



# *Building a Shared Vision:* COLLABORATIVE ENGAGEMENT AND DIFFICULT CONVERSATIONS USING THE CANS

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Presented By:  
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**ChapinHall** at the University of Chicago  
Policy research that benefits children, families, and their communities

# Today's Webinar EDIT THIS

**Transformational Collaborative Outcomes Management: Review**

**Practices for Building a Shared Vision**

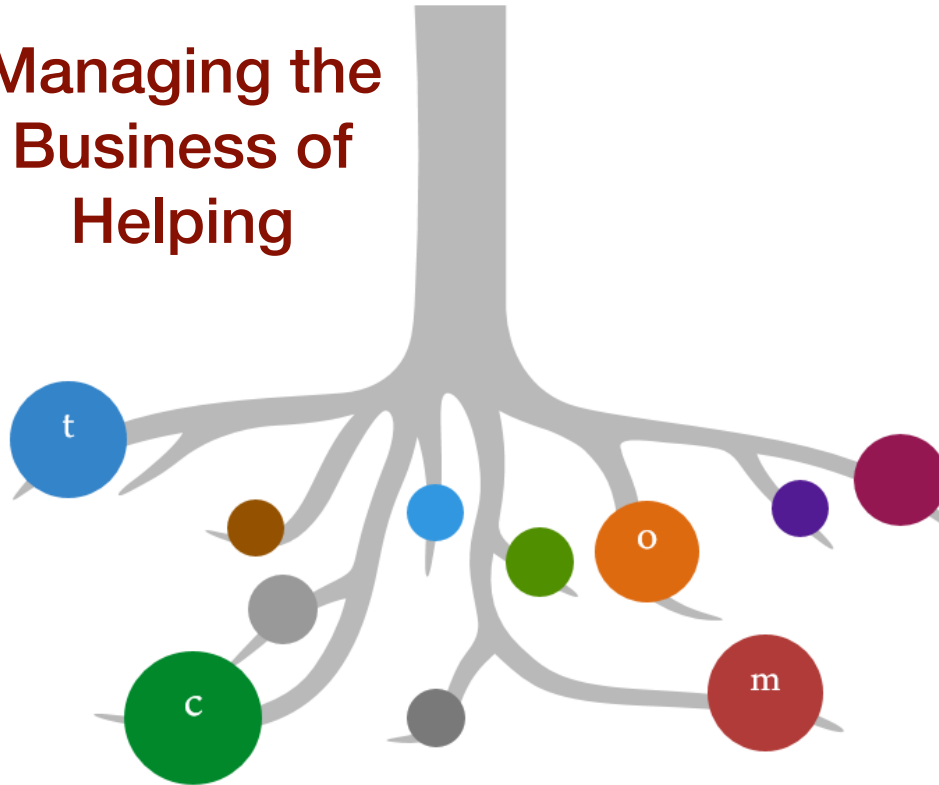
**Engagement & Transparency**

**Handling Disagreement & Denial**

**Sensitive Topics: Best Practices**

**Wrap Up and Questions**

## Managing the Business of Helping



# TCOM Framework

**Transformational:** Our work is focused on personal change.

**Collaborative:** We must develop a shared understanding and vision.

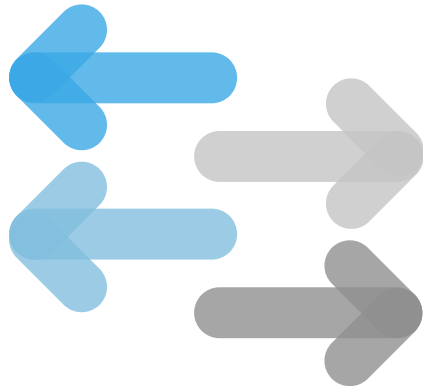
**Outcomes:** What we measure is relevant to the decisions we make about the strategies and interventions we use.

**Management:** Information gathered is used in all aspects of managing the system from planning for individuals and families, to supervision, and program/system operations.

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# Managing the Tensions in our Work: *The key to effective engagement*

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## Philosophy

Always return to the shared vision. The shared vision is always reflective of the voice of youth and families.

