

Partnering and Leadership Strategies (PALS)

Target audience: Parent (family) partners and practitioners

Objective: To prepare family partners and practitioners to work in partnership.

Welcome/Introduction

NP 1

Set very structured stage – tell them where to sit. Have a list of rules posted on newsprint (**newsprint 1**).

Trainer introductions



Trainer 1 (parent partner): state your name, share something personal about you (your job, number of children, etc) and explain why you are excited to be facilitating this group. *Do not disclose that you are a “parent partner”.*

Trainer 2 (agency practitioner): state your name, share something personal about you (your job, number of children, etc) and explain why you are excited to be facilitating this group. *Do not disclose that you are an “agency practitioner”.*

Give them an opportunity to change seats.

Ask the group: “Who would like to change seats?” Have everyone stand up, pick up their belongings, leave the room and re-enter allowing them to sit where they want to and with the people they feel comfortable with. This is a good time for them to get snacks and drinks.

NP 2 & 3



Group introductions (post instructions – **newsprint 2**)

Go around the room one by one and have them

1. state their name
2. explain their feelings about “too much structure”
3. Identify one myth, barrier or fear to family involvement
(*have the co-facilitator write on **newsprint 3** so you can use it as a wrap up to bust the myth at end of the class*)

NP 4

MASLOW – go over how everyone has basic needs and how they reacted to not having comfort needs met. Use **Newsprint 4**

Explain: everyone has needs. The first need is physiological. These are the basic needs for survival such as food, clothing and shelter. The second level of need is safety and security.

People cannot feel safe or secure unless their basic needs are being met. Once a person feels safe and secure, they can then feel good about themselves, which leads to the third hierarchy of “self-esteem”

Set “new” rules

State: “Using Maslow’s theory, we want to make sure that everyone feels safe and secure in this session. Therefore, we are going to let you come up with the rules for the day. Rules are needed in a group setting in order to allow participants to understand mutual expectations. The key word here is mutual.”

Self disclose a story of when you were forced to abide by rules that were put into place and you did not have any say into those rules.



Example: we had the opportunity to attend a parent leadership training of trainers in Chicago. The objective of the training was to empower parents as leaders. After the trainers introduced themselves, they went over the posted rules. There was no opportunity for discussion or changes in the rules. This was not modeling empowerment and it did not set a safe learning environment.

Ask the group if anyone else has had a similar experience. Ask them “How did it make you feel?”

Answers might include tense, defensive, angry, out of control

NP 5



State: Now let’s go over the group rules and change them so they are your rules. *Have a new newsprint labeled “New Rules” (newsprint 5).*

Ask for a volunteer to write the new rules onto this newsprint and ask the group to come up with what they want them to be.

Thank the group for their hard work and state that these rules look much better than the previous ones posted. State “I am sure this training will go much better now that everyone has had the opportunity to provide input into the structure for the day.

Review Agenda

HO 1

Refer the group to the agenda (**handout 1**). Ask them to take a moment and look it over. Tell them “Note that there are no times on the agenda. This is because we want to be free to spend time on the areas you want to focus on and less on the sections that may be just a review for you.”

NP 6

Turn to **Newsprint 6** “Objective of the class” and have a volunteer read it. (*reward him/her*) Ask the group “How does this objective tie into your expectations for this class?”

Briefly explain that this training was developed by the request of the Family Centered Systems of Care Statewide Advisory Committee. Let them know that you will be talking more in detail about the work of the committee and family centered practice later in the session. We want the group to think in “traditional” terms before introducing them to the philosophy and concept behind FCSOC.

Reflections

HO 2

Refer the group to **handout 2** and explain that they can use this handout throughout the day when they want to take notes about something they learned or want to remember.

Introduce a family story

HO 3

State: Up to this point, we have set the stage for learning. It is time to introduce you to a family who has received services through the foster care system. Please use **Handout 3** “Smith Family Case Scenario”. I will read this case to you and you are welcome to follow along using the handout.



