301:
Engaging Clients from a Strength-Based, Solution-Focused Perspective

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Resource Center

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## Agenda for One-Day Workshop on 301: Engaging Clients from a Strength-Based, Solution-Focused Perspective

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Section I: Brief Introductions and Workshop Overview

Estimated Length of Time:
30 minutes

Key Concepts:
✓ Each person already possesses strengths that will help him or her incorporate a new perspective.

Method of Presentation:
✓ Lecture, large group discussion, walk-around activity

Materials Needed:
✓ Flip chart easels and pads
✓ Colored markers
✓ Masking tape
✓ Laptop computer with projector and screen
✓ Name tents
✓ Idea Catchers
✓ Handout #1: Learning Objectives & Agenda
✓ Handout #2: My Action Plan
✓ PowerPoint Slide #1: Title/Welcome
✓ PowerPoint Slide #2: Learning Objectives
✓ PowerPoint Slide #3: Agenda
Section I: Brief Introductions and Workshop Overview

Trainer Note:

- Prior to the training, title flipchart papers with the following titles and post in the room: “The Best Outcome for me from this training would be...”; “A Challenge I face in working with families is...”; Draw a 3 or 4 inch column on the left side of each chart. Ensure each table has colored markers. If using handout packets, place these on the table. Display PowerPoint #1 (Title/Welcome) as participants enter the room.

- An important teaching tool is trainer modeling of content and skills. Whenever possible and appropriate, the trainer should model the strength-based, solution-focused skills and strategies. Of special importance is working with participant perceptions rather than analyzing or contesting them. Example: “You must have a good reason for that position. Tell me more about that.” Other skills and strategies include the use of scaling questions, and moving from extended problem talk to solution talk. Example: “So what ideas or suggestions do you have for addressing that problem?”

Step 1: Brief Introductions & Workshop Overview

Begin the training by welcoming participants and advising them that in this workshop, participants may find some perceptions about working with families validated and some perceptions challenged. Hopefully this workshop will expand their notions about the conditions for change and add more tools to each participant’s toolbox. The following points should be covered in the opening/introduction:

- Ask participants to put their name on the name tent and feel free to use the Idea Catchers throughout the day. (If handouts are collated and placed in folders, the name tents and Idea Catchers will be found in each packet).

Name Tent Example:

<table>
<thead>
<tr>
<th>Title / position</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>NAME</td>
</tr>
<tr>
<td># of years</td>
<td>1 strength</td>
</tr>
</tbody>
</table>

Instruct participants to write their names in the center of their name tent with a marker, the county they work for in the top right corner of the name tent, their position in the agency on the top left corner of the name tent, the number of months/years in their current position in the bottom left hand corner and one strength they have that helps them to do their job. Allow participants 5 minutes to introduce themselves to other table members or process out as a large group, with trainer recording job type and strengths on flip chart paper, which are then posted on the wall.
• Trainer introduction. Trainer notes that he/she wants this training to be a positive experience for the participants. If there is anything that the trainer does or says that offends a participant or is a barrier to learning, participants are encouraged to see trainer at a break so it can be addressed or corrected.

• Review the training rules, i.e., the 15-minute rule, sign-in sheet, evaluation, availability of continuing education credits. Note that the 15 minute rule has a purpose; a significant percentage of training benefit is information participants give to each other; so their presence and attention during the workshop is an important part of the training experience. Cell phones are to be turned off. Calls, including text messaging can be done during breaks or lunch.

Ask participants if they would like to add any other ground rules that would help to make this workshop a safe and useful training experience. Write any responses on a flip chart page entitled “Useful Ground Rules” and post.

• Display PowerPoint #2 (Learning Objectives) with Handout #1 (Learning Objectives & Agenda).

Review the Learning Objectives. Underscore the importance of child welfare professionals having a range of interviewing and problem-solving skills. Our families are typically involuntary and have a variety of issues and responses to our intervention. We need to be flexible and creative to adapt our strategies to our families. We should not expect our families to have to adapt to a narrow “one size fits all” or high-authority model of casework intervention.

• Display PowerPoint #3 (Agenda). Review the agenda for the training as listed on Handout #1 (Learning Objectives & Agenda) and review the timetable for the training, noting any changes.

**Step 2: Walk-Around Activity**

**Option 1:**
If the group is small and the room large enough for movement, have individuals go to the flip chart pages “The Best Outcome for me from this training would be...” and “A Challenge I face in working with families is...” and write in a response. Draw a 3 or 4-inch column on the left side of each chart and tell participants to make a check mark in the column beside a response someone else has already made and that they would have made rather than rewrite it.

If the group is large and/or the room is small, have the participants discuss their responses at their table and have one from each table do the writing on the flip chart pages. When completed, review their responses, reinforce relevant responses and ask for clarification as necessary.
In addition, for larger groups, another option is to provide Post-it notes at each table and have participants write their responses on Post-it notes and attach to the appropriate flip chart.

**Option 2:**
Alternately, hold a large group discussion regarding Challenges and the Best Outcomes from the training. Trainer records participants’ comments on flip chart paper and posts in the room.

**Step 3: Beginning our Action Plan**

Distribute **Handout #2 (My Action Plan).** Refer participants to **Part I, Strengths and Challenges.** Instruct participants to transfer the challenges and personal strengths identified in the introductions and walk-around activity to Part I of the Action Plan. Later in the training, we will refer back to the strengths and challenges and consider how the SBSF skills and strategies might be useful in addressing those challenges and enhancing the strengths.

Inform participants that they will be referred to their Action Plans as the training proceeds to note steps they may take and needed supports to develop their knowledge and skills in specific areas to higher levels of proficiency.

**Trainer Note:** The numbers on the Action Plan do not necessarily correspond to the content section numbers in the trainer curriculum and agenda.
Section II: Engagement in the Context of Strength-Based Child Welfare Practice

Estimated Length of Time:
1 hour, 45 minutes

Key Concepts:
The SBSF Model supports Pennsylvania’s goal of fostering development of a uniform strength-based child welfare practice model and culturally competent achievement of ASFA goals
- Using the SBSF approach will assist staff and agencies in orienting their agency culture toward a strength-based model consistent with the goals of ASFA and the Code of Ethics of the National Association of Social Workers.
- SBSF strategies and skills help to support child welfare professional practice.
- Using the SBSF approach encourages engagement of children and families in a respectful, culturally sensitive manner.
- Engagement brings the family into the assessment and change process as a partner with important information and resources.
- Engagement is promoted by clarification of purpose, respect for the family and culture, and genuine interest in the family’s point of view.

Method of Presentation:
Lecture, DVD critique, individual and small group activity, large group discussion

Materials Needed:
- Flip chart easels and pads
- Colored markers
- Masking tape
- Laptop computer with projector and screen
- Television, DVD player
- Adoption and Safe Families Act, PL-105-89, issued November 19, 1997
- Code of Ethics of the National Association of Social Workers, Revised 2008
- CFSR Outcomes
- Pennsylvania Standards for Child Welfare Practice
- Handout #3: What are Strengths?
- Handout #4: Promoting Effective Engagement
- Handout #5: Engagement Demonstration Feedback Form
- PowerPoint Slide #4: Professionalism
- PowerPoint Slide #5: Strengths
- PowerPoint Slide #6: Types of Strengths
- PowerPoint Slide #7: Engagement
- PowerPoint Slide #8: Engagement: Process & Outcome
- PowerPoint Slide #9: Promoting Effective Engagement
- DVD #1: Safety Planning in Children’s Protective Services: Building Solutions with Clients
301: Engaging Client from a Strength-Based, Solution-Focused Perspective

Outline of Presentation:
✓ Connect the SBSF approach to the goals and expectations of ASFA/CFSR, Code of Ethics of the National Association of Social Workers, PA Standards and professional practice.
✓ Strengths and engagement presentation
✓ DVD clip illustrating engagement.
✓ Participants identify possible practitioner and client strengths and ways to improve practitioner’s engagement efforts
✓ Summary of observations.
Section II: Engagement in the Context of Strength-Based Child Welfare Practice

Step 1: Relevance of SBSF to Legal and Professional Standards

The trend in child welfare practice: if we do not understand the SBSF approach and the value of identifying and building on family strengths, we will miss some valuable family resources and be required to use more outside resources. Using SBSF approach also reduces the family’s resistance through noticing strengths that communicate the practitioner’s desire to know the family in a more complete and balanced way. We need to achieve balance in understanding families in the way they wish to be understood.

