

ENGAGEMENT STRATEGIES FOR SUPERVISORS & MANAGERS



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INTRODUCTION TO THE TOOLKIT

The attached tool kit has been designed to be a supporting document for supervisors and direct-care staff in order to navigate through several Family Engagement Strategies. Developing competencies within staff is key to assist the learning process when working with clients and families, allowing them to celebrate successes, but also navigate challenging situations. The tool kit outlines competency strategies that run the continuum of a cases history, starting with Case Initiation and moving through Interaction, Maintenance, and finally Closure/Transition. These stages are present in all of the models, interventions, and skills that are discussed. Feedback is provided on trauma-informed engagement strategies using the Sanctuary Model, Motivational Interviewing, and other engagement approaches. These strategies and approaches will help foster collaborative relationships between management and direct-care staff as well as serve as a solid foundation for building the necessary skills to engage clients and families. Each segment includes [links](#) (Ctrl + Click to follow link) to information on the internet to help provide further insight and support.

Within the toolkit and poster, you will see reference to several colors that help identify the Phases of Engagement. The information in **PURPLE** helps to identify strategies that can be used during the **INITIATION** phase. This stage takes place before meeting with the family and encourages staff to be proactive and not reactive. Strategies in this phase include: “Prep of Self”; Identifying biases or triggers; taking a personal safety inventory; and developing strategies with staff to maintain hope for the family.

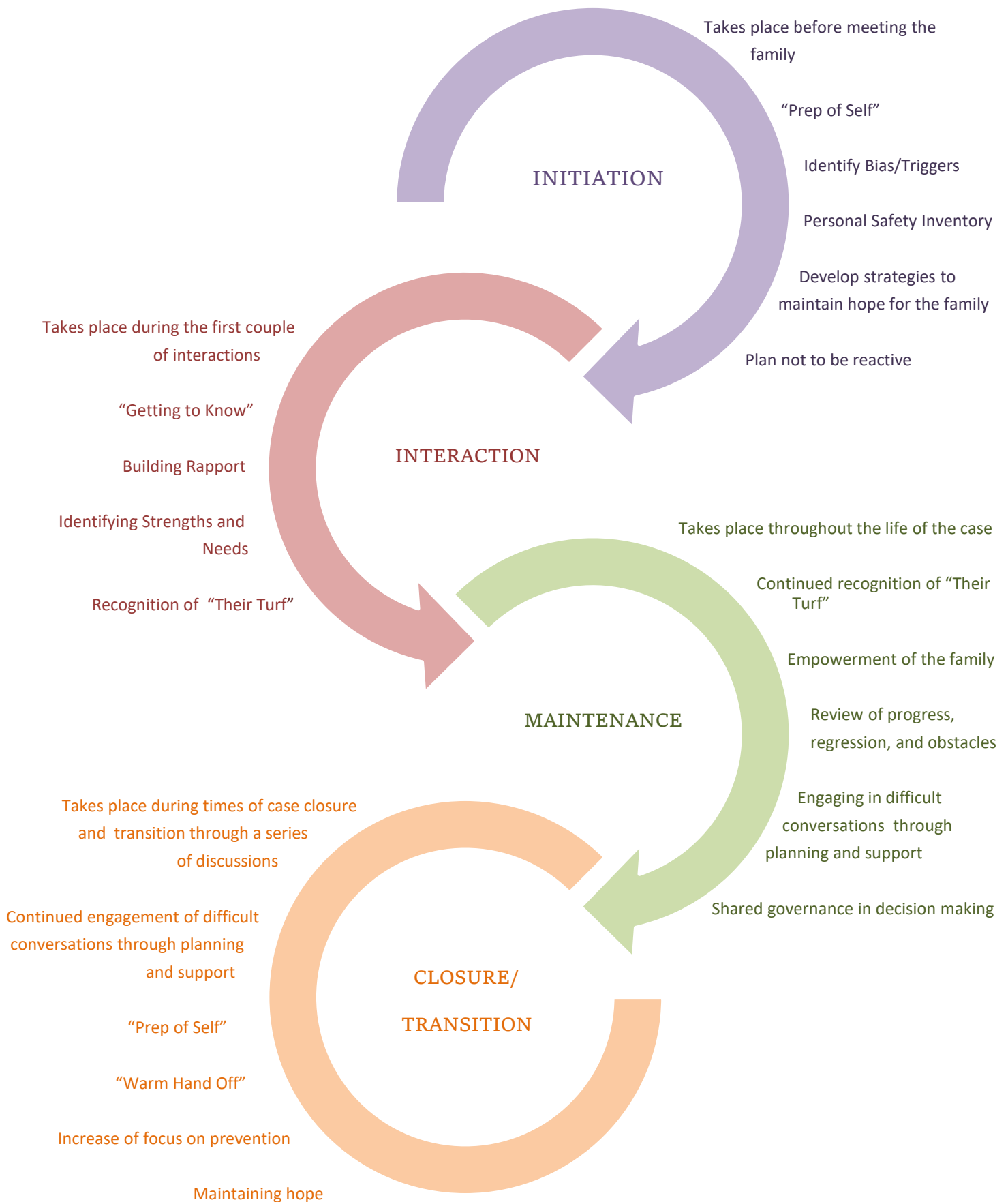
The information in **RED** helps to identify the **INTERACTION** phase. This stage takes place during the first few interactions with the family. Strategies in this phase include: “Getting to know each other” sessions; building rapport; identifying strengths and needs; and developing the recognition that we are on “Their Turf”.

