Debriefing the DISC

D = Driver (Controller)

**Asks: What?**

**Emphasis:** Dominance; shaping the environment by overcoming opposition to accomplish results

- Behavior: Direct and self-contained
- Pace: Fast
- Priority: The task
- Focus: Results
- Irritation: Wasting time; “touchy-feely” behavior that blocks action/results

For decisions: Gives options and probable outcomes (lets them decide)
They question: What is done and by when
Specialty: Being in control
For security: Relies on being in control
For acceptance: Depends on leadership skills; strives to be a winner

To increase flexibility: Practice “active” listening;
Pace self to produce a more relaxed image
Develop patience, humility and sensitivity; concern for others’ needs
Use more caution;
Verbalize the reasons for Conclusions;
Identify with a group

Measures personal worth: Results, track record

Theme: Notice my accomplishments
# Debriefing the DISC

## = Influencer (The Expressive Persuader)

### Asks: Who?

**Emphasis:** Influencing others; shaping the environment by forming others in an alliance to accomplish results

<table>
<thead>
<tr>
<th>Behavior:</th>
<th>Open and direct</th>
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<tbody>
<tr>
<td>Pace:</td>
<td>Fast</td>
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<tr>
<td>Priority:</td>
<td>Relationships</td>
</tr>
<tr>
<td>Focus:</td>
<td>Interaction; dynamics of relationship</td>
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<tr>
<td>Irritation:</td>
<td>Boring tasks and being alone</td>
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</table>

For decisions: Gives incentives and testimonials

They question: Who else uses it

Specialty: Socializing

For security: Relies on flexibility

For acceptance: Depends on playfulness

To increase flexibility: Control time and emotions
Develop an objective mindset
Spend more time checking, verifying, specifying, organizing
Follow through
Concentrate on the task
Take a more logical approach

Measures personal: Acknowledgement, recognition, applause

Theme: Notice me
Debriefing the DISC

=S= Supporter (Organizer)

**Asks: How?**

**Emphasis:** Steadiness; cooperation with others to carry out the task

**Behavior:** Open and indirect
**Pace:** Slow and easy; relaxed
**Priority:** Relationships
**Focus:** Building trust and getting acquainted
**Irritation:** Pushy, aggressive behavior

For decisions: Gives guarantees and reassurance
They question: How it will affect personal circumstances
**Specialty:** Support
For security: Relies on close relationships
For acceptance: Depends on conformity, loyalty and helpful nature ("To have friends, to be a friend")

To increase flexibility: Say "NO" occasionally;
Attend to completion of tasks without over sensitivity to other’s feelings
Be willing to reach beyond their comfort zone; Take risks
Delegate to others

Measure personal worth: Attention from others

Theme: Notice how well-liked I am
Debriefing the DISC

= Calculator (Analytical)

Asks: Why?

Emphasis: Compliance; working with existing circumstances to promote quality in products or service

Behavior: Self-contained and indirect
Pace: Slow, steady, methodical
Priority: The task
Focus: The details, the process
Irritation: Surprises, unpredictability

For decisions: Give’ facts, details and documentation
They question: Why, how it works, how you reach
Specialty: Processes, systems
For security: Relies on preparation
For acceptance: Depends on being correct

To increase flexibility: Openly show concern and appreciation of others;
Occasionally try shortcuts and timesavers
Try to adjust more readily to change and disorganization
Work on timely decision making and initiating new projects
Compromise with the opposition
Make unpopular decisions
Use policies as guidelines only

Measure personal worth: Precision, accuracy and progress

Theme: Notice my efficiency
Qualities that have significant impact on how you lead

Pioneer

- An attraction to adventure
- Consciousness of status
- A bias toward action
- Confidence in your own vision
- A desire to be important
- Enjoyment in the act of persuading and charming others

Energizing

- A spirited drive
- A preference for the experiential over the analytical
- A desire to avoid tension
- A desire to express your enthusiasm
- A tendency to speak freely and fluidly

Affirming

- A relationship orientation
- An open posture (not only flexible but infinitely patient and tolerant).
- A need for acceptance and affection
- An aversion to conflict
- A tendency to put problems out of mind
- An avoidance of complex analysis

Inclusive

- A desire to accept
- A desire to surround yourself with the familiar
- A desire to accommodate others
- A tendency to internalize problems
- A desire for harmony
- A lower need for achievement and status

Humble

- A desire to be reliable
- A desire to avoid trouble
- A fear of rocking the boat
- A quality of self-restraint
- A lower level of self-serving ambition
- A desire to be inconspicuous

Deliberate

- A desire for freedom and privacy
- A reluctance to show emotions
- An innate skepticism of others’ ideas
- A distaste for vulnerability
- A desire for objectivity
- A desire for a comfort zone of personal space

Resolute

- A natural skepticism
- A drive toward personal mastery
- A tenacious drive to overcome obstacles
- A predisposition towards disgust
- A disdain for weakness
- An strong opinion for how things “should” be done

Commanding

- Confidence with the appearance of arrogance
- A high need for achievement
- A disgust for “soft” emotions
- A tendency to point out flaws and inconsistencies in others
- Tough-mindedness
- A drive to move forward quickly
Leadership Styles Scenarios

Scenario #1
You have a staff meeting once a month with your team to discuss the impact that new policies and protocols have on Practice. You realize that these meetings have begun taking more time than they should, due to side bar conversations about non-related subjects, and cell phones being used to text. You’d like to get the meetings back on track in order to more quickly return to the other tasks that you and your team need to complete.

Scenario #2
Your management team has been focusing on ideas for increasing retention. Most of the attention has focused on proposed system changes and “big picture” improvements. At the most recent meeting where retention was discussed your manager asked you and your peers to each develop one-two ideas for change/improvement that each of you can personally do that might improve the retention of your team members. You didn’t realize how hard it could be to focus on areas that you can personally do to improve.

Scenario #3
One of the improvements that you would like to make during the next six months is to provide a higher level of performance feedback to your team members each month in order to help them each increase their job skills, leading to improved outcomes for children. One member of your team is working below their skill potential, although they are meeting the expectations of the job. Although you have discussed this with the employee there wasn’t any measurable change in their skill level and you realize you need to come up with a more effective plan to tackle this issue.

