

2020 | Sanne Van den Begin  
Translation by Els Nijs



# Manual family counseling

Learn the methods and then go further



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## Preface

Professional expertise and quality in Youth Care is built up through education, training, practice, study, supervision and coaching, co-working, exchanging with colleagues, critical thinking, appreciation, self-evaluation and evaluation, organisations that stimulate learning and growing, support and control, respect, confrontation, meeting children and families, authenticity, government policies, procedures and processes, mission statements, internal audits, inspections, feedback from families and colleagues, your own family life, neighbourhoods, therapy, job conditions, benchmarking, values, ethical and judicial considerations, practical experience, scientific and pragmatic knowledge, more feedback from families and colleagues, talking with children, your own attachments and relationships, gut feeling, mature professional judgment, reducing own biases, growing resilience, Children's Rights Declaration, setbacks, art, emotional intelligence, luck, admitting mistakes and errors, giving chances and taking risks, being responsible, ...

This handbook is a little bit of some of these things, and hopefully, it can offer a small contribution to strengthening your professional expertise and qualities. This manual for family counseling concretizes our approach, assumptions and values, in the procedures and methods we use in Sporen, a Youth Help organisation in Flanders (Belgium).

We value procedures and methods as a means of transferring good knowledge and good practices from workers to workers, for the young professionals as guidelines and instructions to acquire new skills, experiences and insights, for the skilled professionals as a referential framework for (self-)evaluation and critical thinking.

Being transparent and consistent about our approach, assumptions, values, procedures and methods is also a condition sine qua non for the families, and children, we work with.

So we assume that good methods, starting from a sound basic philosophy, evidence- and practice-informed, are crucial for professional development, because if they're well understood and applied, they add to your personal and professional agency.

Finally, I would like to thank Sanne for weeks and months of meticulous thinking, talking, writing and rewriting, and Els for her feedback on the manuscript and the drudgery of translating this manual into English.

Jan Tibo

Director Sporen vzw

## Introduction

Sporen supports families in complex life situations. In partnership with parents, children, adolescents and their extended families, we want to undertake the journey to find ways to enable these children and adolescents to grow up well and safe in their own environment (as much as possible).

All of the families who are supported by Sporen, will get **family counseling**. Family counseling includes having conversations/working with the family but also with other people who are meaningful to them (extended family members, relatives, friends, teachers, ...), and relevant to raising their children. The guidance will take place most of the time at home. The frequency of the contacts depend on the kind of support that the family will need. In Sporen we use 'Opgroeien in Veiligheid' as the basis for our family counseling. This approach is developed by us so it is unique for our organization.

In this manual we want to explain what the main elements are of 'Opgroeien in Veiligheid' and what family counseling looks like in practice.

In the first chapter we explain how to work **in collaboration with families, their extended families, colleagues and other partners**. A good cooperative and trusting relationship is a first condition to be able to work together. Such a relationship demands coordination on the content, on the emotional level as well as on the relation itself.

The **main principles which we use** in our work are explained in the second chapter. These principles will clarify how we will cooperate with our families and how we will support them in the amelioration of their situation. They will give direction to the attitude and the behavior of our family workers. They will also support our family workers so they will be able to adapt their way of working in a way that feels comfortable for our families and for themselves without losing sight of the core values of our work.

To work with the main principles of 'Opgroeien in Veiligheid' in a wide variety of families, requires a lot. Also, making connections with others and to keep communication going, can be a big challenge for our family workers. In the third chapter we explain how we **support our family workers** as good as possible in this challenge.

In the fourth chapter we translate everything mentioned above to a concrete family counseling process. The manual 'family counseling' is the official procedure for family counseling in Sporen. It describes how a family counseling process must look like and who takes responsibility for which steps. The manual is a support for family workers in their job with families and extended families. It helps to focus on the important issues, meanwhile not losing sight of other issues and continuation of cooperation. Only after a professional and justified decision and after counseling with the supervisor, deviation is allowed from the manual. Of course there is room for use of additional methodologies and techniques which connect to our principles. To offer our family workers some more support, an **comprehensive explanation** is given in this manual on how to practice **family counseling**.

The inspiration for this manual is mainly based on some specific approaches. These **sources of inspiration** offer a wide variety of opinions, methods and techniques that fit our vision and help us to offer families specific support. We do not work based solely on one of these theories. Each of these helps us shape 'Opgroeien in Veiligheid'. We end the handbook in the fifth chapter with a brief explanation of these sources of inspiration.

Some final remarks:

By 'family' we mean the child that will be supported, but also his/her parents and siblings. The family members are the people who belong to this family. With 'parents' we mean the people who are responsible for raising the child. When the biological parents have no role at all in raising the child (eg. because they passed away or they are unknown), often other people take over this role (eg. an aunt with whom the child is living). When we talk about 'extended family' we mean everybody who is related to the family in a non-professional way (grandparents, aunts and uncles, neighbors, friends, acquaintances, ...). When we talk about 'children', we might as well mean 'adolescents'. Some words in singular, might also indicate plural forms and vice versa (eg. child-children; parent-parents). With words like 'he' or 'his' you may also read 'she' or 'her'.

The improvement of family counseling is a continuous process. This implies that this document is always susceptible to changes and additions.

## 1. In connection with ourselves, (extended) families and colleagues

The quality of the dialogues between everyone who is involved and who supports the family, predominantly determines the success of family counseling. When we ask parents what has helped them most, they often talk about the in depth conversations with the family worker, who was able to really listen and support them. Also children desire support figures who offer them a basis to whom they can return when things are getting difficult. These support figures allow them to be open, show their feelings and make mistakes. (SOS Kinderdorpen & Cachet VZW, 2017).

A good relationship with family members helps the family worker to discuss difficult situations and issues, to keep discussing worries, to keep on focusing on goals and to keep on asking parents to take the next small step. Through the connection between family worker and the child or parent, the family can let the family worker feel what they are going through when words are difficult to find (Rober, 2017).

Also the relationships between the professionals around the family have a big influence on the course of the family counseling. How can they form the family counseling together with the family, even though they start from very different frameworks and ways of thinking?

### Next to and with the other

The quality of the cooperation with others always starts during the first contacts. You want to get to know each other: who is in front of me, what is important to her, how can we make contact with each other?

Also during the further course of the family counseling it will always help **to do** first **what is really necessary**. Sometimes this means just be next to and with the other (Steens, 2016). This implies directing our focus to what the other wants to talk about and give her the time and space to fully express herself and to understand what she means. (Rosenberg, 2011) (active listening). To acknowledge how incredibly difficult things are for the other without immediately giving reassurance, advice or goals (Steens, 2016; Rosenberg, 2011).

The family worker is allowed to show what this difficult situation does to her. The family worker is present as a person in the conversation, so she is also vulnerable. It can be a whole challenge to keep on daring to take time for these conversations.

### Conscious use of language

How well connections are made, also depends on the words and body language that are used and the content of the conversations.

We know that it helps when the family worker talks in **specific words** and when she writes about the daily activities that parents and children perform and do not perform.

This means no labels (this boy has an attachment disorder) or professional jargon (mother has to learn how to structure better). She keeps her sentences as simple as possible, especially because stress makes it difficult to understand.

Even more than our words can say, our **body language** has a major influence on our (further) conversation(s). By this we mean our gestures, postures, facial impressions, looks, tears, movements, but also the volume, timbre, pace and the emotional impact of our chosen words. The body signals add something important to our words and make a connection on a different level possible. We also first react with our body on stories of others (we nod, we sigh, we look away) and our body understands these signals before they are processed by our brain. (Rober, 2017).

### Take into account our gut feeling

The cooperation with others is mainly based on our gut feeling. This feeling is to a great extent determined by our **emotional physical tension** or arousal. This physical tension gives us a spontaneous and direct signal about how we have to assess a certain situation: ok, totally not ok or not sure. Our body frees energy to react appropriately as long as this tension stays within certain limits, we can listen, talk to one another, empathize with the other, reason, ... When this tension goes too high or too low, the smooth connection between our head and belly gets under tension and this becomes much more difficult.