## Strategy

Represent the shared vision and communicate it throughout the system with a standard language and assessment.

[CANS]

## Tactics

Activities that promote the philosophy at all levels of the system simultaneously. [Interventions, Services]

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# COMMUNIMETRICS

THE PRIMARY REASON TO MEASURE WITHIN THE ENTERPRISE IS TO COMMUNICATE TO SOMEONE ELSE EITHER ON BEHALF OF AN INDIVIDUAL SERVED OR FOR PROGRAM OR SYSTEM AGGREGATES (I.E., SUMMARIES OF INDIVIDUALS SERVED). THEREFORE, WHY NOT CREATE THE MEASUREMENT PROCESS TO OPTIMIZE THE COMMUNICATION UTILITY OF THE MEASURE? IN FACT, WHY NOT RE-CONCEPTUALIZE MEASUREMENT IN THESE SETTINGS ENTIRELY?

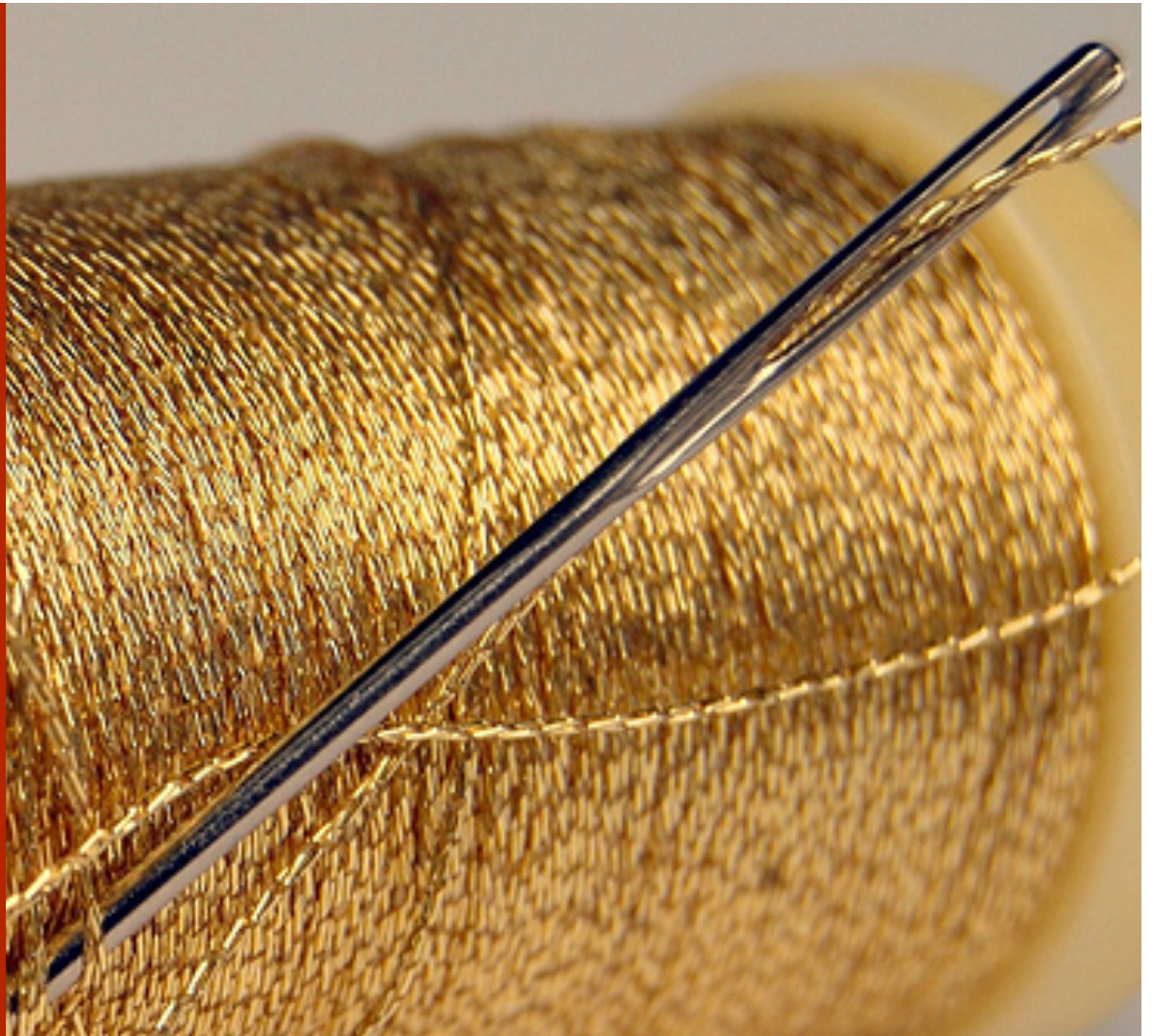
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*Communimetrics is designed to make thinking processes transparent and provide a conceptual organization or framework for the thinkers to be attuned to the relevant factors that must be thought through in any particular circumstance.*