Federal, state and professional social work standards support a collaborative partnership with families through strength-based, solution-focused casework practice. Using a strength-based perspective allows child welfare professionals to consider what is going right with families, which may result in using more family resources and fewer agency resources and services needing to be extended to families.

Child welfare professionals have also experienced a higher level of satisfaction in their work. Using the SBSF approach appears to lower family resistance and increase positive outcomes. For those who work in clerical or fiscal positions, these techniques can be used with internal customers (e.g., caseworkers, supervisors and managers).

Using family-based solutions increases the family’s commitment to a plan of change and ability to maintain changes. Federal agencies through the Child and Family Service Review process are looking for increased collaboration between child welfare professionals and families in order to improve safety, permanency and well-being outcomes for children and families. The SBSF strategies and skills provide useful tools in implementing the Family Group Decision-Making model. Moreover, the SBSF perspective supports Code of Ethics of the National Association of Social Workers values such as self-determination and respect in a climate of best practice.

Display PowerPoint Slide #4 (Professionalism)

The SBSF approach helps to professionalize child welfare practice through the consistent use of proven strategies and skills. In addition to a clear mission and shared values, professional practice encourages development of a broad, flexible standard skill set for all child welfare professionals. Moreover, professional practice requires an ongoing interest in self-assessment and continual practice improvement.

Professionalism must be demonstrated in every planned interview with our families. If we want to be seen as professionals and not just as technicians who give and get information, we need to consistently demonstrate engagement and change facilitating skills in our interviews with families. These competencies are the marks of professional child welfare practice. Moreover, the Federal Child & Family Services Review (CFSR) is looking for evidence in our documentation that we have enhanced the capacity of our...
families to provide for their children’s needs and have involved them in case planning (Well-being Outcome WB1 Items 17, 18).

**Trainer Note:** Refer participants to the table copies of [Trainer Appendix A (Code of Ethics of the National Association of Social Workers)]. If participants are interested in obtaining their own copy of the Code, please direct them to [www.socialworkers.org](http://www.socialworkers.org). Please retrieve all table copies for the next training session.

The SBSF approach complements and enhances CYS assessment and treatment processes and is consistent with and supported by the Code of Ethics of the National Association of Social Workers values and principles of *Dignity and Worth of the Person*, and the *Importance of Human Relationships*.

Refer the participants to the following excerpts of the Code of Ethics of the National Association of Social Workers that support and validate the values, skills and strategies of the Strength-Based, Solution-Focused approach to child welfare practice.

**Value: Dignity and Worth of the Person pg. 5 – 6**

**Ethical Principle:** Social workers respect the inherent dignity and worth of the person. Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients’ socially responsible self-determination. Social workers seek to enhance clients’ capacity and opportunity to change and to address their own needs.

**Value: Importance of Human Relationships pg. 6**

**Ethical Principle:** Social workers recognize the central importance of human relationships. Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.

Because the SBSF approach draws heavily on client strengths and resources, it tends to be more culturally neutral and less prone to practitioner bias.

This course is an overview of the SBSF approach.

**Step 2: Strengths**

Display and review **PowerPoint Slide #5 (Strengths)**.

Using **PowerPoint Slide #6 (Types of Strengths)** explain that some strengths may mitigate safety threats and function as effective protective capacities; some act to
reduce risk or enhance well-being; other strengths may be neutral for CYS purposes.

Attention to mitigating strengths as protective capacities is an important part of the safety assessment process.

Examples:
Mitigating: One parent has the intent, commitment and capacity to keep an identified abuser out of the home.
Risk-reducing strength: Parent(s) has had prior successful experience in drug rehab. Despite a relapse, parent is willing to return to treatment and has support of family members.
Well-being strength: parents are employed, have housing, and access to medical care.
Neutral strength: parent or family member has musical talent; children take good care of a family pet.

Identifying family strengths promotes engagement, reduces family resistance and helps to identify family resources useful in building solutions, thus building capacity in families and helping them remain self-sufficient.

Step 3: The Strengths, Engagement Connection

The trainer explains that noticing and recording client strengths is important to the engagement process for several reasons:

1. It lets the client know that the child welfare professional wishes to understand the client family in a holistic way and not simply as a problem family.
2. Client resistance may be reduced because the client perceives the child welfare practitioner as less of a threat to personal and family self-esteem.
3. The child welfare professional’s identification and use of client strengths models an inclusive, collaborative approach to problem solving and solution building.
4. Noticing client strengths encourages hope and confidence in the client and promotes an emerging belief that working collaboratively with the child welfare practitioner may actually benefit the family.

Step 4: Engagement

Display PowerPoint Slide #7 (Engagement) and review the definition of engagement. Note that engagement is a meshing of strengths and agendas, not simply “making nice.” The goal of engagement is to get work done and to arrive at a contract with our families, both formal (FSP) or informal (agreement to allow the caseworker to proceed with an assessment).

Display PowerPoint Slide #8 (Engagement: Process & Outcome). Explain that engagement is both an outcome and a process. Ask “For those of you who are married or in a committed relationship, what told you that you were at that state of “engagement” (outcome) or connectedness and ready for full commitment?” On a flip chart page entitled “Engagement: Outcome” list the participant responses. Offer examples if people have difficulty giving answers. Some examples might be: there is a
proposal and acceptance; met family and children; feeling comfortable and safe, had common goals, had a feeling, etc.

Then ask about the process of engagement; “What were the behaviors, interactions, qualities and characteristics involved in the development of the relationship (process) that led you to determine that you had reached the outcome of being engaged? In other words, how did you get to that outcome of engagement?” On a flip chart page entitled “Engagement: Process” list the participant responses. Some answers might include compromise, shared activities, communication, spending time together, building trust, observing the other’s behavior/paying attention, getting to know the other person, shared goals, forgiveness, encouragement, acceptance, negotiation, etc.

Referring to the participant-generated list of behaviors and qualities that promote engagement, ask participants what qualities on the list are also important in promoting engagement with our clients. Circle those qualities identified by the participants.

Ask participants to refer to their personal strengths listed on Handout # 2 (My Action Plan, Part I) and note which of those strengths help to promote engagement. Ask for several volunteers to offer their relevant strengths.

Trainer explains that we will consider some additional strengths, skills and qualities that promote engagement. Trainer displays PowerPoint Slide #9 (Promoting Effective Engagement) and referencing Handout #4 (Promoting Effective Engagement) reviews and highlights some of the qualities listed:

**Trainer Note:** The following skills and/or qualities are highlighted because of their particular relevance to the SBSF model and/or because their use in practice may need to be further explained or amplified.

- Focused listening is often taken for granted, but is not easy. Note that we speak at 125 words per minute but can process about 350 words per minute. It requires concentration on the speaker’s words, feelings and content to be truly focused.
- Respect includes noticing what is right about others.
- Communication: Participants typically cite communication as an important element for establishing and maintaining engagement in personal and professional relationships. Yet, one of the biggest complaints of both families and service providers is that child welfare professionals do not return their phone calls. This is a concrete example of an area of self-assessment and improvement that has a significant impact on engagement and promoting positive outcomes for our families.
- Seeking to understand the client’s point of view. This is very difficult and results in considerable conflict between caseworkers and families when caseworkers press families to accept the worker’s perception of problems and solutions before first trying to truly understand the family’s perspective.
• Cultural competence: Suggest that participants ask their families what the caseworker needs to know about the family in order to best work together with the family.

