

PROVIDING THERAPEUTIC INTERVENTIONS



The Core Team engages youth and their family members in culturally-informed therapeutic interventions (strategies, activities, and actions) that build autonomy and self-efficacy as well as strengthen permanency of relationships with caregiver(s)/parent(s), siblings, and other family members and important people in the youth's life (including "chosen family"). Therapeutic interventions also build connection and relationships with peers and natural supports. Therapeutic interventions assist families in resolving conflicts, building and strengthening relationships, promoting healing, supporting lasting changes and enhancing and sustaining functioning in the community and home. In-session actions and strategies and in-between session activities (interventions and follow-up via phone, etc.) have a specific plan and purpose related to the goals in the established individualized action plan/treatment plan. Intensity, frequency, and duration of interventions are flexible, individualized, and build on youth/family strengths in real and tangible ways that help them address their needs toward the goal of remaining at home, transitioning home, and improving youth's functioning in home, school, and their community. Youth's and family's reports of both improvements and challenges inform next steps as do Family Team member/collateral perspectives (including, but not limited to, occupational therapy (OT) and psychiatry consultation as clinically indicated and agreed upon by the consultants) and direct observation by the Core Team.

Therapeutic intervention is an active and ongoing process of discovering what works with a youth and family in this context and builds on their strengths. The Core Team effectively uses elements of evidence-based practice as well as practice-based evidence in developing interventions. Youth's peer mentor, parent/caregiver's family partner, and natural supports are included in interventions with the youth and parent/caregiver as agreed upon with the youth and parent/caregiver. The Core Team engages in ongoing coordination with OT and others around interventions they are providing. Nontraditional and innovative interventions may be used.

Please see the following matrices for additional information related to providing therapeutic interventions:

- Engaging Youth and Family
- Continuity with Higher Levels of Care
- Incorporating Psychiatry and Occupational Therapy Consultation
- Assessing Risk, Safety Planning, and Supporting Families through Crisis
- Practicing Cultural Relevance
- Collaborative Treatment Planning and Care Coordination
- Supporting Life Transitions
- Strengthening Wellbeing through Respite
- Conducting a Comprehensive Collaborative Assessment

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****MAINTAINING THERAPEUTIC ALLIANCE**

- » Even in times of disagreement, continues to promote partnership with youth and family. Listens, acknowledges, and validates youth's and family's feelings, perspectives, and values using respectful curiosity.
- » Exercises unconditional positive regard for youth and family members.
- » Meets family "where they are at" and where they envision themselves to be.
- » Communicates that everybody is doing the best that they can under difficult circumstances.
- » Reframes deficit-based language to strengths-based or neutral language (e.g., attributes positive motives to actions that could be seen as a barrier or describes how parent "keeps working" to achieve sobriety vs. parent "keeps relapsing." Supports youth and family members in separating problems from their identity, e.g., "I feel hopeless" rather than "I am hopeless".

- » Explores ongoing readiness for change and commitment to treatment and other therapeutic interventions.
- » Applies understanding of stages of change and adapts interventions to fit different levels of readiness among family members.
- » Artfully plans and facilitates session interventions that are in tune with youth/and family members' readiness for change. Engages key family members in action when they are ready for change and supports all others in moving onto their next stage of change.

- » Acts on preconceived notions about family rather than an authentic stance of respectful curiosity.
- » Listens to understand but lacks attention to what is not said or to nonverbal communication.
- » Validates family's perspective and notices when they express hopelessness, etc., but struggles to find the language to reframe it.
- » Overuses a particular reframe or strategy such that it loses meaning for the youth/family.
- » Misses opportunities to point out the smallest successes and thus unable to highlight them for family.
- » Misses strategic opportunities to acknowledge youth/family accomplishments, progress, and successes.

- » Engages in limited strategies/interventions, lacks adaptation to each individual family member's readiness for change.
- » Exclusively focuses interventions for those that are ready to change and never revisit other's readiness overtime.
- » Struggles to target interventions to youth/family member's readiness for change, especially if under pressure from others/Family Team members to disregard family's readiness.

- » Attributes all challenges in the youth's/family's life to one area.
- » Expresses judgment; imposes own beliefs or values on family. Uses negative, shaming, or blaming language. Focuses on deficits and faults.
- » Reframes excessively in an inauthentic manner. Invalidates the youth's/family's experience.