Unintentionally we often take over the same tension level as our partner next to us. When this partner becomes very agitated, we will also talk faster and react quicker. When she is very slow or tame, we have to do our best to stay active ourselves (Morisse, De Belie, Blonrock, Verhasselt, & Claes, 2017). To be able to help families well we have to stay in connection with and have attention for our own body and emotional reactions. A peaceful voice and a friendly face can engage the security system in the brain of the other (van der Kolk, 2016). Family workers who are able to sustain a lot, can not only install safety in a cooperative relationship, in addition they can also support families to grow in difficult situations.

Our gut feeling is not only based on our physical tension, but also on our intuitive knowledge. Our **intuitive knowledge of parents, children and the extended family** is what we remember from previous conversations and from the feelings that went along with these contacts. Also the experiences that other people had with this family may play a role. From this knowledge we sense the behavior of the other and we react on a sensitive manner. The **intuitive knowledge** that we have **about ourselves**, comes from our own needs and desires, our attachments, our own experiences and the issues that play a role in our lives (read more on page 12).

Often we are not aware of our gut feeling. Still it is important to listen to it occasionally, alone or get in touch with others about what is happening: 'What gives me so much tension? What makes me react like this in this situation?' More insights into our feelings can help us to connect better with others on an

emotional level, especially in situations where the spontaneous connection fails completely (Morisse, De Belie, Blontrock, Verhasselt, & Claes, 2017).

## 2. Main principles of family counseling

In this chapter you can read more about our approach to family counseling. Following are the principles that form the core of our work, namely how we collaborate with families.

### 2.1. Together with the whole family

The family worker cooperates intensively with the whole family: the parents, the child and its siblings. The parents play a crucial role because, what they do, has a great and sustainable impact on their children. Family workers attempt to **involve both parents** as much as possible, even when both or one of them is not a lot or not involved in raising the children. The self-esteem of children will be boosted when parents, even though mistakes were made in the past, attempt to make their home a better and safer environment. To involve all meaningful people of the family, is also well for the safety of the family, because things are more openly discussed and less issues stay under the radar. When an intensive cooperation is not possible, then parents will at least be informed about the well-being of their children.

**Children stay as much as possible at home.** Growing up with their own parents offers, although possible problems may occur, almost always the best chances for a normal mental health (Struik, 2016). Safe contact between parents and children will be stimulated. When necessary and desired, the family worker will try to heal the bond between parents and children.

The family counseling is focused on the **well-being and safety of all the children** in the family. The family worker makes sure that the child and its siblings know why family counseling is happening and who they can turn to with questions. She approaches every child as an individual with his own interests, challenges, dreams, ...

Only after the adults have discussed their worries with each other and these are clear, the family worker will ask the children explicitly what their worries are. When children are the first ones to talk about unsafe situations in their family, they are in a hazardous position. Moreover it is the **adults' responsibility** to take care of safety.

Conversations with different family members will often take place in group. This way everybody has the same information and **different perspectives** can be immediately discussed. The family worker also has conversations with parents and children separately so that they can tell about issues which they are not (immediately) willing to share with others. She is curious to find out what the different family members think and feel about the situation and works with all these perspectives. When during these conversations safety issues considering a child or a parent are discovered, the family worker needs to consider when it is necessary to share this information with others. She can discuss this with colleagues.

## 2.2. Together with the extended family

**Everybody needs people surrounding her to feel well**, especially in situations with high tension and setbacks (van der Kolk, 2016; Vos & Verhaegen, 2016). The most powerful protection against becoming overwhelmed by stress, neglect or abuse, is to be truly seen and heard by people surrounding us, to exist for someone else (van der Kolk, 2016; Shonkoff & Garner, 2012; Center on the Developing Child, 2017).

Many families that we work with, live in very challenging situations and are at the same time very isolated. The relationship which they have with their family worker can be very supportive, but can never be enough. Everybody needs relationships that are guaranteed by love and that are lasting. This is especially true for people that are scared to start new relationships after previous negative experiences. Experiences of being abandoned, can only be processed when you have people now that you can count on (Struik, 2016). What went wrong in relationships, also needs to be healed in relationships (van der Kolk, 2016).

That is why the family worker will be looking, from the start, with the parents and children, for people that can be support figures for them. She is especially attentive to everybody's feelings in relationship with others. When possible, the family worker will try to strengthen ties and heal old injuries.

Another reason to work with the extended family intensively is that we in Sporen believe that **children have the right to keep their familial and cultural ties**. We also believe that **extended family members have the right to stay in touch with the child**. They are allowed to follow-up how the child is doing, even when she stays in a residential group. The **parents and extended family members can account best for the wellbeing and safety of the child**. As family workers we have to acknowledge the capacities that they have and we have to assist them to develop these (Kempe Center, 2013).

In Sporen we bring people whom the family is connected with, together in family group meetings (Kempe Center, 2013). During these family group meetings we work on safety plans that can improve the situation of the children. Family members will take on the responsibility together by making agreements in the best interest of the children. The purpose is that they will be staying around when the family counseling has come to an end (Parker, 2014). The resilience and the hope for the family can grow because a whole group is encouraging them to change the situation (Center on the Developing Child, 2017).

Everybody takes on a different role based on their own capacities and their unique bond with the children and their parents. Extended family members can, as support figures, take on each other's role when necessary (Campbell & Family and Children's services of the Waterloo Region, 2017). It is often the strength of the common relationships that makes sure that the extended family can keep supporting the family.

Also in a trajectory of non-violent resistance the extended family can keep supporting the family. The extended family helps the parents to stay in charge of their own behavior, to continue holding their position against the difficult and aggressive behavior of their child, to remain more present in the life of their son or daughter (Day, Heismann & Spyrou, 2011).

Finally research shows that **children who leave Youth Services, need enough social support** to be able to transition to adulthood in a right manner. It is important that children have a bond with their support figures and that they are able to estimate how these people will react when they are asking for help. The building of a support network has to start early enough (Van Audenhove, 2015; Cachet, z.j.). In case of ruptures in the relationship with the parents, supporting relationships with other people are truly important. (Santens, Claes, Diamond, & Bosmans, 2018).

### 2.3. A Questioning approach

During the entire guidance the family worker will start from questions: “How do you think about the situation of your child?” “How does life at its best look like?” “What are your biggest worries concerning your children?” “How do you think the juvenile judge looks at your family’s situation?” “What do you think your mother would say about this?” “What is already working well?” “How do you think your child feels about this?”

Doing so, the family worker prioritizes and explores the **family’s expertise**, and starts, regarding the family’s situation, from a ‘not knowing’ position, since the family truly is the expert of her own life, her own history, everything they have tried so far, succeeded or failed in, their progress and their setbacks, their different perspectives from within the family.

This authentic questioning approach is also honoring and appreciating the **family’s values** and the **existential autonomy of the family** members, including the children.

Humble questioning **reduces** the pitfalls for the worker to prematurely ascertain her **own assumptions and conclusions**.

A questioning approach also constructs a **more equitable relationship** between family members and family worker.

Not all questions can or will be answered instantly, but at first instance, it is an advantage if the questions are more important than the answers, since they instigate new reflexive processes. A question that is not immediately answered possibly opens **new avenues for thinking, feeling and acting**.

In this perspective, solution focused questions – such as circular, coping, exception and scaling questions - are not merely useful in developing solutions, but primarily are promoting reflexive functions, allowing to exchange perspectives, create new meanings and understandings, foster hope and resilience, reduce stress in connecting with broader perspectives, and build an enriched and mutual (mental) framework.