• Confrontation: can use the “Columbo” soft-confrontation approach. Confrontation is bringing to the fore an important issue or the discrepancy or gap between what people say and conflicting concrete evidence. Example: “You say that you want your two children returned from foster care. However, you have missed the last three scheduled visits with them.”

Then connect the personal understanding of engagement to the caseworker/family relationship. Reference the participant generated Engagement Outcome, Engagement: Process lists and ask the following questions:

• “What are the similarities and differences in the engagement process with our partners and with our client families?”

• “How do you know you have connected with your families and how did you achieve that engagement?”

Ask participants how they might feel if they were forced to become “engaged” to a person other than their chosen partner, someone who did not display the same positive qualities as their chosen partner. How might the application of our engagement skills influence our families’ attitudes and behavior toward our intervention and us?

Explain that attention to monitoring and adjusting the status of engagement is an ongoing process. The level of positive engagement may vary throughout the life of the case. There may be a variety of proposals and acceptances during the engagement process: letting you in the door, working out the Family Service Plan, establishing common goals for how this family together with us will ensure that they will keep their children safe with as little intervention from us as possible.

Step 5:
Introduction and Playing of Engagement Demonstration DVD

Trainer distributes Handout #5 (Engagement Demonstration Feedback Form). Trainer explains that the participants will see a portion of a DVD in which strength-based engagement skills are demonstrated. Important: This DVD is not intended to be a demonstration of all the skills, tasks and tools that are required for a full initial assessment.

The DVD portrays Saginaw, Michigan caseworker Julie Gonzales making an initial visit to Mrs. Darlene Howell. The report to CYS made by the school alleges that 13-year-old Kayla Howell has significant bruising on her arms because of being hit by her 14-year-old brother, Joshua. It is further alleged that parents are aware of Kayla being hit by her brother but have not taken steps to protect her.

Trainer informs participants that their tasks are to identify the behaviors and skills demonstrated by the caseworker that promote effective engagement and those
behaviors that don’t promote effective engagement or could be improved. Participants may also note words and actions by the caseworker that may differ from their own practices. Participants should also note strengths demonstrated by Mrs. Howell and the Howell family. Participants may reference the list of engagement skills on Handout #4 (Promoting Effective Engagement) and note their observations and comments on Handout #5 (Engagement Demonstration Feedback Form).

After the DVD is shown, participants will have time to review their observations and discuss their observations in both small and large groups.

Step 6:
DVD: Safety Planning in Children’s Protective Services: Building Solutions with Clients”

Play the DVD “Safety Planning in Children’s Protective Services: Building Solutions with Clients” from the beginning to the title “Scaling Safety” (0 to 13:35).

Step 7:
Small and Large Group Discussion

Instruct participants to refer to their notes on Handout #5 (Engagement Demonstration Feedback Form) and discuss their findings in their small groups. Groups should select a spokesperson to report out. The spokesperson may be a volunteer or the group member with the most time in her/his current position.

In reporting out, ask for one response from each group and repeat the cycle until all responses have been reported out for each of the three categories on the Engagement Demonstration Form. List group responses on a flip chart page for each of the three categories.

If not addressed by the groups, note the following points:
- The practitioner in the DVD clip utilizes the skills of clarifying purpose, paraphrasing/reflecting Darlene Howell’s feelings and showing respect.
- Practitioner in the DVD overuses paraphrasing or reflecting skill, e.g. “I know it’s really upsetting having me here at your house.”
- Practitioner fails to answer Mrs. Howell’s questions initially about why Julie Gonzales went to the school without parental permission. Some participants may respond that we see the child first because we can, i.e. based on the Child Protective Services Law. That is true. However, a less authoritarian approach would be to also present the rationale for the law, namely the presence of injuries may require immediate medical assessment and treatment; because in some cases the child’s account may be altered by parental coaching; and because in serious cases of abuse a perpetrator may abscond with the child before CYS can intervene.
- In addition, Mrs. Howell asks about next steps (“Where do we go from here?”). The caseworker does not adequately explain the CYS assessment process.
• Caseworker fails to adequately acknowledge the importance to Mrs. Howell of protecting family boundaries; practitioner could have asked Mrs. Howell how best to elicit cooperation.

• The caseworker was respectful of cultural differences. Often, African-American families as well as Native American and Latino families have had negative experiences with governmental agencies. Their wish to solve family issues within the family or through culturally sanctioned resources may be perceived as resistance. Cultural sensitivity is important throughout the engagement process.

• The caseworker should not have taken the initial paperwork into the home and then gotten into a verbal tussle about the confidentiality of the referral source.

• Worker briefly mentions availability of agency services. This is premature, especially since Mrs. Howell has made it clear that the family prefers to resolve problems internally. Pushing of services is not an unusual practice by workers who equate the family’s agreement to accept some agency offered service as successful intervention and a test of the family’s cooperation. Agency provided or contracted services should be specifically targeted and usually considered only after assessing relevant resources and strengths within the family.

• Practitioner achieves only minimal engagement demonstrated by Darlene Howell’s cautious agreement to allow the caseworker to enter the home and discuss the allegations further. However, engagement deepens as the caseworker continues to use non-intrusive helping strategies with Mrs. Howell.

• Client demonstrated strengths include protecting family boundaries, appropriate assertiveness, concern for children, confidence in the ability of the family to solve problems, employment, adequate housing.

Note that in the segments of the DVD that were not seen, the caseworker uses a variety of strength-based, solution-focused strategies and skills which will be presented later in the workshop to develop a plan that includes after school activities, Kayla visiting with a friend after school and grandmother coming periodically to check on the children when parents are not home.

Step 8: Summary

Refer back to the requirements of a professional interview (information gathering/giving; initiating/maintaining engagement; solution building). Explain that how we gather information and what kinds of information we ask for have an impact on the engagement process. Practitioners should be able to explain the purpose of the information we ask for. Information we seek should be clearly related to the decision-making process for safety and risk assessment, service planning and resource evaluation and selection. Extensive information gathering for its own sake may be perceived by families as unnecessarily intrusive, increase resistance, waste valuable staff time and actually impede the decision-making process.

Emphasize that even though the caseworker made several mistakes in her interview with Darlene Howell, her use of clarification of purpose, respect for the family and culture, and genuine interest in the family’s point of view resulted in positive
engagement and movement toward solution building.

Summarize this section by reinforcing the understanding that engagement is a continuous process that must be initiated, maintained and adjusted as necessary throughout the life of the case. Effective engagement also requires the flexible use of protective authority skills, strategies and responses. Next, we will look at the protective authority continuum and the use of less intrusive, low authority helping skills and higher level, more intrusive protective authority skills and responses.

Step 9: Action Plan

Refer participants to Handout #2, (My Action Plan) and explain that developing all the engagement skills to a high level is an ongoing process that goes on throughout ones professional life. In Part II, of the handout Developing My Engagement Skills participants are invited to select just one of the engagement skills they wish to improve and to identify one small step to begin to make that improvement happen.
Section III: Protective Authority

Estimated Length of Time:
45 minutes

Key Concepts:

✓ Being aware of varying levels of protective authority and using the appropriate level in conjunction with engagement strategies results in positive outcomes.
✓ The application of appropriate and effective protective authority requires the child welfare professional to tune-in to self and others, to maintain focus on the goals of child welfare, and to be able to use the full range of protective authority options in a flexible and balanced way.
✓ Effective application of protective authority means using the least amount of intrusive strategies to achieve engagement.

