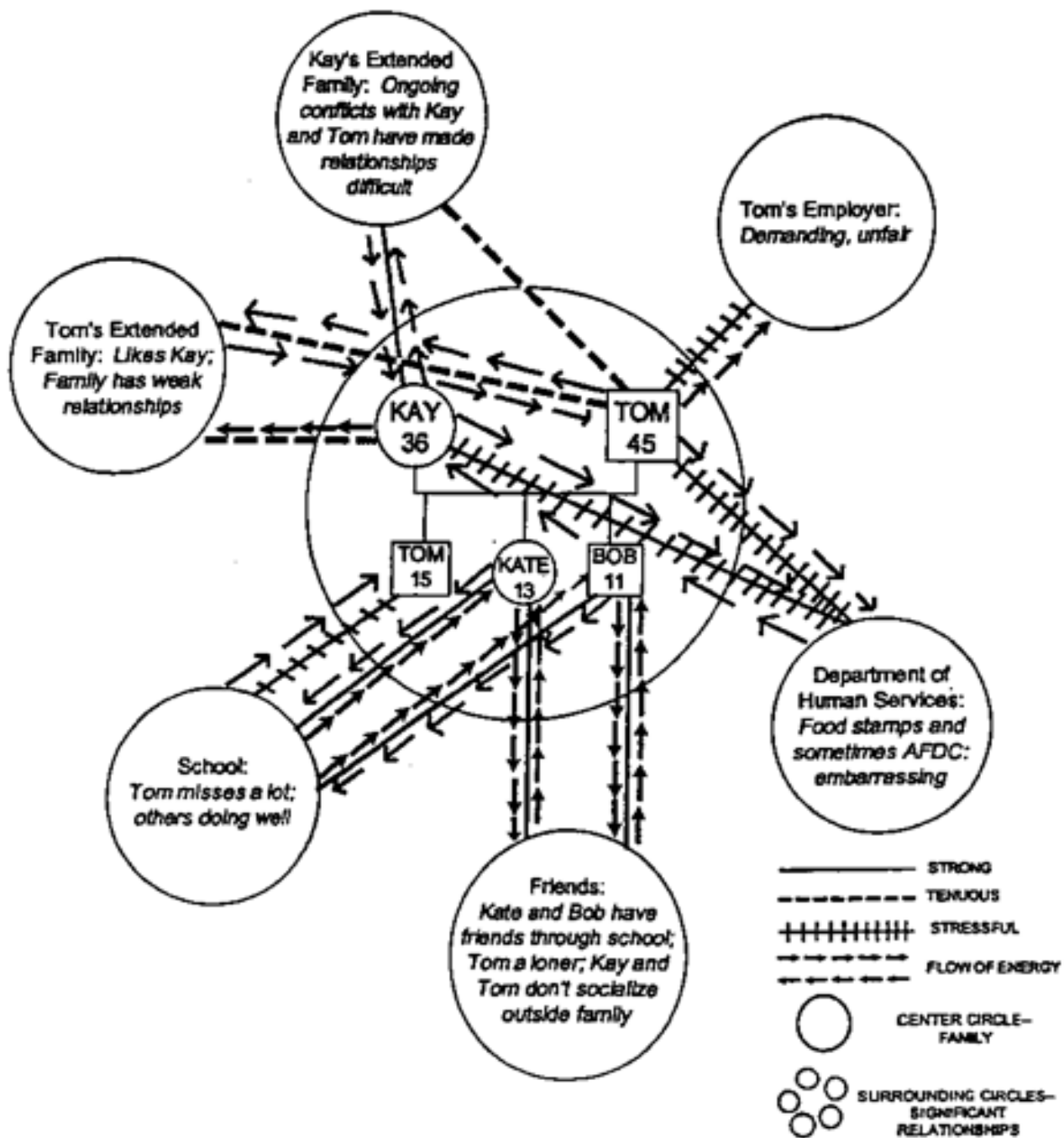
**Wife having extramarital**



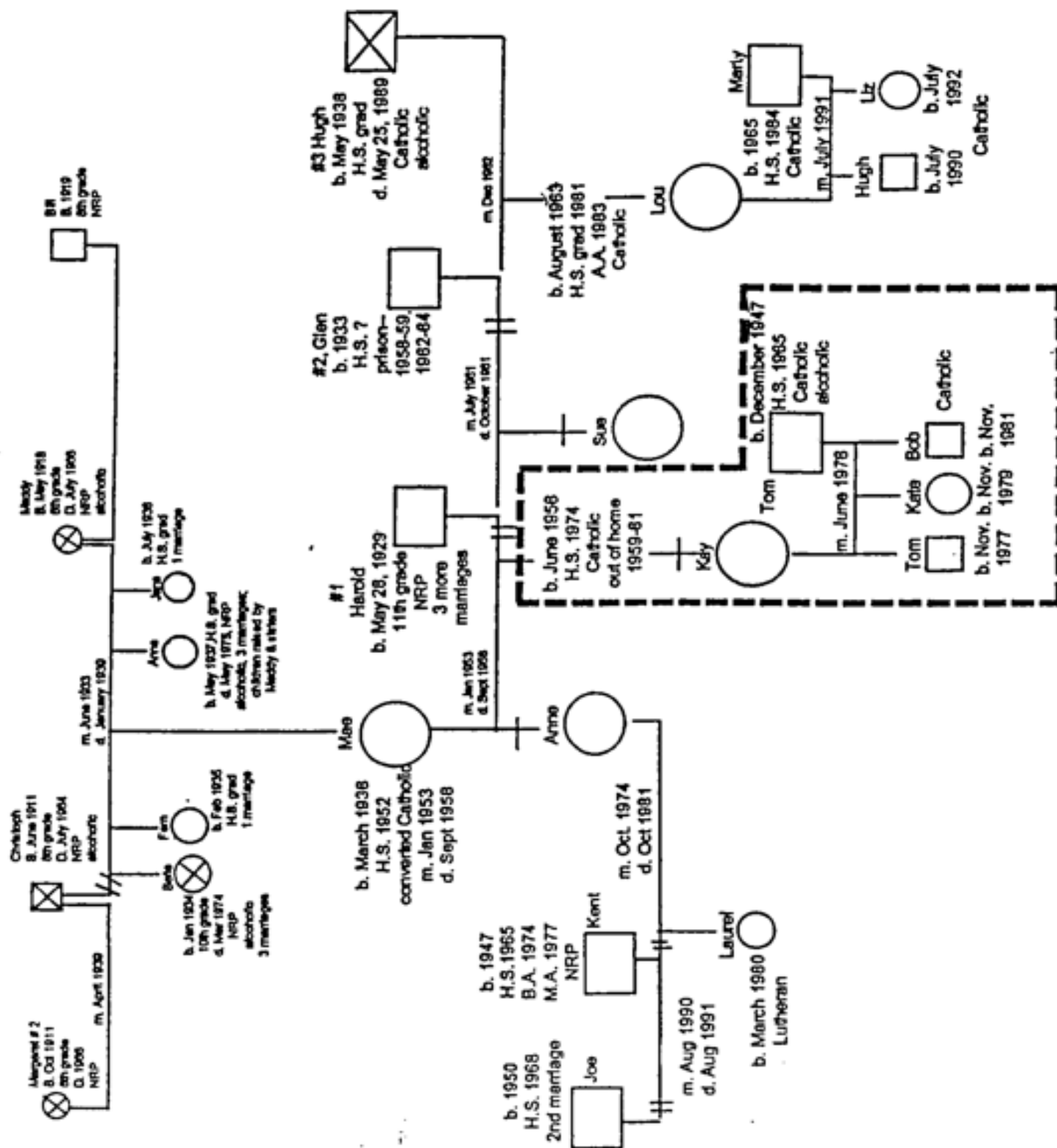
# ECO-MAP







We can use these common conventions to create a picture of a family over time.  
Here is the picture of one family across four generations.



## **How To Use The Balance Wheel**

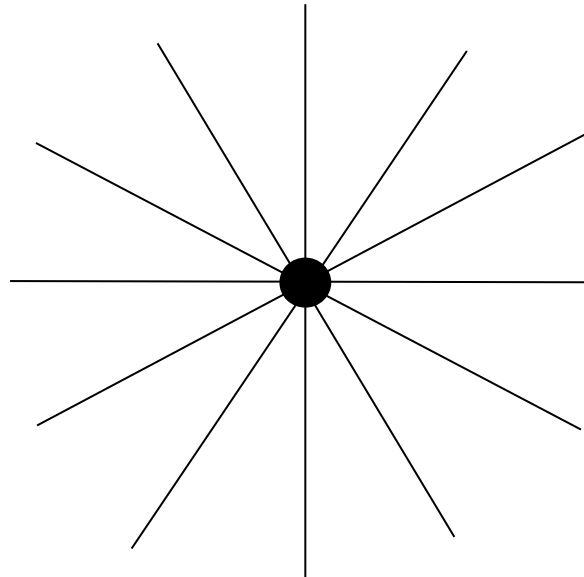
The purpose of the Balance Wheel is to give you a different perspective on how you view your life, priorities and what goals you may want to set.