Smith Family Scenario

Ms. Smith is a 22 year old mother of three children, ages four, two, and eight weeks by different fathers. Ms. Smith had battled with alcohol and drug addiction for four years. She was charged with writing bad checks to help support her habit in several different counties across the state. She was temporarily incarcerated while waiting court hearings and eventually received probation. However, she also was charged in a neighboring state where she was sentenced and served three years in prison. While she was incarcerated her three children were left in the care of their maternal grandmother, who reached a point that she could no longer provide care and the children were placed in foster care through juvenile court and later adopted.

When Ms. Smith was released from prison she returned to her home state. She became pregnant with her fourth child, but continued to use alcohol and drugs, and this child entered foster care. When reunification efforts were unsuccessful, this child was eventually adopted by the same family that had the other three. Ms. Smith feels she did not get supports and services she needed from the child welfare system to get her children back.

Ms. Smith then met and married a man who also abused alcohol and drugs, and soon became pregnant again with her fifth child. She used alcohol and drugs off and on through her marriage, made several attempts to stay clean but couldn't. She had opened up to, and was a little more trusting of her probation officer, and reached out to her for help. The probation officer helped get Ms. Smith into a treatment center instead of sending her back to jail. Although she again successfully completed treatment, she did not stay clean, and soon became pregnant with her sixth child.

After divorcing her husband, Ms. Smith met a man who also abused alcohol and drugs and physically abused her in front of the children. She and this man would drive around town looking for crack houses with the children in the car. Every time Ms. Smith would try to leave her boyfriend, he would find her with help of a police contact. When she felt that she could take no more and feared for the children's life, she dropped them off at child care and did not pick them up. The child care center called authorities and the children were placed in foster care.

NP 7



Say: "Now that you have been introduced to this family, you will break into small groups and talk about the case example (*newsprint 7*):

1. How would you describe this family?
2. What are the issues for this family?
3. What services do they need?
4. What will the family have to do to keep their children home or have them returned home?

Tell the group to remember to assign a facilitator and reporter/recorder.

After about 10 minutes, have each group report what they discussed to the large group.

Culture

Label game

pre-print the labels on address labels.



Explain that you have labels that you will randomly be placing on everybody's back and you will need to touch them lightly in the shoulder area to put them on. Let them know that some labels may be viewed as offensive. Explain that everyone will treat you as if you have that label. For example, if you have "thief" on your label, then they may pull their purse closer to them or put their hand over their pocket while looking at you in an untrusting way and keeping their distance. They cannot say "go away you thief" they can only

act in manners that would make you feel like you are a thief. You can then ask “Am I a thief” and they can say “yes”. Once you figure you’re your label, remove it from your back and place it on your front.

Place a label on the back of each individual.

NP 8



Process the activity by asking (*having these listed on newsprint 8 is helpful*):

“How did it feel to have a label on your back?”

“How did others treat you?”

“How did you treat others?”

“What did you learn about yourself during this activity?”

“How can you apply this into your jobs and lives?”

Take a break

Definition of Culture



State: Now that you have had a chance to learn about a family and be “labeled” it is time to think about how culture influences how we make decisions and respond.

Ask the group: “How do each of you define “Culture?”

NP 9

Show the **newsprint 9** with the following and ask for a volunteer to read:

Culture defines our society, fuels our differences and highlights our similarities. It is a shared, learned, symbolic system of values, beliefs and attitudes that shapes and influences perception and behavior -- an abstract "mental blueprint" or "mental code" which is transmitted from generation to generation through learning.

Components of Culture

HO 4
NP 10



Refer the group to **handout 4** and Show the next **newsprint 10** titled “Components of Culture”.

State: “Culture must be studied indirectly" by studying behavior, customs, material culture (artifacts, tools, technology), language, etc. Let’s take a look at some components that make up a person’s culture”

Go through each component one at a time asking the group to come up with ideas of how each makes up culture. For example you might say. "Culture is learned. What are some lessons passed on to you by your parents or others that shaped who you are and what you value?" Explain that the process of learning one's culture is called enculturation.