Method of Presentation:
Lecture, individual and small group activity, large group discussion

Materials Needed:
✓ Flip chart easels and pads
✓ Colored markers
✓ Masking tape
✓ Laptop computer with projector and screen
✓ Handout #6: Protective Authority
✓ Handout #2: My Action Plan
✓ PowerPoint Slide #10: Protective Authority
✓ PowerPoint Slide #11: Protective Authority Continuum
✓ PowerPoint Slide #12: Avoiding Authority Extremes: Overly Nice
✓ PowerPoint Slide #13: Avoiding Authority Extremes: Overly Tough

Outline of Presentation:
✓ Define and explain the Protective Authority Continuum.
✓ Self-assessment and identification of protective authority skill building opportunities.
Section III: Protective Authority

Step 1: Effective Use of Protective Authority

Distribute Handout #6 (Protective Authority) and display PowerPoint Slide #10 (Protective Authority) and review the definition of Protective Authority.

Explain that the understanding and implementation of protective authority is an important companion piece to engagement. Protective authority needs to be understood as a continuum that includes less intrusive helping skills and strategies that are more intrusive. Some families will not agree to work without the threat of and involvement of law enforcement and the court. Child Welfare professionals should begin the intervention process with families using less intrusive helping skills and move toward the more intrusive strategies only when the helping skills are not effective.

Step 2: Examples of statements and actions

Refer participants to Section I of Handout #6 (Protective Authority) and explain how the Protective Authority progression might work with a resistant family.

Low Authority (Helping) responses
- “I can understand how you might be upset by my showing up at your door.”
- “It’s not uncommon for a family to be upset and angry when someone raises concerns about their child’s safety.”
- “Sometimes families believe that the intention of Child Protective Services is to take children from their families. I want to assure you that our purpose is to work with families to assure that their children can be safe in their own homes.” Removal is only a last resort when children cannot be made safe in their own homes.
- “How can I be helpful in working with you to assess your child’s safety?” (or to accomplish the Family Service Plan goals and outcomes)
- “I thought we had a good working relationship. I’m sensing that you have taken a step back. What’s happening and how can I help to make things better?”

Intermediate Authority Skills/Strategies
- “I know that you would like me to just leave. However, Pennsylvania law requires Child Protective Services to assess and assure child safety whenever concerns are brought to the attention of the agency.”
- “I will leave if you insist. However, I will have to return with the police and you will be required to speak with an officer and with me. Would you prefer that option or would you rather talk to me now?”
- Caseworker returns to the family home with a court order and with the police.
- Worker files a petition in court requiring the family to cooperate.

High Authority Actions
- Caseworker obtains an emergency custody order for removal of the child.
• Caseworker files a dependency petition in Family Court.
• Agency pursues involuntary termination of parental rights.

Note that even when applying intermediate levels of protective authority or taking high authority actions, the child welfare professional may still make use of low authority skills and strategies such as clarifying the purpose of the action, maintaining respect and being open to any change in the client’s position that might offer an opportunity to maintain engagement on a more voluntary basis.

**Step 3: Protective Authority Activity**

Direct participants’ attention to Handout #6, (Protective Authority) Section II, Assessing My Protective Authority Comfort/Effectiveness Levels. Instruct participants to review the Protective Authority continuum and individually complete Section II, Parts A and B, Assessing My Protective Authority Comfort/Effectiveness Levels.

**Step 4: Protective Authority Activity (continued)**

After completing Section II individually, ask participants to briefly discuss their findings in their small groups and to note any useful strategies and/or supports that would help to increase their confidence and effectiveness in learning to use the full range of protective authority skills and responses. Ask each group to be prepared to report out at least two helpful strategies.

**Step 5: Balance and Flexibility**

Display PowerPoint Slide #11 (Protective Authority Continuum).

Explain that effective application of Protective Authority means using the least intrusive strategies in order to achieve engagement and cooperation. Evidence that the client is failing to follow through on agreed upon tasks, or is avoiding the child welfare professional or is refusing to allow the assessment and/or case planning process to proceed indicate that engagement has not taken place or has been disrupted.

The worker must first explore with the client the reason for the failure or disruption of engagement and consider non-intrusive strategies to repair the working relationship. If the client does not respond to the child welfare professional’s efforts, more intrusive strategies and the explanation of possible consequences may be required to engage or re-engage the client.

Whenever we must use higher levels of intrusiveness, we must still be open to reassessing the situation and stepping down the level of intrusion as families become more cooperative.

The low authority, clarifying helping skills and strategies continue to be used in conjunction with higher authority level strategies and actions whenever possible and
appropriate as illustrated on the PowerPoint slide by the line on the slide that flows from the low authority/helping/clarifying segment of the continuum on the far left and connects to the middle intermediate authority and far right high authority strategies and actions.

Caution participants to be wary of false cooperation. Some families may appear to be cooperative, but undermine the assessment, safety plan or the pursuit of the Family Service Plan goals. True engagement and cooperation means that the caseworker and the family are actively working in a collaborative way to assure safety and achieve permanency and well-being.

Explain that our own personalities and work styles can influence our application of Protective Authority resulting in certain extremes that do not promote effective engagement and a collaborative partnership with our families.

If we are fearful of conflict, uncomfortable with authority or lack assertive skills we might fall into the “Nice” extreme. Trainer displays PowerPoint Slide #12 (Avoiding Authority Extremes: Overly “Nice”). Review the characteristics of the “Nice” extreme.

Display PowerPoint Slide 13 (Avoiding Authority Extremes: Overly “Tough”). Explain at the other end of the extreme spectrum is the practitioner who is stuck in the “tough” mode of Protective Authority. At the slightest hint of resistance, the “tough” practitioner is threatening the family with court, removal of the child and the full wrath of the government. Review the characteristics of the “tough” extreme.

Regardless of our personality type and work style, the goal of the effective child welfare professional is to develop the full range of Protective Authority strategies and skills and apply them in a flexible way that best serves to accomplish the goals of ASFA through a collaborative partnership with our families.

Step 6: Action Plan

Refer participants to Handout #2, (My Action Plan) Part III, Using Protective Authority Effectively. Explain that this part of the Action plan invites the participants to consider what adjustment in their protective authority response might prove to be more effective with challenging clients. Participants are also asked to identify one small step toward that adjustment and any helpful supports. Ask for several volunteers to comment on an identified action step and any supports that would be useful.

Step 7: Summary

Conclude this section by noting that professional competency in consistently and appropriately applying engagement and protective authority skills and strategies is an ongoing process that requires patience, training, support and personal commitment.
Section IV: Introduction to the Solution-Focused Approach: History, Values and the 7 Key Strategies.

Estimated Length of Time:
30 minutes

Key Concepts:
- Understanding the historical context aids participants in understanding the principles and values of the solution-focused approach.
- Understanding how the solution-focused approach differs from the traditional problem-solving model.
- Understanding how the solution-focused approach is applicable across cultures and age groups, making the solution-focused approach useful in day-to-day practice in a variety of service settings.

Method of Presentation:
Lecture; individual, small and large group activity

Materials Needed:
- Flip chart easels and pads
- Colored markers
- Masking tape
- Large Post-It tablets
- Laptop computer with projector and screen
- Handout #2: My Action Plan (revisited)
- Handout #7: History and Values
- Handout #8: Seven Key Solution-Focused Strategies
- PowerPoint Slide #14: Solution-Focused Core Principles
- PowerPoint Slide #15: Problem Model vs. Solution Model: The Problem-Focused Model
- PowerPoint Slide #16: Problem Model vs. Solution Model: The Solution-Focused Model
- PowerPoint Slide #17: Contrasting Types of Questions
- PowerPoint Slide #18: 7 Key Solution-Focused Strategies

Outline of Presentation:
- Historical development of the solution-focused model
- Principles and values of the solution-focused approach
- Compare and contrast traditional problem-solving model with SBSF model
- Examples of how questions differ based on the traditional problem-solving approach and the SBSFA.
- Contribution of the solution-focused approach to culturally-competent practice
- Seven Key Strategies
Section IV: Introduction to the Solution-Focused Approach: History, Values and the 7 Key strategies.