### 2.4. Focused on strengths and resources

During all conversations the family worker is being **attentive to everything that goes well** in the family and their environment. She is also attentive to the **strengths of the individual family members**. She demonstrates appreciation for their effort and intentions by asking what exactly they are doing, with

which intention they are doing this, which beliefs or values are playing a role for them and what they want to do in the future (Mertz, z.j.)

In addition the family worker will always ask **who or what is already supporting** the parents and their children. Is it possible that the help which is already in place will be used more often or in a different manner? (eg. Is it possible that the cousin who is a regular babysit for the children also sometimes picks up the children from school or can dad work from home more often?) Such an exploration of what kind of help is in place already, may also lead to different ideas (eg. It helps that dad works from home more often because then he can also prepare dinner, and who is able to do so on other days?)

During these conversations **attention** is also given **to exceptions**: situations during which the problem did not happen. In the behavior of the family members during these situations often lies the key to solutions. That is why the family worker specifically will ask about situations where things are going (a little bit) better and about things that already have worked before. What has the family done differently during these situations? How will it work again?

The questions that the family worker will ask, create hope and perspective and make families reflect. They can be aimed at the exploration of the situation together, without formulating goals or actions. By letting parents and children take a different perspective, letting them dream about their future, letting them dwell on their feelings or their behavior or letting them tell about their past, change can start to grow.

## 2.5. Focused on goals and solutions

Families will relate to the family worker why they started counseling and where they want to go. **Talking about the preferred situation** develops hope and positive feelings and increases the longing for this situation. It makes clear what efforts can accomplish (de Jong & Berg, 2004; Berg & Dolan, 2002). This is especially important for family members who in the past were exposed often or for a long time to situations in which they did have no control or from which they could not escape (van der Kolk, 2016).

By asking what parents and children find important for their family and what they want to change, it gets clear to them what **their goals** are. The family worker does not impose her own standards and values about 'what it should be like' in this family. The family chooses themselves about how they want to organize their lives (Spanjaard & Haspels, 2005).

It becomes different when, besides the goals of the (extended) family, there are also additional conditions from a mandatory agency<sup>1</sup> or juvenile court. Sometimes it is necessary to intensively start **working on safety** first.

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<sup>1</sup> Het Ondersteuningscentrum Jeugdhulp (OCJ) of het Vertrouwenscentrum Kindermishandeling (VK). These are the mandatory agencies that decide whether society has to intervene in families (right to intervene).

Parents do not always agree with the concerns or accusations that are expressed. The family worker does not attempt to search for the truth at all cost about what has happened or not, but takes the different scenarios into consideration. Because she can associate with the different opinions of the different people involved, she can stay a 'facilitator' and build the bridge between parents and the mandatory agency <sup>1</sup> or juvenile court. During the counseling of the family, the family worker will focus on the future. She works with parents on a safety plan that will demonstrate the safety of the children in the future and that which is stated in the accusations or conviction, will not happen (again).

Whoever formulates the goals and conditions, the family worker always talks with the parents and children about **how to reach these, who can help them and who is allowed to help them**. People feel mostly connected to their own ideas and are more intrinsically motivated to work on solutions that they have developed themselves. Their own solutions also fit better with the strengths and habits of the family and their environment, which implies a higher success rate (Berg, 2000). To facilitate families to think out of the box, the family worker can ask them how important people surrounding them would experience their situation or what they think they should do. She encourages the family to take **small steps**. The higher likelihood of success is motivating and small steps starts change (Vinnicombe, z.j.). The family worker will honor each progress.

Together with the family members, the family worker tries to find out how much support they will need. In this manner the intensity of the family counseling will be adjusted as much as possible. The most important is that the family worker stays in communication with the family and that each time, during each home visit, they decide together what will be discussed and what will be done to help them. Sometimes this implies taking a lot of time to consider why some family members do not start certain actions or going to another service together for an intake conversation. Sometimes this means just being next to and with the other.

### 3. Support of the family worker

The family worker has many different tasks and works together with a variety of people concerning very difficult and varying themes.

One of the most difficult tasks is to assess the safety and wellbeing of the family. On the basis of which signals does one dare to say that there is enough safety and how sure can you be of your conclusion? How do you limit danger and how do you give the family enough chances to take care of the children as much as possible?

#### Knowledge of scientific evidence and gut feeling

The family worker needs **knowledge about the signs of abuse, maltreatment and neglect** because these situations are often ambiguous and difficult to identify. For instance: it is good to know that when a parent obstructs contact between her partner and others and limits his freedom of movement, this might indicate emotional violence (vzw Zijn, z.j.). **The family worker also needs to know what works and what does not work.**

The knowledge which she uses needs to be based on recent **scientific insights**. It is also important that this will be used in a correct manner: each situation is different and the nuances of a particular context must not be forgotten. Family workers gather knowledge by education, discussing cases with co-workers, supervision, and consulting the (digital) library.

The family worker complements this knowledge with her **gut feeling**. A pitfall of our gut feeling is that it gives us a (false) sense of security: we think that we know 'how it works' and we are not inclined to investigate our reasoning (Munro, 2011). A supervisor or colleague can help the family worker to keep her logical and intuitive thinking in balance. She can ask the family worker what she feels, help her to structure her intuitive thinking, ask critical questions about her reasoning and conclusions, hand new (scientific) insights, ...

The family worker is also able to contact a supervisor in the evening or at night, and during the weekend, to discuss difficult situations and to ask for advice or support.

#### Based on questions

The supervisor and her team support the family worker also to apply the instructions and the underlying principles of family counseling. They can also assist her with the application of the procedures (eg. When she is concerned about a family situation).

They help her to make a broad evaluation of the situation: what can the (extended) family tell about what is going well and what not? What are their best solutions to ameliorate the situation? What is the worst that can happen? They help the family worker to look at the situation over and over again: what if circumstances are now changing? What does it mean that these additional people are involved?

By asking questions, the family worker comes to grip with what she will be doing in his further guidance with the family. **The supervisor starts from the initiatives of the family worker and lets her make her own decisions.** The family worker gets the space to change ideas and to admit possible mistakes. When

a family worker experiences what it feels like to be queried in a solution centered and appreciative way, this helps her to act similarly with families.

### Attention to relationships and feelings

The supervisor supports the family worker to assess how she relates to the different (extended) family members and what she can do to strengthen these relationships.

Special attention needs to be given to how the family worker relates to the family. Because the **family worker always commits herself personally in contacts**, her own feelings, thoughts and experiences will play a role during the conversations: what does it feel like to discuss certain topics? What motivates her? What are the challenges? How can she connect (again) with the family? What does she need to continue? When the family worker gets in conflict about a certain 'issue' for an extended time or repeatedly, a coaching track can be started.

## 4. Comprehensive manual of family counseling

### 4.1 Starting the family counseling: the intake phase

The manual of family counseling is the official procedure for family guidance in Sporen. The manual describes briefly what family counseling will look like and who takes responsibility for which steps.

#### The introductory meeting and intake conversations

The first contact between families and family worker is often an introductory meeting in which the child and her family become acquainted with the service. The family worker will immediately indicate that she will help the family to find good solutions themselves (instead of repairing things by herself). The parents and children also will learn that she will work with all the children of the family and that people from their environment will be searched for who can support them (more).

The family counseling starts officially after one or several intake conversations. During these conversations an **assessment of the situation** will be made by the parents, the child and her family, the supportive family and the referrer.

The tone of the family counseling will already be set. Parents and children experience immediately how they are looked at and which voice they will have at the table.

To bring these conversations into a successful process, the family worker will imagine what she would look for in a family worker. She talks as much as possible in simple words and uses the language of the family.

The family worker starts out with putting everybody at ease and by explaining the role of all the attendees and the goal and the course of the conversation. She also explains what she will write down.

The family worker asks the family to briefly explain the situation and where they want to go to.

