Engaging parents through casework

Practice paper

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If you continue to do
What you've always done,
You'll continue to get
What you've always gotten. Mark Twain

Introduction

Working with parents in a child protection context can be challenging because of the statutory and potentially litigious nature of the casework. This practice paper has been developed to provide frontline staff with evidenced based information regarding communication and relationship building skills. The aim of the practice paper is to offer specific casework examples and to articulate a toolkit of engagement skills which could be utilised.

The need for parental engagement occurs at all phases of the child protection continuum from intake to permanency. Successful engagement of the child protection practitioner with the parent will lead to effective information collection, meaningful case plans and improved safety and well being of children.

To engage is defined as: to obtain or contract for; to obtain and hold attention of; to pledge or promise; to interlock or mesh. In practice, engagement is both a process and an outcome. It requires the effective and balanced use of helping skills and protective authority to produce an ongoing practitioner/parent relationship that results in the pursuit and accomplishment of agreed upon goals. In child protection practice, those goals include timeliness, safety, well being and permanency. Parental engagement is the process of establishing and maintaining effective working relationships, so that there can be a shared understanding of the child’s needs, casework goals to achieve safety and the opportunity for the parent’s to demonstrate their capacity to change.

Engagement skills are not a set of soft “touchy feely” activities, which are only employed at the “back end “of the continuum. These skills are evidenced based and are articulated in trauma informed, strengths based, solution focussed therapy and motivational interviewing literature. In order to assess, investigate or case plan, active engagement skills need to be employed wisely by the practitioner.

Given the statutory nature of child protection work, clients have generally not initiated contact with the department and may be involuntary. This reality provides an additional challenge to the engagement process, as parents may not recognise any problems with their family life or parenting. Parents who seek out support or counselling are aware they have problems and are thus at the contemplative stage of change. Many departmental clients may not be ready to acknowledge their problems which need to be resolved for the safety of their children and the well being of their family.

Engagement arises through a set of conversational skills, which create, establish and grow working relationships between the practitioner, child, parents and family members. Research and practice experience indicates that engagement is a dynamic process where there will be elements of connection and withdrawal, shared understanding and dispute, which may require tenacity and persistence by all parties.
In recent years, application of evidence-based practices - practices informed by the results of scientific research and shown to increase child safety and family preservation - have had a profound and positive impact on practice in the field.

Within the child protection context, a successful partnership is highly dependent upon the practitioners’ capacity to communicate genuine respect for, interest in and commitment to parents regardless of the conditions that have brought about statutory involvement.

**Engagement Skills Toolkit**

Practitioners require a toolkit of engagement skills and activities to employ and expand, in order to create a conscious connection with parents to engender change.

Useful engagement tools include trauma informed practices and strengths based solution focussed techniques. These tools can be used as parents’ progress through various stages of change. Motivational interviewing can elicit new information which can assist parents to want to change and provide details of how they can find their own way to solve their difficulties.

Trauma informed practice alerts us to the fact that parents may have experienced abuse or neglect in childhood, significant health issue or event, or racial violence and cultural loss. These traumatic events can lead to cognitive, emotional and physical effects upon the person, which impact upon their parenting and their development, social functioning and capacity to learn and change.

Strengths based, solution focussed casework focuses on the present and future, rather than heavily scrutinising the past. The practitioner uses respectful curiosity to invite the parent to construct a concrete vision of a preferred future for their family. With this vision the practitioner and parent attend to setting goals which will lead change. To support this, the practitioner asks the parents about their story, strengths, resources and exceptions to their problems. By bringing these small successes to the parents' awareness and helping them to repeat the successful things they do, the practitioner helps the parent move towards the preferred future which they have identified.

The Stages of Change dynamic articulates that individuals tend to attain attitudinal shifts and behavioural change in an incremental manner. Parents will progress through various stages from pre contemplation, to action and maintenance at their own pace. In the course of change, relapse or regression to old ways may occur. Practitioners work alongside parents to support parental efforts.

Engagement focuses upon the readiness, the willingness and the ability of a parent to change, and relies upon the readiness, willingness and ability of the practitioner to facilitate the engagement.
Readiness for Change

Practitioner Readiness for Engagement

The practitioner’s readiness to engage parents is affected by a range of variables and may fluctuate from time to time and from family to family.