- First, identify the areas of your life that you feel are important. Below is a list of examples you can use.
- Second, label each gap in the wheel with an area on the list, until your list is in a circle around the wheel.  
You can add or remove “spokes” from your wheel to accommodate your list.
- Third, make some sort of distinguishing mark across the gap that reflects the energy you are putting into this area of importance in your life on a scale from 1 to 10 (1 being the center of the wheel and lowest and 10 being balanced for you at the edge of the wheel). Be very honest with yourself when doing this. Consider time, money, effort and sacrifices you make to invest in this area of life. You can color this in, or mark it in a way that you will know what it is representing.
- Fourth, with a different notation or color, fill in the gap between your marking and the edge of the wheel to reflect the energy you still need to give this area to create balance. Take a moment to reflect on your balance wheel and the “balance” in your life and goals.

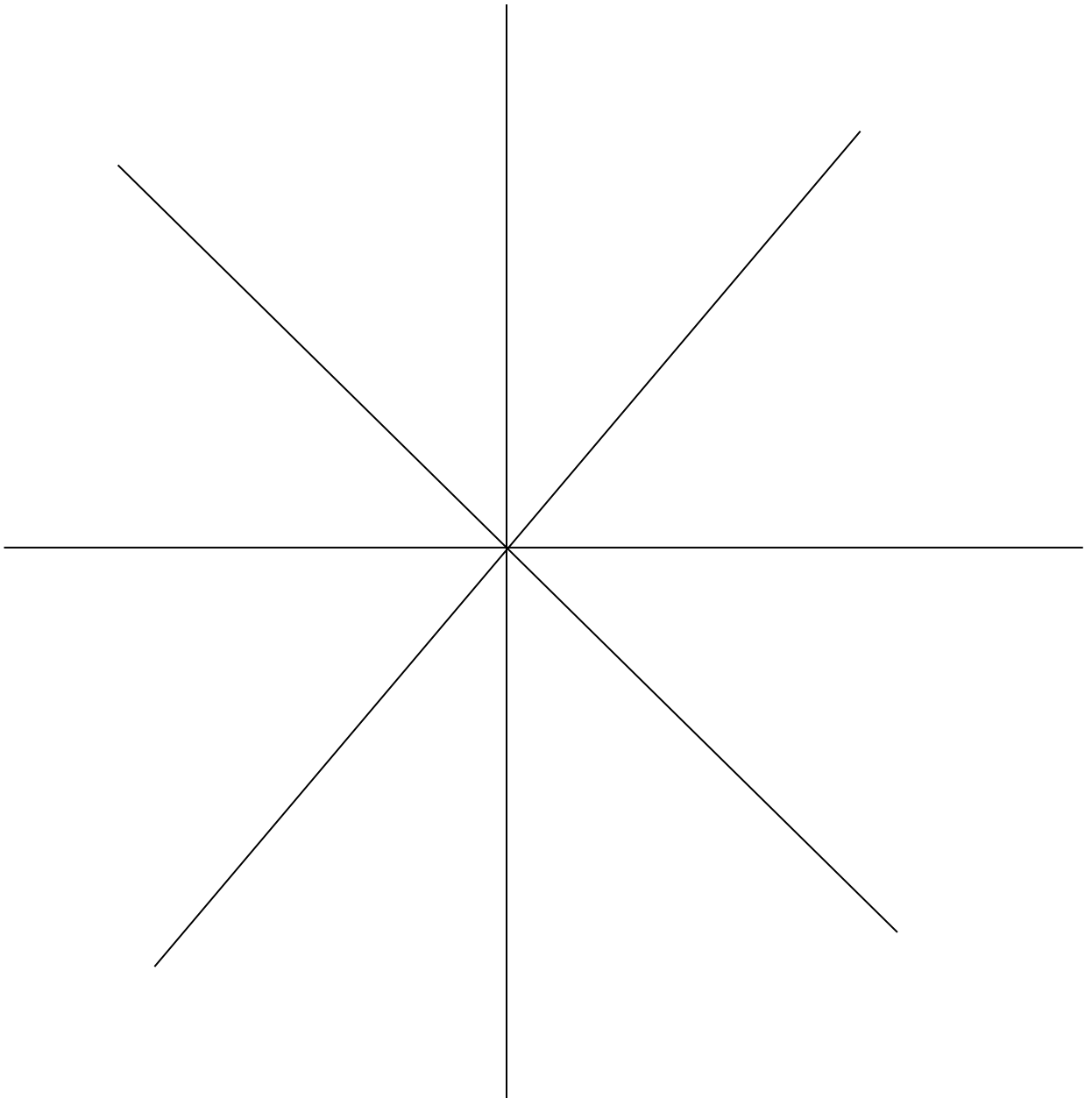
A wonderful use of this tool is, once it's created, you will be able to view your life and see the areas that need a bit of work. You can then work on setting meaningful, attainable goals that will help you achieve your view of a balanced life. And don't forget to give yourself credit for the areas you are doing well in!!