*Elizabeth, how would you like things to go in your family?*

Subsequently she asks all attendees separately what they are **concerned** about and why they are concerned.

*What are the things you are concerned about?*

*You're telling me that you are not at ease when your husband is taking the children out. What did happen in the past so that nowadays you are worried when this occurs?*

These questions will be addressed at the parents and the family first, so they can speak freely. Sometimes they want to hear something from the referrer first, such as why they need to get family counseling. The concerns of the children will not be asked before the adults will have discussed their most important concerns (also later in this chapter).

The family worker conducts the conversation with care. She accepts how the family members look at their situation and the explanations they are giving.

When she has questions, she will ask the family for a more detailed explanation without starting a discussion.

Next the family worker will ask all family members **what they want to be helped with**, how they imagine their future and what their goals are. Some families need help to focus their attention on what exactly they want.

*Do I understand it correctly that for you the most important issue is that your family can stay together?*

*What needs to be changed first for you? On which issues are you willing to work?*

*What would be different when all problems would be solved? What would you do differently? (de Jong & Berg, 2004)*

When the family counseling is not completely voluntary, the referrer decides which changes are necessary according to society. We call this 'minimal demands'. The family worker will ask the referrer very specific questions, so the family will know what awaits them.

Sometimes the (extended) family members have (almost) no own goals or they do not want to share them with the youth services. Even then they often can still be motivated to cooperate with juvenile court or the mandatory agency <sup>1</sup> so the children can live at home again or counseling can stop.

The family worker also asks all attendees what the **strengths and the resources of help and support** are of this family. She gives special attention to situations where the wellbeing and safety of the children is increased.

*Can you tell me about a moment where you both were really angry at each other but instead of shouting at each other and starting a fight in the presence of the children, you did something else to resolve your problems so the children did not become afraid or got injured?*

*With whom can you talk about this?*

*I saw that someone dropped you off by car today, so is that someone you can count on for transportation?*

She asks the family members about details of their daily life. As a result, they experience an interest and connection to their lives and the family worker will get a lot of valuable information.

At the end of the intake conversation, all adults can be requested to give an estimate about the safety and wellbeing of the children based on a scaling question. The answer will be written down in the column 'what are the concerns'.

*On a scale of 0 to 10, where 10 means that everybody knows that the children are safe enough and that the file at the juvenile court can be closed and 0 means that the situation is so bad for the children that they no longer can live at home, which number would you give right now?*

The sequence of the questions and topics is uncertain during an intake conversation. The family worker starts off with the strengths, concerns or goals depending on the situation or her own assessment:

Eg. Start with asking about things that are going well. A family with bad experiences with counseling can get some faith in themselves and counselors in this way.

Eg. When a family is focused on their problems and complaints, sometimes it is indicated to start talking about their concerns first.

To determine the sequence, the family worker draws on her experience, intuition and expertise: How can I best connect with this family and what is most useful to them at the moment? What is most indicated? Or she can also ask the family how they would prefer to start.

In the intake phase the family worker creates openness about the family situation. She also explains how she works (eg. By supporting the parents to make a story for their children and by involving the family). Also the time frame will be agreed upon: how often the conversations will take place and when an evaluation will be conducted. In this way, the cooperation can start without misconceptions and hidden agendas. During family counseling, she will repeat this information on a regular basis.

## The report

To structure all information, the most important topics will be written down in three columns.

The three column report will contain the most important concerns, strengths, safety goals and agreements. Those are the **necessary issues** the family and the family worker need to know in order to make some progress. Details are omitted, difficult issues will not be hidden. This assessment will be done together by everyone who is present during these conversations. The assessment is the basis for a further cooperation. It ensures that we all know 'what it is about' and 'where we want to go'.

The information in the three column report will be **adjusted every single time** during counseling so that everyone can follow progress. The report provides an overview and helps to ensure that important issues are not overlooked.

The **family worker literally writes down** sentences of family members during conversations. She first gives the opportunity to articulate things that they said before they are written down. When necessary the family worker can propose words that are understandable and acceptable to family members and that they can explicitly agree with. She writes in everyday language and in specific words. This means: without labels, diagnoses or professional jargon. Conclusions and judgments also do not belong in the three column report (unless in a scale question).

*I think you said: "I am tired, I have to rest during the weekend. I don't know when I can visit the residential group." May I note it that way?*

The family worker explains the family that they will get the reports. **Everyone involved receives the same report**, including the juvenile court or mandatory agency. Since decisions about the family will be made on the basis of these reports, it is extremely important that the content is correct and balanced. When all intake interviews have been conducted, the family worker makes a report of these interviews in the Intake report template. She gives this report to everyone involved and registers it.

## A report in three columns

| What are the concerns?   | What goes well?   | What are we going to do?  |
|--|---|---|
| <p><b>Future danger:</b></p> <p>What are we (mom, dad, grandma, uncle, ... referrer) concerned about that may happen in the future with the children in the care of their parents?</p> <p><b>Damage in the past:</b></p> <p>What did happen in the past which raises concern about the children in their parent's care?</p> <p><b>Complicating factors:</b></p> <p>What is causing difficulties in cooperation and in creating well-being and/or the safety of the children?</p> | <p><b>Existing strengths:</b></p> <p>Which strengths do family members and their extended family have? What is their motivation? What is their commitment?</p> <p><b>Existing safety:</b></p> <p>What is the family and their extended family already doing that increases safety of the children? When does this work?</p> | <p><b>Minimal demands:</b></p> <p>What does the referrer want these parents to do while taking care of their children to ensure there is sufficient safety so counseling can come to an end? In which time frame does she want to see this happen?</p> <p><b>Goals of the (extended) family focused at the safety and development of the children:</b></p> <p>Which goals does this family and their extended family want to work on?</p> <p>What does the family and the extended family think they should do to look after the children so that the children are safe and counseling can end?</p> <p><b>Next steps:</b></p> <p>What will be the next steps in working towards achieving these goals according to the family and their significant others?</p> |

### What are the concerns?

The allegations or concerns mentioned during the intake interviews are written down as **core concerns** or danger statements. It states by name who is concerned about which behavior of the parents, why and what the possible risks are for the children.

Risks are only written down that are likely to occur in this family (for example, when these children do not attend school sufficiently, there is a high risk of learning deprivation, but not of social isolation since the family very regularly receives visitors at home).

The core concerns are as short and plain as possible, so that children and adults can understand them even when they experience stress. When family and relatives are concerned, their names will be mentioned. The name of the family worker is not mentioned. This helps her to better connect the different points of view.

*Mommy, daddy, grandma Tienen and Child Protection Agency worker Els are worried that mommy and daddy can't pay enough attention to the children when they are drunk and that the children might get hurt.*

There is no search for a single truth or a compromise. Different perspectives are placed next to one another. The people involved accept that there are different perspectives and that they are mentioned in the same report every time. This means there is one mutual frame of understanding.

*The juvenile judge is concerned that when mum is under the influence of medication when the children are staying with her, she is less alert and does not supervise the children sufficiently. This allows the children to feel alone, not get help when they need it, and accidents could happen. Mom is not worried: 'I never use pills when the children are coming'. Grandma: 'I am often there and I have never witnessed/seen that this is a problem'.*

The family worker reflects as much as possible together with the family about how the core concerns are written down because each suggestion of the family worker reduces the freedom of the family to come up with their own ideas. To be able to work on solutions it is also important that everybody understands what it means. Furthermore the family worker will also inquire the family why these concerns have risen in the past. By knowing what exactly has happened, when, the degree of the event, how often this has happened,.... a better assessment can be made about the seriousness of the worries and which goals need to be obtained.

*Marthe was 35 days absent from school between 1 September and 20 December.*

When previous harmful events are evident to everybody, they don't always have to be repeated in the three column report. When there is new information about the past, then it must be added.