Scenario #4
For some period of time now you have struggled with a trust based relationship with your boss. Although you have attributed this problem to be the fault of your boss, lately you have come to realize that there are things that you yourself can do to improve this situation. How do you proceed?
8 Dimensions of Leadership

Pioneer

Strengths:

- They tend to be good at initiating change
- They often trust their gut instincts
- They're able to bring people together to achieve their goals
- They tend to be inspiring
- They're not afraid to try something new
- They're comfortable taking the lead
- They set stretch goals for themselves and others
- They aren’t afraid to take risks

How to become more Pioneering:

- Actively seek new opportunities beyond your organizational walls
- Don’t be afraid to shake things up
- Learn to take leaps of faith

Energizing

Strengths:

- They’re able to rally people around group goals
- They tend to look on the bright side
- They’re comfortable being in the spotlight
- They’re often accepting of other people’s ideas
- They take the time to celebrate accomplishments
- They build solid professional networks
- They have a knack for selling ideas
- They show appreciation for other people’s contributions

How to become more Energizing:

- Make an effort to build enthusiasm for the group’s goals
- Be intentional about making connections with a wide variety of people
- Provide inspiration and maintain engagement
8 Dimensions of Leadership

Affirming

Strengths:
- They tend to be friendly and approachable
- They're often generous in their praise
- They're able to consider the needs of different groups of people
- They're less concerned with their own ego needs
- They tend to be optimistic
- They're good at making people feel they belong
- They're able to see things from other’s perspective
- They often come across as being down-to-earth

How to become more Affirming:
- Monitor your “default” expressions
- Let people know that you value them
- Accept other people’s limitations

Inclusive

Strengths:
- They tend to be very people-oriented
- They’re often able to create a warm, safe environment
- They’re able to overlook others’ flaws
- They tend to deliver reliable results
- They’re often good listeners
- They tend to be patient
- They’re willing to make compromises
- They tend to show appreciation for others’ contributions

How to become more Inclusive:
- Show people that you’re open to their contributions
- Monitor your emotional output carefully
- Work to facilitate two-way discussion on important issues
8 Dimensions of Leadership

Humble

Strengths:

- They’re often able to head off potential problems with careful planning
- They provide others with the tools to do their work
- They’re able to create a stable environment
- They maintain their composure, even under stress
- They’re conscientious about reaching closure on projects and initiatives
- They model a steady work ethic
- They expect themselves and others to deliver accurate outcomes

How to become more Humble:

- Maintain your composure by keeping things in perspective
- Take the time to listen to the less powerful people around you
- Make the needs of your group a priority

Deliberate

Strengths:

- They’re determined to get things done right
- They’re often able to separate emotions from facts
- They take the time to create systems and structures
- They’re not afraid to question ideas that seem illogical
- They’re comfortable working autonomously
- They’re able to work tirelessly to solve problems
- They usually provide solid evidence for their arguments

How to become more Deliberate:

- Be deliberate in your communication
- Show that you’ve done your homework
- Pay attention to process management tools and methods
8 Dimensions of Leadership

Resolute

Strengths:
- They tend to be good problem solvers
- They’re often able to push their way through obstacles
- They’re able to hold people accountable
- They’re often able to identify potential weaknesses in plans
- They’re not afraid to speak their minds
- They’re usually able to separate feelings from issues
- They have a competitive streak that helps them achieve their goals
- They have high standards for themselves and others

How to become more Resolute:
- Learn to hold people accountable
- Find and address problems
- Get comfortable making unpopular decisions

Commanding

Strengths:
- They’re able to set and stick to aggressive timelines
- They tend to be very goal-oriented
- They’re able to speak with conviction
- They’re not afraid to take some risks
- They’re comfortable stepping up to take charge when a group lacks direction
- They’re able to make tough decisions that may not be popular
- They set high expectations for themselves and others

How to become more Commanding:
- Get comfortable making firm, public commitments
- Learn to act without permission
- Create some urgency
<table>
<thead>
<tr>
<th>Areas of Focus</th>
<th>Leadership</th>
<th>Communication and Staff Relationship Building</th>
<th>Team Building/Team Orientation</th>
<th>Staff Development</th>
<th>Data and Outcomes in Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competencies</td>
<td>Demonstrate the central importance of integrating outcomes of safety, permanency, and well-being throughout the life of the case</td>
<td>Establish practice expectations, coach, monitor and provide feedback to supervisees in applying core permanency outcomes to casework tasks and activities</td>
<td>Assist supervisees in developing self-awareness of their own values, biases, grief, loss and anxiety to avoid creating barriers to permanency progress</td>
<td>Evaluate performance of supervisees, holding them accountable for demonstrating and implementing core competencies within the practice model</td>
<td>Promote Critical thinking and accountability for strategic decisions that resolve barriers and advance progress to safe, sustainable case closure, as well timely legal permanency outcomes</td>
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<td></td>
<td>Act as an advocate, change agent and leader in building and sustaining a culture of permanence</td>
<td>Incorporate analysis of child, parent, family and environmental that includes protective factors, strengths, complicating factors and challenges to achieve permanence</td>
<td>Employ Supervisory tools to advance permanency progress for each child/youth</td>
<td>Teach supervisees to integrate direct practice tools into casework including how, when why</td>
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<td></td>
<td>Recognize and challenge traditional practices that impede, delay or deny permanency</td>
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</table>