Step 1: Historical Development of the Solution-Focused Model

Explain that throughout the history of child welfare, the social work profession has always looked to educators and practitioners for proven, evidence-based models and strategies to incorporate into child welfare practice. Explain that the Strength-Based, Solution-Focused Approach to practice in Pennsylvania is a combination of two proven models, the Interactional Helping Skills Model and the Solution-focused Model. The Interactional Helping Skills Model was developed by Dr. Lawrence Shulman, Professor at the University of Buffalo. The model divides an interview into four parts or phases: the Preparatory or Preliminary Phase, the Beginning or Engagement Phase, the Middle or Work Phase, and the Ending or Transition Phase. The model includes a variety of skills associated with the phases such as tuning-in to self and others, clarification of purpose, dealing with issues of authority, feedback, and confrontation to name just a few.

The elements of both models are useful in supervision and in promoting organizational change.

Ask how many participants are familiar with the Interactional Helping Skills Model from undergraduate or graduate coursework or from participating in Charting the Course modules.

Explain that our focus in this workshop will be primarily on the Solution-Focused Approach and the strategies and skills associated with this model.

Important: Explain that both the Interactional Helping Model and the Solution-Focused Model assume that the child welfare practitioner has first assured child safety. While the strategies and skills in both these models are useful in the initial safety and risk assessment process, they are employed more fully in the treatment or change process.

Distribute Handout #7 (History and Values). Present a brief history of the development of the Solution-Focused Approach.

- The SBSF approach was developed by practitioners from the Brief Family Therapy Center in Milwaukee, Wisconsin. (Steve DeShazer, Insoo Kim Berg) who identified those strategies, questions and linguistic factors that tended to promote positive change in clients more quickly and consistently than other treatment models. These findings were organized and incorporated into the Solution-Focused Model.
- The Solution-Focused Approach combines the identification of client strengths, a positive vision of the future, inclusion of client goals, building on exceptions to the problem, optimism about client potential, and connecting client behavior to outcomes into a cohesive model for change.
The model has also been influenced by linguistic research that is the study of language and its impact on behavior. In other words, how you phrase a statement has an impact on the listener’s response. One linguistic element in the model is the elimination of the word “why.” Trainer asks participants to think far back and recall when they first heard the word “why,” who said it and the context in which it was spoken. Participants will likely respond with “When I was a child and my parent asked why I had done some misbehavior.” Because the word “why” has connotations of parental authority and blame, the Solution-focused Model substitutes phases like “How come?”, “How is it that you…?” “What tells you that …?”. (Write on flip chart)

The Solution-Focused Model has been adopted by Washington state and Kentucky as the state child welfare practice model and has been successfully used worldwide in the fields of mental health and drug and alcohol treatment.

Solution Focused Brief Therapy has been officially listed in the U.S. Department of Justice, Office of Juvenile Justice's Model Programs Guide, with other evidence-based programs. SFBT has been rated "Promising," which is the first of three possible ratings, based on the number and strength of the empirical research supporting it. This is an important step in SFBT's acceptance as an evidenced-based approach.

**Step 2: Principles and Values of the Solution-Focused Approach**

Briefly review the values listed on Handout #7 (History and Values). Trainer explains that problems are rarely if ever solved by focusing exclusively on the problem. Instead, problems are solved by defining the desired outcome, promoting a positive attitude toward change, identifying the strengths and resources needed and available to resolve the problem and identifying specific steps to be taken to implement the solution.

Display and reviews PowerPoint Slide #14 (Solution-Focused Core Principles). Note that while these principles appear to be simple and self-evident, in practice many people, the families we work with and some child welfare professionals get stuck repeating behaviors or strategies that clearly don’t work and resist attempting to try something different.

**Step 3: Differences between Current Approach & SBSFA**

Display and review PowerPoint Slide #15 (Problem Model vs. Solution-focused Model: the Problem-Focused Model)

Reinforce how the traditional problem-solving model tends to relegate the family to simply providing information and to complying with the treatment plan determined by the expert practitioner. It also increases the likelihood of families being labeled with a diagnosis of dysfunctional, multi-problem or some specific disorder, all of which distance the worker from the family and reduce the likelihood of noticing strengths.
The Solution-Focused Model focuses on developing a collaborative partnership with the family, noticing and building on strengths and developing a treatment plan that incorporates both the goals of the agency and the goals and needs of the family. The family is seen in a more holistic and balanced way.

The Solution-Focused Approach is not always easy to implement because of family resistance and because of abusive and/or neglectful caregiver behaviors that may invite the child welfare professional to be judgmental or feel a sense of aversion about the family or offending caregivers.

Even in the area of medical practice, the traditional problem-solving model is being combined with the strengths-based approach to promote physician/patient collaboration and better outcomes for patients.

Some of the differences in the two models are exemplified by noticing the phrasing of questions. Even when the child welfare professional explores information about the problem, inclusion of strength-based, solution-focused questions creates a sense of balance and communicates to the family that the child welfare professional perceives the family as more than just a collection of problem attitudes and behaviors.

Step 4: Contribution of Solution-Focused Approach to Culturally Competent Practice

The SBSF approach lends itself to culturally competent practice because it emphasizes family-generated solutions that reduce the likelihood of cultural bias by over use of worker-imposed solutions. When we truly listen to our families - what they are trying to accomplish through their behaviors, the successes and obstacles they encounter and the strengths that they possess - we convey respect for the families and their culture. We also reduce the likelihood or intensity of resistance because the family comes to believe we are attempting to be fair in our approach and assessment.

Suggest to participants a statement or strategy that may be useful early in the engagement process either in the initial assessment phase or in the ongoing worker’s first meeting with the family. Write this statement on flip chart:

“What do I need to know about you and your family to work successfully with you?”

Step 5: 7 Key Strategies

The solution-focused approach combines the identification of client strengths, a positive vision of the future, inclusion of client goals, building on exceptions to the problem, optimism about client potential and connecting client behavior to outcomes into a cohesive model for change. The model is organized into 7 Key strategies.
Distribute **Handout #8 (Seven Key Solution-Focused Strategies)** and display **PowerPoint slide #18 (7 Key Solution-Focused Strategies)** and briefly review the 7 key strategies using. Reinforce the following points:

- Identifying strengths and exceptions help the worker to differentiate families with similar problems and help to identify potential protective capacities as part of the safety assessment process.
- Development of a positive vision of the future is an important part of helping families to move beyond the cycle of ineffective behaviors and sense of hopelessness about the future.
- Clearly identified goals that incorporate both agency and family goals form the reference point against which future effort and change are measured.
- The SBSF model is very outcome oriented and requires the development of specific, concrete steps toward the required changes.

These strategies and the solution-focused questions and skills will be presented in more detail later. Summarize by noting that the solution-focused model is simple theoretically and in its structure. These seven strategies and several key types of questions form the basis for the entire model. What makes the model difficult is not falling back into using well learned and practiced perceptions and behaviors based on our previous learning.

**Step 6: Action Plan**

Refer participants to **Handout #2, (My Action Plan)**. Explain that most likely, participants have already been using some of the SBSF skills and strategies in their work, perhaps without being aware of it or using other terminology. **Part IV, My Current Strength-Based Practice** is an opportunity for participants to list one or two examples of their present use of some of the elements of the SBSF approach. After giving participants a few minutes to complete this part, ask for several volunteers to comment on an example of how the participants are already using in some way or to some degree a strength-based, solution focused skill or strategy.
Section V: Introduction to the Solution-Focused Foundational Skills and Questions.

Estimated Length of Time:
45 minutes

Key Concepts:
- Best practice incorporates principles from the strengths-based, solution-focused perspective.
- The solution-focused approach is comprised of a variety of specific skills and questions that support the 7 key strategies.
- Child welfare professionals making the shift to the new strengths-based, solution-focused model help ensure outcomes that are more positive for children and families.