Finally, complicating factors can also be mentioned in the three column report. These are factors that in themselves make the situation more difficult, but they don't harm the children. Complicating factors though can evolve to real worries and the other way around.

*Mom and dad don't have a lot of money to make ends meet.*

*Daddy isn't able to help Mira with her homework because he doesn't master the Dutch language.*

#### What is going well

The **strengths** are also included in the three column model.

The family worker asks family members what is going well and what they are proud of. Strengths don't 'characterize' families. They indicate how families put into practice what they think matters most. It can therefore be very valuable to know with what intention somebody does something (Mertz, z.j.).

*Dad 30/05: 'I said no to Charlotte yesterday when she asked for a toy in the store. It helped me that I already had bought a present for her birthday. I believe it is important that my children learn they can't always get a present.'*

The family worker also asks which help and support is already in place. This information is valuable to perform specific actions and to make specific agreements later on.

Finally an inquiry is also made how the actions of the (extended) family and the actions performed by others can reduce their worries. We call this **existing safety**.

*Mom: 'The day before yesterday I became angrier and angrier after that phone call. I took Stef to Jeanne (our neighbour) and asked her if he could stay with her for a while.'*

#### What needs to be done

Furthermore the specific **goals** will also be recorded in the three column model. They focus on the safety and development of the children and are written understandably and in specific actions.

The goals describe what the parents, children and extended family want to change and/or what the assignment is of the juvenile court or mandatory agency<sup>1</sup>.

*There is always (day and night) another adult with the children when daddy is taking care of them.*

There are a maximum of 4 overarching goals. It is impossible to effectively change too many objectives at the same time. When the crucial objectives are reached, then a whole lot of other goals will also be reached. (Stroobants, Vanderfaeillie & Andries, 2013). Each main worry will also correlate to an end goal. This way the main concerns will be dealt with.

The parents, children and their extended family determine themselves how they can reach their goals. Also the agreements for follow-up, monitoring, evaluation and adjustment of the proposed actions are their responsibility. The group of adults (parents in cooperation with the extended family) are executing the preparation and implementation of the (safety)plan.

Work is being done on a single safety plan. This plan needs to be good enough for all involved, including the juvenile court or mandatory agency<sup>1</sup>.

The three column report is formalized, amongst others, on insights of Turnell and Edwards (1999) and Sonja Parker (2012).

Also other methods for assessments exist such as the Family Roadmap (Sonja Parker 2014).

### Involve all important people

Even when one parent is less present in the children's lives, **both parents will be involved in family counseling**. When the intake interview was performed without all family members present, a second interview will be planned as soon as possible by the family worker with those who were absent. She will update them about the intake and will listen to their opinion concerning the worries, goals and strengths.

The family worker will also ask the child and parents who they have a good relationship with and who is supporting them. **With whom do they feel at ease and supported?**

She will also ask at the start who they can turn to when they need help and who can help them to make arrangements. These questions are in the first instance addressed at the parents. Adults are searched for who can support them to make life better for their children. Support

figures for the children also play an important role, even when they are not yet adults themselves.

There are many methods to explore with the family who they want to involve in counseling, like the Family circles of Sonja Parker (Parker, 2012b):

*Mom, which people do already know what has happened before that led you to having family counseling?*

*Who knows already a little bit about what has happened? Who knows something has happened, but not in detail? Who is already giving you help?*

*Who knows nothing about what has happened at this moment?*

Not all family members need to know everything what is going on or what has happened. This depends on the mutual relationships and the role they have in the family.

**The parents, and the children**, not the professionals, **decide who can participate in their support network**. Sometimes there will have to be some negotiations between the parents, between the parents and children or between the parents and family members.

The family worker tries to keep the supportive extended family active, by honoring them for the help they are already offering. When desired, she encourages them to do even more or she looks for others who can support them. The family chooses who will be involved. The family worker makes sure that the extended family effectively take on a supportive (and not too critical or too controlling) role. She does this by checking with the parents and the child how they need help (Jacob, 2016).

*What is aunt Bie allowed to do during the conversation, so you can still feel Xander's mom?*

Family workers will certainly also ask for people with whom the family has a blood bond because these are often very strong and meaningful bonds. But also friends, neighbors, acquaintances, ... commit themselves often. Other professionals who are working with the family can be involved, for as long as the own network of the family is in the majority and has the loudest voice.

**Many families find it difficult to relate to others** about their challenges and ask for a commitment from them. They are afraid of being convicted or rejected, they do not want to burden others or think that an old feud must be resolved first.

The family worker acknowledges that this is a big step and listens to their reserves and arguments. She talks to them about the shame and fear that they may feel. Together they look

for what is holding the child or parent back and what can help them to give it a try. She seeks a balance between giving time and continuing to talk about this issue.

### 3.2. Drawing up the Individual Action Plan

The family and the family worker draw up an individual action plan (IAP) within 45 days after the start of family counseling. The worker collaborates together with the family and primarily with the parents.

**The action plan contains all important information that is shared with one another at that time.** The content sometimes does not differ much from that of the intake report. Also the action plan will be noted in three columns. Because this plan is part of the official procedure, it definitely needs to be registered and given to all involved parties.

The intention is to arrive at a **detailed plan** as quickly as possible, **stating what will happen while the family counseling is in progress.**

In the column 'what needs to be done' intermediate goals and agreements are written for each end goal. These are the interim steps that need to be taken to reach the end goals. They are very specific and also formulated in a positive manner so that it is clear what exactly (extended) family members need to do in the coming period.

*Final goal: There is always (day and night) an adult who is sober who can look after the children.*

*Intermediate goal: When daddy and mommy feel they will start drinking or start to drink alcohol, there will be other adults who will come over to the house because mommy and daddy have asked so.*

*Agreement: On Monday and Friday Mom and Dad will call Grandma Tienen when necessary. She will be available from 3 PM till the next morning to take care of the children and can be reached on her cell phone.*

The agreements are feasible and measurable and it must be specified how long they must be applied and what will happen when they are achieved.

*Who will be the first one to notice that the goal is achieved? What exactly will these people notice?*

The agreements focus on the children and can be understood by everyone – including the children.

The intermediate goals and agreements will be determined by the family. When the juvenile court or a mandatory agency is involved, they must agree that compliance with the

agreements, contributes to achieving the goals. It must be clear to the (extended) family when the final goals are achieved.

To help the family determine intermediate goals and agreements, the family worker helps the family to split the – sometimes difficult to achieve - end goal into small steps.

*You said you want to quit smoking joints. Which is the smallest possible step you could take?*

*Imagine that in a few years from now, I would meet you again and you no longer are in debt, what would you have done to make this change? What is the first step you would have taken? Who would have helped you?*

The family worker also asks the family for exceptions: situations in which things are already going well. In this way she checks what already has worked in the past. This information is noted in the 'what goes well' column.

*When is the problem less or absent? What are you doing differently in that situation? What is different in that situation? What would your son notice as a difference? How do you manage that? How could you do that again?*

Talking about solutions creates hope and offers starting points for formulating the intermediate goals and actions. The family worker will also always help to find out how to reset actions.

*What can help you to call someone again when you feel that you are getting angry?*

Also the column with 'what are the concerns' will be filled in for the IAP with the most important information that is gathered till then.

### 3.3. Continuing counseling

During the home visits, there will be discussed in further detail how everyone looks at the concerns, strengths and goals from the different perspectives.

Work is being done both on the goals the family sets for itself, and on the conditions (minimal demands) set by the juvenile court or mandatory agency. The parents, the child and the family worker determine the precise agenda of the conversations.

**The well-being and safety of the children comes first.** Sometimes urgent agreements must be made or measures must be taken immediately. It is often also necessary to first work on what family members are most concerned about at the time. Problems concerning housing, problems at work or problems to pay the bills create a lot of tension and reduce attention for the children. Family members and other organizations can support this.