LYONS (2009)

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*Management of service delivery – from individual service levels to goal setting to LOS to census management to program evaluation to agency evaluation should actually be linked to and driven by the measurement of **meaningful** and **salient** clinical variables.*



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GOAL: COLLABORATION, COMMUNICATION,  
TRANSPARENCY AND SHARED VISION

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# Elements of shared vision: Multi-layered Multi-directional

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- The approach to assessment (collaborative),
- The stance of the professional(s) during the assessment (culturally humble, transparent, strengths-based),
- The link between assessment and care plan (rooted in deep collaboration, builds strengths),
- Carry through of vision throughout (monitoring progress; linkages).



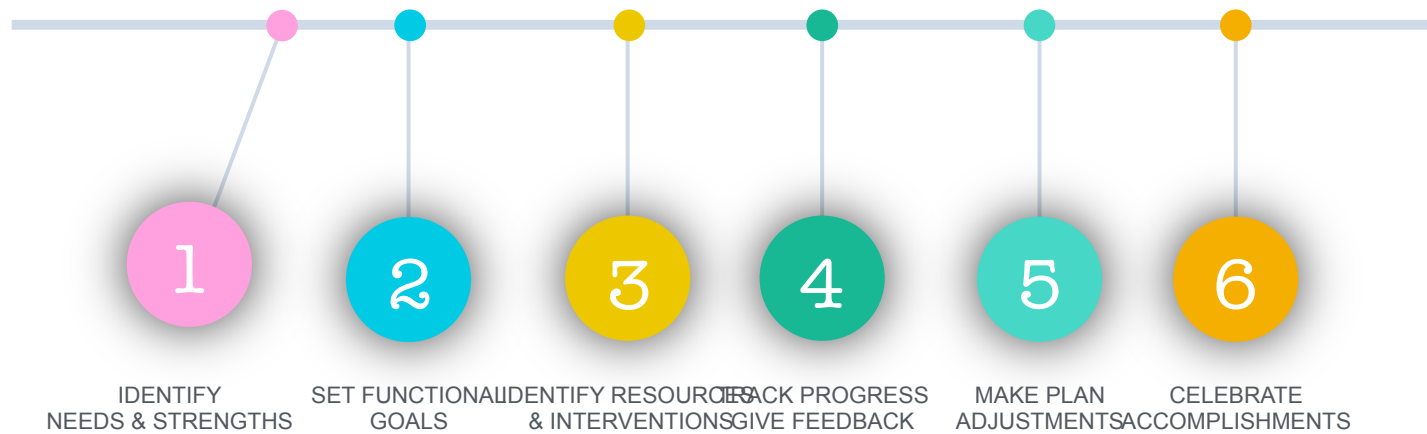
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## Approaches to Administering the CANS

Approaches	Individualistic	Culturally Sensitive	Family and Youth Centered	Efficient
FLYING SOLO	Extremely (wrong Individual)	Not Likely	Not Likely	YES
TABULA RASA	YES	YES	YES	Not Terribly
PRIORITIZING	Possibly (Not Always)	Possibly	Possibly	Extremely
ADVANCED SCORING	YES	YES	YES	YES

# The Assessment: Part of a Larger Collaborative Process

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# Cultural Humility

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- ❖ Maintain an “other-oriented” stance.
- ❖ What we learn about our clients’ culture comes from what *they* have determined is an expression of their culture and heritage.
- ❖ Commit to lifelong learning, self-reflection.
- ❖ Work to mitigate power imbalance inherent in our provider systems and communities.
- ❖ Work to influence the institutions we work in to model this as well.