- 1) **Learned.** *Process of learning one's culture is called enculturation.*
- 2) **Shared by the members of a society.** *No "culture of one."*
- 3) **Patterned.** *People in a society live and think in ways that form definite patterns.*
- 4) **Mutually constructed** *through a constant process of social interaction.*
- 5) **Symbolic.** *Culture, language and thought are based on symbols and symbolic meanings.*
- 6) **Arbitrary.** *Not based on "natural laws" external to humans, but created by humans according to the "whims" of the society. Example: standards of beauty.*
- 7) **Internalized.** *Habitual. Taken-for-granted. Perceived as "natural."*

After processing each component, ask the group for examples of when they had to fit into a culture different from their own. Ask them how it felt to try to quickly adapt without having any preparation. Ask them how they overcame those feelings.



Self-disclose at this time a personal situation where you had to quickly learn about the culture of a situation and had no preparation. Explain the emotions behind the situation and how you overcame the emotions to be successful in the situation.

Acculturation



Explain that "Acculturation" is when a person must adjust his/her behavior to fit the rules and expectations of the dominant culture without giving up your own ways entirely.

Ask the group to think about situations when they experienced someone with different values who had to make changes in order to fit into the group, family, etc.

Wrap up by asking the group “How does culture affect family involvement? What are the differences in the culture of families and the culture of the agencies?”

Terminology

HO 5



Refer to the **handout 5** titled “Acronyms Used in Child Welfare” and “Definitions Used in Child Welfare”. Point out the term “practitioner” and ask the group “Why do you think we use the term practitioner rather than professional?”

If they do now say that many parents are also professionals, then point it out for them.

Ask them if they have any questions about any of the other terms used.

How do you see me activity



State: Next we are going to do an activity called “How do you see me?” You are going to break into small groups of about 6 people. Your group will either be a parent group or a practitioner groups.

*Equally assign parent and practitioner groups. **Newsprint 10** – only show one question at a time – use paper to cover and uncover the questions as you go through each of them. Give five minutes for each question.*

NP 10

How do you see me?

What do you expect from me?

Have each group go over their perceptions for each of the first two questions. Talk about how similar they are for the parent groups and the practitioner groups.

Ask the large group “How did your cultural perceptions affect the views you came up with?”

Ask the group “What did you learn from this activity?”

Strengths Based Perspective



Definition

We are going to talk briefly about the Strengths Based Perspective. Who can tell us what “strength based” means? *Thank and reward the volunteer.*

NP 11

The strengths approach relies on this theory (show the **newsprint 11** and ask someone to read):

All people and families have strengths and needs. All families are entitled to a development plan that enables them to get their needs met. The role of the practitioner is to help the families identify and develop their strengths.



Ask the group “What words stood out for you when _____ read this statement?”

Ask the group “How do you apply this theory in your life – both professionally and personally?”

NP 12

Refer to the prepared **newsprint 12**

- Strengths-Based Practice assesses the inherent strengths of a client or family and then builds on them.
- Strengths Based practice uses peoples' personal strengths to aid in recovery and empowerment.

(Fort Wayne MSW class, December 2006. Class discussion.)

History of Strengths Based Approach

Talk about the history of the Strengths Approach:



In the mid-1970s the Commonwealth of Virginia was one of the first states to develop a statewide permanency planning, monitoring and evaluation project. In developing this project the need for goal-oriented case management became clear. Project consultant Dr. Robert Scott of Pennsylvania State University Hershey Medical Center, offered a case management method which focused the worker and family mutually on strengths that would contribute to positive

measurable goal attainment for the family. As other states developed permanency planning projects, Dr. Scott's approach was adopted and adapted to family assessment.

(PS-MAPP Implementation Guidebook, 2003)

Ask the group "Why do we use a strength based approach?"

Reinforce the answers. Here are some possible reasons:



- It is an empowering alternative to traditional therapies which typically describe a person or family functioning in terms of psychiatric diagnoses or deficits.
- It avoids the use of stigmatizing language or terminology which people use on themselves and eventually identify with, accept, and feel helpless to change.
- It is at odds with the "victim identity" -- epitomized in popular culture by the appearance of individuals on television or talk radio sharing intimate details of their problems -- which is inherently self-defeating.
- It fosters hope within people by focusing on what is or has been historically successful for them, thereby exposing precedent successes as the groundwork for realistic expectations.
- It inventories (often for the first time in the person's experience) the positive building blocks that already exist in their environment that can serve as the foundation for growth and change.
- It reduces the power and authority barrier between client and practitioner by promoting the client to the level of expert in regards to what has worked, what does not work, and what might work in their situation.
- It reduces the power and authority barrier between family member and practitioner by placing the practitioner in the role of partner or guide.
- Families are more invested in any process where they feel they are an integral part.
- And lastly - it works.