**Tasks/Skills**

<table>
<thead>
<tr>
<th>Areas of Focus</th>
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</thead>
<tbody>
<tr>
<td>Vision Alignment: Develop unit/team goals based on vision, mission and values;</td>
<td>Communicate vision, mission and values to staff with commitment to the safety, permanency and well-being of children and families</td>
<td>Facilitate staff discussions of personalities and differences, using DISC</td>
<td>Acknowledge staff effectiveness and incorporate appreciation into work environment, as retention strategies; Create common goals and team concepts with staff, and assist in achieving these; Acknowledge</td>
<td>Assist staff in connecting to personal goals for the organization by annually utilizing Work Profile Part C—Employee Development Plan</td>
<td>Facilitate staff discussions regarding outcomes and processing of practice data</td>
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<td></td>
<td>Set clear expectations between Supervisor and direct reports; define work roles and responsibilities Individual Supervision –</td>
<td></td>
<td></td>
<td>Use data and outcomes to identify goals and opportunities to go from “Good to Great”</td>
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<tr>
<td>Use case scenarios in group settings as learning tools for vision alignment</td>
<td>Case staffing/Program staffing/Service staffing, using review tools and solution-focused questions</td>
<td>Evaluate and implement strategies for the work environment to promote positive collaboration</td>
<td>Use data to measure progress in achieving successful outcomes for children; connect data to children and families</td>
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<tr>
<td>Model commitment to leadership strategies and promote those in the work environment (leaders creating leaders)</td>
<td>Seek opinions, ideas and suggestions from staff</td>
<td>Engage staff in the decision-making process; Develop conflict resolution skills to resolve issues as a team</td>
<td>Consult regions and CO on difficult cases, for safety, permanency, well-being for sustainable case closure</td>
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<tr>
<td>Incorporate leadership skills into your management style; Understand impact of management style on staff productivity and development.</td>
<td>Ensure staff understand burn-out versus secondary traumatic stress; support staff needs to impact retention; promote self-care</td>
<td>Focus on self-awareness; Distinguish between personality type, and develop skills to support different types</td>
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Listed below are some solution-focused questions. These were found to be quite useful in the review process and as you can see, you will need to use them according to the person being interviewed. The use of solution-focused questions allows you to learn a lot of information without asking too many questions. For the most part, each question you ask is dependent upon what the person has answered in regard to your last question. This list is not exhaustive by any means. Closed questions are also important at times.

SAFETY

“What is your biggest worry (or concern) about this family?” or with family members, including some children “What is your biggest worry?” These questions, as most all of the others, need to be “set up”. For example, I might say to a case manager, I know that you are concerned about all your families. If you woke up in the night and started to think about his child and his/her family, what would be your biggest worry?

“As you think back over the difficult times in your life, who or what helped you through them?”

“If you had to put a plan together right now, what would be needed to safely close this case?”

TEAMING

To what extent does the child’s therapist involve you in the development of the treatment plan? “To what extent are you kept informed of progress?” These could be used with case managers as well as family members.

“Who else cares about this child/family?” This gives us information about the support system. It is especially good to ask the case manager, caregivers and providers and then compare their answers to that from the family members.

“Who would you put on this family’s team?” “What does your family do for fun?” This might reveal the degree of knowledge about the formal and informal support system.

ENGAGEMENT

“Help me understand about how the final decision for TPR was reached.” You can plug in any decision, of course.

“How did this child become known to the agency?” “Help me understand what brought this child into the system.” “Tell me how you became involved with this family.”

“If we could go back to the time when this family first entered our system, what do you think we could have done differently that would have been better for them?” Or a variation for the family…

“Have you ever had the opportunity to attend a child and family team meeting?” If so, “Do you remember what was discussed?” “Who attended?” “To what extent were you asked for input?” “In your opinion, whose meeting was that?” (Here you might have to explain just what a CFTM is—belongs to family, they do the invitation list, etc. - much different than a staffing).

“How often are you able to visit the child?” Good to use with GALS and case managers.

CULTURAL RECOGNITION

“Describe your family traditions (birthdays, holidays, family activities).”

“What are your family routines?”

“What is your understanding of the family’s traditions?”

“How have the people you are working with been sensitive to your family’s beliefs and traditions?”

PLANNING AND ASSESSMENT

“What is your biggest worry (or concern) about this family?” or with family members, including some children “What is your biggest worry?” These questions, as most all of the others, need to be “set up”. For example, you may ask:

“What is your thinking about why the child does not want to return home?”

“Help me understand what the therapist is working on?” This might reveal if underlying needs are being addressed and it will give a general picture of how much is really known about the child/family and the degree of communication among all.

“What are the child’s transition needs?”

“To what extent were you able to participate in the development of the permanency plan?”

“What do you believe are Ms.____’s underlying needs?” (Help the person to keep this separate from the services).

“Have you ever had the opportunity to attend a child and family team meeting?” If so, “Do you remember what was discussed?” “Who attended?” “To what extent were you asked for input?” “In your opinion, whose meeting was that?” (Here you might have to explain just what a CFTM is—belongs to family, they do the invitation list, etc. – much different than a staffing).

“How often are you able to visit the child?” Good to use with GALS and case managers.

“You have told me this child has some anger issues. Can you think of a time when he was not angry? What do you believe happened to cause the anger?” This is an exception finding question. Many times a family member can identify the point in time when things got bad…like his anger started when his father promised to visit and didn’t and he never contacted his child again…. 

“What is the focus of your therapy sessions currently?”

“What have (child/parent) identified they want to get out of their therapy sessions?”
EXAMPLES OF SOLUTION-FOCUSED QUESTIONS

“What would a typical day with you and your child be like?”

“If things could be better tomorrow, what would tomorrow look like?”

“What is the one thing that would be the most helpful to you?”

LONG-TERM VIEW

“What will it take for this child (or family) to live without DCS?”
This will get a lot of information about the long-term view.

If the case manager tells you that she/he is ready to close the case you might ask…”If you close this case, do you think you will see this family back in the system?”

SCHOOL

“I have read in the record that this child has some behavior issues. Can you describe for me what his behaviors are in your classroom?” “I understand he has good days and bad days. Can you think of what might be going on during the bad days?”

INFORMAL SUPPORTS

“What else cares about this child/family?” This gives us information about the support system. It is especially good to ask the case manager, foster parent and providers and then compare their answers to that from the family members.

“What do you call (or talk to) when you feel good (or bad)?”
“Who do you call if you need anything?” If a person says that they cannot think of anyone who cares about them or their family you might try: “If your car broke down on the interstate, who would you call to help you?” or “Who do you spend holidays with?” You get the picture…

GENERAL QUESTIONS

“You mentioned that you had some concerns with….Please tell me about them.”

“It sounds like you are saying…” This is a way to summarize and gives the person you are interviewing knowledge that you are listening (the most important interpersonal helping skill and the hardest to do!).

“Tell me about your relationship with…”

I would reserve the use of the miracle question until you establish a rapport with the one being interviewed.

“And how did that affect you/the child/your family?”

PARENT AND CHILD/YOUTH QUESTIONS

“Tell me how you are involved in the lives of your children?”