- » Ignores youth/family member's readiness for change or attributes lack of readiness to resistance.
- » Avoids meeting with family members who are pre-contemplative rather than targeting interventions to help them contemplate.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****SELECTING THERAPEUTIC INTERVENTIONS TO BE USED IN YOUTH/FAMILY SESSIONS**

- » Building on the assessment and Family Team's treatment planning process, the Core Team collaborates with the parent/caregiver in ongoing exploration, selection, and modification of therapeutic interventions and strategies.
- » Includes interventions youth, family, and others report to have been effective and can be adapted for use in the family and community setting. Revisits interventions that may not have worked in the past that the youth/family would like to try again. Asks the youth/family specifically what would help this intervention work at this time or better than it did in the past.
- » Considers other providers/supports' interventions that are being used with family and chooses complementary interventions.
- » Incorporates the use of approaches, strategies, or recommendations made by OT/psychiatry consult.
- » Considers both evidence-based practices and practice-based evidence to guide intervention approach and fits established evidence-based practice elements to a particular youth and family, rather than fitting family to manualized treatment. Assures that interventions selected support the primary healing role of parent/family and maintain or advance permanency progress and outcomes.
- » Considers culturally-informed interventions that make use of youth/ family strengths.

- » Only utilizes information provided by one source (e.g., the referral source) instead of fully exploring interventions/strategies and their effectiveness with family.
- » Waits too long to adjust interventions or evidenced-based practice that isn't effective.
- » Discusses past interventions but does not explore their effectiveness or what contributed to their level of effectiveness. Rules out trying past strategies without considering how they could be effective now.
- » Incorporates recommendations made by OT/psychiatry consult but never follows back up with consultants to discuss effectiveness of interventions.
- » Offers strategies without full consideration of cultural preferences, values, and practices.
- » Jumps into engaging in interventions without first considering whether they will be a good cultural fit for youth/family.

- » Selects interventions that aren't in line with identified needs.
- » Disagrees with family about concerns they have with intervention or about the priority needs driving intervention. Disregards the need to adjust/change or select a new intervention after receiving feedback from family.
- » Takes an expert stance and ignores family's expertise on their own life.
- » Doesn't take time to learn about and/or find a way to incorporate methods and strategies that the family identifies as useful (e.g., doesn't learn about the ARC model when the family has expressed that it has been useful).

IDEAL PRACTICE

DEVELOPMENTAL PRACTICE

UNSATISFACTORY PRACTICE

PREPARING FOR THERAPEUTIC INTERVENTIONS AND SKILL BUILDING

- » Clinician, outreach worker, and peer mentor collaborate on objectives and interventions to meet goals.
- » Core Team members consider together how to apply and integrate support activities, such as coaching skills, to enhancing communication and social connectedness.
- » Core Team members discuss together how they will strategically prioritize, prepare, and partner with family/natural supports and community resources in intervening.
- » Core Team members highlight for one another the youth and family successes they notice and troubleshoot together around strategies to address challenges.
- » Core Team members anticipate and plan together for addressing logistical barriers and supporting overall congruence of the treatment plan interventions, strategies, activities, and actions each Core Team member is carrying out.

- » Core Team members check in with one another but not often enough to coordinate interventions in an ongoing seamless way.
- » Core Team members check in with one another often but lack in-depth discussion regarding target skills for development, activities to be utilized, and progress made. Conversations lack the detail needed to coordinate and integrate interventions.
- » Core Team members point out youth/family challenges but spend too much time dwelling on problem without moving onto troubleshooting and acknowledging successes.
- » Care Team members only point out large, obvious successes without acknowledging the smaller "micro-successes."

- » Core Team members act in a silo without planning individual or family sessions together or without communicating with one another.
- » Core Team members fail to coordinate schedules and overwhelm the youth/family with too many meetings.
- » Core Team members engage the youth/family in incongruent strategies.
- » Core Team members challenge each other about strategies/interventions in front of the family, making family uncomfortable.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****PREPARING FOR THERAPEUTIC INTERVENTIONS AND SKILL BUILDING**

Coordinates and includes others in the session (e.g., OT consultant, extended family, other Core Team or Family Team members, natural supports, and group home staff) as applicable and agreed upon. Engages in ongoing collaboration with others on integrated and complementary interventions.