Method of Presentation:
Lecture, dyad activity, large group discussion

Materials Needed:
- Laptop computer with projector and screen
- Handout #2: My Action Plan (revisited)
- Handout #9: Solution-Focused Interviewing Skills & Questions
- PowerPoint Slide #19: Types of Useful Questions: Exceptions
- PowerPoint Slide #20: Types of Useful Questions: Coping
- PowerPoint Slide #21: Types of Useful Questions: Indirect or Relationship
- PowerPoint Slide #22: Types of Useful Questions: Scaling
- PowerPoint Slide #23: Types of Useful Questions: Miracle
- PowerPoint Slide #24: Posing the Miracle Question
- PowerPoint Slide #25: Follow-up Questions to the Miracle Question

Outline of Presentation:
- Overview of Solution-focused skills.
- Explanation of Solution-focused question types.
Section V: Introduction to the Solution-Focused Foundational Skills and Questions.

Step 1: Introducing Important Solution-Focused Skills

Distribute **Handout #9 (Solution-Focused Interviewing Skills & Questions).** Explain that many of the interviewing skills used in the SBSFA are similar to the kinds of skills in the typical client-centered approach that participants may be familiar with from previous course work; skills such as active listening, reflecting, summarizing, I-messages. Some of these traditional skills may be used in slightly different ways or with a different emphasis.

Refer participants to **Handout #9 (Solution-Focused Interviewing Skills & Questions)** and review the skills on pages 1 and 2 of **Handout #9** offering the following supplementary explanations for selected skills:

- **Open-ended questions** are used extensively because they offer the client the greatest latitude in responding. In addition, the interview tends to sound more conversational and less like an interrogation.

- **Summarizing** is used frequently both to be sure the interviewer understands the client correctly, and as a way of concluding one topic area and transitioning to another theme or topic in the interview.

- Practitioners tend to be uncomfortable with silences and often fill silences with more questions. The SBSF approach encourages the interviewer to tolerate silences as a way of giving clients the opportunity to organize their thoughts and responses to the interviewer’s questions.

- Practitioner **self-disclosure** is not encouraged. What has been useful in the experience of the practitioner may not be useful for the client family. In addition, some personal information shared by the child welfare professional may be misunderstood or misused by the family.

- **Working with clients’ negative or inaccurate perceptions** is probably the most difficult skill for child welfare professionals to accept and practice. Practitioners often feel compelled to challenge the faulty perceptions of clients believing that they are educating the client, or believing that unless the client family accepts the child welfare professional’s perceptions of the problem, the change process cannot move forward. This confrontational approach most often results in a control battle over whose perceptions will prevail. The client may feel alienated and become more resistant and the child welfare professional may become more authoritarian in his or her approach. The engagement process is disrupted and progress toward change becomes more difficult.

    Working with the client’s perceptions does not mean the child welfare
professional must suspend necessary actions to assure child safety or pretend to believe the client’s negative or faulty perceptions. It means that the child welfare professional first seeks to understand the client’s viewpoint. Then the child welfare professional helps the client to consider alternative viewpoints by using indirect or relationship questions and exploring with the client how the client’s perceptions and actions may be helping or hurting the family’s attempts to reach its goals and keep children safe.

Working with clients’ negative or inaccurate perceptions requires the child welfare professional to assess the client’s readiness to see the issues at hand in a different light. By way of analogy, an emergency medical team responding to a medical emergency first stabilizes the victim before transport to the hospital trauma center. The staff at the trauma center addresses the life threatening conditions and assesses the patient’s readiness or tolerance for further treatment. Attempting too aggressive or extensive treatment too soon by the EMT or trauma center could be counterproductive and endanger the patient’s life and/or slow recovery.

- **Amplifying Solution Talk (Difference Questions)** is part of the SBSF approach focus on the future rather than the past. Encouraging families to explore what will be different when the problem is solved is a way to help families who feel stuck in the present problem situation to begin considering a more positive future; it also has the effect of increasing motivation to take the steps necessary to make that envisioned future a reality.

**Step 2: Explaining Important Specialized Solution-Focused Questions**

Explain that participants were introduced to some of the specialized question types that are an integral part of the SBSF model when the “7 Key Solution-focused Strategies” were presented earlier. Refer participants to **Handout #8 (Seven Key Solution-focused Strategies)**. Now those question types and others will be presented in more detail. Note that participants can reference **Handout #9 (Solution-Focused Interviewing Skills & Questions) pages 2-4** as these specialized question types are presented.

- **Display and review PowerPoint Slide #19 (Types of Useful Questions: Exceptions).** Explain that most people are not doing the problem behavior all day every day. The purpose of the exception question is to discover instances when the family or caregivers have behaved appropriately in response to the same or similar circumstances that prompted the problem behavior. Once the exception to the problem is discovered, the practitioner helps the family to analyze and identify what specific thoughts and actions helped the exception to occur. Once identified, the goal is to help the family to repeat those positive thoughts and actions so the appropriate behavior can be consciously repeated, thus reducing and eventually replacing the inappropriate behavior.
Display and review PowerPoint Slide #20 (Types of Useful Questions: Coping). Explain that coping questions are similar to exception questions. They are most useful in addressing situations when the client family is feeling stuck or hopeless about managing a challenge. The purpose of the coping question is to identify some small emotional, cognitive or behavioral element in the client’s response to the challenge, while not sufficient to overcome the challenge, is minimally effective and may offer hope that the challenge may yet be overcome with additional effort and strategizing.

Display and review PowerPoint Slide #21 (Types of Useful Questions: Indirect or Relationship). Explain that Indirect or Relationship Questions are especially useful in working with faulty client perceptions and denial. The practitioner using an indirect or relationship question invites the client to look at the faulty perception and problem behavior from the viewpoint of others without being directly confrontational with the client.

Display and review PowerPoint Slide #22 (Types of Useful Questions: Scaling). Explain that Scaling Questions are very versatile and can be used to generate information and explore client family perceptions about the seriousness of a problem, confidence, commitment, degree of satisfaction and any behavior, feeling or observation that can be qualified on a scale. In addition to its use as an information-gathering tool, asking the client to consider the requirements for movement upward or downward on a scale can be useful in identifying the conditions for change.

Display and review PowerPoint Slide #23 (Types of Useful Questions: Miracle) and PowerPoint Slide #24 (Posing the Miracle Question). Explain that the Miracle Question and its variations is a way to begin to shift the focus of the work away from the current and past problems toward a more satisfying life.

The miracle question is introduced later in the progression of the 7 Key Solution-focused Strategies and only after the practitioner has a clear sense of what the client wants and how the client and agency goals fit together. Essentially the miracle question is about identifying in very specific terms what will be different in the life of the client and client family when the problem is solved. The miracle question is intended to generate client motivation toward change and is followed by identifying concrete and doable steps toward realizing the miracle.

If the miracle question is not working, it may mean it was introduced too early, or the goal of the miracle is not really the goal in which the client is invested. Working the miracle question requires patience on the part of the practitioner since the consideration of a positive future may be a very new prospect for the client.

Display and review PowerPoint Slide #25 (Follow-up Questions to the Miracle Question). Present the material and examples on the above slide.
Remind participants that like the miracle question, working through the follow-up questions requires patience and tolerance of silences as the client ponders and responds to the follow-up questions.

**Step 3: Transition**

Inform participants that they will have an opportunity to see the SBSF skills and strategies demonstrated and contrasted with the higher authority, problem-focused approach.
Section VI: Demonstration of the Solution-Focused Strategies and Skills.

Estimated Length of Time:
1 hour

Key Concepts:
- Attempting to engage clients from a higher authority, problem-focused perspective tends to result in increased client resistance, loss of important change-related information and decreased assessment reliability.
- Engaging clients from a SBSF perspective tends to result in higher levels of client cooperation, generation of important information about change, and increased assessment reliability.

