



# Front-Line Practice: Define, Assess, Plan, Implement and Monitor

By Jon Rubin

**A**PHSA’s Organizational Effectiveness Department has been facilitating change management in organizations by serving over 40 agencies in more than 25 states during the past five years.

The primary model of change management used by OE facilitators is called “DAPIM” which means Define, Assess, Plan, Implement and Monitor. For organizations, DAPIM is a proven model of success as a continuous improvement method that promotes strategic efforts toward long-term sustainable change.

As our use at APHSA of this model and experience with change management grew, we kept looking at the guiding principles of DAPIM work and thought that these were the same guiding principles that social workers should be using in frontline practice with clients and that supervisors should be using to develop and problem solve with staff.

Some of the connections from the organizational DAPIM principles consistent with good practice and good supervision included change management work that does the following:

- Brings out the expertise of clients about their own situation so that customized plans could be developed based on client needs, capacity and unique situation.
- Builds good learning environments, taking into consideration the safety and trust of clients while still holding them accountable for work to be completed.
- Develops a mindset of continuous improvement, not simply change. APHSA embraces this concept by presenting DAPIM as a “flywheel” that continuously turns.
- Understands that sustainable change requires building the capacity of an organization, not just completing a plan.
- Recognizes that long-term, sustainable change requires incremental positive movement built through customized phased work plans.
- Plans change because there are root causes to problems, not just visible symptoms. Root cause analysis as part of an assessment leads to better planning, and more likely to allow long-term sustainable change.



**Jon Rubin** is an organizational effectiveness consultant at APHSA.

- Emphasizes that monitoring should occur often. Staff development and clients' plans need to be monitored and adjusted as new information arises or lessons are learned.

All of these dynamics of APHSA's work with organizations are scalable to direct work with staff and clients. The following sections break down the individual components of DAPIM and provide more detail on how they apply to direct human service practice work.

## DEFINE

### QUESTIONS TO CONSIDER:

**Do you believe that when you begin working with a new client that your perspective on why you are there is the same as the client's perspective? Do you have the same goals as your clients for the work? If your perspectives and goals are not the same, how does that affect your ability to move forward with work together?**

Defining what you aim to improve in the language of the client, in operational terms, and in line with the needs of the client is the first step in using DAPIM as a front-line practice technique.

If a worker and client can get to a common definition of the problem to work on and a desired future state, and agree to work on it together, that is the essence of engagement and vital for working toward solutions. If a worker and a client cannot come to a common definition of the problem to be worked on, then the potential to work together on solutions becomes very limited.

Defining (and the other DAPIM steps) will work best as a partnership where the worker is a helper looking to use the expertise of the client to find solutions. Clarifying roles is part of defining.

Sometimes there are non-negotiable issues for worker and client. These issues should be presented in the context of

the definition of the problem with the goal of seeking solutions.

It should be noted that clients (and staff) often have multiple and complex problems that are not easily defined. That is why breaking down complex situations into a series of actionable objectives and problems to be worked on can allow effective change planning.

By focusing on who the client is and the problem to be worked on, front-line practice workers will minimize potential bias or prejudgments that might otherwise serve as a barrier to good, solution-focused planning, in turn reducing disparate treatment of clients.

## ASSESS

**QUESTIONS TO CONSIDER: Do you find yourself always focusing on crisis intervention and short-term problem solving with clients vs. long-term planning? When planning, are you working with the client to solve immediate crises or addressing the reasons why the crises might exist? Which strategy do you think is better?**

Once a definition of the focus of the work is complete, the next step is to do an assessment of the client's current state in relation to the focus of the work.

Most, if not all, human services perform a type of intake and assess a client's current state, frequently without having defined the problem they are working on or the desired future state. The assessment step in DAPIM establishes a baseline to compare against the desired future state prior to planning. Assessment should be based on fact, not opinion. Conclusions can be drawn once some facts have been uncovered. We call these facts "findings."

Findings should be observable and measurable statements about the current situation and describe actionable observations about strengths and gaps in relation to the defined problem and

desired future state.

Once findings have been collected, root-cause analysis should occur. Root-cause analysis leads to planning remedies for gaps. Root causes can be identified by continually asking "and why is that?" until actionable remedies emerge for the identified problem.

Root-cause analysis ensures that time, energy and resources used for assessment are an investment for customized plans that are targeted to address fundamental causes of challenges.

Root-cause analysis is considered the "bridge to planning" because the root causes must be addressed in planning to ensure long-term, sustainable change.