## The family as experts of their own lives

The family members are the experts of their situation: they know the details and the nuances of their lives and are in the best position to assess which solutions can work. Their motivation to take steps to achieve the objectives is greater when they determine the steps (de Jong & Berg, 2012). The family worker will help the family to use their own knowledge about possible solutions (this is also called 'leading from one step behind').

This requires the family worker to put aside her own opinions and expectations about how the family can best work towards their goals. She takes an **attitude of genuine curiosity**, of not-knowing (de Jong & Berg, 2004). The family worker shows that she wants to learn more about what family members say (de Jong & Berg, 2012). She does this for instance by asking open questions, by paying attention to the positive issues and by introducing different perspectives into the conversation. During the conversation the child or parent often gains insight into and a grip on what can help her and what her next steps will be (de Jong & Berg, 2004).

*'Which effect would this have on the children?'*

*'What do you think the juvenile judge wants to see?'*

The family worker helps the family members focus on what they want instead of the difficulties. She encourages them to take small, feasible steps.

*Suppose we take a scale from 1 to 10. 10 indicates that your son can live at home again and 1 indicates the start of the counseling. What rating do you think we are now on this scale? What rating would your son give? What would be different when you were 1 point higher? What should you do to get 1 point higher? What would your sister tell you? What would your sister notice about you that she doesn't notice now?*

**During the interviews, the family worker always seeks a balance between support and challenge for the family.** She both challenges the family to take further steps and strongly supports them in the process they follow. After all, when the challenge and stress becomes too high, it is harder to think and feel and learn from new experiences. Sometimes it is exactly this stress that makes it impossible to act the way you want.

When the family worker experiences resistance from the parent, child or family member, she can assume that this person is working hard to make clear to the worker what she does not yet understand in relation to her situation (De Shazer, 1984). This is therefore a signal to question from an attitude of not knowing what this resistance means.

## Use of the three column report

**The family worker goes over and evaluates the agreements made with the family and helps them adjust them.** She records what has been checked and works well under 'what goes well'. She notes what went wrong at 'what are the concerns'. However, good attempts and efforts are also possible at 'what goes well'. She records new agreements under the corresponding goal at 'what needs to be done'. When necessary, steps are made smaller or adjusted. She only notes the most important issues (the need to know and not the nice to know).

The family worker listens to the various perspectives. She asks for specific answers and notes them literally for each (extended) family member.

**The content of the three column report is constantly changing.** For example a concern can disappear when all related objectives and agreements have been achieved. Goals can also be changed or added when new information comes about one of the concerns.

**The reporting is open:** the original remains in the family, the scan goes to the client file. There is no hidden agenda. This makes reporting as little as possible an additional source of stress and clients retain ownership of their file; at its best the report is a mutual tool for shared understanding, planning, evaluation and adjusting for both families and workers.

## Location

Counseling preferably continues **at home** (outreaching). The family worker thus implicitly gives the message that what happens around the kitchen table matters most. She observes how family members behave at home (face-to-face) and what opportunities and limitations occur in the environment (eg. a neighbour who goes to the market for them or little room for the child to have some privacy). One can alternate with conversations **at the office** when this is more practical or comfortable for the family. At home the family worker sometimes also meets people who do not come to the office (eg. Children from another marriage).

## When safety is possibly compromised

The family worker helps to ensure safety in the family. **When she makes an assumption that the safety of some family members is threatened, it is her duty to share what she notices with the family.** She does not immediately judge the situation but gives the family members the opportunity to explain their experience and perspective (Steens, 2016). When, after this conversation, the family worker and her team still feel that the safety is threatened, the team will report the situation to a **mandatory agency<sup>1</sup> or juvenile court**. The family is always informed about this. It is the mandatory agency<sup>1</sup> or juvenile court that determines whether additional goals are imposed and whether the family will be (further) assisted in an obliged context. Even when this is the case, attention remains focused on the goals that the family set for itself.

## When there are different explanations

There are situations in which there are different explanations for signals or events on a regular basis. For example, a parent can claim that she is wrongly accused of beating up her children. The family worker then works with the parents to find out how they can clarify for the juvenile court or mandatory agency<sup>1</sup> that what is said to have happened in the past, cannot happen (anymore) in the future. **The family worker does not look for the truth** about the past or does not blame anyone. **Together they work on a safe future for the children.** In this way parents can often be motivated to make a strong safety plan so that intervention of Youth Care can be reduced or stopped and the defendant protected from future allegations or misunderstandings (Turnell & Essex, 2010; McAdam, E., 2002).

## Conversations with parents

**The family worker helps the parents to think about their children.** Because of the complex difficulties that families face, the focus of counseling sometimes risks to deviate from what the children need. Sometimes it is also difficult for parents to imagine what the situation means for the children and what they think and feel. The family worker can change this by asking many questions, by telling parents what she sees in the behavior of the child, or by making a story in Words and Pictures (W&P) together with the parents.

During counseling it is often discussed **how parents can control their feelings and reactions.** When parents succeed, this has a direct influence on how the children are able to control themselves and escalations are often avoided.

People who are close to the family, can help parents stay calm. Together with the parents, the family worker will look how they can be supportive without taking over the situation (Jacob, 2016). When parents feel helpless or desperate, the family worker will look with the parents and extended family how they can deal with their child in a nonviolent manner.

To feel energetic enough to be able to handle the situation, it is **necessary that parents also take good care of themselves.** They can get support from the family worker to look for activities that they are good at, activities which give them energy, activities which make them relax, ... Sometimes restarting a hobby or taking time for oneself can make a big difference. Encouraging parents to give time and attention to their relationship can also trigger positive change.

The family worker has a lot of **attention and recognition for the difficulties** the family faces. At the same time she will always **look for the possibilities and strengths** which the family has to handle problems (Vinnicombe, z.j.).

*Mom: 'There is no point. My life is a mess and that won't change anymore. Maybe I'm not good at anything and it will never work out, as my mother always told me.'*

*Family worker: 'You are someone who believes that what your mother says about you is true, so I understand that you can sometimes have little faith in yourself. How do you manage to go on? How did you manage to get out of bed this morning?'* (Berg, 2000)

### Co-operate with the children

The family worker also works intensively from the start of the counseling with the children in the family. She ensures that **all children know why youth care is involved in their family** and what this involvement entails. She knows **how the children are doing** and **how they experience the counseling**.

First it is agreed with the parents when and how conversations will take place with the (different) children and how this information will be dealt with. **Only when the concerns of the adults have been clearly expressed, the children will be questioned** about this concerns and about their own concerns. It always puts children in a difficult position when they are invited to be the first one(s) to talk about dangerous situations. In addition, it is the adults' responsibility to keep the situation safe.

In talking with the children the worker learns how they feel and think. This enables the worker to convey the perspective and emotional experience of the children to the other family members. Children need to know in advance which information will be shared in conversations with parents and referrers, and which information will be added to the report. Working with children may not be used to obtain information that parents are not willing to give. When children do share delicate information, it is important to install safety regulations for them when this information is shared with others. The children also need to know which further steps will be taken.

Doing activities together and using methods may help to talk with children. Interesting methods are: the Three houses, the House of the future, the Safety house, the passport exercise, power hands, Miracle question with animals, Kids Skills, ....

### Engagement of extended family members

The family worker makes sure that home visits do not only entail practical issues and life in the residential group (when the children are there). An important topic is how parents take care of their children at home. The family worker encourages the parents to rely on resources

and support persons from their own environment because this support will stay, also when family counseling has come to an end.

Eg. It is more desirable that a parent is woken up by her alarm clock so she can bring her children to school on time, than a family worker who gives her a wake up call. It is also more sustainable for the neighbor to come over and check everyone is awake instead of the family worker.

To encourage that the child is also surrounded by her own network and to commit family members (even more) to the family, they will be involved individually as well as in group.

