Successful family engagement involves:

- Identifying strengths, protective capacities and resilience in parents;
- Building relationships and rapport with parents through empathy and compassion;
- Promoting caregivers and young people involved in the system as the experts for matters concerning their family; and
- Supporting use of community-based resources to achieve positive outcomes for families.

To that end, Pennsylvania has adopted the use of the Shulman Interactional Helping Skills model as well as the Strengths-Based model and the Solution-Focused model. Below you will find concepts associated with these models, which serve as the foundation for family engagement in Pennsylvania.

**Shulman’s Interactional Helping Skills**

The first component of the Pennsylvania-adopted model is the effective use of the Shulman Interactional Helping Skills. These skills are crucial to engaging families to meet the needs of children/youth involved in the child welfare system. Below you will find the four phases of the casework process discussed in Charting the Course as well as the associated interactional helping skills. Note that just because the skill appears in a certain phase, this does not mean that this is the only phase in which you would use the skill. The skills are useful at all points of the casework process.

**PRELIMINARY/PREPARATORY PHASE:** (During this phase, the child welfare professional makes an effort to sensitize himself/herself, before each session, to themes that could emerge during the work.)

1. **Tuning in to Self:** the worker’s efforts to get in touch with actual and potential feelings/concerns/beliefs/values that the worker him/herself brings to the helping encounter.

   **NOTE:** This skill can be used in preparation for an encounter with an individual (e.g., with a supervisor), and used “live” while interacting with the individual during any phase of the relationship.

   **Steps:**
   a. Pause and reflect. “How can my cultural context affect my interactions with/understanding of the family and their situation?”
   b. “What are my emotional, physical and cognitive reactions to this situation or family?” (I’m nervous about being in this neighborhood, I think that’s what’s causing my upset stomach—or it could be the smell of garbage in this alley.)
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c. Ask yourself, “How will this reaction likely affect my actions?” (I might get angry with the individual or rush my contact so I can get out of here.)

d. Ask yourself, “What is the primary outcome that I want right now in working with this individual?” (I want the individual to know that I am here to help with her situation and that I have skills and resources that can help. I want her to be able to trust me as a helper.)

e. Ask yourself, “What do I need to do with my reaction?” (I need to be aware of my pacing and not rush through things. I need to calm myself so I can focus on her situation and not my upset stomach. Maybe taking a few minutes to think about a pleasant situation will help me to relax and focus on her.)

f. Implement your answer to question “d” without any verbal discussion about your feelings or verbalize an “I-Feel” message as needed. (e.g. “I feel defensive about the fact that this person just said that my agency and I are just “baby snatchers”. I need to realize that this person is angry at the situation and who I represent. They are not angry at me. What is my next constructive step?”)

2. Tuning in to Others: the worker’s effort to get in touch with the primary feelings and concerns that the family member(s) might bring to the helping encounter.

Steps:

a. What are this person’s possible emotional, physical, and cognitive reactions to this situation? Example questions to discover this might include:

i. “Why might they have those reactions?”

ii. “How can I check to make sure that I understand the reactions?”

iii. “What are the non-verbal/verbal behaviors I see that help me know this?”

iv. “What is the person saying that helps me know this?”

v. “How can I let him/her know that I understand these feelings?”

vi. Implement your answers to questions “ii” and “vi” and observe/analyze the other person’s responses.

b. Use of focused listening encourages the individual to talk so you can identify the primary (or most basic) part of the individual’s message. Focused listening requires:

i. Paying attention to, and analyzing, the individual’s verbalizations and non-verbal behaviors;

ii. Using facial expressions and body language that reflect interest, concern and respect;
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iii. Blocking out all other distractions from your mind;

iv. Centering your attention on the individual’s words, behaviors and feelings; and

v. Avoiding interruption of the individual with questions.

c. Display your understanding of the individual’s feelings by:

i. Reflecting, or asking for clarification of, what you identify as the individual’s primary feelings (You sound fearful of child care workers) and thoughts (You believe that I think just like your last caseworker?).

ii. Ensure that your words, voice tone, gestures, facial expression, physical posture, and touch (when appropriate) all match and communicate respect and concern for the individual and the individual’s situation.

**BEGINNING/CONTRACTING PHASE:** (During this phase, the child welfare professional’s task is to develop a better understanding of the family’s situation, as well as to develop a contract for work ahead.)

1. Clarifying Purpose, Function, and Role: simple (without jargon) opening statements by the worker regarding (a) their role/function at the agency, specifically as it relates to the stated problem or issue at hand, and (b) the general purpose of the meeting/encounter.