Further elaborate on their answers saying: "When we focus on a person's or family's problems, we tend to think in terms of whether they are "weak" or "dysfunctional" or perhaps "sick". These terms come from a scientific or medical attempt to be more objective than the earlier moralistic approach had been. Because the scientific or medical focus on problems emphasizes negatives, this focus does not empower a person or family to grow.

The scientific or medical focus also limits us to an "either/or" way of thinking; either a family is "healthy" and "functional" or it is "sick and dysfunctional." This is a way to picture the limitation of the problem-oriented approaches:

Use **newsprint 13** to illustrate:

SICK-----X-----HEALTHY

The Smith family

DYSFUNCTIONAL-----X-----FUNCTIONAL

The Jones family

The Strengths Approach helps us to remember that all people and families have strengths and that all people and families have needs (instead of weakness, dysfunction or illness) which can be met. The Strengths Approach also frees us from the “either/or” trap of problem solving, scientific or medical models. The Strengths Approach is the most positive approach for empowering the family and the family’s helpers.

(PS-MAPP Implementation Guidebook, 2003)

Implications for Practice

Ask the group “How are some ways each of you can be more strength based?”

If they do not come up with the following make sure you cover it:

More importantly, we must change the way we perceive, and the way we speak. Stigmatizing labels and client behavior descriptors must be avoided: Point out some of the negative labels used in the “How do you see me activity” and the label game.

- non-compliant
- resistive
- unwilling to change
- unmotivated
- poor insight
- dysfunctional
- oppositional
- defiant

Additionally, never refer to the people by his or her diagnosis. Describing someone as "schizophrenic" is no different from referring to another person as "cancerous". A person is not their illness -- a person is a person, with a physical or psychiatric diagnosis.

How Do You See Me revisited



Have the group return to their Parent/practitioner groups and using a strength based approach list answers to the question "what can I bring?"

Process by having the groups share their list. When all the groups have finished, ask the large group "What did you gain from this activity?"

Take a Break

Family Involvement

Research supporting Family Involvement

HO 6



Refer to the [handout 6](#) titled "Parent Involvement and Leadership: Study Findings and Implications for the Field" and state "there have been numerous studies done over the years on family involvement. This handout is an overview of three studies done.

Note that the findings are all very similar.

- Services are better delivered and more cost effective.
- Consumer satisfaction improved
- and families were strengthened.

Studies completed in other settings such as health care facilities also show similar results.

HO 7

Let them know that [handout 7](#) contains website resources if they wish to look at other research studies on family involvement and gain more insight into the topic.

History of Family Involvement in Kansas

Explain the History of Family Involvement in Kansas:



In 2003, Kansas was one of nine sites to be awarded a five-year \$2 million demonstration grant to infuse systems of care principles into child welfare policy and practice. The systems of care approach holds that no one single agency, no matter how large or well financed, can or should solve the issues associated with child abuse and neglect, foster care and adoption. Rather, systems of care build systems to engage communities to respond to and prevent child abuse and neglect, thereby strengthening families and enhancing the safety of children in their communities. This led to including Family Group and Decision Making into the child welfare contracts.

The grant calls for a statewide steering committee in order to promote interagency partnership and ownership of the Systems of Care initiative. The steering committee represents a broad variety of stakeholders in child welfare as well as a critical mass of family partners. The committee provides oversight and feedback to the grant team's work in the two pilot communities selected (Cherokee, Reno) and in developing and implementing Systems of Care principles in child welfare practices across the state. The steering committee assists the grant team by reviewing practices for consistency and by holding the grant team accountable for results and timely accomplishment of objectives. The steering committee has representation by each of the two pilot communities and will receive and review regular progress reports from the pilot steering committees.