This often starts by a meeting between the family worker, the family and the different extended family members. In preparation of these meetings, the family worker discusses the **different relationships the family members have with the extended family members**. During the first meeting the **current assessment is shared** with the three column report or with a Words and Pictures. The family worker asks the family members about their unique bond with the family, how they are already involved, what still needs to be done and what their commitment may be.

The three column report is **complemented by the perspectives and assessment of the extended family members**. When the parents and children were not present at the first meetings with the extended family members, the family worker will keep them updated of what is said.

*Grandma Marthe is worried that Shana might have an accident because mom leaves Shana alone when she goes out for shopping the groceries.*

*Uncle Jan notices that the children always go home happy after he has taken care of them a couple of hours after school.*

*Adi: 'Mohammed wanted to go home on time last Saturday. A couple of friends wanted to stay, but he left instead.'*

The individual conversations with family members evolve into **family meetings**.

### Family meetings

A family meeting is a gathering of parents, child(ren) and extended family members. All these people are aware of the most important issues mentioned in the three column report before the family meeting.

The parents and the child choose who they will invite on these family meetings and how this will take place. The invited participants are in the first place people that will support the parents in their task of raising the children. In many cases, especially with teenagers, there will be support figures for the children as well. These people will often show a different side of the child (eg. Certain talents, positive intentions) so a more complete picture originates and the conversation continues on a (more) positive note.

The child is normally present in these family meetings. Various factors will play a role: age, preference of the child, topic of the meeting, risk of conflict,... Sometimes the decision is made to let the child join at the end of the meeting.

The family worker prepares the meeting well with the (extended) family. The family chooses the focus and goal for the meeting before the meeting takes place. Everyone's expectations will be discussed as well as what attendees are scared about or feel uncomfortable with. It is carefully considered for each person what agreements are needed to meet this. It is also agreed which information will and will not be shared during the family meeting.

The prior conversations with family members have the advantage that there will be less discussions during the meetings itself. They also diminish the likelihood of confrontational messages at that time. Family members will be acknowledged more for their efforts (from the past) and can indicate what they are willing to do and what not. So during the meeting the focus will stay on changes that can be made and on making a plan together.

During family meetings, concerns are usually further refined and new perspectives are added (who is still concerned about this and why?). The strengths are discussed, what is already safe, and further work on goals can be done. Family members are asked how they want to be involved and how they can be supportive. Specific agreements are made and noted in dialogue with the family.

The goal is to come to one safety plan or plan of action which is in the interest of all children of this family and which is good enough for everybody involved. This means that also the Child Protection Agency worker or juvenile judge (if applicable) needs to approve this plan. Also notes are made how the family will take over the control, evaluation and adjustment of the plan. When the family members, together with the parents can follow up on what is going well, what (still) needs to be changed and who can do what to guarantee the safety of the children, there is a much higher chance that family counseling will have long-lasting effects and can come to an end. The plans that will be made, are more in line with the family, are more extensive and the chance of implementation is greater (Merkel-Holguin, Nixon & Burford, 2003; Merkel-Holguin, 2005). Often several family meetings are necessary to draw up a plan and follow up on it. In case of difficulties or crisis situations, families should be given the opportunity to implement their plan and if necessary to adjust it.

The family meetings often will be led by a different social worker than their own family worker. After the family meeting, the family worker will deliver the report to all attendees. When the child did not attend the meeting, an explanation will be given about what has been said and her opinion will be asked.

It is important to stay in touch with the extended family members who are committed to the family. This provides information about lasting contacts in the family and on how agreements are complied with. It is also worthwhile to know the motivation of the family members that are getting involved. Often this is about feeling respected and receiving appreciation from the family. Sometimes the family worker comes across less helpful intentions (eg. A grandmother who likes to tell her daughter what to do). Then the family worker sometimes mediates or helps the family maintain contact with other family members.

### 3.4. Follow-up of the evolution in family counseling

During family counseling, there is a **continuous evaluation of the situation by everybody involved and of the next steps**. Attention is also paid to the **connection between the family,**

**the extended family and the family worker and how the (broader) family experiences the guidance.**

At least every six months there is a **formal evaluation** of the family counseling. During an evaluation the (extended) family members, the family worker and the referrer (if applicable) will be present. During this discussion, the family will tell how they are doing. The family worker is making sure that attention is given to the goals that the (extended) family has worked on during this time; what did already work and is going well, which concerns are still there, and what still needs to happen. At the end of the evaluation, it needs to be clear at which point the family is right now and (if necessary) what still needs to be done in the coming period. Regular evaluations help to focus on the chosen goals, the methods and techniques that are used and the quality of the collaboration.

In preparation of the evaluation the family worker can, after consulting the parents, make a summary of the reports of the past period. The family worker will make a report of the evaluation itself that she will register and hand out to everyone who participated in the conversation.

### 3.5. End of the family counseling

When the family and juvenile court or mandatory agency<sup>1</sup> (if applicable) conclude that family counseling may come to an end, a **final evaluation** will follow. This conversation includes the family, the family worker and the referrer. Extended family members are also welcome. During this final conversation, an agreement is made **how the family and extended family will continue taking care of the children in the future**. There is also an agreement which contacts will be permitted between family worker, the family and the extended family (**aftercare**). The family and the extended family will know how and when they can contact the service again. Often there will also be arrangements with other social workers. The family worker will make a report of the final conversation, that she will register and hand out to everyone who participated.

## 5. Sources of inspiration

The following approaches provide us with inspiration for developing our method. The list is not complete. We also do not adopt the insights, techniques and materials of these approaches completely or without a critical look. We always look at how they can offer an added value for our own, specific practice.

### 5.1. The solution-centered approach

The solution-centered approach is about **building solutions** and not about researching and analyzing problems (Vinnicombe, z.j.). The underlying idea is that ‘when a problem is given attention to, it only gets bigger’ and the experience that a thorough analysis and understanding of the problem, most often do not help to find a solution.

The starting point is that a family has all qualities and resources that are necessary to solve the problem. The family members are not always aware of this or have difficulty deploying it (Beumer-Peeters, 2010).

The social worker helps them by **asking questions**. By letting family members think about what they want instead of their problems, they will come up with meaningful and specific goals for themselves. Together with the social worker, they agree when their goals are achieved and the family is able to continue independently again (Beumer-Peeters, 2010).

The social worker specifically asks for **exceptions**: situations where everything went well (or not everything) or what worked well previously. What has the family done differently on these occasions? From here the family will decide which **small steps** will be taken towards their goals. The family worker shows an interest in each sign of progress, in the support the family already receives and in the people that can support the family even more (Beumer-Peeters, 2010).

The solution-centered approach assumes there is no ‘good’ way to look at the situation. The social worker helps the family to gain insight into **different perspectives** (Beumer-Peeters, 2010). The family is considered an expert of their own life and decides what is and what is not good for them (Bolt, 2017).

The social worker will use **plain and clear language** and is true to the following principles (Beumer-Peeters, 2010; Vinnicombe, z.j.):

Do not repair what is not broken

Do more of what does work

Stop doing what doesn’t work

The solutions are not always related to the problems

This approach was developed by Steve De Shazer and Insoo Kim Berg from the Brief Family Therapy Centre in the US. Ben Furman, among others, developed an attractive method to work with (young) children in a solution-centered approach.

## 5.2. Signs Of Safety

Signs of Safety has been developed by Andrew Turnell, Steve Edwards, Sonja Parker and others. The method helps to deal with situations in which the safety of children is (possibly) at risk in a strength-oriented way. The core of the method is based on a **strong collaboration with parents, children and their families**, even when counseling is obliged. The family worker has attention for signals of safe and unsafe situations with respect for the family (Turnell & Edwards, 1999; Resolutions Consultancy, 2018). Signs of Safety has grown from work in child protection and short-term solution-oriented approach and is strongly influenced by the Resolutions approach.