“On a scale of 1-10, how safe do you think this child/youth is?”
One being very unsafe and 10 being the most safe she could be.
ASSESSING & UNDERSTANDING: To what degree: • Does the team have a shared, big picture understanding of the child/youth and parent’s underlying issues, needs, strengths, protective capacities, hopes, and safety risks that must change for the child to live safely and permanently with the family of origin or adoptive family without agency supervision? • Are these understandings reflected in the family change process used for helping the family achieve safety, permanency, and well-being (as defined in stated conditions for sustainable, safe case closure in the LONG-TERM VIEW)? • Is ongoing situational awareness of the child and parent being maintained throughout the child/youth and family change process? [Last 90 Days/Past 12 Months]

As appropriate to the situation, a combination of safety risk, clinical, functional capacity, and support assessments, interpretation, and synthesis techniques should be used to determine the underlying issues, needs, strengths, risks, interests, and future goals of the child and parents. Once gathered, the information should be analyzed and synthesized to form an ongoing functional assessment and big picture understanding of the child and parents. This involves understanding the CORE STORY of the family and how the family reached its present situation. This story frames the child’s and parent’s history, strengths, assets, needs, safety risks, functioning, and preferences within the environmental context and current social support networks. Assessment techniques, both formal and informal, should be appropriate for the child’s and parent’s age, capacity, culture, language or system of communication, support system, and social ecology. New assessments should be performed promptly when planned goals are met, when emergent needs or problems arise, or when changes are necessary. Ongoing assessment findings should stimulate and direct modifications in strategies, services, and supports for the child and parent. Monitoring and evaluation results should be used to update the big picture view of the child and parent to maintain situational awareness. Members of the child/family team (including family and other interveners), working together, assemble and interpret their collective KNOWLEDGE and WISDOM to form a shared big picture view that provides a common working understanding of the child and parent’s situation, their underlying needs, and what must be done to reach sustainable, safe case closure. This provides a common core of intelligence for unifying efforts, planning joint strategies, sharing resources, finding what works, and achieving a good mix and match of supports and services for the child and parent. Maintaining wise understandings requires a dynamic, ongoing process to learn what works for the family.

**Determine from Informants, Observations, Plans, and Records**

1. How well does the FCM and team understand this child and parent? • What is the family’s and parent’s history, strengths, needs, risks, hopes, aspirations, and preferences of the child, parent/resource parent known and understood by those involved (team)?
   - How well are strengths, supports needs, safety risks, hopes, aspirations, and preferences of the child, parent/resource parent known and understood by those involved (team)?
   - How well does the team understand what may be required for: • Safety and risk • Protective capacities and conditions • Changes in psychiatric symptoms/ maladaptive behaviors/addiction patterns • Concurrent alternatives/pathways to permanency • Sustainable supports • Resiliency/coping skills for child Recovery/relapse prevention for older youth and adults • Successful transitions and life adjustments • Resolution of permanency • Sustainable, safe case closure?
2. How well are child and parent stressors recognized? How are these matters understood within the context and culture of this child and family?
   - Earlier life traumas and disruptions • Learning/memory problems affecting school or work • Subsistence challenges of parent and child
   - Maltreatment and safety risk patterns • Developmental delays or disabilities • Court-ordered requirements/constraints
   - Co-occurring disabling conditions • Physical and/or behavioral health concerns • Recent tragedy, loss, victimization
   - Problems of attachment and bonding • Recent life transitions and adjustments to new conditions • Extraordinary parental burdens
3. On what ongoing observations, assessments, or evaluations does the team base progressive understandings of the child and parent? • Are assessments culturally appropriate and conducted in natural settings and everyday activities? • Are family tendencies toward denial and/or isolation recognized?
4. How are the child’s and parent’s strengths and needs linked to their daily functioning? • Are supports adequate for change to occur?
   - Is the child resilient and responsive to treatment? • Is the parent learning and demonstrating new behaviors in the home necessary for effective parenting?
5. How is knowledge of child’s and parent’s history, strengths, needs, risks, and issues being used as the basis for understanding the family? • How has the parent’s perspectives and preferences been used to facilitate understandings? • How well is the parent’s recovery and relapse prevention understood by the team?
6. Do all involved with the child and parents understand what things have to change to reduce problems and achieve adequate daily functioning?
7. What is the big picture, common working understanding of this child and parent? • If persons now involved share different views of the child and parent, what would it take for them to form a common vision and the progressive understandings necessary for family change purposes?
8. In a case involving an Indian child and parent, have the laws, customs, and philosophy of the tribe been reflected in the development and implementation of the path to permanency for the child, including any concurrent goals and strategies for achieving permanency via another family?
9. In cases involving domestic violence, are the dynamics of power, control, and entitlement on the part of the perpetrator assessed and understood? • In such cases, was the assessment conducted in a manner designed to assure the safety of all family members?
10. Has the assessment and understanding process evolved as the collective result of those persons who know the child and parent best and who are involved in the family change process? • What are the present prospects for permanency with the birth family? • Alternative family?
Description and Rating of Practice Performance

**NOTE:** If parental rights have been terminated, then the mother and father options would be marked NA. If the child has been adopted, the mother and father options would be scored on the adoptive parent(s).

*Thorough Assessing & Understanding Underlying Needs + LTV = Child and Family Planning Process*

**A resource parent is defined as any person or people caring for a child placed outside of the family home aside from congregate care**

Description of the Practice Performance Situation Observed for the Child and Parent(s)

- **Optimal Progressive Understandings.** Child or parent functioning, life circumstances, and support systems are comprehensively and progressively understood by those involved. Knowledge necessary to understand the child and parent’s strengths, needs, and context is continuously updated and used to keep the big picture understanding relevant and comprehensive. Past maltreatment, current safety risks, parental protective capacities, behavior change requirements, family supports, and permanency resolution requirements are fully recognized and understood. Necessary conditions for child and parents functioning, family independence, sustainable, safe case closure, and permanency are fully interpreted and wisely applied to guide the family change process forward in achieving positive results.

- **Good Progressive Understandings.** Child or parent functioning, life circumstances, and support systems are generally and progressively understood by those involved. Information necessary to understand the child and parent’s strengths, needs, hopes, aspirations, and context is frequently updated and used to keep the big picture understanding fresh and useful. Past Child maltreatment, current safety risks, parental protective capacities, behavior change requirements, family supports, and permanency resolution requirements are substantially recognized and well understood. Necessary conditions for child and parent functioning, family independence, sustainable, safe case closure, and permanency are generally understood and used to guide the family change process forward in achieving positive results.