Life Area Examples:

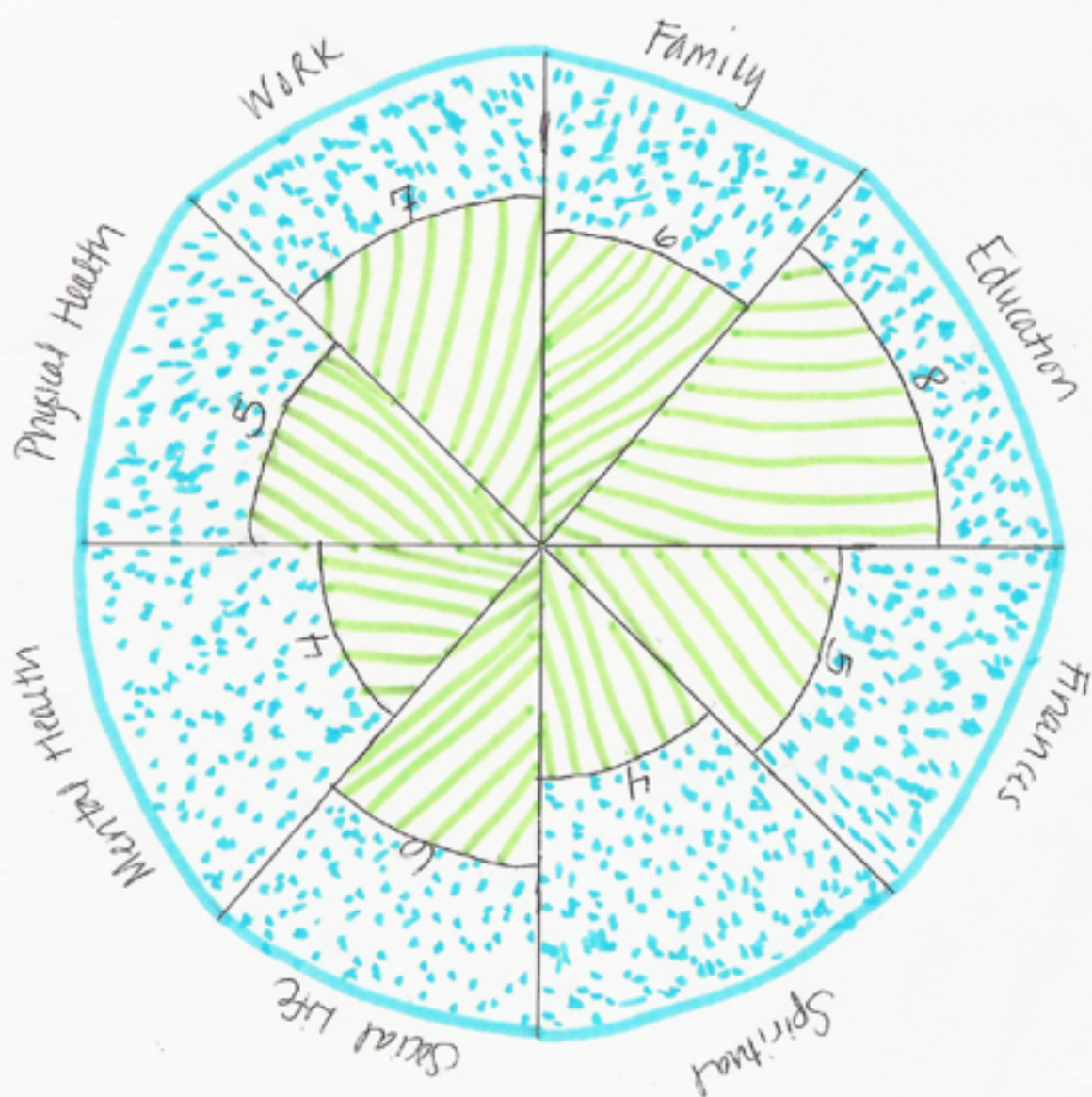
1. Family
2. Personal
3. Community
4. Education
5. Health/Physical
6. Health/Mental
7. Recreation/Leisure
8. Spiritual
9. Friends/Relationships
10. Career/Job
11. Sports
12. Social
13. Finances



# **BALANCE WHEEL**



## BALANCE WHEEL



## VISION BUILDING

1. Describe how you would like things to be for your family tomorrow.

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2. Describe how you would like things to be for your family next week.