## Engagement: Creating Collaboration

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- Create Safety
- Mind non-verbals
- Express kindness and compassion
- Use culturally-responsive language and style
- Use narratively (language) responsive style
- Maintain transparency



## What Transparency is NOT..

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Failing to explain the reason for each aspect of treatment (assessment, plan, participation, documentation, intervention),

Not sharing what is written about the client; sharing information in a “blindsiding” way,

A focus on the to-do list, not the people in front of you,

Shining a spotlight on the infractions that brought the family into the child welfare system.

# What Transparency IS.....

- Deeply respectful,
- Taking the time to explain what is happening, what the tool you are using is and does, and how the family can use it to build an action focus.
- Patient, taking the time to think about what needs to be disclosed and to disclose it.
- Based on the belief that families are not their behaviors, and that they are capable.



# What Transparency DOES....

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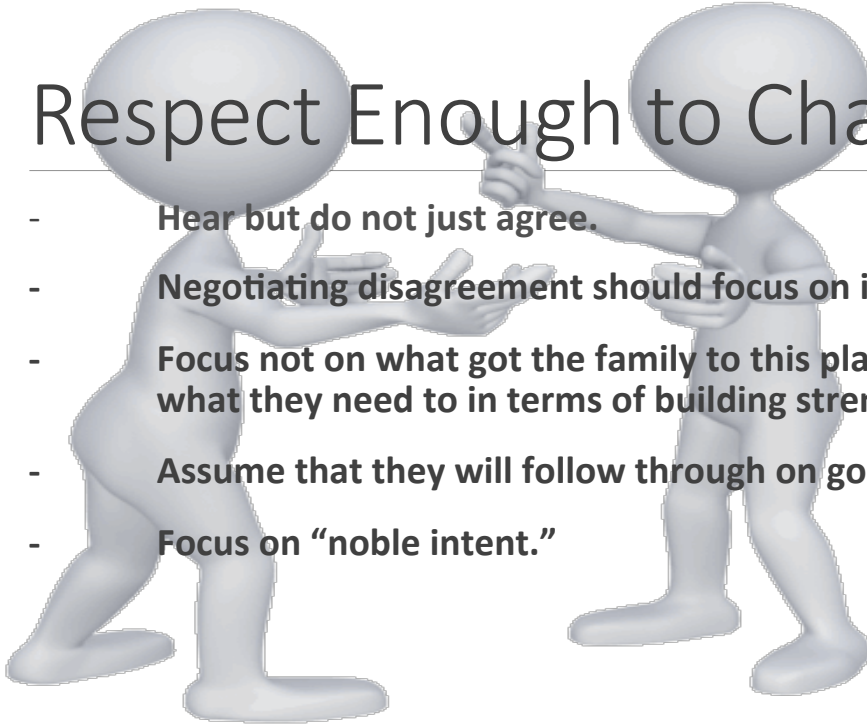
- Creates a "yes set."
- Begins to build the common language and shared vision that is necessary to move forward.
- Helps families help you learn.
- Helps families know what is going on; helps families help themselves. Builds family's self-advocacy skills. Empowers families.
- Builds a common understanding of action levels on the CANS, helps families understand what they are for, builds communication for care planning and progress monitoring moving forward.
- ***Builds a foundational alliance and strategy for navigating disagreement and difficult topics.***

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# Respect Enough to Challenge

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- Hear but do not just agree.
- Negotiating disagreement should focus on incentive to action.
- Focus not on what got the family to this place (risk) but on what they can do to attain what they need to in terms of building strengths and addressing needs.
- Assume that they will follow through on goals as best as they can.
- Focus on “noble intent.”