Method of Presentation:
Lecture, small group activity, large group discussion

Materials Needed:
- Laptop computer with projector and screen
- Prepared flip charts for Dialogue activities
- Handout # 10: Washington Case Scenario
- Handout #11: Interview with Charlene Washington: Dialogue I
- Handout #12: Interview Dialogue Worksheet for Dialogue I
- Handout #13: Interview with Charlene Washington: Dialogue II
- Handout #14: Interview Dialogue Worksheet for Dialogue II
- PowerPoint Slide #26: Dialogue I Review: High Authority Style
- PowerPoint Slide #27: Comparison of Interview Styles
- PowerPoint Slide #28: Problem Wagon
- PowerPoint Slide #29: Strength/Problem Wagon
- PowerPoint Slide #30: Solution Wagon
- Appendix A: Code of Ethics of the National Association of Social Workers
- Trainer Resource #1: Dialogue I, Part I: Question/Statement Types
- Trainer Resource #2: Trainer Guide for Interview Dialogue I
- Trainer Resource #3: Trainer Guide for Interview Dialogue II

Outline of Presentation:
- Introduction of the Washington case scenario
- Explanation of question types
- Demonstration of a Problem-focused Interview
- Problem-focused dialogue activity
- Demonstration of a Solution-focused Interview
- Solution-focused dialogue activity
Section VI: Demonstration of the Solution-Focused Strategies and Skills.

**Trainer Note:** The trainer must prepare four Trainer Prepared Flip Charts in advance to record the results from the groups for each of the four parts of the Dialogue worksheets. The same four charts will be used for both dialogues. (See Trainer Resource #1: Dialogue I, Part I: Question/Statement Types).

**Step 1: Introducing the Washington Case Scenario**

Explain that participants will be presented with two interview examples. The first is more typical of a problem-focused interview style. The second interview models solution-focused skills and strategies. The scenario involves the CYS professional in the ongoing phase of casework meeting with Charlene Washington, age 23. Ms. Washington has four children, twins Dwight and DeeAnn, age six, Malik, age four, and Melanie, age seven months. Distribute Handout #10 (Washington Case Scenario) and instruct the participants to review the background information in preparation for hearing the interview examples. Confirm that all the participants have finished reading the scenario.

**Step 2: Presentation of Scripted Problem-Focused Dialogue I**

Distribute Handout #11 (Interview with Charlene Washington: Dialogue I) and ask for a volunteer to read the part of the client, Charlene Washington. Then read the caseworker statements and the volunteer will read the client statements, and conduct the interview.

**Step 3: Activity for Problem-Focused Dialogue I**

Distribute Handout #12 (Interview Dialogue Worksheet for Dialogue I). Explain that participants will be using this handout in conjunction with Handout #11 (Interview with Charlene Washington: Dialogue I) to identify the kinds of questions and skills used in the dialogue and to assess the use of protective authority and how well the practitioner in Dialogue I met the requirements for a professional interview. Participants will be working individually first then in small groups to complete the four parts of the worksheet. Part I will be completed and discussed before moving on to Parts II, III and IV.

Each group should identify a spokesperson to report out their findings at the end of each of the sections of Handout #12 (Interview Dialogue Worksheet for Dialogue I).

**Trainer Note:** Each small group may be all the participants at each of the tables; or choose to form new groups of 3 to 5 participants.
Explain that for Part I, participants will review each of the practitioner’s statements in the dialogue beginning with statement #2 and identify the type of question or skill being demonstrated from the list in Part I of the worksheet. Note that some caseworker statements may include more than one sentence and represent an example of more than one question type or skill. Therefore, the statement number may appear in more than one skill category.

Clarify that the first three question types are all asking for information. They are differentiated by the kind of information each is seeking. The first focuses on change. The second focuses on the client’s feelings and/or understanding of something the practitioner has said. The third focuses on information related to a new or potential problem. Participants need to notice those differences as they work to identify the skill or type of question being demonstrated.

Demonstrate the activity by reading statement #3 and asking participants to identify the skill being demonstrated. Participants should identify “Asking for information about change, difference or exception” as the correct response because the question seeks to find out about progress or change about an ongoing issue because of the client’s work with the in-home services provider. Instruct participants to write the number ”3” after “Asking for information about change, difference or exception” on the worksheet.

Explain that after all the statements have been categorized, participants are to count the number of times each skill or question type is used and mark that total number in the space to the left of each skill or question type. For example, if “Asking for information about change, difference or exception” were used only once, then the number one would be entered into the space. If it were used more than once, that number would be entered into the space.

Explain that after participants have completed Part I individually, they are to compare their findings in their small groups, arrive at a consensus then post their group’s total number for each of the twelve questions on the prepared flip chart.

**Step 4: Activity for Dialogue I (continued)**

After all the groups have recorded their findings for Part I, the trainer displays PowerPoint Slide #26 (Dialogue I Review: High Authority Style) and briefly review the preferred curriculum responses in comparison with the groups’ responses.

Participant skill identification and tallies will likely vary. Respond to any specific questions about differences in participant identification of skill/question types. Focus on the fact that the practitioner in Dialogue I uses a limited range of skills and question types and proportionately more responses and questions about the problem, confrontation, demand for work and consequences.
Step 5: Activity for Dialogue I (continued)

**Trainer Note:** The trainer should review **Trainer Resource # 2 (Trainer Guide for Interview Dialogue I)** for suggested correct responses and additional commentary for each of the four parts of the activity.

After completion of Part I of the Worksheet, Instruct participants to complete Parts II, III and IV, reminding them to complete each part individually before discussing and forming a consensus in the small groups.

After all the groups have completed Parts II, III and IV, the trainer asks each group to report their ratings and the rationale for each of their ratings. Record each group’s consensus rating for each part on the trainer prepared flip chart pages. After all groups report out on each part, circle the range of responses that form the predominant cluster.

Process the participants’ ratings offering suggested ratings and commentary from **Trainer Resource # 2 (Trainer Guide for Interview Dialogue I)**.

**Step 6: Conclusion of Activity for Dialogue I**

End this portion of the activity by asking participants to imagine they are CYS clients. How would they like to be the client of the practitioner portrayed in Dialogue I? What would they like to see the practitioner do instead?

**Step 7: Activity for Solution-Focused Dialogue II**

Distribute **Handout #13 (Interview with Charlene Washington: Dialogue II)** and **Handout #14 (Interview Dialogue Worksheet for Dialogue II)**. Explain that **Handout #13 (Interview with Charlene Washington: Dialogue II)** is different from Dialogue I in that it identifies the type of question(s) associated with each practitioner statement. Ask for another volunteer to read the part of the client, Ms. Washington. Tell participants to pay attention to how the practitioner uses a wide variety of questions to gather information, support client engagement and promote movement toward solutions. Then read the caseworker statements and the volunteer will read the client statements and conduct the interview.

Since participants already have the type of question identified in **Handout #13 (Interview with Charlene Washington: Dialogue II)** participants do not need to tally the question types.

Display **PowerPoint Slide # 27 (Comparison of Interview Styles)**. Note the significantly higher incidence of questions and skills that seek to convey the practitioner’s attempts to understand the client’s perspective and feelings and to identify and support the specific steps and behaviors by the client to bring about positive change in her parenting style.
Step 8: Activity for Solution-Focused Dialogue II (continued).

Instruct participants to complete Parts II, III and IV of Handout #14 (Interview Dialogue Worksheet for Dialogue II) reminding them to complete each part individually before discussing and forming a consensus in the small groups.

After all the groups have completed Parts II, III and IV, ask each group to report their ratings and the rationale for each of their ratings. Record each group’s consensus rating for each part on the trainer prepared flip chart pages. (Use a different color marker from the one used for the Dialogue I exercise). After all groups report out on each part, circle the range of responses that form the predominant cluster and note how the ratings differ on the scale from the ratings for Dialogue I.

Process the participants’ ratings offering suggested ratings and commentary from Trainer Resource #3 (Trainer Guide for Interview Dialogue II).

Ask participants to imagine once again that they are CYS clients. Would they prefer the child welfare professional modeled in Dialogue I, or in Dialogue II? Suggest that our clients would likely make the same choice, i.e. the practitioner in Dialogue II.