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3. Describe how you would like things to be different in one month.

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4. Describe how things will be different for your family in six months.

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5. Describe how things will be different for your family in one year.

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6. Describe, given all the changes you want to make, where your family will be five years from now.

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## Return on Investment

Return on investment (ROI) calculations for individuals and families will show participants, staff, funders, board members and the community that you are successful in seeing movement on the journey to greater self-sufficiency. To calculate the ROI determine the costs of providing services and then determine the financial benefit of accomplishment of outcomes from Family Development services. This ROI calculation can happen with just one or two families that you work with. It can be done for the program or for the entire agency. Find one individual or family that has made major movement and been successful in their goal completion. If possible, get them to agree to make their story public, get their picture and tell their story. This can be just one page. Their picture can be placed in the lobby of the agency with the ROI calculation.

### **Seattle Conservation Corps**

7727 63rd Ave NE• Seattle, WA 98115 • 206-684-0190 [www.ci.seattle.wa.us/parks/scc/](http://www.ci.seattle.wa.us/parks/scc/)

At the age of 16 Shana had left home, dropped out of school and had become addicted to Meth. This addiction lead to her arrest and the subsequent removal of her 3 month old son from her custody. She had been court ordered by Child Protective Services to seek treatment for her addiction. Instead of the recommended out-patient treatment, Shana took it upon herself to enter into long term care. “My objective was to regain custody of my infant son, become financially stable and treat my meth addiction. I knew I had to make a serious change.”

At 24, while in treatment, Shana learned about the Seattle Conservation Corps. Upon completing treatment, Shana decided to enter their program. Shana was stable in her recovery, had regained custody of her son and was ready to make lasting changes in her life. “When I first heard of the Conservation Corps, I was leery. I had never worked outside in the elements and really didn’t picture myself digging ditches. Despite my fears I decided to give it a try. I figured I had to start somewhere.” Shana attended group orientation where she

met with a Family Development Specialist (FDS) and the learning center instructor to identify and address the things she wanted to accomplish. “When I first met with my FDS and made a list of my goals, I thought they were impossible. Little did I know that with the help of the Corps I would achieve each and every one of them.” While earning a steady income working as a crew member, Shana was able to study for and earn her GED, something she never thought she would be able to do. She also paid her traffic fines, obtained her driver’s license and

insurance, resolved her CPS case and paid off her child support. In the final few months of the program, Shana had bought a car and moved into her own apartment with her son. “It was hard work. Believe me, there were days when I didn’t think I could do any



of it, but when I had those days, the staff were there to lift me up and give me the courage to keep on pushing.” Shana completed the program and was offered a position as a Customer Service Representative with a well-known Seattle Company and was promoted to Human Resources Coordinator after 5 months.

Prior to her enrollment in the Seattle Conservation Corps, Shana's annual income from TANF was \$5,280 and she was receiving \$278.00 per month in food stamps, a total of \$8,616 in public assistance annually. Shana received First Aid/CPR certification, Flagging Certification, and Defensive Driving training while at the SCC. She also attended GED and Life Skills Classes. The cost to assist Shana with training, employment, rental assistance and a Family Development Specialist was \$5463. Shana is currently employed and makes approximately \$32,000 a year. She receives full medical benefits for herself and her son as well as a retirement account through her employer. With the elimination of public assistance, and the addition of her employment and benefits, Shana's Return on Investment is 9:1 in one year's time! “I would never in a million years picture myself doing so well. Without the support of everyone at the Corps I couldn't have done it on my own.”

Great Lakes Community Action Partnership, 127 S. Front Street, PO Box 590, Fremont, Ohio 43420, 800-775-9767.

Ashley a young married mother of one child came to Great Lakes seeking housing assistance. I didn't know what to do...I couldn't live like this anymore. I had heard about Great Lakes and was hopeful they could help me. She was fleeing from an abusive marriage. Her husband financially supported her and her child so when she came to us she didn't have any source of income and she had never had a driver's license. After seeking help at the Cocoon shelter, a domestic violence shelter, Ashley was referred to our agency. With the guidance of the Family Advocate, Great Lakes was able to provide her with Permanent Supportive Housing through our Domestic Violence Housing program. I felt all alone. I didn't know where to turn. When I met with my Family Advocate and we talked about my goals, I had no idea I would ever accomplish what I did. Great Lakes has been able to assist Ashley with help for her mental illness. Ashley has enrolled her son in the Great Lakes Head Start preschool program. Ashley has been enrolled into GED classes and was able to buy a car. Ashley has worked hard and was hired for a job and has received her driver's license. She has been able to budget to maintain her household with the support and guidance of multiple programs at Great Lakes. She is hopeful that after she obtains her GED that she can go to college. She is very proud to be a positive role model for her son.