- » Considers including some, but not all, relevant Family Team members and supports or only considers professionals, not natural supports.
- » Focuses on the perspective of one individual over others.
- » Obtains insufficient input from family and Family Team members to make well-informed choices about which interventions will complement and not conflict with the interventions the youth/family are already engaged in (with other supports.)

- » Dismisses the need to include other Family Team members and collaterals in session.
- » Ignores roles of Family Team and other collaterals during the session.
- » Plans to include key Family Team members and other collaterals as agreed upon with family but schedules session at a time that conflicts for them.
- » Arranges for individuals to be present in intervention but fails to prepare youth and parent/caregiver regarding sharing of certain information with the invited person(s).
- » Misrepresents parent/caregiver's or other's perspective to the youth (e.g., tells youth the parent/caregiver/other said something that the person did not actually say).

Arranges to engage in interventions at the location where challenges occur and/or locations where youth/family need support/coaching to practice skills, such as at home, during activities in the community, at school, etc., as identified with the family.

Lets logistics get in the way of practicing interventions and strategies at the most relevant time and location (where practice is most needed).

Engages family in interventions at a pace, location, and/or time that is based on staff preferences without considering or listening to youth/family needs and readiness (e.g., holds a family session at home when all household members are present even though not all are ready to engage in the particular intervention).

IDEAL PRACTICE

DEVELOPMENTAL PRACTICE

UNSATISFACTORY PRACTICE

PREPARING FOR THERAPEUTIC INTERVENTIONS AND SKILL BUILDING

- » Attends sessions prepared with a strategy to achieve an agreed-upon goal of the session and adapts the strategy as needed to meet the needs of the moment.
- » Attends sessions prepared to articulate the reasoning behind the intervention, approach to treatment, and the structure of each session as well as how the various other team members' interventions compliment this one.

- » Attends session with a strategy but is unable to clearly articulate reason/purpose behind activity/interventions to the youth/family.
- » Explains purpose of strategy/intervention without articulating how activity is connected to what was agreed upon previously.
- » Is unstructured, lacking focus or direction in discussion. Starts with a general check-in and then focuses on whatever comes up, ignoring the planned strategy.

- » Attends unprepared or attends prepared with strategy to meet a goal towards which youth/family isn't agreeable to working.
- » Attends session unprepared, conducting open-ended check-in without a plan/strategy.
- » Is rigid about strategies that need to be used.
- » Initiates a planned activity without validating and attending to the in-the-moment needs of youth/family.
- » Takes an expert stance, telling family what they need to do.

IDEAL PRACTICE

DEVELOPMENTAL PRACTICE

UNSATISFACTORY PRACTICE

STRENGTHENING AND BUILDING YOUTH'S AND FAMILY'S SAFE AND PERMANENT RELATIONSHIPS

- » Identifies the need for and develops strategies to build on and strengthen youth/family relationships, connections, and attachments.
- » Targets individualized interventions to strengthen and build youth's safe and lasting relationships and emotional relationships/connections with siblings, parents, other relatives, attachment figures, and important people in their life.
- » Creates opportunities to nurture healthy, lifelong relationships and connections with immediate and extended family and other important people who reside near and far.
- » Facilitates clarification of past life events and experiences and emotional healing, reconciliation, or reconnection to lost relationships as necessary and helps Family Team members understand the critical role that relational readiness work can have on lasting treatment gains, trauma recovery, and success of permanency.

- » Suggests strategies based on own frame of reference that are not an individualized match for the youth/family (e.g., staff connects with own sibling through movies and suggests this as a way youth can connect with their siblings without knowing whether movies are an interest for them).
- » Acknowledges tense relationships in the family system without exploring ways family can navigate through the conflict and open opportunities for relationship building.
- » Misses/ignore natural events in youth's/family's life that could be opportunities to build relationships (e.g., time alone together in the car, bedtime routines, mealtime, etc.).
- » Lacks exploration of and building upon what the family states a healthy relationship looks like and means to them.