   **Steps:**

   a. State your name, job title, and the name of the agency you represent.

      i. Show identification as needed;

      ii. Use words rather than initials (Child Protective Services instead of CPS, Family Service Plan instead of FSP, Children & Youth Services instead of CYS, etc.).

   b. State the reason why you are making the contact.

      i. Use clear, simple sentences without jargon or technical terms.

      ii. Respond to questions as needed.

   c. State the purpose/outcome of the contact.

      i. clarify what you will be doing (asking questions, talking to relevant others, looking at the home environment, etc.) and approximately how long you expect the contact to last.

      ii. clarify, as needed, what will happen if you are not able to accomplish the purpose of your contact.
2. Dealing with Issues of Authority: using the least amount of protective authority required to achieve the legally mandated outcomes of safety, permanence and well-being for children. This means dealing with issues, raised directly or indirectly, about the worker’s (and agency’s) authority, such as requiring the acceptance of mandated services or the individual’s past and possibly negative experiences with authority figures or social workers.

Steps:

a. Invite and clarify expressions of confusion, dissatisfaction, resistance, and complaints about you as the worker, the helping process, or prior experiences with protective authorities (You sound doubtful about what I am saying; is there something you disagree with?).

b. Tune into and assess the individual’s understanding and cooperation with your purpose (I can hear that you both have strong feelings about talking to me).

c. Tune into self as a way to manage your own defensiveness, anger, fear, etc. (I’m feeling increasingly defensive the more he sounds angry and suspicious about my visit here today).

d. Realistically and simply clarify what is, and what isn’t, within your role and the authority of your agency (If you’re unwilling to meet with me to develop a safety plan for your daughter, that we both agree upon; then my agency will ask the court to legally force you to participate).

e. Clarify your purpose and mission in working with the individual (My agency works really hard to help keep families together whenever possible, and removing children from home is only a last resort to keep them safe).

3. Reaching for Feedback: Is an effort by the child welfare professional to determine the family’s perception of their needs. The working contract includes the common ground between the services of the setting and the felt needs of the family.

Steps:

a. Ask the individual to offer their perceptions concerning the situation that brought them to the child welfare agency’s attention. (Ms. Jones, I just shared with you the information from the referral that our agency received, I’d like to hear your perspective on the situation.).

b. Recap what the individual said to you and ask them to clarify any points of confusion. (You look anxious whenever we discuss investigating the allegation, and I’m wondering what you’re thinking about this process?).

c. It is important to make sure that body language matches what the individual says and vice versa. It may be necessary to address inconsistencies; what is said compared to non-verbal cues. (Ms. Jones, you said that you agree with the plan; however, you appear frustrated with the situation. Am I right? If so, can you tell me more about where the frustration is coming from?).
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MIDDLE/WORKING PHASE: (This is where the work occurs. The work is based on the issues and concerns identified in the Beginning/Contracting Phase.)

1. Questioning: the skill of making requests for more information related to the problem or situation so that you have a fuller picture of the concern that has been expressed. There are five types of questions used for interviewing.
   a. Closed-ended questions are useful for eliciting specific, yes or no, information. (“Was the child hurt while playing?”).
   b. Open-ended questions are used for the purpose of stimulating conversation. (“Can you describe what you saw when the child got hurt?”).
   c. Probing questions are used when an issue needs clarification at progressively deeper levels. (Tell me, what did you do immediately after Jessica was hurt?).
   d. Directive questions are used to tell the other person what information is needed, without being authoritarian or bureaucratic. (“We can best help Isaiah if we know some specific information. I will ask you some questions, and I’d like for you to answer them as best you can.”).
   e. Redirective questions are used to interrupt if the information being given is unproductive or not relevant. (“What I need to hear more about is the specific way that the child was hurt.”).

2. Reaching Inside Silences: being able to explore the meaning of an individual’s silence by putting possible feelings into words.
   Steps:
   a. Being comfortable with silence;
   b. Offering non-verbal support in posture (leaning in slightly toward the individual without violating personal space needs) and facial expression to indicate that you are listening and want the individual to continue talking; and
   c. Encouraging the individual to share their thoughts (You are very quiet. Could you tell me what you are thinking? I’m not sure what you’re thinking about right now… could you share your thoughts with me in words?) and articulating what the silence may mean (I can see that this is hard for you to talk about; Many mothers in this situation have felt angry, frightened, sad, etc.; Does your silence mean that you’re having a hard time finding the right words to tell me what you are thinking?).