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## Handling Disagreement and Conflicting Perspectives:

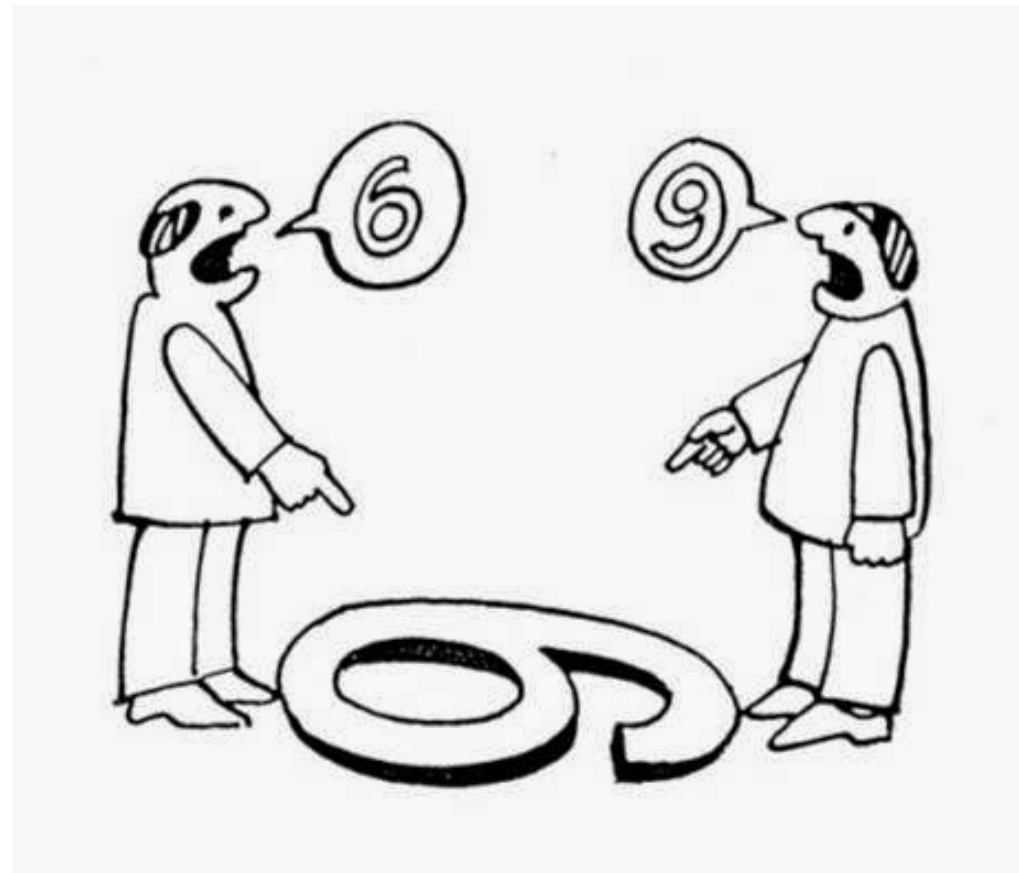
Collaborative rating of the action levels builds consensus.

Frame the disagreement (define what each party sees/perceives).

Description can help build consensus.  
"You see x and I see y."

Frame disagreement in terms of the client's priorities.

Translate disagreement into goal description.





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# Handling Denial....

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- 1) Remember that denial is a coping mechanism that helps everyone handle distressing information or circumstances.
- 2) Describe what the caregiver or youth sees/says, and then describe what others see/say. Focus on the action level.
- 3) Okay to rate with deference to caregiver or youth, but use that “yes set” to agree to check in on it.
- 4) Take development into account.
- 5) Use of specific questioning (more later on this) helps counter denial.

# Sensitive Topics



Context, context,  
context.....

- The provider's anxiety predicts how the conversation will go.
- The client's anxiety predicts how the conversation will go.
- The style of questioning around the topic predicts how the conversation will go.