- **Fairly Adequate Understandings.** Child or parent functioning, life circumstances, and support systems are at least adequately identified and periodically understood by those involved. Information necessary to understand the child and parent’s strengths, needs, hopes, aspirations, and context is periodically updated and used to keep the big picture understanding somewhat useful. Some past maltreatment, current safety risks, parental protective capacities, behavior change requirements, family supports, and permanency resolution requirements are at least minimally recognized and understood by some participants. Necessary conditions for child and parent functioning, family independence, sustainable, safe case closure, and permanency are somewhat understood and used for possible change strategies and achieving positive results.

- **Marginal or Somewhat Inadequate Understandings.** Child or parent functioning, life circumstances, and support systems are marginally understood by some of those involved. Information necessary to understand the child and parent’s strengths, needs, and context is limited and occasionally updated. Past maltreatment, current safety risks, parental protective capacities, behavior change requirements, family supports, and permanency resolution requirements are partly understood on a limited or inconsistent basis by some of those involved. Necessary changes in behavior or conditions to achieve positive results are marginally understood by a few key participants. Concerted action is needed in this area.

- **Poor Understandings.** Understanding of child or parent functioning, life circumstances and support systems may be obsolete, erroneous, or inadequate. Information necessary to understand the child and parent’s strengths, needs, and context is poorly or inconsistently updated. Uncertainties exist about past maltreatment, current safety risks, parental protective capacities, behavior change requirements, family supports, and permanency resolution requirements. Necessary changes in behavior or conditions to achieve positive results may be missing, confused, or contradictory. Dynamic conditions may be present that could require a fundamental reassessment of the child’s and family’s situation. Concerted action is needed in this area.

- **Absent, Incorrect, or Adverse Understandings.** Current assessments used for planned services are absent or incorrect. Some adverse associations between the current situation, the child functioning, and the parent’s functioning and support system may have been made. Glaring uncertainties and conflicting opinions exist about things that must be changed for needs and risks to be reduced and the child to function adequately in normal daily settings. A completely new assessment would be required for this case to move forward to achieve positive results. Concerted action is needed in this area.

- **Not Applicable:** If parental rights have been terminated.
Simmons Family Scenario

Note: The following story is adapted from an Indiana Department of Child Services case. The story begins when Ross and Renee meet in high school and ends when the children are removed after Renee is caught dealing methamphetamine.

Family members:
- Ross Simmons (father)
- Renee Simmons (mother)
- Ellen (Ross’ mother)
- Judy, Renee’s mother
- Ariel (age 7), Ross and Renee’s daughter
- Justin (age 6) Ross and Renee’s child
- Danielle (age 4), Ross and Renee’s third child

This story begins with Ross and Renee in high school. Renee and Ross knew of each other from living in the small community of (insert community name). Ross had always been attracted to Renee and one day asked her to a school dance. Renee accepted his offer, and for the next several years they were joined at the hip.

Ross and Renee experienced significant abuse and neglect in their childhoods. As a result, both Ross and Renee were removed from their families at a young age and placed in foster homes. Ross and Renee would both later be reunified with their families after a little more than two years in foster care.

Renee was in foster care because her mother, Judy, failed to protect her from her brother’s sexual abuse. Judy’s boyfriend was physically abusive to Renee as well. Judy was a chronic alcoholic and often not available physically or emotionally for Renee. Renee’s father rarely communicated with the family. Renee spent most of her childhood angry with her family and left her home for days at a time to hang out with friends.

Ross does not talk about his past. Growing up, Ross was left alone for extended periods of time. His mother, Ellen, had a chronic mental illness and was often not medication compliant. Ross feared for his mother’s safety, but also feared her unpredictable outbursts. Ross never knew his father and has no contact with extended family. At the age of 14, Ross dated Lauren (age 15). A few months after they started dating, Lauren became pregnant. Having learned of their daughter’s pregnancy, Lauren’s parents moved the family to another part of the state.

Ross and Renee continue to develop their relationship in high school. Ross and Renee spend most of their time together at Ross’ house, including staying many nights together.

A few months later, Renee announces to Ross that she is pregnant. Both Ross and Renee are happy about this and agree to keep the child while continuing to live with Ross’ mother, Ellen. After learning of the pregnancy and knowing the cost of caring for a child, Ross found employment working at (insert place of employment).
Ross’ manager consistently recognizes Ross for all his hard work. Ross is making good money and taking care of all the bills at home. Ross is excited and takes pride in the fact that he is the provider in the home, taking care of Renee and his soon-to-be born child.

Renee is also excited about her life. Renee is glad she is away from her home, excited to be living with Ross, and cannot wait until she and Ross have a family together. The idea of raising a family right is very important to Renee, especially since she did not experience a healthy family environment growing up. Renee is also looking forward to a time when she and Ross could get married.

Despite her excitement about the baby, Renee does not seek out any prenatal care. However, Renee did stop drinking and has limited the number of cigarettes she smokes to three a day.

After a full-term pregnancy, Ross (18) and Renee (17) welcome baby Ariel to their family.

At the hospital, Ross and Renee receive a lot of support and are feeling confident about their parenting abilities. However, when they get home, Ross and Renee discover that parenting is harder than expected. Though she loves Ariel, Renee becomes overwhelmed with Ariel’s feeding and sleeping routines. Renee feels Ross is not helpful with Ariel, since he is always at work.

During this time period, Ross’s mother Ellen has become medication compliant, resolving her unpredictable behaviors and attending a support group. It appears that Ellen is doing well and has found a new purpose in life with the addition of her first grandchild. Ellen always tries to take over tending to Ariel (1 month); however, this makes Renee feel inadequate. One month after the birth of Ariel, Renee becomes stressed out, begins leaving Ariel with Ellen for longer periods of time, and starts hanging out with old friends.

Renee continues to go out with her friends on a regular basis, which includes coming home late many nights. One night, Renee does not come home at all. Tired of seeing Renee leave Ariel with her, Ellen calls the Department of Child Services and reports Renee has not made a plan for Ariel and is not providing the minimal level of care necessary. Ellen tells the Department of Child Services she is Ariel’s grandmother but is not able to take care of Ariel full-time. As a result, a Family Case Manager is assigned to assess the report and meets with the family. Ellen tells the Family Case Manager she is more than capable of caring for Ariel; however, she wanted to “scare” Renee into spending more time with her child. The Family Case Manager completes a safety assessment and develops a Safety Plan with the family. In the Safety Plan, Renee agrees to make arrangements for the care of Ariel when she is out, and she also agrees to increase the amount of time she spends with Ariel, reducing the amount of time Ariel is left in Ellen’s care. With the completion of the Safety Plan, the Family Case Manager determines Ariel is always cared for by one or more adults and appears safe. The Family Case Manager unsubstantiates the report and refers Ross and Renee to Community Partners for a voluntary assessment of their needs.