The information in **GREEN** helps to identify the **MAINTENANCE** phase. Ideally, this phase takes place throughout the life of the case. Strategies include coaching direct-care staff to empower the family; review of progress, setbacks, and obstacles; ongoing willingness to engage in difficult conversations by planning for continued support; shared governance in the decision-making process; and continued recognition that we are on “Their Turf”.

The final part of the toolkit and information is in **ORANGE** and helps to identify **CLOSURE/TRANSITION**. This process takes place during times of case closure and/or transition to further goals, and should take place through a series of discussions with direct-care staff. Strategies include: continued engagement of difficult conversations through planning and support; continued “Prep of Self”; developing a warm hand off to the next agency/agencies assisting with the case; developing an increased focus on prevention; and continuing to maintain and communicate hope for the family.

Please understand that the information and strategies developed in the toolkit are not designed to be an exhaustive list of engagement approaches. There are a variety of valuable tools available. This information provides an update on strategies being adopted by Countywide stakeholders, and are recognized nationally in terms of effective evidenced-based practices. Continued recognition is needed to value that each direct-care staff possesses many strengths, but what works for one may not work for another, and flexibility is needed throughout our involvement with families. We wish you the best as you continue your journey in effective family engagement!!

PHASES OF ENGAGEMENT



PA CHILD WELFARE ENGAGEMENT COMPETENCY

ENGAGEMENT DEFINITION

The child welfare professional initiates, interacts, and maintains relationships with children, youth, families, colleagues, and other team members to ensure participation in shaping decisions about needs, goals, supports, and services.



INITIATION

- Before meeting the family the supervisor and caseworker engage in “Prep of Self”.
 - Identify and process potential Bias/Triggers
 - Develop a Personal Safety Inventory-
 - Awareness of potential hazards, the environment and the situation your walking into by:
 - gathering history of environment, situation.
 - becoming familiar with case history and family dynamics
 - Awareness of how personal experiences may affect work with the family.
 - Develop plan to be mindful of safety, personal experience, and the family’s needs in order to meet the family where they are at.

INTERACTION

- During the first couple of interactions with the family, the supervisor and caseworker develop a plan to build rapport with the family.
 - Create a plan to partner with the family, resource parents, and professional team to identify strengths, needs and create hope for the family. ([Family Empowerment Protocol](#))
 - Monitor caseworkers’ well-being, personal safety, and strategies for self-care.

MAINTENANCE

- Throughout the life of the case, the supervisor and caseworker continue to build rapport by empowering the family.
 - Assist direct-care staff to acknowledge the families current abilities and potential to grow/change.
 - Acknowledge the families abilities to provide input and consider meaningful resources and experiences that help them make effective decisions.

CLOSURE//TRANSITION

- During times of case closure or transition, the supervisor and caseworker discuss an ongoing support plan for the family’s success.
 - Identify potential triggers for relapse of previous issues
 - Identify family and community supports that foster ongoing relationships.
- “Prep of Self”
 - Preparing staff to “let go”
 - Reflecting upon success and areas for improvement throughout the case

YORK COUNTY ENGAGEMENT STRATEGIES

SANCTUARY MODEL

Sanctuary is a model based on commitments of [Nonviolence](#), [Emotional Intelligence](#), [Social Learning](#), [Open Communication](#), [Social Responsibility](#), [Democracy](#), and [Growth & Change](#). Each of the 7 commitments can be used throughout the phases of engagement. The 7 commitments are complementary and should be used together in supervision to create safe environments and relationships. The examples below demonstrate approaches that can be implemented throughout the engagement process.