The child protection field has long experienced tensions between its two main missions, protecting children and preserving families. A family preservation model requires practitioners to share and relinquish aspects of their authority and expertise, which can be particularly difficult when they are in the position of managing and monitoring risk and safety. Risk adverse attitudes may deter practitioners from readily connecting with parents and may lead to ongoing suspicion of the parent by the practitioner.

Practitioners may see themselves as case managers and investigators but not caseworkers. They may hold the belief that relationship building is unnecessary in a statutory context. However the reverse is often true in this situation where the parents need to be invited to participate in a process, which the department has precipitated.

In may be the case that practitioners are traumatised by a particular family, as a result of previous contact with the family. Or practitioners may experience vicarious trauma because they have heard concerns raised by another practitioner. For example an officer in the investigation and assessment team may tell an officer in the intervention with parental agreement team, that a mother slapped the officer during an investigation. Child protection work is demanding in that parents or family members can be threatening or physically violent towards practitioners.

Furthermore practitioners can be emotionally impacted from listening to disclosures of traumatic experiences by children and young people. As a result feelings of helplessness or anger on the part of the practitioner may affect their capacity to engage with parents.

Some practitioners are attracted to child protection work as they have their own histories of childhood harm or trauma. This may affect their capacity to interact with parents in a fair and open manner. The practitioners may hold an agenda to rescue children from their families.

The volume of work in terms of a high caseload or intensive casework can exhaust an otherwise energetic practitioner. This may lead to a reluctance to meet and talk with parents, children and other family members. Some practitioners may struggle with maintaining appropriate boundaries with a sense of overwhelming personal responsibility. These challenges can be intensified in resource strapped agencies resulting in practitioner burnout. Signs of burnout might include avoidance of certain clients, missed appointments, tardiness, and lack of motivation.

Parental Readiness for Engagement

Parents’ readiness to engage is also affected by a range of variables also.

Parents are involuntary clients at the outset of an investigation. They did not present to the department for help. Instead the department is investigating to see if their child is safe and if the family requires help to attain this safety. Active listening on the behalf of the practitioner can pave the way for engaging parents in the assessment and planning process.
When children are removed from their families and placed in out of home care, parents and children are likely to experience a sense of grief and loss. Parents might be shocked, angry or numb and this may obstruct their willingness and ability to hear the key messages from practitioners. Some parents may be more severely impacted by this loss due to their previous losses. eg if the parent was a child in care themselves.

Some parents have experienced trauma in their lives in the form of childhood harm by a parent or other, illness, and/or cultural loss. These experiences can affect parents in a number of ways, emotionally, psychologically or physically. They may present with emotional dysregulation, poor self esteem, impaired cognitive functioning, poor physical health, and fear of authority. These may create barriers to successful relationship building and successful engagement with practitioners.

## Resistance

Parental resistance may manifest in a number of ways; arguing, denying, lying, blaming, interrupting, threatening or withdrawal and non responsiveness. Responding to these behaviours will require a strategic approach by practitioners to engage parents to move past these impediments. Denial and resistance on the part of parents can lead to drift in case planning, where few outcomes are met during the case planning review period.

Parents may deny responsibility for causing harm to save face or to have their children reunified to them. They may interpret information so that it fits with their basic assumptions about their parental competency. Some practitioners may believe that a confrontational style sends the parents a message that the practitioner cannot be taken in. However, experience has shown the opposite: a harsh, coercive style can evoke parents into lying and justification.

As deception may be difficult to spot, practitioners need to confirm information presented by parents. Contact with other stakeholders who can corroborate parental information is essential. The veracity of parental statements will indicate case plan progress and the level of parental resistance or denial.

Practitioner trust in the parent needs to be placed with care, with due demonstration of respectful uncertainty and curiosity. Active listening techniques provide an avenue for parents to develop trust in the practitioner and be more responsive to casework intervention.

### Practice tip

It is important to roll with resistance rather than highlight it and oppose it.

**Practitioner:** I got the results of your last UT (urinary test) and it came up positive for speed. What do you think happened?

**Parent:** Positive? Are you sure? It must have been from that last test... what was it... 3 months ago?

**Practitioner:** Sort of a mystery as to how it came up dirty.

**Parent:** They must have got the reports mixed up.

**Parent:** (after thought) maybe I took a panadeine that day?
Practitioner: Let me check the date on the lab report. It says it was tested four days ago. What do you think happened?

Parent: Silence. No comment.

Practitioner: Remember I said that it is okay to relapse, as long as we talk about it. Then we discuss a way forward. What do you think?