Prior to coming to Great Lakes Ashley didn't have any source of income since she was fully supported by a husband who had a good paying job. Great Lakes was able to connect Ashley with Public Assistance so she began receiving food stamps until she became employed and both her and her son received assistance with medical benefits. Ashley eventually divorced from her husband and began receiving \$122/wk. for child support. She received a job at McDonald's restaurant for 30 hours per week making



minimum wage. The cost to assist Ashely with housing, supportive services and a Family Advocate was \$4,209.

#### Inputs/Outputs

Rental Assistance-\$3,048 (6 months of rental assistance)

Case Management-48 hours of case mgmt. \$1,056

Administrative-\$105

Total: \$4,209

#### Outcomes

Housing Stabilization-\$18,000 (600/day X 30 days-15 days without WSOS assistance)

Access to Health Care-\$7,076 (CHIP)

Employment-\$12,636 (30 hrs. wk./ at 8.10/hr.)

Total: \$37,712

Impact Value-\$28,712

SROI: 68.21%

SROI Ratio: \$1.00 to \$6.00

**Head Start of Greater Dallas has been an integral part of the children and families in Dallas County for more than 20 years. More than 91,000 children have been a part of the Head Start of Greater Dallas experience.**

#### **Ronald L. Jeans**

#### **Head Start Classroom to Head Start Boardroom**

One success story is particularly unique - from the Head Start Classroom to the Head Start Board Room, Ronald L. Jeans is an excellent example of the benefits of early childhood education.

Mr. Ronald L. Jeans, newly elected member of the Head Start of Greater Dallas Board of Directors and Vice President of National Accounts for Dr Pepper Snapple Group is a former Head Start student.



## MODULE FOUR: PLANNING

### CHARACTERISTICS OF WELL-FORMED GOALS

The practice of solution-focused interviewing requires the development of well-formed goals. These goals are created with the person being served and within that person's frame of reference. There are seven characteristics of well-formed goals. The characteristics imply that all goals are negotiated with the persons being served and the worker, the people being served rarely enter the helping relationship with well-formed goals, and workers do not have the power to determine which goals are appropriate. Goals must be defined within the frame of reference to the person being served.

1. **Goals are important to the person being served.** Goals are well formed when they belong to the person being served and are expressed in that person's language. This principle is never compromised except in cases where the worker, after exploring strengths and coping capacities, is convinced the person is overwhelmed or a danger to self or others.
2. **The goals are small.** Small goals are easier to achieve than large goals. For example "fill out one job application a day" is more achievable than "get a job."
3. **The goals are concrete, specific and behavioral.** This allows the person being served and the worker to know when progress is occurring. For example, "going out to lunch with a friend twice a week" is preferable to "get more involved with others."
4. **The goals seek presence rather than absence.** While the people being served often tell the worker what they want eliminated from their lives, practice outcomes are improved when people are helped to express their goals as the presence of something rather than the absence of something. For example, "taking walks every day" is preferable to "feel less tired at the end of day".
5. **The goals have beginnings rather than endings.** People tend initially to conceptualize their goals as end points. Workers, aware that achieving goals is a process, can help by encouraging people to conceptualize the first steps to their desired ends. For example "ask my husband to talk about our child's school performance" is preferable to "have a happy family".
6. **The goals are realistic within the context of the life of the person being served.** This characteristic is usually achieved automatically in the course of developing goals with the preceding characteristics. If the worker is unsure, the worker can explore with the person what it is in the person's life that tells him of her that this particular goal makes sense.
7. **The person being served perceives the goals as involving "hard work".** Encouraging people to think about their goals in this way is both realistic and useful. It is realistic because true goals call for change in a person's life and change is difficult. It protects the person's dignity because, first, if the client achieves the goal the achievement is noteworthy, and second, if the person does not, it means only that still more hard work needs to be done.