(<http://www.srskansas.org/CFS/FCSOC/aboutgrant.htm>)

Principles

HO 8

Give everyone **handout 8** titled "Guiding Principles". Note that there are words missing on the handout.



We are now going to do an activity similar to a treasure hunt. Each one of you will be given a “principle” to read and become the “expert”. You will all need to search for an expert on each of the principles to help you fill in the blanks. The “expert” must read the entire principle when approached by someone else about the answer.

The experts on cultural competency need to only read the last (highlighted) paragraph since it is so long. Once everyone has their handout completed we will come back to the large group.

Let the group know that if someone does not want to be an “expert” to let you know as you hand out the principles. We do not want to compromise any safety needs (refer to Maslow). Let them know that even if they do not want to be “experts” then please get the handout completed. If you need to pair up with someone, that is ok.

Interagency collaboration recognizes that it takes several partners to bring together the resources to assist children and families to be successful. The Collaborations based on the community’s ownership and commitment to support children and families.

Individualized Strengths-Based Care builds on the strengths and capabilities of families and communities. Each family is unique and brings strengths, as well as concerns; potential as well as challenges. This holistic approach takes into account the whole person and allows each family to capitalize on their strengths.

Cultural competence conveys respect, preserves dignity, creates communication, and enhances self-determination. A culturally competent system increases the likelihood of success. A Culturally competent system consists of Planning teams and stakeholder groups that are representative of their cultural constituents, as well as, Policies and procedures that are sensitive to varying cultural practices and beliefs. "Cultural competence" is an important goal in systems of care. It means that each provider organization must show respect for and respond to individual differences and special needs. Services must be provided in the appropriate cultural context and without discrimination related to race, national origin, income level, religion, gender, sexual orientation, age, or physical disability, to

name a few.

Culturally competent caregivers are aware of the impact of their own culture on their relationships with consumers and know about and respect cultural and ethnic differences. They adapt their skills to meet each family's values and customs.

Family & Youth Involvement occurs at all levels: planning, policy developments, social marketing, care coordination, evaluation and advocacy. Systems actively support and engage families, recognizing and drawing on their knowledge and skills. Moreover, Family involvement increases the likelihood of successful outcomes. The importance of this principle cannot be overstated. If there were one principle that is more important than the others, this would be it.

Community-Based Services maintains families in a familiar, less threatening context. The critical bonds between the family, friends, school, and natural supports are retained. Communities retain control and ownership of the system, reflecting community strengths, needs, values, and day-to-day realities.

Accountability means that partners commit to results in their service, process, and financial outcomes. Responsibility for meeting or not meeting outcomes is shared between service providers for positive outcomes, regardless of where the child and family enter the system. Therefore, children and adolescents at risk for out of home placement and their families need many kinds of services from a variety of sources, such as schools, community mental health centers, and social service organizations.

When you reconvene as large group, have volunteers read the principles. Ask them what they learned while doing this activity.

Benefits of Family Involvement

HO 9
NP 14
NP 15

State: "Now that you have been introduced to a family and know more about the history and principles of family involvement, we are going to discuss the benefits of family involvement.

Refer them to handout 10.



Let's start by doing a large group brainstorm. Can I get a volunteer to help write on the newsprint?"

Have the large group brainstorm "What are the benefits of Family Involvement". *Have a volunteer write the responses on newsprint 14.*

What are the benefits?

For families?

For agencies

Next ask the large group to brainstorm "What is Occurring now" *again putting the answers on newsprint 15.*

What is occurring now?

My journey (PLAT)

HO 10
NP 16

Use *handout 10* & *newsprint 16*

State: Reflecting on your experiences working with parent leadership. Which title best represents your experience or journey? Why?



Yellow Brick Road	The Long and Winding Road
Highway to Heaven	The Road Less Traveled

After several people have responded, ask them what title would represent their "idea" of parent leadership?

Roles and collaboration

Define partnership

NP 17

Ask the group for their definition of "partnership." Brainstorm qualities of a good partnership. – *have a volunteer write on newsprint 17. Remember to reward the volunteer.*

Ask the group what are some things that make a partnership fail?