Parent: Okay. Busted…let me tell you about my last couple of days……

Resistance can be demonstrated overtly in aggressive and volatile parental behaviours. Aggression can arise out of a sense of powerlessness. An insecure parent may seek a sense of control by being aggressive and demanding. Practitioners can encounter such a parent and not readily recognize the parent as being insecure. When a parent swears or threatens practitioners, it is important for the practitioner to utilise a range of techniques to remain calm, open minded and responsive. The way in which a practitioner delegates authority to the parents to participate actively in case planning processes, will have an impact upon the nature of parental engagement.

Rather than overt aggression, some parents will be passive or passive aggressive and not follow through with tasks as set our in the case plan. Passive aggressive behaviour stems from an inability to express anger in a healthy way. A parent's feelings may be so repressed that they don't even realize they are angry or feeling resentment. Due to their own lack of insight into their feelings the passive aggressive parent often feels that others misunderstand them or are holding them to unreasonable standards if they are confronted about their behaviour. Asking parents open ended questions may unravel the stalemate and help the parents to vent their frustrations to become more ready for the notion of trust and change.

These assertion techniques can open the way for more honest open dialogue.

**Reflective Responses for Handling Resistance**

**Simple Reflection:** Simply restate or rephrase what the parent has said.

* e.g. You are angry and tired.

**Amplified Reflection:** Restate or rephrase what the parent has said, exaggerating or expanding the point. Doing so gives the parent an opportunity to clarify his or her meaning.

* e.g. You are feeling angry, tired and overwhelmed and are fed up with all this.

**Double-Sided Reflection:** Acknowledge the parent’s current statement and recall a contradictory statement the parent made in the past.

* e.g. Today you say you are finished with all this, but last week you were keen to keep working on the case plan.

**Strategic Responses for Handling Resistance**

**Shift Focus:** Shift the conversation away from the topic of resistance.

* e.g. Tell me what the paediatrician said?

**Reframe:** Offer another perspective.

* e.g. Although you say you can’t stand your son’s
whining, I noticed that you were really calm with him at the visit.

**Agree with a Twist:** Agree with the parent’s statement, but add a new angle that might shift the parent’s perspective. e.g. I agree this is very frustrating, but it is all worth it, if we can bring your children back home soon.

**Side with the Negative:** Acknowledge the resistance argument to give the parent the opportunity to disavow it. e.g. This is really taking too long for your liking.

**Emphasize Personal Choice:** Emphasize that the parent is responsible for making his or her own choices. e.g. It is up to you if you wish to continue at drug rehab.

**Support Self-Efficacy:** Support the parent’s ability to make change. e.g. I have seen some great ways that you have learned to pay attention to your children.

Adapted from Kathyleen Tomlin, R. Dale Walker, Jane Grover, Wilma Arquette, Phyllis Stewart 2004 Motivational Interviewing: Enhancing Motivation for Change—A Learner’s Manual for the American Indian/Alaska Native Counselor P 43)

**Trauma Informed Engagement Strategies**

Witnessing or experiencing a traumatic event (e.g., serious accident, loss of a loved one, natural disaster, etc.), behaviour (e.g., physical, sexual, emotional or substance abuse, neglect, abandonment, domestic, gang or school violence, etc.) or environment (e.g., homelessness, war, etc.) can cause intense fear, despair and helplessness that can affect the parent for some time.

Traumatic stress differs substantially from stresses that inevitably occur in everyday life in that it induces an abnormally intense and prolonged response, which overwhelms normal coping abilities. This stress can be triggered unintentionally, especially by those in, or perceived to be in, positions of power and authority.

Trauma survivors often report that past boundary violations have rendered them unable to trust others, especially those in power and authority. Trauma-informed practitioners gain essential trust by establishing and maintaining appropriate boundaries, communicating clearly and following through with parents to meet case plan goals.

Parents may present with their “invisible suitcase” filled with the beliefs they have about themselves, the people who care for them and the world in general. For many parents their invisible suitcase is often filled with overwhelming negative beliefs and expectations. Their beliefs may be about themselves as being worthless, being in danger of being hurt or as powerless. They may hold beliefs about “the welfare” as being unresponsive, unreliable and rejecting.