# **DECISION MAKING PLAN SHEET**

What have I decided to change? \_\_\_\_\_

My goal to achieve that change is: \_\_\_\_\_

|   |  |
|---|--|
| <b>Steps needed to reach goal:</b><br><ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul> | <b>Steps I have selected:</b><br><ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>         |
| <b>Resources needed for goal:</b><br><ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>  | <b>Resources available to me now:</b><br><ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul> |
| <b>Advantages to change:</b><br><ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>       | <b>Disadvantages to change:</b><br><ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>       |

Expected date of completion: \_\_\_\_\_

## **Our Plan**

Date \_\_\_\_\_

Our family would like to change: \_\_\_\_\_

Our goal is: \_\_\_\_\_

This goal will bring the following change(s) to our family: \_\_\_\_\_

\_\_\_\_\_

**To achieve this goal we will complete the following Action Step(s):**

*Action Step:* \_\_\_\_\_

**Resources Needed:** \_\_\_\_\_

**Resources Available/Referred to:** \_\_\_\_\_

**Responsible Party:** \_\_\_\_\_

**Expected date of completion:** \_\_\_\_\_

*Action Step:* \_\_\_\_\_

**Resources Needed:** \_\_\_\_\_

**Resources Available/Referred to:** \_\_\_\_\_

**Responsible Party:** \_\_\_\_\_

**Expected date of completion:** \_\_\_\_\_

*Action Step:* \_\_\_\_\_

**Resources Needed:** \_\_\_\_\_

**Resources Available/Referred to:** \_\_\_\_\_

**Responsible Party:** \_\_\_\_\_

**Expected date of completion:** \_\_\_\_\_

**Our goal will be reached by:** \_\_\_\_\_

**Family Signatures:** \_\_\_\_\_

**Family Development Specialist's Signature:** \_\_\_\_\_

**Congratulations. Goal Accomplished!    Date:** \_\_\_\_\_



## GOING FOR THE GOAL!

| <u>DATE</u> | <u>GOAL</u> | <u>TIME<br/>SPENT</u> |
|-------------|-------------|-----------------------|
| SUNDAY      |             |                       |
| MONDAY      |             |                       |
| TUESDAY     |             |                       |
| WEDNESDAY   |             |                       |
| THURSDAY    |             |                       |
| FRIDAY      |             |                       |
| SATURDAY    |             |                       |

Family Signature: \_\_\_\_\_

Family Development Specialist's Signature: \_\_\_\_\_

# Family Meeting Notes

Family Name: \_\_\_\_\_

Date/Length/Place of Meeting:

\_\_\_\_\_

Family Members Present:

\_\_\_\_\_

## ITEMS TO DISCUSS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

SUMMARY OF MEETING: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROGRESS TOWARDS GOALS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

OBSTACLES FACED:

\_\_\_\_\_  
\_\_\_\_\_

HOW THEY WERE ADDRESSED:

\_\_\_\_\_  
\_\_\_\_\_

THINGS TO DO BEFORE NEXT VISIT:

FDS: \_\_\_\_\_

\_\_\_\_\_

Family: \_\_\_\_\_

\_\_\_\_\_

Date/Time/Place of next Visit:

\_\_\_\_\_

## **Visits and connections to program participants.**

*Home Visits can tell us a lot about a family. They can assist a Family Development Specialist in better understanding family dynamics as well as creating a deeper, trusting relationship. However, it is very important that these visits occur in safe environments for the FDS. Below are some issues to keep in mind.*

### **Planning for the visit:**

- Gather as much information as possible about the family.
- Gather all of the appropriate paperwork etc. that you need for the visit.
- Covid19 makes physical visits not possible, but Zoom or other methods makes it possible to interact with families and individuals in their living environment. Telephoning and texting works to make connections to monitor progress towards goals.

### **During the visit:**

- Establish the goal of the visit. Be clear that you have a schedule to keep and may be expected elsewhere.
- Keep your eye out for suspicious items in the house. For example, drug paraphernalia, open alcohol containers, abnormal odors, animals that may be a threat, and/or weapons that may be sitting out.
- Avoid giving out too much personal information.

### **Meeting at the office:**

- Have an emergency escape route determined.
- If it is possible, arrange furniture to avoid be trapped in a corner.
- Interview in pairs if you are working with a possible threatening participant and/or when you feel your safety is or may be threatened.
- Have an office procedure if you need to signal for help if faced with a threatening participant.
- Keep your desk clear of objects that could be used as weapons. Is a stapler a weapon? Anything on your desk that can be picked up and thrown is a weapon.

## MODULE FIVE: SUPPORT

### 1. Overcome issues that can act as absolute barriers to goal achievement.

#### Objectives:

- ⇒ Prepare participants to identify the signs and symptoms of powerful issues that can be barriers to success.
- ⇒ Familiarize participants with the most appropriate role for a Family Development Specialist to assume and a recommended course of action.
- ⇒ Provide opportunities to practice conversations around these difficult issues.
- ⇒ Familiarize participants with the cycle of stress on relationships that leads to adaptive behaviors and defense mechanisms.
- ⇒ Review the common types of defense mechanisms.
- ⇒ Analyze potential responses that will lessen the impact of defense mechanisms.
- ⇒ Form and use groups for support.
- ⇒ **The results of this support are witnessed in:**
- ⇒ Family Empowerment
- ⇒ Family Healing
- ⇒ Family Commitment
- ⇒ Family Vision Attainment
- ⇒ Family Self-Sufficiency

|  |
|--|
| ROLE OF THE FAMILY DEVELOPMENT SPECIALIST WITH POWERFUL BARRIERS |
|--|

We may find ourselves serving families who have serious issues of concern, issues that if left unaddressed will impede the achievement of their goals. It takes years of training before one is prepared to offer the kind of healing interventions required to address such concerns. However, even without years of training and experience, family support and development workers can provide crucial help for families.