<p>Nonviolence- Using non-violent spoken/written/body language to assure all parties feel safe in the relationship.</p> <p>Suggested Approaches:</p> <ul style="list-style-type: none"> • Use non-violent language when talking about the family. • Know your audience and maintain respectful language when discussing difficulties. • Use supervision to acknowledge and work through frustration to avoid maltreatment or labeling of family/clients. (Ex. “Heroin mom”, “Deadbeat dad”, “manipulative child”) • Acknowledge and reward nonviolent practices (Ex. Maintaining calm demeanor during stressful interactions, Building safe relationships despite differences) 	<p>Open Communication- Agreeing to be aware of how communicate with each other.</p> <p>Suggested Approaches:</p> <ul style="list-style-type: none"> • Start supervision with “How are you feeling?” End with “What do you need? How can I help?” (Ex. Focus on the person, not the problem.) • Be self-aware. (Ex. Know your triggers. Talk about triggers in supervision without judgement.) • Engage in open, honest, transparent communication while maintaining confidentiality. (Ex. Admit when you do not know. Be open to constructive criticism. Use mistakes/difficulties as a learning opportunity.) • Utilize multiple methods of communication that best fit the team involved (Ex. Follow up via email. Adjust to different communication styles)
<p>Emotional Intelligence- Recognizing and being aware of the influence that emotion has on behavior.</p> <p>Suggested Approaches:</p> <ul style="list-style-type: none"> • Start supervision with “How are you feeling?” End with “What do you need? How can I help?” (Ex. Focus on the person, not the problem.) • Assist workers to recognize that clients’ behavioral responses may be rooted in trauma. (Ex. Temper tantrums. Skipping school. She/he is a “hot mess”.) • Assist workers to recognize how their emotions affect their work. (Ex. Assuming the worst. Burnout. Feeding into negativity.) 	<p>Social Learning- Creating an environment that allows people to learn from each other, from their experiences and their mistakes.</p> <p>Suggested Approaches:</p> <ul style="list-style-type: none"> • Use supervision to start where the worker is and help them to recognize where the family is. (Ex. Build from where each person is starting. Utilizing family’s current strengths) • The caseworker and family should learn from one another (Ex. Ask the family about their history and experiences. Share knowledge and resources.) • Conflict is ok. We won’t always agree, but we can share knowledge and resources that support growth and change. • Recognize that success can be defined from multiple perspectives. (Ex. Celebrate every success no matter how small.)
<p>Social Responsibility-The agreement that the community will take care of itself and its members.</p> <p>Suggested Approaches:</p> <ul style="list-style-type: none"> • Family Empowerment Protocol- Everyone has a role and accountability. • Connect resources to the family from their community and within their natural support system. • Every member of the team focuses on the family’s success. (Ex. Work as a team to develop realistic, attainable expectations for family success.) 	<p>Democracy- The concept of shared governance within the community.</p> <p>Suggested Approaches:</p> <ul style="list-style-type: none"> • Everyone has a voice. (Ex. Provide opportunities for discussion. Share information that influences decisions with all parties.) • Use family-driven meetings to share power in decision-making. (Ex. Goal changes. Placement decisions. Treatment.) • Use a shared voice in all decision-making settings to build confidence in the worker and family to advocate for their needs (Ex. Court orders. Agency plans. Treatment plans.)
<p>Growth & Change- Understanding that trauma often results in clients repeating, re-experiencing and reliving their traumatic pasts.</p> <p>Suggested Approaches:</p> <ul style="list-style-type: none"> • Take time to look at success. (Ex. Talk about positives with family.) • Be mindful of creating smooth transitions for family’s success. (Ex. Provide resources to family at all transition points to facilitate growth and change throughout and beyond agency involvement) • Use supervision to discuss what can be done differently and what direct-care staff has learned? 	

YORK COUNTY ENGAGEMENT STRATEGIES

MOTIVATIONAL INTERVIEWING

Motivational Interviewing (MI) is a client-centered, interaction style. The collaborative approach uses a method to guide change without force. Since staff and families do not move through the change process at the same pace, MI aims to meet them where they are in the change process. Change talk, silence and the 4 core skills are used to motivate individuals through the stages of change.

Stages of Change:

([Motivational Interviewing Workbook Ch. 9](#))

Pre-contemplation- Not considering change

Contemplation- Thinking about change but ambivalent

Preparation- Testing the waters, may plan to act

Action- 3-6 months of change behavior

Maintenance- Commitment to change

Relapse- Falling back to previous behavior

Skills for Motivating Change

4 Core Skills- OARS: ([Motivational Interviewing Workbook Ch. 2](#))

- **Open Ended Questions-** Help client do more than say yes/no and think about things in a new way. Open-ended questions are the “verbal shovel” to dig into change.
- **Affirmations-** Factual, not a compliment, highlights strengths
- **Reflective Statements**
- **Summarizations**

Change Talk: ([Motivational Interviewing Workbook Ch. 3](#))

- Staff and clients’ talk about change is the opportunity to focus on growth.
- Build upon staff and clients’ talk about **Desires, Abilities, Reason, Needs, or Commitments (DARN-C)**.