An important working document is the three-column framework in which the **risks are assessed on the basis of the concerns and strengths of the family**. The framework offers a place where care providers and the family can find a **common language** to record their ideas about the dangers, strengths and (desired) safety. The expertise of the family, the extended family and that of the care providers is therefore put together (Turnell & Edwards, 1999; Resolutions Consultancy, 2018). Within these three columns, a **safety plan** is also drawn up stating which concrete behavior of the parents and the family contributes to good care for the children (Movisie, 2017).

The families and the extended families handle the assessment of the situation and the preparation and implementation of the safety plan as much as possible by themselves. The goal is that the adults around the child together ensure the safety so that family counseling can be ended. (Resolutions Consultancy, 2018). The **voice of the children** will not be lost. Using different methodologies, family workers talk to them about how they experience what is happening (Signs Of Safety, 2014).

## 5.3. Partnering For Safety

Partnering for Safety, just like Signs Of Safety, focuses on **cooperation, safety and the family**. Sonja Parker, together with Phil Decter, gave this name to the approach that was compiled from various other methodologies and techniques, including Signs Of Safety. Partnering For Safety helps everyone focus on assessing and, if necessary, increasing the safety of the children. The cooperation starts with a **comprehensive and balanced assessment of the situation**. The parents, the children and the family are seen as the experts of their own lives.

The counselor believes that change is possible and that everyone can contribute in their own way to solutions to the difficulties.

The family worker searches with the family, the extended family and the referrer for a **common language** for the (possible) abuse, for what goes well and for their goals. All information comes in a single assessment framework that is constantly adjusted during counseling based on what parents, family members, referrer and children will tell. The family worker explores the thoughts, questions, wishes and concerns of the children through various methods.

Based on the assessment framework, the family will make up a detailed **safety plan** stating who will do what to ensure that the children are safe. **Family members** also play a role in this. They are informed of the concerns and are invited to work out, execute and follow up the plans (Parker, z.j.).

#### 5.4. The Resolutions approach

The resolutions approach was developed by Susie Essex, John Gumbleton and Colin Luger. The approach helps family workers to deal with **situations in which there is a suspicion of abuse** but in which parents do not recognize that there is abuse or that they themselves are being part of it. Situations like these often cause frustration and powerlessness for the family and for the family worker and cause differences of opinion between them. Cooperation often gets very difficult where it is not possible to work together on the safety of the children.

In the resolutions approach, the family worker abandons the idea that a confession is the only way to a safe situation. He strives for the **parents to commit themselves to a future** in which it is clear to everyone involved that there can never be such a thing as what the allegations or conviction is about. The parents work on guaranteeing safety in the future through a **safety plan**. In this way they show that they take the concerns seriously.

As many people as possible in and around the **family** are aware of the problems and the accusations and participate in the plan. The more serious the accusations, the stronger the safety plan will have to be. The parents also work with the family worker on a **story** in which they explain to the children what has happened.

This way of working protects the children against abuse and those accused of the abuse are protected against future allegations or misunderstandings. (Turnell & Essex, 2010).

#### 5.5. Non-violent resistance

Nonviolent resistance is an approach devised by Haim Omer and has its origins in the Peace Movement. The approach is used when children show very difficult or violent behavior and conversations are no longer helpful (Omer & Wiebenga, 2015).

Nonviolent resistance wants to strengthen parents by teaching them to **be more present** in their child's world in a **non-violent way** and supported by other adults (Omer & Wiebenga, 2015).

The approach helps parents to bridge the gap between setting boundaries and showing understanding for the child. Parents learn that they can do things that convey to their child "I am your parent! I will not give up on you and I will not give in!" And that they show that certain behavior is really not allowed and that they love their child (Omer & Wiebenga, 2015).

**Parents** do not enter into a fight, nor do they concede. They know that they are not in control of their child's behavior, but they are strongly committed to **controlling their own behavior**. Their steadfastness makes them feel less powerless (Omer, 2011)

Parents do no longer conceal their problems. Together with family members, teachers, counselors, ... they form a community and a **powerful network** with sufficient (self)confidence and authority to be there for their child (Omer & Wiebenga, 2015).

## 5.6. Trauma and attachment

The families we work with have experienced difficult things. Long-term living under **difficult circumstances and stress** or experiencing one or more **shocking events** have a huge impact on how your body and mind function and therefore on how you feel and think. Your body and your mind learn to adapt in order to deal with difficult circumstances (Struik, 2016).

**Family workers must therefore bear in mind that sensitive themes must be discussed with great care and attention.** They should also know that parents' and children's behavior that they do not understand, can be a way to deal with past experiences. People who have experienced a lot, process events differently, look at things in a different way, often have a harder time recording new information and analyzing information. This makes it more difficult for them to learn from experiences and to be fully present in conversations (van der Kolk, 2016). The **pace of the counseling must be adjusted** accordingly.

In order to really talk with families and work on a Safety plan, family members must feel safe enough, being seen and heard (van der Kolk, 2016). **Parents should also have the opportunity to think, feel and decide about their children.** This is partly determined by the degree of calmness and trust that the family worker radiates and conveys (Struik, 2016). The degree of openness that the family worker has for different ways of looking at relationships and the world also makes a big difference.

Although traumatic events can have a long-term impact, there are also many opportunities to alter things, namely to help people with trauma to **connect again with others**. Relationships bring physical and emotional safety and are the most powerful protector against getting overwhelmed by stress and trauma (van der Kolk, 2016). Knowing that someone else cares about them helps families to have hope and see opportunities for change. Strengthening or re-establishing connections with people who can stay there for the family is therefore important (Center on the Developing Child, 2016).

## 5.7. Family Group Decision Making

In Family Group Decision Making (FGDM), the **extended family as a group is involved** by the family worker **in making decisions for children who need care or protection**. The group is brought together to work on the well-being, safety and permanent residence of the children. The juvenile court or mandatory agency commits to agree with the plan that the extended family makes if the plan meets their concerns. The idea is that decisions made purely by professionals and focusing only on children and parents deprive them of their extended family's support and prevent the professionals from involving family members as indispensable partners in the process.

Family Group Decision Making is based on the following values:

- Children have the right to maintain their familial and cultural ties during their entire life.
- Children and their parents are part of an extended family who nurture them and are responsible for them.
- It is the family's responsibility and not the family worker's to ensure the well-being of the child and to make the decisions needed to protect the child.
- All families have the right to be respected by the government. The government must make an extra effort to show respect to those who are poor, socially excluded, marginalized or have no access to resources and services.
- The competence of the family to care for and to protect their child should be recognized, supported and promoted by the government.
- Families are experts of their own family history and can use this knowledge to make strong Safety plans.
- Families should be given the opportunity and encouraged to actively participate in youth care and to take leadership, as this is necessary for the long-term well-being of children. The inequality in power that exists between families and family workers must first be taken care of.
- The government has the responsibility to defend families against unnecessary interference and to promote their strengths (Kempe center, 2013).

FGDM is central to the practice of Kelli De Cook (Olmsted County Minnesota US). She and her team have extensive experience in fully involving families in youth care.

## 5.8. Family Finding

Family Finding is an approach developed by Kevin A. Campbell. It offers methods and strategies to find and engage extended family members of children in youth care. The goal is **to connect every child with her extended family so that she has meaningful and lasting relationships** with adults who support her throughout her life.

In the Family Finding process, extended family members are contacted who do not know the child or with whom they have lost contact. Extended family members who are willing to connect with her for life are brought together in **meetings**.

From their connection, affection and concern for the child, they form her "lifelong network" that helps her heal after difficult experiences. The aim is that the child can (again) stay in a safe manner in a family and is part of a community. The extended family members are helped by the family workers to make **realistic and sustainable plans** to meet the long-term needs of the child (Campbell, K. & Family and Children's Services of the Waterloo Region, 2017; National Institute for Permanent Family Connectedness, 2019)

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