

NORTHERN CALIFORNIA TRAINING ACADEMY

# TEACHING LIFE SKILLS TO PARENTS

**PARTICIPANT GUIDE** 

## **Teaching Life Skills to Parents**

## **Section One: Teaching Life Skills**

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## **Exercise One: What are Our Life Skills?**

Please make a list of all the life skills you used in the following areas in the last  $\underline{24}$  hours.

| <ol> <li>Money (examples: paid bills, went to the ATM, reconciled checkbook, went groc<br/>shopping)</li> </ol>                      | ery |
|--|-----|
|  |     |
| <b>2. Food</b> (examples: cooked a meal, made a grocery list, went grocery shopping, ate or  | ut) |
|  |     |
| 3. Home and Child Safety (examples: put a child in a car seat, put away medicisafely disposed of something, set a car or home alarm) | ine |
|  |     |
| 4. Health Care (examples: went to the doctor, administered first aid at home)  |     |
|  |     |

| 5. Child Care: (examples: dropped off or picked up child at child care, provide   | d child care)<br>-<br>- |
|---|-------------------------|
| 6. Setting Goals/Getting Organized: (examples: made a list for the week, sig class, cleaned out a desk drawer or closet)            | ned up for a<br>-<br>-  |
| 7. Schooling: (examples: helped a child with home work, went to a PTA me with a child's teacher, signed up yourself up for a class) | eting, talked           |
| 8) Stress Relief and Support: (examples: exercised, listened to some good n book, watched TV, called a friend just to talk)         | —<br>nusic, read a<br>— |

## World Health Organization's Life Skills Initiative

The World Health Organization (WHO) has been very interested in addressing a number of behaviors that impact adolescent health. These include substance abuse, tobacco use and high-risk sexual behaviors. Rather than tackle each of these independently, the WHO looked at what common skills allow adolescents to resist problem behavior and choose health-affirming behaviors instead. They chose a Life Skills Training designed by G. Botvin which teaches students the following skills: assertiveness, critical thinking, decision-making and problem solving. This approach also emphasizes improving a student's self-esteem, self-confidence, autonomy and self-control. What follows is the text of the WHO's Life Skills Initiative:

The World Health Organization promotes Life Skills school-based programs as a means to develop skills among young people that lead to healthy lifestyle choices and optimum physical, social and psychological well being. Depending on the culture, different specific abilities are emphasized. WHO considers the following Life Skills to be the most essential:

- The ability to make decisions: helps students assess their options and carefully consider the different consequences that can result from their choices.
- 2. **The ability to solve problems**: helps students find constructive solutions to their problems. This skill can significantly reduce anxiety.
- 3. The capacity to think creatively: is essential to decision making and problem solving. It enables students to explore all possible alternatives together with their consequences. It helps students look beyond their personal experience.
- 4. The capacity to think critically: helps students objectively analyze available information along with their own experiences. It is this ability that helps students recognize the factors that influence their behavior, such as societal values, peer influence, and influence of the mass media.
- 5. **The ability to communicate effectively**: helps students to express their feelings, needs, and ideas to others--verbally or otherwise.
- 6. The ability to establish and maintain interpersonal relationships: helps students to interact positively with people whom they encounter daily, especially family members.

- 7. **Knowledge of self**: is the capacity of students to know who they are, what they want and do not want, and what does and does not please them. It also helps students recognize stressful situations.
- 8. The capacity to feel empathy: is the ability to imagine what life is like for another person in a very different situation. It helps students to understand and accept diversity, and it improves interpersonal relations between diverse individuals.
- 9. **The ability to handle emotions**: enables students to recognize their emotions and how they influence their behavior. It is especially important to learn how to handle difficult emotions such as violence and anger, which can negatively influence health.
- 10. **The ability to handle tension and stress**: is a simple recognition by students of the things in life causing them stress.

Note: From the World Health Organization, 1993, www.who.org.

## **Independent Living Program Life Skills**

Communities all over the United States are realizing that it is very important to ensure that youth have a good basic set of life skills before they turn eighteen years old. These needs are being addressed in many different ways. Various groups offer a wide range of opportunities for youth to learn what they need to become an adult:

- "Rites of Passages" groups offered by local Boys and Girls Clubs
- Youth groups available through churches, synagogues or mosques
- Classes offered in local high schools or at the Y
- Classes designed specifically for youth in foster care through the Independent Living Skills program

While such groups present learning opportunities that vary widely in time commitment, approach and material covered, the classes they offer are good examples of what is available to youth for acquiring life skills.

The Casey Family Foundation has designed a good curriculum for Independent Living Programs that covers the following six areas:

- Daily living skills
- Housing and community resources
- Money management
- Self-care
- Social development
- Work and study skills.

Each area covers a number of topics:

- Daily living skills
  - Nutrition
  - Grocery shopping
  - Menu planning and preparation
  - Kitchen cleanup and food storage
  - Home safety

- Home management
- Housing and community resources
  - Housing
  - Transportation
  - Community resources.
- Money management
  - Beliefs about money
  - Savings
  - Income taxes
  - Banking and credit
  - Budgeting and spending
  - Consumer skills
- Self-care
  - · Personal hygiene
  - Health
  - Alcohol, drugs and tobacco
  - Sexuality
- Social development
  - Personal development
  - Cultural awareness
  - Communication
  - Relationships
- Work and study skills
  - Career planning
  - Employment
  - Decision-making
  - Study skills

Woven into these topic areas are discussions of life lessons concerning choices and consequences that help youth understand they are responsible for their actions and that every action has a consequence—whether it is positive or negative.