After the Family Case Manager left the home, Ross became very angry with his mother. Ross also became very angry with Renee for leaving the house. This is the first time Ross has yelled at Renee. Ross leaves the house and goes to work.
When emotions calm down, Ross and Renee decide they need a home of their own, so Renee does not feel criticized by Ellen. Ross and Renee find a home through some friends Ross has made at work. The home is in a trailer court closer to where Ross works. Ross and Renee are very excited about having their own place, and Ariel is happy to have her own room and extra space to play. However, Ariel is confused about why she no longer sees her Grandma Ellen.

Though Ellen misses Ariel, she is relieved and glad to have peace and quiet back at home.

Ross and Renee also miss the help of Ellen, but are now feeling more like adults with a home of their own, a baby, a steady income, and a healthy relationship. As Ariel gets older (1), she is becoming less troublesome for Ross and Renee. Additionally, Ross and Renee are getting parenting tips from some friends and co-workers. Ross and Renee have a good support network with these friends and co-workers.

On Renee’s 18th birthday, Ross (19) surprises her with flowers, a ring, and a courthouse wedding.

Soon after the wedding, Renee becomes pregnant and nine months later delivers a healthy baby named Justin.

Though it is almost 15 months later, Ross and Renee are still receiving bills from the hospital to pay for Ariel’s birth. They are fortunate that Justin’s birth is covered by insurance.

Renee soon begins to experience the demands of a newborn and a toddler who is into everything. Renee is becoming stressed and starts to demand more help from Ross. Ross explains he is busy trying to make enough money to pay bills and tells Renee he is doing his share.

Renee starts to feel more and more isolated and depressed. The house is becoming cluttered; the children cry all the time, and Ross is becoming angrier with Renee. Renee begins to drink during the day, and one of her friends provides her with marijuana.

At a 6 month routine checkup for Justin, the nurse notes Renee has missed a few of the follow-up appointments with the pediatrician, and Justin is not on schedule with immunizations. The nurse also notes that Justin is underweight to the point she is concerned about a possible Failure to Thrive situation. The nurse expresses her concern to the pediatrician. The pediatrician determines Justin is not a Failure to Thrive child but is concerned to find Justin underweight and behind in immunizations. As a result, the nurse (as a mandated reporter) calls in a child maltreatment report to the Department of Child Services.

A new Family Case Manager is assigned to assess the report and finds there were clear signs of neglect, including medical neglect related to the missed immunizations, and substantiates the report. The Family Case Manager tells the family they must participate in services, or the Department of Child Services might require the coercive intervention
of the court. Ross and Renee agree to participate in services to avoid court involvement, and an Informal Adjustment case is opened.

The Family Case Manager approaches Ross and Renee regarding holding a Child and Family Team Meeting to discuss the strengths and needs of the family and the best way to address the neglect of Justin. The Family Case Manager asks Ross and Renee who they would like to include on the Team. Ross identifies his mother, Ellen, and a co-worker/friend, Joe, who has two children of his own. When Ross and Renee first had Ariel, Joe was one of the friends who helped give them parenting tips. Renee identifies her mother, Judy, who is in recovery from alcohol addiction and doing well. Renee also identifies her friend Marissa, who she met through the voluntary parenting classes through the Community Partners referral.

At the Child and Family Team Meeting, Ross and Renee are asked to identify their underlying needs related to the neglect of Justin. Renee speaks about feeling overwhelmed and depressed while taking care of two small children with Ross working all the time. As an outcome of the Team Meeting, Ross and Renee receive a referral to the early intervention program to provide nurse home visits once a week to address the neglect of Justin. Another referral is made to the family support center for parenting classes. Ross and Renee welcome the help of the nurse, who helps facilitate Justin to gain weight. Ross and Renee also enjoy the parenting class and are grateful for Ellen and Judy, who take turns watching the children so they could attend.

The Family Case Manager, who visits twice the first month and then once a month for next five months, sees Ross and Renee making progress, and Justin gains the necessary weight and is up to date on immunizations. After six months the Informal Adjustment is closed.

Six months pass since the Informal Adjustment case is closed. Ross continues to work hard at his job; however, there is a rumor of pending layoffs. Rumors of these layoffs have a negative impact on Ross. Where Ross would have a beer now and then turns into a six-pack of beer every night. Ross starts to feel insecure. Meanwhile, Renee is once again feeling isolated and overwhelmed. Renee is having a difficult time keeping up with the house and the children. Ross and Renee fight increasingly over the condition of the home and Renee’s ability to take care of the children.

Ross receives bad news from his employer. Due to economic hardship, Ross is laid off. Ross is angry about his unemployment and angry that his ideal family life is not working. Ross tells Renee he might move back in with his mother. Renee informs Ross he cannot move back in with his mother because she is pregnant again.

Hearing of the pregnancy makes Ross even more agitated. Ross told Renee she was irresponsible for letting this happen. Ross becomes so irritated he fears he might strike
Renee and decides to leave the home. Ross moves back in with his mother, leaving Renee and the two children alone.

Alone at home with two small children and a third on the way, Renee contacts her mother, Judy. Judy urges Renee and the children to move in with her.

Renee (20) enjoys the help her mother provides; however, Judy does a lot of what Ellen did. Renee is once again feeling left out of the parenting role. Although living apart, Renee and Ross (21) do miss each other and are still talking regularly over the phone. Ross is providing what little financial support he can by working odd jobs. Both Ross and Renee fear how their life will change with the addition of their third child.

A few months later, Renee gives birth to a healthy baby Danielle.

Days before the birth of Danielle, the Child Support Bureau contacted Ross because his former girlfriend, Lauren and their son, Seth moved back to town. Lauren wishes to establish paternity for Seth with Ross as the father; she also wishes to begin collecting child support from Ross. Ross now teeters between working odd jobs to provide his family with food and shelter and going on drinking binges. A few friends introduce Ross to methamphetamine. Ross really likes the feelings of confidence and energy the methamphetamine gives him.