# Your Anxiety...

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- .... Requires the use of self-reflection and self-management,
- .... Surrendering biases and judgements,
- .... Can be driven by the interference of your own cultural beliefs/values with openness to that of another.

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# Their Anxiety

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- Use engagement strategies. Prepare the client for the question (but do not over prepare).
- Transparency – prepare the stage by explaining why.
- Normalize – “Many kids tell me...” “I ask all kids/parents about...” “Lots of parents tell me that they experience....”
- Be specific without being intrusive. Focus on forward action.
- Allow option not to answer if context allows.
- Review confidentiality – fully and honestly as it applies in your context.

# Questioning Techniques

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- Preparation,
- Ask for facts, not judgments,
- Ask for specifics,
- Use closed-ended questions , move from closed to open,
- Assume the behavior is occurring/need is there in the way that you ask,
- Take care with wording. How would you like to be asked?
- Use response choices (action levels are GREAT for this).



# ACES: Adverse Childhood Experiences

# Will I traumatize the youth? The caregiver?

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- Many adults in services for years report they wish someone had asked them.
- Many children report a sense of relief that a caring adult has asked them about trauma.
- By asking sensitively and collaboratively, and tracking response, you can move forward
- Frame the conversation as “what happened to you instead of what is wrong with you.”

# Talking About Trauma.....

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- Psychoeducate the parent about ACES and how it impacts their child (also how their own experiences might impact them).
- Prepare.
- Use descriptions, not a checklist. .
- Be affirming.
- Acknowledge courage in disclosure and that those things were not okay.

# Caregiver Questions

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- 1) Understand and acknowledge that most caregivers have been asked many questions about their story.
- 2) Explain why you are asking. Transparently.
- 3) Ask the caregiver what they see as their parenting strengths FIRST. Match what they say to the items and rate as a 0 or 1, identify strengths. Then move to struggles.
- 4) If a parent does not agree, show them the action levels. Ask where they would put the item.
- 5) Outline the action levels colloquially: “No help needed in this area,” Let’s agree to keep checking in on it,” “You really feel you could use support in this area,” We agree that you need support ASAP with this.”

# SOGIE (Sexual Orientation, Gender Identity & Expression)

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- Delay until rapport is built.
- Mention that you ask everyone.
- Move from less intimate to more intimate.
- Don't shut it down with the way you ask. Use inclusive conversation. Be affirming.
- Ask kids about safety when they disclose SOGIE. Normalize.
- Be mindful of all aspects of communication of safety. Non verbal, verbal, materials around the space.
- Weave these questions into other questions about the youth.

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# Confidentiality...

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- Important to have some solo time with youth.
- If the child youth asks for confidentiality, you must consider this request.
- If youth is at risk or cannot make an appropriate decision for treatment/care, provider must disclose.
- Think about goal setting versus relationship protecting. Both are important.

# TCOM is not easy.....

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- Shared decision making is complex and varied.
- TCOM (along with effective practice of all kinds) requires interdependent collaboration, and open communication.
- Taking the time to build consensus at assessment sets the stage for transformation at all levels of the system.

# Collaborative Care Planning

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Family Voice

Strengths to Use

Identified Needs

Strengths to Build

## Framework for Attending to Progress with the CANS

### Assess

- Collaboratively define needs and strengths.
- Identify key areas in need of change.

### Collaboratively Plan

- Develop a plan that incorporates all views.
- Implement plan that all understand and agree to.
- Determine interventions and supports.

### Monitor

- Attend to changes in action levels for needs and strengths.

### Optimize

- Change plan in the absence of progress and changes in status.



### Celebrate

- Punctuate – and celebrate – success at all levels.

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October 21, 2016 — 0 Comments



**UNDERSTANDING THE TOOLS, WHERE IN THE WORLD IS THE TCOM TEAM**

**A CANS-F Refresher: Mark in Towson, MD**

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All change requires **leadership** but leadership takes many forms. It often has little to do with formal power and authority. The theme of this conference is Leadership in all its manifestation within collaborative processes and complex systems.

Thank you for  
your time and  
attention!

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