#### ROLE OF THE SPECIALIST — STEPS TO BE TAKEN

1. **Identify signs and symptoms and elicit history.**
2. **Acknowledge and validate feelings.**
3. **Engender hope and connect to healing resources.**
4. **Maintain a supportive role as the family pursues change.**

**It is very important that you anticipate the probability of the barriers occurring in families and prepare yourself with the knowledge and skill you will need to feel confident and competent.**

## **Compliment any success toward goals!**



|                              |
|------------------------------|
| DEFENSE / AVOIDANCE BEHAVIOR |
|------------------------------|

- ✓ DENIAL
- ✓ IDEALIZATION OF IDENTIFICATION WITH CONTACT PERSON.
- ✓ SPLITTING
- ✓ DEPENDENCY
- ✓ CONSTANT CROWD
- ✓ TIME AS POWER

1. **Denial.** Denial arises from dynamics similar to projection. People living in the state of disparity described above and filled with the same self-loathing can no longer stand the pain of their situation. People create new descriptions of their situations-- often unrealistic or contrary to the facts as they exist -- which is bearable. Such people will strongly resist attempt to be made to see the facts or face reality because they understand that to do so will lead to more pain.

2. **Idealization of the Contact Person:** In this case, families want a "savior" to make everything all right. They see every new person as perfect and capable of providing the answer to all their problems. The new person will inevitably fail to solve all the problems, and when this new person "lets them down" -- which always happens, the family feels angry and betrayed and acts as such. This can lead to the "savior" feeling hurt and angry as well. (This is perhaps the easiest behavior for the staff person to fall prey to because it feels so good to have such complete acceptance and admiration. But the end result can be disastrous for both the staff person and the family.)

3. **Splitting:** The family does not want to focus attention on itself because it fears rejections or humiliation. In order to distract the staff person, family members begin to pit agencies or professionals against each other. The family is able to entice a staff person into this dynamic by characterizing this staff person as the "good guy or gal" and the other professional as the "bad guy or gal" (or your organization as the "good place" and another organization as the "bad place). The family keeps attention focused on "ain't it awful" descriptions of other agencies' ineptitude or lack of humanity. Because the staff person always comes out favorably in these descriptions, it is easy to be seduced into the discussion. Inevitably the staff person will "fail the family" and find his or her role reversed.

4. **Dependency:** In these situations, families resist entering into a relationship. When they finally connect, the staff person is excited at having overcome the resistance. The family begins to make request of the staff that are things the family really could do for

itself or that are beyond the normal boundaries of the relationship. The staff person fulfills the requests because he or she does not want to jeopardize the hard-won relationship. The family gradually increases its requests of the staff person. The staff person is doing more and more for the family until a request or demand is made that the staff person absolutely cannot or will not fulfill. The family becomes very angry and resists any further relationship.

**5. Constant Crowd:** Families may experience a lot of pain when they examine their problems and unresolved issues. To protect themselves from having to do this painful introspection, some families become highly permeable. They always surround themselves with others. These families are never alone. They direct their energies and resources to dealing with the problems and issues of others, rather than dealing with their own. This behavior holds their issues at bay and protects them from encountering the pain associated with their experiences. It also means you are likely to find a crowd in the home even when you arrive for a scheduled home visit. Or appointments are missed because they are off solving someone's problems.

**6. Time as Power:** Many of the families we work with do not have activities that provide them with the same time reference we have. Without jobs or school schedules, they are frequently living outside of any requirements for their time. They develop life rhythms based on their needs and preferences as opposed to any usual societal norms. They are also sent a message for living in the larger society that time is power. They are made to spend much of their time waiting for appointments, services and meetings. When they have the opportunity to exercise time as power, they may do so by keeping us waiting. Late arrivals for home visits and missed home visits are a source of great frustration for staff who interpret such actions as a message that the family does not respect their time and effort. In reality, it may only be a repeat of the message sent to the family as they experienced our helping system.

## **Module 5: Linkage.**

Proper referrals.

Know the resources - 211, et. al.

Community engagement - volunteering, voting, etc.

## EMOTIONAL WHEEL