The practitioner must remember that they didn’t ‘pack’ these suitcases nor should they take the parents’ reactions personally. Traumatized individuals will often re-enact past scenarios with the current individuals in their life, by way of creating a self fulfilling prophesy e.g. all women my mother’s age are strict. Trauma survivors will unconsciously attempt to evoke similar reactions from others, as they have experienced in the past from their perpetrators.
Practitioners need to be aware that what is seen and heard here and now may be a replay from the past.

At a minimum, trauma-informed practice seeks to do no harm - to avoid re-traumatising or blaming parents for trying to manage their traumatic reactions. The key principles of trauma-informed practice are safety, trustworthiness, choice, collaboration, and empowerment. These qualities and activities assist the positive relational experiences which are necessary for the resolution of trauma. Service-delivery which is trauma-informed is ‘win-win’!

It will take some time for parents to feel safe with and trust the practitioner in a child protection context. The relationship commenced under a challenging circumstance, where outsiders to the family are saying that their actions are harming the safety and well being of their children. Consistency and simplicity of language will help parents feel more at ease. Avoiding jargon is important for shared understanding. Summarising and paraphrasing information also fosters a sense of collaboration.

The use of SMART (Specific, Measureable, Achievable, Realistic and Timely) principles for case planning helps build a sense of predictability and surety. Whilst maintaining the bottom lines for expected change, the practitioner will explore with the parents, their choice concerning who, what, when and how outcomes can be achieved.

Practitioners can ensure that family history is discussed in the context of what has happened, not what is wrong. Problem behaviours are discussed as ways of coping with painful circumstances or as a stress response related to past trauma.

A trauma-informed practitioner will approach a traumatised parent with an attitude of collaboration. The relationship between the practitioner and the parents becomes a relationship based on empowerment. The practitioner shows respect for what the parent has experienced. Practitioners can expect that trust will be hard to earn. Defences will fall away and habits change, as the practitioner continues to maintain engagement through tenacity and empathy.

**Practice tip**

The practitioner needs to find ways to ‘ground’ the parent so that they can fully participate in the change process.

Using a parent’s first name, will assist in grounding them, whether they are experiencing a flight, fight or freeze response.

In talking to a parent, practitioners can use elements of the Sanctuary Model saying:

- How are you feeling today?
- What are your goals for today/this week/this month?
- Who can you ask for support?
- How can I support you with these goals?
**Strengths Based Solution Focused Strategies**

In solution-focused practice, the practitioner uses general conversation to help the parent relax and engage. Practitioners will talk about seemingly irrelevant life experiences such as leisure activities, meeting with friends, relaxing and managing conflict. In this way information is gathered regarding the parents’ values, beliefs and strengths. From this perspective, the practitioner can encourage parents to use these strengths and resources to move through the change process. Solution focused casework is fundamentally about helping the client shift their language from talking about problems to envisioning solutions.

The strengths based solution focussed approach entails seven key steps.

**1. Identifying Strengths in a Problem Situation**

This step starts with connecting with parents to check in with them, as to their perceived strengths. It is important that the practitioner can identify some, if the parent is unable to do so. The completion of the Parental Strengths and Needs Assessment (PSNA) will assist practitioners with this. Observation and conversation will highlight areas of strength in the parents. Ask the parent if these strengths help solve some of the family’s issues.

**Practitioner:** I can see that you have your child’s school photos and some other photos on the fridge. Did you take any of those photos?

**Parent:** Er yes….I am not much good at it

**Practitioner:** I can see you have an eye for detail and you enjoy seeing your kids having fun.

**Parent:** Yep.

**Practitioner:** Maybe you could take the kids to playgroup with other mums. That way you get to meet some new people and get to spend a fun time with your kids.

Some parents may find it difficult to accept that they have any positive aspects or strengths or have ill conceived ideas of what constitutes a strength, so it is reliant upon the practitioner to lead the parent into further understanding.

**2. Exploring past successes**

Discussions can occur with the parents regarding what has been tried to overcome any problems before. Using these examples practitioners can help parents to expand their thinking and help them recognise that they are successful in some actions.

**Practitioner:** Your partner mentioned that you tried to stop taking speed once, how did you manage this?

**Parent:** I always take speed at a party once I have started smoking ganga. What I did at parties was to stop having any ganga.

**Practitioner:** That’s good. What other things can you think of to stop using?

Some parents self esteem is so low (often covered by a brusque bravado) that they cannot identify any successes in their lives. These may need to be sought through broad ranging conversation with open ended questioning.
3. Finding and using exceptions to the problem

Problem behaviours are not present all the time, so the practitioner needs to sort out with the parent about when the problem is not happening or is less severe. This may give clues on what to try next.