- » Relies only on prescriptive, artificial activities or provider-preferred strategies to build supportive relationships and connections between youth and family. Never inquires with youth/family on strategies that they think might help them strengthen their relationships with one another.
- » Downplays, ignores, or denies healthy aspects of relationships/connections that exist between youth and family members.
- » Ignores cultural components of how family members relate to one another.
- » Ignores or disregards the need to strengthen relationships and connections with extended family.
- » Focuses on parent-child relationship without regard for sibling relationships and family system.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****STRENGTHENING AND BUILDING YOUTH'S AND FAMILY'S SAFE AND PERMANENT RELATIONSHIPS**

- » Supports youth and family in developing new memories of fun and enjoyment together.
- » Explores family member's memories of past times having fun together. Asks about specific activities they have enjoyed and any new ones they may enjoy doing together.
- » Engages family members in practicing new ways of engaging with one another that promote feelings of safety, closeness, empathy, love, and joy among family members.

- » Creates opportunity for parents/caregivers to reflect on how they were parented and how this may have affected the way that they parent and build relationships with their own children. Encourages parent/caregivers to identify positive parenting qualities they want to be known for and leave as a legacy to their children.
- » Collaborates with parent/caregiver to identify if/when adaptive parenting strategies could help support their specific youth's temperament, experiences, or behaviors and explores opportunities to strengthen and support what is working.
- » Collaborates with youth/family to identify any need for new patterns of interaction, communication, and coping and explores ways to help them implement these through modeling, practice, and/or other strategies and interventions.

- » Lacks use/consideration of options or ways Core Team can help family members build fun and positive experiences together (e.g., fails to consider how Core Team can engage in the activity with youth/family to provide initial support/practice and/or to help them find resources to do the activity).
- » Limits exploration. Does not explore/support family in selecting a mix of one-time experiences and ongoing, sustainable experiences that will foster new fond memories together.
- » Neglects to consider the possibility of using flex funds to support family engagement in an activity for the sole purpose of building new memories together.

- » Attempts to consider culture in parenting style by expressing assumptions rather than respectful curiosity and intention to learn.
- » While exploring how parent/caregiver was parented, only focuses on current needs and ignores future needs of the youth. Lacks anticipation with parent/caregiver around future scenarios in which family members reach maturation milestones that may be different or similar to parents' own experiences as well as how it may impact the family system.
- » Moves too quickly to a solution without holding space for assessing/understanding trauma history.
- » Jumps into engaging family in adaptive parenting strategies without first explaining how they work and the steps parent/caregiver can take to maximize success.

- » Focuses only on deficits, rather than strengths or moments of fun.
- » Takes youth on a fun activity without consideration of whether it could be an opportunity for youth and family to engage in something fun together.
- » Dismisses the need to foster fun and enjoyment shared between youth and family.
- » Engages youth/family in activities that conflict with the youth's/family's culture.

- » Uses judgmental, shaming language when discussing parent/caregiver's parenting style.
- » Fails to recognize the best in people. Jumps to or focuses on deficit-based conclusions or assumptions about needs or problems.
- » Ignores family's concerns about parenting strategies and the likelihood strategies will strengthen and support what is working.
- » Disregards the need to adjust/change interventions to better support new patterns of parenting interaction, communication, etc.

IDEAL PRACTICE

DEVELOPMENTAL PRACTICE

UNSATISFACTORY PRACTICE

STRENGTHENING AND BUILDING YOUTH'S AND FAMILY'S SAFE AND PERMANENT RELATIONSHIPS

- » Address attunement, trauma, and emotional regulation concerns that interfere with family members forming and maintaining meaningful relationships with one another.
- » Practices attunement and attachment activities and helps family increase the various ways in which they express attachment, compassion, hope, and empathy with one another.
- » Practices trauma-informed responses to crisis and stress reactions with youth/family members. Allows time to defuse emotion and validates family and youth's sense of loss, shame, guilt, frustration, anger, and/or other emotions related to conflicted youth-parent and sibling relationships.
- » Assesses the need for and explores with parent/caregiver ways to channel overwhelming emotions into action steps that will allow them to make changes, focusing on what they can do now to make life better for the youth and/or strengthen the youth-family relationship.