Ask the group to think of who might be involved in a typical team you participate on? (Examples are PTAs, case plans, boards,



IEP, sports etc.) Ask the group what each of the individuals bring to help that team be successful. Answers should include:

- everyone has a specific role
- everyone has different talents
- everyone has unique experiences to draw on

Ask the group “what happens when a situation occurs when a person can no longer be a part of the team or fill that role? Use sports as an example: For example, what happens to a football team when they quarterback becomes injured? Answers may include

- have to find a replacement
- the team may experience a loss
- relationships change
- expertise is lost

Ask the group to now think in terms of parent leadership/family involvement.

HO 11
NP 18 & 19



As a large group have them brainstorm roles that parents can play in family involvement. Have them write their answers on the **handout 11** titled “Parent Roles” while you write the answers on the **newsprint**. Have them do the same with “Practitioner Roles”.

Once you have processed the group activity. Refer them to the **handouts 12 & 13** “Nurturing Parent Leadership” and “Guidelines of Parent Leadership” for ideas on incorporating shared leadership into their jobs/lives.

HO 12 & 13

Re do the parent story case plan using principles of family involvement

HO 3 & 8



Explain to the group that they will now have an opportunity to take the information they have learned so far and revisit the case plan. Before breaking into the group, ask them “Thinking about the information we have covered today, what are important factors to consider when revisiting the case plan?”

Have them reform their original groups and redo the case plan using the principles of family involvement (**handout 8**) and the case scenario **handout 3**. Bridge them back to the large group and process using the following points:

1. Did your final outcome change?
2. Looking at the principles, which would you say was the most important and why? *(Make sure that each principle is prioritized by someone in the group)*

3. How did you change your strategy on doing the case plan?

Revisit the barriers/myths/fears list

NP 3



We are now going to revisit our myths list (*newsprint 3*) that we created when we did introductions. As we go through each one, we are going to cross off the one's that no longer apply.

If there are some that the group refuses to cross off, then process them one at a time and ask what the obstacles are and how can they overcome those barriers.

Ways to involve parents more

NP 20

Refer to *newsprint 20* – have someone write the answers.

State: “Reflecting back on the day, let’s quickly look at meaningful ways to involve parents/families more. Think of situations within your power where you can make a difference. If you are a parent, how can you get involved? If you are a practitioner, how can you engage parents, recruit and retain them? Think in terms of what you have the authority/power to change or suggest to those individuals with authority in your agency.”

Personal commitment – checklist?

HO 14

Refer to the “Personal Commitment” *handout 14*. Have everyone write three things they can begin doing as soon as they leave the training to encourage parent leadership/family involvement. Also have them identify three goals to meet within the next three months. Examples might be for parents to seek out ways to volunteer. For practitioners a goal might be to include a parent on a focus group.

Ending

HO 15

HO 16

State: We really have enjoyed providing this training for you. Please take a moment to fill out the evaluation (*handout 15*). As _____ passes out the certificates, I would like to leave you with this thought. *Read the poem and include in the handouts 16.*

What is a Family?

A family is a needlepoint picture threaded by people

Who are concerned with what kind of stitch fills the
Adjoining squares,
Who care about the overall design, and who are anxious that
The yarn be knot-free and strong.
A family is a mobile, balanced but ever-changing,
Swinging free yet attached by a common string.
A family is a first-aid kit filled with bandages and
Salves and even thermometers for monitoring all kinds of conditions.
A family is a terrarium planted with ecological care
So that each life is sustained in a warm, moist, and growing environment.
A family is a toy “slinky” spiraling down through history
In a bouncing, carefree, yet predictably cylindrical curve.
A family is a cornucopia – open-ended and bountiful.
A family is a rainbow arched by differences that only enhance
The beauty of each colored layer.
A family is an umbrella, a wayside shelter, a lost-and-found
Center, a savings and loan, a complaint desk, a sounding board,
A think tank, a school, a church, a party.

Source: “Homespun News” Newsletter, Ohio State University Extension, Ashland County, March 1994