**Practitioner:** When are your physical fights less likely to happen?

**Parent:** We do better when we don’t drink

**Practitioner:** Maybe we can find a way to lessen your drinking then. Perhaps some planning with the ATODS worker would help?

Findings these exceptions encourage parents that they do have the capacity to grow.

4. Facilitating a positive vision of the future

Parents need to develop a sense of hope and for many this is a new experience amidst a life of helplessness and hopelessness. Asking the miracle question may seem far fetched however it teaches parents about the power of imagination, which fuels motivation and change.

**Practitioner:** If there was a miracle overnight, how would your family life look? What would be changed?

**Parent:** The kids would be home, and there would be no fighting or drinking. We would have a new place to stay that is clean and has four bedrooms. And the welfare would be out of our life forever.

**Practitioner:** This sounds wonderful. Let’s work together on how you can progress this idea by taking baby steps. What do you want to start on first?

By this step, active resistance may rise again in the parents and the practitioner will need to persuade parents that this type of imaginative thinking has helped others. Practitioners may use a de identified example of another family trying this exercise and the nature of their success.

5. Scaling questions

In determining if parents are motivated and confident regarding certain parts of the case plan, scaling questions can be used to gather further information.

**Practitioner:** On a scale of 1-10, 10 being the most confident, how do you rate your parenting skills today?

**Parent:** Probably a six.

**Practitioner:** Okay that seems like a change for the better. When we first started working together, you rated your parenting confidence as a 2. Tell me about the changes you have made?

Scaling can be done with simple diagrams such as fuel gauges or steps on a path. This may appeal to some clients.
6. Encouraging commitment

Regular encouragement helps parents to stay on track. Encouragement does not need to be long winded. It needs to be frequent and has a comfortable fit within a conversation.

**Practitioner:** I see that you are buying lots of fresh fruit now. That’s great!!

**Parent:** Cool. Thanks.

**Practitioner:** How are you feeling now?

**Parent:** Happy that I have done something well.

By using encouragers and open ended questions, the practitioner can help the parent to identify how they feel when success is achieved. Positive feelings lead to continued motivation to change.

7. Developing Action Steps

Parents need the case plan details to be vivid in their everyday life and be reminded of action steps to meet the case goals.

**Practitioner:** Now that you have the new flat, have you thought about connecting with the local community housing workers for ongoing support?

**Parent:** Yes I have done that and organised for Centrelink to take my rent out straight up.

**Practitioner:** Great. And what’s happening with your counselling sessions?

**Parent:** I have figured out that I don’t know how to keep myself safe, so I will be talking to the counsellor more about this. Julie says its time for me to enter a domestic violence survivor group. So I will.

**Practitioner:** Tell me more about this group.

(Adapted from -The Pennsylvania Child Welfare Training Program 301 Engaging Clients from a Strength-Based, Solution- Focused Perspective Handout #8, Page 1 of 1)

<table>
<thead>
<tr>
<th>Practice tip</th>
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<tr>
<td>It is important to take some time in conversation to engage in problem free talk.</td>
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<tr>
<td>For example if a parent is struggling with their child because the child calls the parent names and the parent continually retaliates and also gets angry, then the practitioner helps the parent to remember a part of their life where they remain calm even under pressure and translate this skill into the parenting situation.</td>
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<tr>
<td>Specifically the parent may sew for a living and is under pressure to finalise garments and the parent identifies that they stay calm by taking breaks from the tasks.</td>
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<tr>
<td>Thus the practitioner might ask how would it be for you to take some time out from your child. What might you do? And what could you say to your child upon your return?</td>
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Motivational Strategies for the Stages of Change

Change is a journey. Some parents change quickly after a specific event (e.g. incarceration, illness, loss of income), however for most parents, change is more complex. Support needs to be provided to parents not only to become ready for change but to demonstrate changes and sustain them. There are several indicators of readiness for change and these include; decreased discussion about the problem, increasing examples of change talk and more experimentation and evidence of trying new things.

Precontemplation

Parents in the pre contemplation stage are not accepting there is a need for change. They are not yet considering making any changes or are unwilling or unable to take action to change in the foreseeable future. Parents in the pre contemplation stage of change are either unaware of the consequences of their actions upon their children or have lost confidence in their ability to parent or grow as an individual.