- » Supports family attunement to youth exclusively instead of considering and supporting attunement among all family members.
- » Uses techniques to address attunement, trauma, and emotional regulation concerns within the immediate family only. Misses opportunities to broaden approach to include extended or chosen family members.
- » Recognizes need for attunement and attachment activities but struggles to develop activities to strengthen this or uses generic activities without individualizing them to the youth/family.
- » Avoids sharing awareness of family dynamics that may lead to barriers in taking action steps (e.g., avoids difficult conversations).
- » Over- or under-responds to stress reactions with excessive alignment/attunement to one family member's experience of stress reaction, not fully attentive to impact on others.

- » Excludes siblings and other relevant family members who can benefit from interventions and/or practicing attunement and attachment activities.
- » Dismisses family member's or youth's feelings.
- » Becomes stuck with family in overwhelming emotions and never explores/initiates action steps.
- » Provides and practices attunement and attachment activities with family that is not clinically applicable to this youth/family.
- » Mirrors family's stress reaction rather than engaging as a calming presence, deescalating, and/or using the opportunity to model skills.

IDEAL PRACTICE

DEVELOPMENTAL PRACTICE

UNSATISFACTORY PRACTICE

STRENGTHENING AND BUILDING YOUTH'S AND FAMILY'S SAFE AND PERMANENT RELATIONSHIPS

- » For youth who have lived with a variety of individuals, families and/or in institutions, explores the youth's sense of belonging, family memberships, and loyalty conflicts with all these individuals, families, and systems (especially those with birth parents/family and other parents/families with whom they need reconciliation or they want to be lifelong/lasting relationships).
- » Helps youth understand who had meaning to them and for whom they had meaning.
- » Supports youth's acceptance that they don't have to choose between people. Weaves a thread of continuity and integration of all the various relationships and families that the youth has been a part of. Uses their working relationship strategically to bridge relationship gaps and facilitate reconnection or reconciliation between youth and family or between youth's family members.
- » Helps youth preserve a sense of relationship/connection with other important family members (birth, extended, resource families, and significant others) concurrently with those providing parenting/care now.
- » Uses tools like timelines, ecomap, life books, life maps, etc. to help youth reflect on and visualize historic, current, and future membership and shifting roles of family/chosen family and other important relationships in their life.

- » Describes time youth spends in the home as "visits."
- » Dwells on loss of past relationships rather than also exploring ways youth is still connected and positively impacted by those who are not physically near.
- » Expresses support for one family system over another.
- » When youth describes group home peers/staff as "like family to me," insists that they are not family, rather than exploring ways in which they feel like family to the youth.
- » Uses a tool (like timelines, ecomap, life books, life maps, etc.) but doesn't complete it together with the youth or use it to help them reflect on and integrate various relationships, connections and family memberships they hold.
- » Completes a tool (e.g., timelines, ecomap, life books, life maps, etc.) at a point in time without ever revisiting it with family as a "living" document to add to over time.

- » Tells youth the group home is their "family."
- » Discusses current family relationships and connections only and ignores past family-system connections and relationships the youth has experienced.
- » Aligns with a Family Team member's negative perception of a family system.
- » Tells youth which individuals, families, and/or in institutions were meaningful for them or how they were meaningful rather than exploring the meaning youth attributes to these people/events.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****ENGAGING YOUTH/FAMILY IN STRATEGIES TO STRENGTHEN A BROAD RANGE OF SKILLS**

- » As needed, agreed upon, and prioritized with family, implements skill-building strategies with the youth, parent/caregiver, and family separately and together to develop and practice skills to achieve goals.
- » Pays special attention to developing skills that will help the youth and family continue to reside together or to prepare for youth's return home.
- » Engages family in specific, individualized, skill-building activities that promote emotional regulation, stress management, self-care, recovery, resilience, social and interpersonal relationships, hopefulness, and awareness of effective and ineffective response to symptoms of mental illness.
- » Engages family members in skill building that supports youth's medication use (such as scheduling strategies, ongoing communication with prescriber, preparation for medical appointments, etc.).
- » Engages family in skill-building activities that promote physical health maintenance (e.g., diet, exercise, participation in primary medical and dental care, etc.).

- » Focuses on a few areas of skill building or focuses on all skills rather than prioritizing one or two.
- » Leaves insufficient time for youth/family to practice, master, and sustain skills without the Core Team.
- » Moves on to teach new skills before the youth/family is ready.
- » Focuses on youth skill building only or family skill building only, but not both.
- » Makes suggestions and engages in building skills without considering the need to consult with other relevant entities (such as OT consultant, prescriber, primary care clinician, and dentist).