Silence:

- Wait for direct-care staff to answer and do not put words in their mouth.
- Provide the opportunity for the staff to think and process.
- Silence provides staff and families with a sense of ownership and increases buy-in.

Consider OARS and what ways skills can help to prepare direct-care staff for engaging families and identifying what stage of change the family may be in.

- Set a strengths-based tone.
- Create and maintain open collaborations within the supervisor/staff partnership.
- Use OARS to develop a working relationship.
- Utilize the [Spirit of Motivational Interviewing](#) in supervision.
- Respect direct-care staff autonomy.
- When confrontation is needed, think through the process and develop a collaboration to create change.

- Discover strengths and biases that affect work with families.
- Support and model self-efficacy.
- Engage in reflective listening.
- Adjust to and roll with resistance.
- Highlight strengths and past successes.
- Engage in decisional balance when discussing discrepancies:
 - How does the current behavior influence the vision?
 - Discuss the good things about the current behaviors and about changing current behaviors.
 - Discuss the not-so-good things about the current behaviors and about changing current behaviors.

Once trust and partnerships are developed:

- Increase autonomy and utilize [professional alliances](#).
 - Facilitate direct-care staff to “right” their own areas for growth.
 - Develop change plans and elicit commitment to change.
- Re-engage the process of change when additional change is needed.
 - Increase teaming efforts during times of transition.
 - Maintain staff autonomy and professional alliances when self-efficacy is achieved.
 - Continue to highlight strengths and past successes.
 - Continue to affirm direct-care staff as they take on new challenges.

ADDITIONAL ENGAGEMENT STRATEGIES, APPROACHES & TOOLS

[Everybody Loves Raymond Uses Active Listening](#) (Clip on Active Listening)

[Interactional Helping Skills](#) (PDF- Lawrence Shulman)

[Interactional Supervision 3rd Ed.: Ch. 1: Introduction, Overview, and Basic Assumptions](#) (Website- Lawrence Schulman & NASW Press)

[Portraits of Professional Caregivers](#) (American Public Television- Clip on Recognizing Secondary Trauma)

[Strength-Based, Solution-Focused Supervision](#) (Website- Child Welfare Resource Center)

[The Strengths-Based, Solution-Focused Approach Defined](#)

[Critical Supervision Requirements](#)

[Worker Professional Development](#)

[The Interactional Helping Model](#)

[7 Key Solution-Focused Strategies](#)

[Strengths-Based, Solution-Focused Supervisor/Worker Conference Dialogue](#)

[Appendix](#)

[Supervising Child Protective Service Workers](#) (Website- Child Welfare Information Gateway)

[The Power of Vulnerability](#) (TED Talk- Brené Brown)

[Trauma-Informed Care](#) (Website- National Council for Behavioral Health)

[Trauma-Informed Supervision: What They Didn't Teach Us in Graduate School](#) (Webinar- Cheryl Sharp, MSW, ALWF, & The National Council for Behavioral Health)

[Using Reflective Supervision to Support Trauma-Informed Systems for Children](#) (PDF- Multiplying Connections)

CLOSING REMARKS

Research shows that family engagement can have a positive impact on success for direct care staff as well as clients and families – and this toolkit helps to provide information for some of those important approaches. At times, family engagement can present several challenges. It can also require extra time, careful consideration, and special skills, also found within this toolkit. Remember, effective direct care staff behaviors include, but are not limited to, the following:

- Meeting the family where they are
- Planning *with* the family, not *for* the family
- Focusing on skills and strengths
- Setting mutually acceptable goals
- Providing services that are both relevant and beneficial
- Strengths-based assessments and attitudes that engage children, youth, and families through the lens of family strengths, capacities, cultural heritage, and extended family resources such as: eco-mapping, genograms, family connections chart, family finding, family team meetings, and other evidence-based engagement tools.
- Understanding the need for a trauma-informed approach:
 - Understanding that anger, fear, or avoidance may be a reaction to past traumatic experiences, and approaching them in a punitive or judgmental manner will likely worsen the situation rather than motivate individuals and families.
 - Helping all involved to understand the impact of past trauma, while holding them accountable for current involvement with child-serving systems. Understanding that there is a connection between past experiences and present reactions and behavior, empowers and motivates many individuals and families.
 - Building on caregivers' desires to be effective in keeping children safe and reducing children's challenging behaviors
 - Helping to anticipate possible reactions to stress and trauma triggers, and identifying different ways to respond
 - Becoming knowledgeable about evidence-supported trauma interventions to include in service planning, and refer individuals and families to trauma-informed services that address their unique needs

Additionally, it is important to utilize constant, and consistent, communication and “staff check-ins” to help build the necessary skills and foster growth. By using the information contained in this toolkit, our workgroup feels strongly that helping staff develop relationships and trust with families will lead to positive results for all involved. Thank you and good luck!