At this stage the practitioner’s goal is to encourage the parents to think about the impact of their behaviours upon the well being and safety of their children.

Motivational Strategies for the Precontemplation Stage

Here are some motivational strategies for the precontemplation stage.

- Establish with the parent a relationship of mutual trust, by talking in a conversational tone not an interviewing manner. Adopt appropriate non verbals to put the parent at ease e.g. relaxed open posture.
- Provide personalized feedback on your assessment related to the nature of harm.
- Explore the meaning of the events that brought the parent to the attention of the department.
- Elicit the parent’s perceptions of the family situation and the harm or risk of harm to children.
- Explore the pros and cons of the continuing of certain family dynamics and the facts about the risks of these ongoing behaviours.
- Help a significant other of the parent to intervene and provide clarification about the concerns and provide direct assistance e.g. a community elder.
- Examine discrepancies between the parents’ and others’ perceptions of the problem.
- Express concern and support.

Parent: No one told me that hitting kids with a belt was bad for them. Besides I had it done to me by my Dad and it never did me any harm.

Practitioner: I can see that you need more information. Your son told me that he is scared of you now and is not sure what to do. He says he loves you. Tell me about your relationship with your Dad? How was it for you as a child?
Contemplation

Parents in the contemplation stage are aware of the consequences of their actions upon their children and others and are considering change but are ambivalent. At this stage the

Motivational Strategies for the Contemplation Stage

- Identify ambivalence toward change as normal.
- Invite the parent to examine his/her own needs and those of her children and their desire to change rather than react to external pressure to change.
- Guide the parent in exploring the pros and cons of change.
- Examine the parent’s personal values in relation to change.
- Emphasize the parent’s freedom of choice and ability to change.
- Elicit the parents’ expectations regarding outcomes.

Ambivalence is a state of mind characterized by coexisting but conflicting thoughts and actions about something - the “I do but I don’t” dilemma. In the early stages of change, people are very aware of both the costs and the benefits of change and ambivalence is strong. Deep ambivalence can cause people to remain in the contemplation stage for a long time.

The practitioner’s goal is to process parents’ ambivalence. The practitioner understands that ambivalence is a normal part of the change process. Use of the motivational Interviewing approach can help parents commit to change and move to the next stage of change, preparation.

**Parent:** When I hear you talk about how my son John feels, part of me understands his anger, and still there is there is another part of me that reckons everything is still okay between my son and I.

**Practitioner:** Your son tells me he loves you. He also tells me he is afraid of your freak outs, as he calls them.

**Parent:** At first I thought the teacher’s and welfare were over reacting about our family fights. Now I’m thinking that the fights are a bit full on.

**Practitioner:** Two of you had to go to hospital for check ups after the last fight. How did you feel about the hospital visit?

Preparation

Parents who are in the preparation stage are committed to change in the near future, but are still considering which specific actions to take. The practitioner helps the parents to be clear about what they need to do through the case planning process.

Motivational Strategies for the Preparation Stage

- Guide the parents to clarify their goals for change.
- Explore the parent’s options for change and intervention.
- Elicit from the parents, ideas about things that have been successful in the past.
- Negotiate a finalised case plan.
- Encourage the parents to enlist the support of family, friends and other professionals.

**Parent:** Now I can see that addressing my use of drugs will help me get my kids back.

**Practitioner:** That’s great! What things do you think you could try to get off the drugs?

**Parent:** I’m not sure. Maybe see Julie (drug and alcohol outreach worker) at the Neighbourhood Centre about this.

**Practitioner:** Can you think of anyone that could go with you to support you with your first visit?

**Action**

Parents in the action stage are actively taking steps to change, but have not yet reached stability in reaching their goals. Practitioners affirm the client’s successful behavioural changes and support the parent in addressing barriers to change.

**Motivation Strategies for the Action Stage**

- Encourage small steps toward change.
- Assist the parents in identifying relapse triggers and developing a plan for managing those triggers.
- Continue to identify family and other social supports.
- Continue to offer information and advice, with permission, as the parent is ready.

**Parent:** I am working well with the family intervention service and feel more comfortable disciplining my child in new ways.

**Practitioner:** I have noticed that the children seem more relaxed around you. What other things have you been working on?