3. Communicating Information: imparting important information or clarifying issues about the casework process, including mutual expectations, goals and services, legal issues, timelines, court processes, and next steps.
   Steps:
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a. Provide information (facts, outcomes, deadlines, reports, diagnoses, values, beliefs, etc.) that the individual needs in order to manage the task at hand (The first visit is scheduled for Saturday the 15th, and we’ll need to arrive at the jail by 9:00 am. So we need to leave here by 8:15);

b. When possible, information is provided in a manner that leaves it open to challenge by the individual (Dan does have the right to see his children and it’s important that the kids stay connected with him, wouldn’t you agree?); and

c. Give the individual an opportunity to ask questions and express feelings about the provided information (Please be sure to check in with Justin and Sara periodically to see how they’re feeling about visiting their dad and any questions they have. Are you comfortable doing that?).

ENDING/TRANSITIONING PHASE: (The session or case is brought to a close. During this phase, the child welfare professional makes connections between the session/working relationship and future work or issues in the life of the family member(s).)

1. Identifying Next Steps: summarizing and reviewing important information or clarifying issues about the casework process (including mutual expectations; goals and services; legal issues; timelines; court processes) and next steps, while giving others the opportunity to ask questions and express feelings.

Steps:

a. Be specific, clear, and to-the-point when reviewing the main themes of the meeting (We spoke about what can happen if you get help for this problem, and what will happen if you don’t, right Ms. Pruitt?);

b. Ask the individual if s/he has any questions or strong feelings about these themes (Do you have any other thoughts, feelings or questions about our meeting today?);

c. Articulate the next steps and timelines to be taken by both the worker and individual (So your next steps are to first, contact the detox center by tomorrow and find out what they may be able to do to assist you. Second, call your AA sponsor and let her know what’s happened recently. And third, you know it’s always important to be sure that all of the kids are in school on time in the morning. My next steps are to first, identify other possible resources, other than the detox center, that might be able to assist you, second I will continue to contact the school to monitor the children’s attendance.); and

d. End the encounter by asking the individual if they understand and agree with the next steps (That wraps up our meeting for today. So, you know what is expected of you and will do these things as we agreed, right?).

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Strength’s-Based and Solution-Focused Approaches

The second component of the Pennsylvania-adopted model is the strengths-based approach. This approach in child welfare practice focuses on the individual’s abilities and assets and a belief that:

- Children, youth, and families are experts on themselves.
- Children, youth, and families must be fully engaged/involved in all decisions impacting their lives.
- Children, youth, and family input is vitally important and will be treated with respect and value.
- Lifelong connections should be promoted and maintained.
- Children, youth, and families should drive system planning and reforms.

The principles that form the foundation of the strength-based approach, as identified by Dennis Saleebey, are:

- Every individual, group, family, and community has strengths.
- Trauma and abuse, illness and struggle may be injurious but they may also be sources of challenge and opportunity.
- Assume that you do not know the upper limits of the capacity to grow and change and take individual, group and community aspirations seriously.
- We best serve clients by collaborating with them.
- Every environment is full of resources.
- The context of caring and caretaking supports strengths and solution finding.

The third component of the Pennsylvania-adopted model, which builds upon the strengths-based approach, is the solution-focused approach. This model involves the child welfare professional’s use of family strengths and resources in developing intervention strategies and assuring the safety, well-being and permanence of children.

Collaboration and successful family engagement in the decision making process are important components of the solution-focused approach. However, the development of effective parent and family engagement skills requires intentional and disciplined efforts on the part of the child welfare professional.

Concepts associated with the solution-focused model include:

- The initial focus of the helping process is on the strengths, interests, abilities, knowledge, and capabilities of each person; not on their diagnoses, deficits, symptoms, and weaknesses as defined by another.
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- The helping relationship becomes one of collaboration, mutuality, and partnership.
- Each person is responsible for their own recovery. The participant is the director of the helping efforts. We serve as caring community living consultants.
- All human beings have the inherent capacity to learn, grow and change.
- Helping activities in naturally occurring settings in the community are encouraged in a strengths-based, person-centered approach.
- The entire community is viewed as potential resources to enlist. Naturally occurring resources are considered first, before, segregated or formally constituted “mental health” or “social services”.

Sources: Kim Berg, I., & Kelly, S., (2000).

Engagement Concepts Offered by Kevin Campbell

In using the Family Finding model to engage and empower families to support themselves:

- The focus is on strengths.
- Existing strengths and resources are discovered and mobilized.
- The groundwork for success is laid by giving hope.
- Whenever possible, positive reinforcement is used.
- A problem-solving stance is maintained.
- What the youth and caregiver do well is emphasized.
- Interventions are more effective when needs are defined.

Source: Campbell, Kevin., Connectedness Mapping Training.