- » Tells family which skills they need to build rather than discussing and coming to agreement on what to prioritize first. Directs/assists family in building skills that family hasn't agreed they need.
- » Focuses skill building only on areas that feel more comfortable to staff.
- » Disregards the OT, prescriber, or other's recommendations and expertise relative to the skills that need to be developed.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****ENGAGING YOUTH/FAMILY IN STRATEGIES TO STRENGTHEN A BROAD RANGE OF SKILLS**

- » Supports skill development around household members' roles and responsibilities, daily structure, routines, rituals, and use of home and community environments.
- » Engages family/chosen family and youth's natural network in supporting preparation for adulthood and skill attainment as developmentally appropriate (e.g., money management, purchasing and caring for personal items, meal planning and preparation, housekeeping, laundry, transportation use, leisure interests, and vocational achievement). Prioritizes roles for family/chosen family and youth's natural network in teaching or supporting youth in learning these skills as another avenue to building or strengthening youth/family relationships and preserving the gains beyond Continuum involvement.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****ENGAGING YOUTH/FAMILY IN STRATEGIES TO STRENGTHEN A BROAD RANGE OF SKILLS**

- » As needed, agreed upon, and prioritized with the parent/caregiver, implements skill-building strategies with the parent/caregiver.
- » Strategizes with parent/caregiver to help them strengthen skills in self-care, co-parenting, balancing the care of all children, keeping family members safe (at home, school, and in the community), and meeting the family's basic needs (food, shelter, clothing, personal hygiene, medical and wellness, etc.).
- » Validates and addresses items that make parenting more complicated, such as parenting with mental illness, substance use, multiple jobs, extended family/friends living in the house, challenging physical living environment, lack of natural supports, etc.
- » Supports parent/caregiver skills in nurturing, fostering, and strengthening their children's relationships with one another.
- » Helps parent/caregiver build resiliency in the face of guilt, shame, disappointment, regrets, grief, loss, and mourning over expectations held for youth as well as past traumatic experiences and other difficult experiences the youth had.

- » Lacks needed focus when helping parent/caregiver practice skills to master and sustain them.
- » Makes suggestions and engages in building skills without thinking about the need to consult with other relevant entities, such as OT and psychiatry consultants.
- » Over-identifies or under-identifies certain skills that hinder parent/caregiver's ability to prioritize.
- » Validates that parenting is more complicated due to particular environmental challenges but doesn't open up this discussion with family.
- » Doesn't explore enough to understand the type of skills that need to be developed.

- » Prioritizes areas of skill building without the parent/caregiver. Moves on to teach new skills before discussing parent/caregiver readiness to move on.
- » Focuses on youth skill building only and ignores or excludes parent/caregiver from activities to help them build needed skills.
- » Focuses on "doing for" rather than teaching/coaching skills and structuring specific support needed to help ensure parent/caregiver success.
- » Uses language that blames parent/caregiver.
- » Minimizes how particular environmental challenges can make parenting more difficult or complicated (e.g., "you can do this," "external circumstances don't matter").

IDEAL PRACTICE

DEVELOPMENTAL PRACTICE

UNSATISFACTORY PRACTICE

ENGAGING YOUTH/FAMILY IN STRATEGIES TO STRENGTHEN A BROAD RANGE OF SKILLS

- » Identifies the need for and uses participatory practice/role play, coaching, skill building, and modeling of new skills in a variety of locations such as home, school, and community.
- » Gives youth/family members specific tasks to practice and explores successes and challenges with tasks in between sessions and during sessions.
- » Creates opportunities for youth/family to test, practice, and adjust strategies that were used in one environment and will now be used in another (such as generalizing the use of skills from the group home to the home, school, and community environments). Fosters and provides multiple opportunities for parents/caregivers and youth to experience mastery in using new skills.

- » Describes skills/strategies or makes suggestions on strategies to try without modeling them or gives youth/family opportunity to practice them. Uses only one method of skill building (e.g., only didactic).
- » Uses interventions without youth/family input or agreement (imposes new ways without family agreement). Assigns tasks without first discussing options for strategies that could be tried and deciding together with youth/family what to try first.
- » Only focuses coaching and skill building with youth or parent/caregiver, not both, or only focuses on providing in-between session tasks to one and not both.
- » Tasks are too general or vague for youth/family and staff to measure success. Advises family on what not to do without helping them explore options for what to do differently.