**Parent:** I’ve been to that dv group, but I haven’t been for two weeks now.

**Practitioner:** Was there something that stopped you from attending?

**Parent:** Yeah my car has broken down.

**Practitioner:** Okay let’s see if we can figure out another way to get there.

**Maintenance**

Parents in the maintenance stage have achieved their initial goals and are working to maintain these changes on an ongoing basis. Practitioners reinforce the parents’ commitment to change and support the parent in managing relapse triggers, creating a coping plan for relapse prevention and tackling any relapses that occur.

**Motivation Strategies for the Maintenance Stage**

- Affirm the parents continuing ability to change.
- Acknowledge positive changes.
- Remind the parent to practice coping strategies to avoid a return to problem behaviours.
- Assist the client in processing relapses and developing a plan to avoid relapses.
- Monitor and review the parents’ progress toward case plan goals.

**Maintenance Example**

**Parent:** I have been sober for 2 months now. I finally feel like I have a handle on staying clean.

**Practitioner:** This is a great beginning. Let’s talk about how you can keep this up, when the children come home on weekend visits. What kind of things do you think will help you on weekends?


**Practice tip**

The practitioner may use a range of useful questions and statements to maintain open conversation. A sample of these could include:

**Questions**

- How has . . . caused trouble for you?
- What are some good things about . . . ?
- What are some not-so-good things about . . . ?
- How would things be better for you if you made that change?
- What thoughts have you had about change?
- If you look forward to, say, a year from now, how would you want your life to be different?
- How do you want things to end up when you’re done with the welfare?

**Statements**

- Thanks for coming in on time.
- It feels to you that people might be blowing this out of proportion.
- You don’t feel like I can understand where you’re coming from.
- At this point, it doesn’t seem that big a deal to you.
- It’s frustrating. (You’re frustrated with having to be here.)
- It’s difficult. (I know this must be difficult for you.)
- It’s hard for you. (It might be hard for you.)
- I can see why you might think that.
- So the thing that most concerns you is.
- You want to do the right thing.
- That’s a good idea.
- I think that will work for you.
Conclusion

It is acknowledged that child protection practice does not exist within a well modulated environment, such as within a clinical counselling office. As such, practitioners need to exercise a range of techniques and strategies to meet challenges head on with a sense of respect and diligence, which will serve both the child and the parents.

Having reviewed the professional skills required to facilitate effective parental engagement, it is clear that engagement is a mutual endeavour with all parties being willing to communicate, explore and enact new ways of being.

Fostering a spirit of appreciative inquiry as a core professional stance is essential to minimising error. It is important that practitioners work to overcome the belief that they know what is best for parents and instead elicit family wisdom to find solutions to family problems. In this way parents find problem solving behaviours which may apply to any future dilemmas. In addition, strengths based, solution focussed practice may minimise practitioner disenfranchisement and exhaustion, as they witness positive outcomes for families.

The simplest way to create a good working relationship with parents is for the practitioners to honour parents for everything they can see that is positive in their everyday care and involvement with their children. This can occur without minimising the risk of harm to their child.

So to paraphrase Mark Twain’s idea, if you consider new ways and try something new, you will get a different outcome. Change is inevitable, though an individual’s participation in the change process will vary due to their motivation, commitment and a vision for a better future.
References

Alexander, JE 2012 Functional Family Therapy – The Clinical Model
http://www.fftinc.com/about_model.html


Perez, A 2011The Building Blocks of Trauma-Informed Practice THRIVE, Maine’s graduated System of Care, provides trauma-informed training, technical assistance and consultation to child-serving agencies, Journal of Child And Family Professional Fall 2011 14#3.


Smith C 2003, Early Childhood Training Centre Portland State University Motivational Interviewing Strategies – Parent Involvement Applications in Early Childhood powerpoint

Sobel and Sobel 2008 Motivational Interviewing Strategies and Techniques; Rationales and Examples


The Pennsylvania Child Welfare Training Program 2008 Module 301 Engaging Clients from a Strength-Based, Solution-Focused Perspective
http://www.hunter.cuny.edu/socwork/nrccpp/fewpt/caseworker_engagement.htm

The Signs of Safety Child Protection Practice Framework 2011, Government of Western Australia, Department of Child Protection 2nd Edition


Motivational Interviewing: Enhancing Motivation for Change—A Learner’s Manual for the American Indian/Alaska Native Counselor.

Van der Kolk B, Robert S. Pynoos, et al February 2009 Proposal to include a developmental trauma disorder diagnosis for children and adolescents in DSM-V.