## PLAN

**QUESTIONS TO CONSIDER: Does every plan you write with clients feel the same? If so, are your clients all the same? What does that tell you?**

Plans should reflect information gathered, the root causes for the defined problem and associated gaps, and the capacity and resources of the client. This standard will lead to individualized plans, made with the client, not for them. Maintaining this standard will lead to a much higher success rate for accomplishing plan objectives.

Effective plans can be refined as circumstances change for the client. This includes celebrating successes as clients achieve goals and plan conditions change.

Planning should involve quick wins and mid- to long-term goals. Quick wins tend to be symbolically powerful and allow for building involvement and trust, closing gaps and laying a foundation for longer term planning.

Mid-term (30–90 days) and longer term (90 days to two years) planning should be easily linked back to the definition of the problem to be solved and the root causes for those problems as well as focus on building sustain-



able change and the client's internal capacity.

## IMPLEMENT

### QUESTIONS TO CONSIDER:

**Does it feel like you are working harder on plan completion than your clients? Why is that? What should you do to try to change that?**

More than just doing the work of the plan, implementation includes transferring ownership of the plan from the worker to the client and continually reworking plans until objectives are achieved.

Implementation is usually thought of as actually doing the work of the plan. It also involves other pieces of work such as communicating with the worker and adjusting the plan as work is completed and/or circumstances change.

Implementing plans will lead to increased client capacity to perform tasks on their own without the support of a worker. Workers should continue to use the expertise of the client and not fall into the trap of feeling like they are the only ones capable of making appointments or decisions.

If barriers are identified during implementation supervisors, workers and clients must ask themselves: Can the barriers be removed quickly or worked around, or does a new plan need to be created to achieve desired outcomes? Being able to successfully integrate new circumstances through the DAPIM process while the original plan is implemented is a skill for front-line practice workers to master.

## MONITOR

### QUESTIONS TO CONSIDER:

**What lesson did you learn from the last case you closed? How can that lesson help you on the cases that you still have open?**

**DAPIM, when applied to front-line practice and used as a supervisory technique, serves as a strategy that defines the process of engagement that develops trust, partnership, and aims toward achieving agreed-upon objectives.**

Monitoring at some level should occur during every client contact.

When implementing a plan, focusing on accountability is essential. Monitoring is all about accountability and continuous adaptation based on lessons learned. Helping clients see what went well, what didn't go well, what should be done differently, and the lessons learned from that work are all aspects of monitoring.

Monitoring work also supports celebrating success. When successes are recognized and celebrated, a culture of achievement and positive reinforcement is created and will likely continue beyond the client's contact with the worker.

It is expected that clients will occasionally take steps backwards or shift directions while working on plan objectives. Monitoring helps keep aim focused on achieving goals despite these changes.

Ultimately monitoring can serve as a motivator as clients and workers alike tend to do what they know will be reviewed by others.

## CONCLUSION

In summary, DAPIM, when applied to front-line practice and used as a supervisory technique, serves as a strategy that

- Defines the process of engagement that develops trust, partnership, and aims toward achieving agreed-upon objectives.
- Empowers clients. This model is based on understanding that clients are the experts of their family and their situation.
- Recognizes that it takes both the worker and client to develop and set boundaries for the plan once the problem is defined.
- Provides renewed emphasis on individualized case planning.
- Serves as a clear reminder of ongoing monitoring at every contact, not just at the end of a plan.

- Creates opportunity for supervisory conferences to be structured based on the DAPIM phase the worker is in with their client. Supervisors will also have direction for new staff members who need structured approaches regarding engaging clients and developing agreed-upon plans.
- Helps supervisors assess staff performance in discrete areas such as "assessment" or "planning" and build the skills needed for each area.
- Teaches the "flywheel" concept, reinforcing the idea that we are able to continually look for areas to improve no matter our current state.
- Provides clients and staff, as they move forward, with problem-solving skills that are sustainable, allowing them to become less dependent on the system.

After years of practice, it has become clear that following the DAPIM steps with an organization supports systematic group continuous improvement work, and makes even the largest change management goals achievable. By promoting a culture of inclusive dialogue and respect for individual ideas and contributions such difficult topics as disproportionality can be confronted with an eye toward systematic and systemic change that will achieve positive results.

Having presented this model of change management to state-level administrators as well as direct service practitioners, there seems to be universal agreement that applying the practices and principles of DAPIM that work with organizations will work as a supervisory tool and as a front-line practice technique. It is our goal at APHSA that application of this model will lead to positive results for clients and staff and that developing a continuous improvement mindset can lead to positive, long-term sustainable change. 