Renee, now with three children, continues to party with her friends. Still, Renee is trying to do what is best for her children.

Eighteen months after Ross was laid off, his company suddenly finds more work than they have people for, and they offer Ross his job back. Having financial security prompts Ross and Renee to get back together and to move back to their previous home.

As a result of the increase in work, Ross is forced to work long hours. The Child Support Bureau begins garnishing his paychecks to pay his child support for Seth.

Ross and Renee are trying hard to rebuild their relationship. Renee tries to be more attentive to the needs of her children and husband. Though working a lot, Ross promises to be more helpful with the children. However, the partying with co-workers and friends increases, and Ross and Renee are drinking more. Ross has an endless supply of methamphetamine.

Unfortunately, Ross continues to escalate his usage of methamphetamine. The substance is now having a reverse effect on him. Where it once made him feel energized and upbeat, the energy quickly fades to irritation. The long work hours are making Ross feel even more on edge, and when he comes home, he finds Renee instantly calling on him to help with the children. The children all rush to greet their father. Where once Ross was elated to feel this rush of love coming from his family, he
now feels angry they place demands on him and never take his needs into consideration.

One day when Ross has been using meth he arrives home in an irritable mood. When Renee asks him to help watch the kids, he lashes out and hits Renee while she is holding 9-month-old Danielle. Renee calls the police, and Ross is arrested for domestic battery. A report is opened with the Department of Child Services. A Family Case Manager is assigned to assess the report.

The Family Case Manager found that Danielle was a victim of physical abuse and substantiated the case. The Family Case Manager noted Ariel (age 4) and Justin (age 3) exhibit extreme withdraw when expressing their feelings about the violent incident. The Family Case Manager develops a Safety Plan for Renee and the children. The plan includes asking Ross to move in with his mother when he is released from jail. After an eight hour hold, Ross is released from jail and moves back in with his mother.

The Family Case Manager talks to Ross and Renee about holding a Child and Family Team Meeting to discuss the underlying needs leading to the violent incident in which Danielle was injured. At the Child and Family Team Meeting, Renee expresses how overwhelmed she has been feeling again with the three children with little help from Ross. Ross admits to being frequently irritable, and it comes out that he has been using meth. The Team expresses support for Ross and Renee. The family feels the highest priority is for Ross to address his substance abuse issues. The team also feels Renee needs help and support caring for the children.

The Family Case Manager refers Ross to substance abuse assessment which he completes. As a result of the assessment, Ross is referred to Intensive Outpatient Treatment. Although Ross attends the first couple sessions, he begins missing appointments. Renee is referred for Homemaker/Parent Aid services along with Home Based Family Centered Therapy. With Ross out of the home and Renee completing services, the case is closed after a year.

For the next year, Ross and Renee lived apart. Since the case was closed and Renee is no longer receiving support services from the Homemaker/Parent Aid, dealing with the three children by herself is once again overwhelming for Renee. Renee continues to self-medicate with drugs. She smokes pot, drinks, and began using methamphetamine on occasion. To make ends meet and to pay for her drugs, Renee decided to start dealing. Renee feels as though the world is closing in on her.

Ariel, now age 7, has become a big help to her mother. Ariel has learned to keep Justin (age 6) and Danielle (age 4) quiet when Renee is sleeping. Ariel also does a majority of the housework. Though she loves her mother, Ariel worries about her and misses seeing her father. The other children share similar feelings.
Ross (25) is disgusted with his life and the world in general. Ross is using a lot of methamphetamine with his work buddies and drinks daily. Ross misses his children but does not make time to see them on a regular basis.

Two months later Renee (24) is arrested for dealing methamphetamine. Upon her arrest, Renee tells the police officer her three children (ages 7, 6, and 4) are home alone unsupervised. The children are removed by the Department of Child Services and placed with Renee's mother, Judy.
## Case Staffing Tool

<table>
<thead>
<tr>
<th>Safety</th>
<th>Stability</th>
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<tbody>
<tr>
<td>Children are, first and foremost, free from child abuse and neglect.</td>
<td>Children deserve predictable and continuous connections with people, places and things that contribute to their development and identity.</td>
</tr>
<tr>
<td>• In home</td>
<td>• School</td>
</tr>
<tr>
<td>• In placement</td>
<td>• Friendships</td>
</tr>
<tr>
<td>• Post-reunification</td>
<td>• Community</td>
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<tr>
<td>• In the community</td>
<td>• Caring team of adults to look out for them</td>
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<table>
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<tr>
<th>Well-Being</th>
<th>Permanency</th>
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<tbody>
<tr>
<td>Children’s health and functioning is supported by formal and informal supports to provide them with optimal growth and developmental opportunities.</td>
<td>Children need to know where they will grow up and have lifelong connections to provide a sense of belonging.</td>
</tr>
<tr>
<td>• Physical</td>
<td>• A forever family.</td>
</tr>
<tr>
<td>• Emotional</td>
<td>• A sense that, although there may be more than one permanency option on the table, the adults are working together to provide for the child.</td>
</tr>
<tr>
<td>• Educational</td>
<td>• Educational</td>
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<tr>
<td>• Vocational</td>
<td>• Vocational</td>
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<table>
<thead>
<tr>
<th>Family Role and Voice</th>
<th>Long Term View</th>
</tr>
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<tbody>
<tr>
<td>The family members with whom the child is living and/or will be reunited are active ongoing participants in decisions made about child/family strategies, services, and results.</td>
<td>There is an explicit guiding view for the child and parents that should enable them to live safely and successfully without DCS supervision.</td>
</tr>
<tr>
<td>• Is this evident in recent meetings?</td>
<td>• Does it define permanency goals?</td>
</tr>
<tr>
<td></td>
<td>• Does it define things that must change in the family’s situation?</td>
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<tr>
<td></td>
<td>• Does it define outcomes that must be achieved for successful case closure?</td>
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Darla (Driver)

Darla has high standards and is goal oriented. She is quick to respond and make decisions. She is known by her peers as the one who “gets the job done” and is often considered very competitive. She prefers to be engaged in task driven activities and doesn’t enjoy team building activities such as pitch-ins and other social activities.

Darla can be seen as critical and abrupt. In fact, you have received some phone calls from clients indicating that she is rude and acts like she “doesn’t care” about them.