- » Suggests/practices skills/strategies that aren't suited to the specific needs or culture of the youth/family.
- » Doesn't engage youth/family in active preparation for return home.
- » Assigns tasks without attention to how emotions, past experiences, and youth/family level of readiness may impact success or challenges with task.
- » Lacks follow-up with family on tasks or doesn't invite feedback/input on their experience of interventions.
- » Does not collaborate with out-of-home treatment program to coordinate interventions and integrate them across settings.
- » Gives suggestions/advice without observing functions of current behaviors.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****ENGAGING YOUTH/FAMILY IN STRATEGIES TO STRENGTHEN A BROAD RANGE OF SKILLS**

- » Promotes youth's and family's individual self-worth and builds their confidence to participate in a shared decision-making process by exploring and developing skills to strengthen their articulation of thoughts, feelings, opinions, and questions in a variety of forums. Reinforces the primary role of parent/family/protective adult relationships in youth's healing, recovery, and sustaining of treatment gains.
- » Explores the need for and coaches youth/family around leadership skills they can apply in treatment, care coordination, home, community, and Family Team meetings.
- » Builds skills and self-efficacy toward leadership and collaboration with Family Team and other entities. Supports skill development around parent/caregiver engagement with youth's school to ensure that their educational needs are met (e.g., understanding IEP process).
- » Builds/strengthens skills needed for attaining other services, entitlements, support groups, and benefits for themselves and family members as well as the attainment of ongoing education/information regarding youth's diagnosis/medication and ways to anticipate future changes.

- » Misses opportunities to promote youth/family inclusion. Misses opportunities to coach skills that promote empowerment and leadership.
- » Provides coaching around leadership skills in some environments but ignores the need to expose youth/family to different venues where they can further practice, master, and generalize these skills.
- » Empowers leadership without exploring the need and desire for coaching/support.
- » Supports parent/caregiver leadership style in whatever manner it is expressed without opening dialogue around shaping one's style to get the most out of an encounter with a particular event or person.
- » Shares feedback on leadership strengths but avoids discussing possible ways to lead differently in order to achieve a different result.

- » Expresses that Core Team/providers will fix things instead of communicating how they will work together with family to figure out a way to help improve things for themselves.
- » Does things for family when family is ready for skill building and coaching to do it themselves.
- » Takes an expert stance, telling family what to do, or takes over for parent/caregiver, suggesting they are incapable.
- » Uses blaming language.
- » States areas for improvement but without coaching to address those areas.

IDEAL PRACTICE

DEVELOPMENTAL PRACTICE

UNSATISFACTORY PRACTICE

EXPLORING PROGRESS AND TRACKING CHANGE

- » Asks about and seeks input from youth/family on their experience with interventions, skill building strategies, and assigned practice tasks. Explores barriers as feedback about (not resistance to) the intervention.
- » Makes direct observations of youth's/family's strategies, reinforcing, or supporting and encouraging effective ones. Uses in-the-moment opportunities to model/suggest different strategies to try.
- » Throughout intervention and skill building, uses data (rating scales, tracking school attendance, etc.) on measurable objectives in order to clarify family, youth, and/or Family Team member's impressions of progress as well as to inform future interventions.

- » Only seeks feedback at sessions and not in between sessions.
- » Solicits minimal or no feedback and data from all Family Team members (relies on data from one source).
- » Obtains feedback and data without using it to inform future interventions in a way that is meaningful to the youth/family.
- » Doesn't use data to support youth/family and Family Team members' understanding of one another's stage of readiness for change and options for interventions most appropriate to that stage of change.