Step 9: Summary

Conclude this section by acknowledging that Dialogue I is shorter than Dialogue II and time is certainly a critical issue in child welfare practice. However, Dialogue II meets all the requirements of a professional interview and produces better information that promotes better decision-making and better outcomes for the client.

Suggest also, that while the practitioner in Dialogue I may appear to be saving time in the short run by being directive and using a higher level of authority, the practitioner in Dialogue II may actually accomplish the goals of child welfare in a shorter time.

To illustrate, display PowerPoint #28 (Problem Wagon). Explain that the practitioner in this slide, like the practitioner in Dialogue I uses a more directive approach with the client and more intrusive levels of protective authority to engage the client. However, we see that the problem wagon is really a box that requires much effort on the part of the practitioner to overcome friction and the resistant posture of the client.

Display PowerPoint #29 (Strength/Problem Wagon). Explain that in this slide the practitioner takes more time initially to engage the client using less intrusive, more helpful levels of engagement skills. In doing so, the problem wagon becomes the strength/problem wagon, now has wheels reducing friction and actually can reach the ASFA goals more quickly than the practitioner in the previous slide can.

Display PowerPoint #30 (Solution Wagon). Explain that by using effective engagement skills and solution-focused strategies, the practitioner is able to form a
collaborative partnership with the client. The client and the practitioner join, thus lessening the load and moving more quickly toward accomplishment of the ASFA goals.

Thus, while the practitioner in Dialogue II spends more time up front with the client, movement toward goals is actually accelerated, outcomes tend to be longer lasting and both the practitioner and the client may find greater satisfaction in doing the work.
301: Engaging Client from a Strength-Based, Solution-Focused Perspective

Section VII: Summary & Transfer of Learning

Estimated Length of Time:
30 minutes

Key Concepts:
✓ Summarize key concepts from the training
✓ Identifying ways to incorporate new skills into day-to-day activities, helps ensure long-term changes in practices.

Method of Presentation:
Brief trainer lecture, individual and small group activity, large group discussion

Materials Needed:
✓ Flipchart easels and paper
✓ Colored markers
✓ Masking tape
✓ Laptop computer with projector and screen
✓ Handout #2: My Action Plan
✓ Handout #15: Summary of Key Concepts
✓ PowerPoint Slide #31: Summary of Key Concepts

Outline of Presentation:
✓ Revisit challenges identified in Section I of the Action Plan
✓ Present summary of key concepts in the SBSF approach
✓ Action Planning: Next Steps
Section VII: Summary & Transfer of Learning

Step 1: Introduction of the Summary of Key Concepts

Distribute Handout #15 (Summary of Key Concepts) and explain that this summary represents key concepts, skills and strategies in the SBSF approach presented in the form of a typical progression of steps in an interview with a client.

Tell the participants to fill in the important missing words on the handout as the PowerPoint Slide is displayed. Also, note that there is space between the key concepts for participants to add information.

Step 2: Review of the Summary of Key Concepts.

Display PowerPoint #31 (Summary of Key Concepts). Review the steps and key concepts with the following explanations:

- **Prepare to be Strength-based and Solution-focused.** As you plan for an interview with your client and just before you begin your interview or meeting, remind yourself of your intention to be strengths focused and to look for opportunities to use your solution-focused skills and strategies.

- **Clarify your role and the purpose of your meeting or interview.** A clear statement and explanation of your role and purpose can help to reduce client resistance and promote understanding and engagement.

- **Listen and seek to understand the client’s perceptions.** Suspend the tendency to immediately educate the client or challenge the client’s perceptions, especially if you believe the client’s perceptions are wrong. Instead, first listen carefully and ask questions to help clarify the client’s position and to better understand how the client came to this viewpoint.

- **Look for client/family strengths.** Identifying client/family strengths conveys your intention of being balanced in your approach to working with the client. Your feedback may also be the first time the client/family has been aware of their strengths. Strengths may also become useful resources in building solutions.

- **Negotiate an agreement to do the work.** Find out from the client what ideas they have about how best to work with you and the agency. Ask what you need to know about the client and their family, culture, needs, and requirements. Ask what is important to theme and what they are willing to work for.

- **Use the least intrusive effective level of protective authority.** Whenever possible, begin with the less intrusive protective authority skills and strategies. If you must use more intrusive strategies, look for evidence of more voluntary cooperation by the client and adjust your level of protective authority accordingly.
• **Identify and develop clear goals.** Find out what the client is willing to work for. Incorporate the client family’s goals and needs into service planning and implementation. Make sure the desired outcomes are clear to you and the client.

• **Use scaling questions to assess and build client confidence and commitment.** Scaling questions are useful tools for gathering information and for generating ideas about how to make progress. They are also the easiest solution-focused strategy to implement.

• **Work on developing small steps toward goals.** Make sure that goal implementation is mapped out in small steps that the client clearly understands, has agreed to and has the ability to carry out.

• **Support progress and work to overcome barriers.** Notice client progress. Ask what is different or better from session to session. If you find that the client is not making progress in moving forward on goal achievement, it may be an indication that the steps or tasks are too big or the client does not have the required skill to carry out the step.

• **Celebrate accomplishments.** Offer compliments and positive feedback when clients have achieved goals. Ask how the client will maintain the positive gains when agency service ends. Have a clear plan for the continued use of client personal and family strengths and use of community services.

• **Check: Was the interview a professional interview?** Shortly after each planned interview with your client, check that you gave and got relevant information; that you and the client are engaged and have an agreement to work collaboratively; and that you helped to move the solution-building process forward.

**Step 3: Complete the Action Plan.**

Refer participants to **Handout # 2 (My Action Plan) Part V., items A., B., and C** and instruct participants to identify and write down several action steps that they are committed to take in order to become even more strength-based and solution-focused in their practice. After completing their individual work on their **Action Plans**, instruct participants to share their work in their small groups. Allow about 5 to 7 minutes for this sharing then sample several responses from volunteers.
301: Engaging Client from a Strength-Based, Solution-Focused Perspective

Section VIII: Evaluation and Closing

Estimated Length of Time:
15 minutes

Key Concepts:
✓ Focus on ongoing learning and continuous quality improvement is part of best practice.
✓ Implementation of the skills and strategies in this workshop can be advanced by participants using the specific skills, strategies and questions that they feel most comfortable with and trying them with those clients they believe might be more receptive to this approach.

Method of Presentation:
Individual activity, large group discussion

Materials Needed:
✓ Flipchart easels and paper
✓ Colored markers
✓ Laptop computer with projector and screen
✓ Masking tape
✓ Training Evaluations
✓ Handout #16: References
✓ PowerPoint Slide #32: What SBSFA Can & Can’t Do
✓ Standard PACWTP Evaluation form

Outline of Presentation:
✓ Review of learning needs & summary
✓ Training evaluations
Section VIII: Evaluation and Closing

Step 1: Review of participants’ desired outcomes

Review the desired outcomes listed by the participants at the beginning of the training and assesses along with the participants the degree to which participant-learning needs have been met.

Step 2: References

Distribute and refer participants to Handout #16 (References). Direct participants’ attention to the Solution Focused Brief Therapy website, www.sfbta.org. Two sections of this website, “Training” and “Research” contain free downloads including a therapists manual, assessment tools, interviewing skills manual, child welfare material, and supervisor training material.

Step 3: Evaluation and Wrap-Up

Display PowerPoint #32 (What SBSFA Can & Can't Do) and reminds participants that the SBSF approach is simple in its basic structure. However, it takes practice to use it consistently and effectively and to manage our normal tendency to revert to less effective but more familiar ways of conducting our work. The trainer reminds participants to tune-in to the SBSF skills they are already using and to apply them more often and more consciously.

Also, suggest that participants might use the specific new skills, strategies and questions that they feel most comfortable with and try them with those clients they believe might be more receptive to this approach.

Distribute the standard PACWTP evaluation and instruct participants to include the appropriate workshop number on the evaluation form. Thank participants for their contribution to the safety and welfare of children and families in Pennsylvania.