In your observation of Darla’s CFTM facilitation skills you notice that she seems to struggle with rapport but is very detailed in tasks that should be accomplished by the family.

Darla’s court reports are timely and detailed. MaGIK is up to date with detailed contacts, case plans, and other pertinent case information.

In staffing, Darla provides the facts and is typically clear and concise.

What are Darla’s blind spots? What questions might she not ask the family? What details might not be important to her? How can you work with her to develop her practice skills?

Ian (Influencer)

Ian is charismatic and persuasive. He is often the person that people approach when they need a spokesman or “cheerleader” for a new initiative or team goal. He is a good conversationalist and has established good working relationships with his peers. Ian is always involved in teambuilding activities. He prefers to be involved in people-oriented activities.

Ian can be seen as lacking attention to detail and emotion-driven. He doesn’t always follow a task to the end. The families on Ian’s caseload enjoy working with him and have indicated they enjoy talking with him and that he seems to care about them.

In your observation of Ian’s CFTM facilitation skills you notice that he seems to have built rapport with his families, but often overlooks some of the facts of the cases he manages and focuses more on the family’s emotional reaction to the situation as well as their symptoms of trauma.

Ian is out in the field frequently. He struggles to submit timely reports.

In staffing, Ian is very talkative and provides evidence that he is actively engaged with his families – meeting with them frequently, visiting children in their foster homes, etc. MaGik data is often missing and your staffing time increases as a result, as you attempt to catch up on details that should be entered into the system.

What are Ian’s blind spots? What questions might he not ask the family? What details might not be important to him? How can you work with him to develop his practice skills?
**Shannon (Supporter)**

Shannon is reliable and friendly. She’s considered an excellent team player by her peers and works cooperatively with those around her. Shannon is caring toward both staff and the families with which she works and displays a high level of empathy.

Shannon tends to avoid conflict. In your observation of her CFTM facilitation skills you notice that although she has developed a strong, positive rapport with families, she struggles to use confrontational skills when parents are not following their plan.

Shannon is timely in submitting her reports to the court, and entering information in MaGIK. She consistently follows set procedures and policies. When new initiatives are implemented she seems hesitant and sometimes appears to lack initiative.

In staffing, you have noted that Shannon struggles with receiving or accepting constructive feedback and/or suggestions regarding her performance.

What are Shannon’s blind spots? What questions might she not ask the family? What details might not be important to her? How can you work with her to develop her practice skills?

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**Carlos (Calculator)**

Carlos is organized and logical. He is very task oriented and his peers often call him a “perfectionist.” He likes to read new policy when it is released and often shares this information during your team/unit meetings without prompting. Carlos tends to avoid social situations at the office, and rarely attends after hours “get togethers” with peers.

In your observations of his CFTM facilitation skills, you notice that Carlos focuses on the facts. He discusses tasks and results with the team and his meetings are efficient and rarely go beyond their allotted time. You have received some phone calls from parents indicating that Carlos seems critical of them and negative.

Carlos submits timely court reports and MaGIK is up to date consistently. His information is concise, and factual.

In staffing, you have noted that Carlos struggles to make a decision unless he has all of the facts. In reviewing cases and preparing for closure/permanency plan changes, Carlos often hesitates to make recommendations and indicates that he would like more information first.

What are Carlos’s blind spots? What questions might he not ask the family? What details might not be important to him? How can you work with him to develop his practice skills?
**Clinical Supervision Skills Checklist**

<table>
<thead>
<tr>
<th>Orientation</th>
<th>Manager</th>
<th>Coach</th>
<th>Team Leader</th>
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<tbody>
<tr>
<td>□ Communicate vision, mission and values to staff with commitment to the safety, permanency and well-being of children and families</td>
<td>□ Facilitate staff discussions regarding outcomes and analysis of practice data</td>
<td>□ Understand impact of management style on staff productivity and development</td>
<td>□ Evaluate and implement strategies for the work environment to promote positive collaboration</td>
</tr>
<tr>
<td>□ Set clear expectations between Supervisor and direct reports; define work roles and responsibilities</td>
<td>□ Use data to measure progress in achieving successful outcomes for children</td>
<td>□ Engage staff in the decision-making process</td>
<td>□ Vision Alignment: Develop unit/team goals based on vision, mission and values</td>
</tr>
<tr>
<td>□ Engage staff in the decision-making process</td>
<td>□ Assist staff in continuous process improvement</td>
<td>□ Create common goals and team concepts with staff, and assist in achieving these</td>
<td>□ Use case scenarios in group settings as learning tools for vision alignment</td>
</tr>
<tr>
<td>□ Consult regions and CO on difficult cases, for safety, well-being, and sustainable case closure</td>
<td>□ Directly observe practice, and communicate with staff regarding strengths and challenges</td>
<td>□ Ensure staff understand burnout versus secondary traumatic stress; support staff needs to impact retention</td>
<td>□ Use case scenarios in group settings as learning tools for vision alignment</td>
</tr>
<tr>
<td>□ Focus on self-awareness</td>
<td>□ Develop conflict resolution skills to resolve issues as a team</td>
<td>□ Model commitment to leadership strategies and promote those in the work environment (leaders creating leaders)</td>
<td>□ Acknowledge staff effectiveness and incorporate appreciation into work environment, as retention strategies</td>
</tr>
<tr>
<td>□ Facilitate staff discussions of DISC profiles and differences; and develop skills to support each</td>
<td>□ Model commitment to leadership strategies and promote those in the work environment (leaders creating leaders)</td>
<td>□ Coach, mentor and support staff toward professional development and opportunities for succession management</td>
<td>□ Acknowledge staff effectiveness and incorporate appreciation into work environment, as retention strategies</td>
</tr>
<tr>
<td>□ Incorporate leadership skills in our management style</td>
<td>□ Assist staff in connecting to personal goals for the organization by annually utilizing Work Profile Part C—Employee Development Plan</td>
<td></td>
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<tr>
<td>□ Individual Supervision – Case staffing/Program staffing/Service staffing, using review tools and solution-focused questions</td>
<td>□ Directly observe practice, and communicate with staff regarding strengths and challenges</td>
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<td></td>
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<tr>
<td>□ Seek opinions, ideas and suggestions from staff</td>
<td>□ Engage staff in the decision-making process</td>
<td>□ Create common goals and team concepts with staff, and assist in achieving these</td>
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