- » Fails to solicit feedback from youth/family members on how task/session went.
- » Misattributes one family member's perspective/feedback as that of the whole family without exploring it with each family member.
- » Labels family as resistant. Fails to see the function and/or adaptive aspect of why they may be reluctant to engage in something.
- » Dismisses how sharing data can have an impact on how the family or Family Team recognizes progress.
- » Only considers data when progress is well known and established, rather than using it to highlight and further encourage incremental progress.
- » Maintains the same skill-building approach even when it repeatedly fails to result in any changes for youth/family.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****EXPLORING PROGRESS AND TRACKING CHANGE**

- » Continuously explores and observes youth's/family's overall response to interventions, treatment, and skill building.
- » Explores impact on youth/family functioning and adjusts interventions accordingly.
- » Recognizes and addresses changes in mental health and substance abuse symptoms as well as illegal or risky activities (gang involvement, drug dealing, sexual exploitation, etc.). Obtains any necessary consultation to address these need areas adequately and coordinates and links youth/family to specialty services and treatment interventions when indicated.
- » Updates safety plan, including updating the names, roles, and tasks of safe and protective adult relationships, with youth/family as appropriate.

- » Only explores and observes youth's response to intervention, seeing them as the identified patient and not as part of a larger family system.
- » Only relies on own observations, without inquiring with other Family Team members or family members about their observations.
- » Does not consider the ways symptoms of mental illness and substance use/abuse complicate one another.
- » Refers to specialty service without first considering and engaging in applicable interventions.
- » Refers to services but lacks follow-up with youth/family to see if they connected and how it went. Refers on and follows up with family but does not coordinate or collaborate with specialty service provider.

- » Ignores, dismisses, or downplays substance use and/or abuse or illegal and risky activities.
- » Recognizes some signs of substance use/abuse but doesn't act on them. Unsure of how to screen for it further and determine need for addressing it in treatment.
- » Fails to engage specialty services, Family Team members, and/or referring agency to support youth's/family around specialty needs.
- » Observes youth's/family's presentation and symptoms through one diagnostic lens and disregards all others.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****PROVIDING PSYCHO-EDUCATION**

- » Acknowledges complexity of youth's and family's situation and provides information to help answer youth/family questions regarding youth's diagnosis, common symptoms, treatment approaches, etc.
- » Provides information, as appropriate, regarding developmental and functional expectations for youth.
- » Provides information/answers questions about trauma and loss reminders, post-traumatic stress reactions, rage-and-loss reactions, grief reactions, and the impact thereof on development.
- » Provides/links family to resources to better understand medications and alternative healing practices (consults with psychiatrist regarding psychoeducation around medication as needed).
- » Builds understanding of family systems:- that individual family member's behavior, feelings, expectations, and functioning within various domains impacts other individual family members as well as the family system as a whole. Builds understanding that the environmental contexts in which family members live and engage impacts them as well.

- » Acts independently, seeking out resources to obtain needed information for youth/family and misses the opportunity to include youth/family in a way that helps them develop these skills.
- » Answers questions from an expert stance without allowing the opportunity for a collaborative dialogue.
- » Avoids providing education on certain topics for fear of opening a discussion that will be uncomfortable to the staff (e.g., avoids mentioning loss and grief reactions).

- » Listens to family and answers questions in scope of own knowledge but ignores the need to seek resources or consultation to obtain additional information for youth/family.
- » Answers questions outside the scope of own knowledge and provides misinformation.
- » Uses pathologizing, deficit-based language. Lacks compassion and empathy while educating and informing.

IDEAL PRACTICE**DEVELOPMENTAL PRACTICE****UNSATISFACTORY PRACTICE****PROVIDING PSYCHO-EDUCATION**

- » Discusses with youth and family the fact that others have similar experiences. Shares support-group information. Extends an ongoing invitation to youth and family members to participate in relevant trainings, conferences, and groups related to youth's/family's experiences (explores with the parent/caregiver the option of inviting Family Partner to provide support to them during training).
- » Assists youth/family in seeking out and accessing resources to increase understanding and support for family members and youth regarding youth's experiences, symptoms and diagnosis.

- » Chooses trainings/conferences for family to attend rather than discussing applicable options with them.
- » Invites family to training without exploring what they hope to learn and how they can get the most out of the training.
- » Overlooks the option of parent/caregiver inviting their Family Partner to training.

- » Does not share information about trainings with family or restricts their attendance to trainings based on personal beliefs about what is appropriate. Dismisses the value of inviting family members to attend trainings and learn alongside staff.
- » Makes assumption about which support groups to refer family to instead of sharing different options.
- » Suggests support groups/trainings that aren't in line with youth/family interests/needs.