## Exercise Two: Life Skills, Culture, Personal or Family Experience and Life Stage

| _ | Please write down one life skill you practiced today. (You can pick one from Exercise One.)   |
|---|---|
| • | Now, please write down how your practice of this life skill was influenced by your culture as you define it, by your personal experience or family history, or your life stage: |
| _ |   |
|   |   |

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## **Exercise Three: Our Values and Beliefs** and Our Work with Clients

Your values and beliefs are part of who you are and how you approach the world. They also can have a big impact on how you work with clients. This exercise will help you see how your values and beliefs in one life skill area might impact how you work with a client.

Please pick <u>one</u> area and write down one or more of your values and beliefs in that area: (Example: In **Money**, someone might put: "I believe that you should never borrow money.")

| Money:                             |  |  |
|------------------------------------|--|--|
| Food:                              |  |  |
|                                    |  |  |
| Home and Child Safety:             |  |  |
| Salting Coalol Catting Oversined   |  |  |
| Setting Goals/Getting Organized: _ |  |  |

## **Exercise Four: Our Life Skills Teachers**

Please write down who first taught you the following life skills and whether you still follow what they taught you. If you didn't learn a skill from a person, please write down where you learned it. If you haven't had the need to learn a specific life skill, just mark N/A.

| Topic  | Who Taught You | Do you still use the |
|--|----------------|----------------------|
|  |                | Information          |
| How to cook  |                |                      |
| House to our course show                           |                |                      |
| How to grocery shop                                |                |                      |
| About nutrition                                    |                |                      |
| How to manage money                                |                |                      |
| How to get a job                                   |                |                      |
| How to get a job  The difference between gross and |                |                      |
| net pay  |                |                      |
| How to set the table                               |                |                      |
| How to do the laundry                              |                |                      |
| How to clean the house                             |                |                      |
| How to maintain a car                              |                |                      |
| What to do for a burn                              |                |                      |
| How to find a doctor                               |                |                      |
| How to do well in school                           |                |                      |
| How to get through school                          |                |                      |
| How to do homework                                 |                |                      |
| How to choose a child care                         |                |                      |
| provider   |                |                      |
| How to get organized                               |                |                      |
| How to relax                                       |                |                      |
| How to set goals                                   |                |                      |

#### **ELEMENTS OF CLIENT ENGAGEMENT**

<u>SURROUNDINGS:</u> You should consider the impact of surroundings on your visit. Who is in the room? What else is going on? How noisy is the home? Are you and the client in relatively comfortable seats? Are you and the client at ease? Do the surroundings insure some type of confidentiality? You should factor the impact of environment on the interview with the client.

**ATTITUDE:** The attitude of both the family services worker and the client have a great impact on the interview process. The FSW should be conscious of his or her attitude before going into a visit and should do his or her best to assess the client's frame of mind at the beginning of the visit.

**NONVERBAL COMMUNICATION:** According to psychologists and anthropologists, between 65-93 % of communication is nonverbal. Nonverbal communication has a heavy cultural content. Nonverbal communication is made up of the following elements:

**Distance.** The distance one stands from another person frequently conveys a non-verbal message. In some cultures it is a sign of attraction, while in others it may reflect status or the intensity of the exchange.

**Orientation.** People may present themselves in various ways: face-to-face, side-to-side, or even back-to-back. For example, cooperating people are likely to sit side-by-side while competitors frequently face one another.

**Sitting Posture.** Is the person slouched or erect? Sitting with legs crossed, arms folded? Still or moving around? Such postures convey a degree of formality or relaxation and openness in the communication exchange.

**Physical Contact.** Shaking hands, touching, holding, embracing, pushing, or patting on the back all convey messages.

**Facial Expressions.** A smile, frown, raised eyebrow, yawn, and sneer all convey information. Facial expressions continually change during interaction and are monitored constantly by the recipient. There is evidence that the meaning of these expressions may be similar across cultures.

Gestures. One of the most frequently observed, but least understood, cues is a hand movement. Most people use hand movements regularly when talking. While some

gestures (e.g., a clenched fist) have universal meanings, most of the others are individually learned and idiosyncratic.

**Eye Contact.** A major feature of social communication is eye contact. It can convey emotion, signal when to talk or finish, or aversion. The frequency of contact may suggest either interest or boredom.

Be extremely sensitive to cultural issues that are also communicated clearly through body language. Also, be aware of contradictions between verbal and body language.

<u>VOICE</u>: Your voice can impact your connection with your client. Be aware of the volume, pitch, speed and inflection of your voice. For example, speed can indicate impatience or what region you are from.

#### HELPING SKILLS AND TECHNIQUES

**OBSERVATION:** Through observation the family service worker gains information that is essential for understanding and working collaboratively with client. A family visit provides a unique opportunity for observing the client's family dynamics, and, possibly the home environment and community. The family service worker can get a sense of what neighborhood resources are available to the client. The family service worker can assess the organization of the home and resources available for daily living. Are there appropriate toys and books? Is there enough space? Is the house child-friendly? Is the home safe? The family service worker can also observe the family dynamics and interactions. The family service worker can use observation to determine a client's strengths and then use these observations to increase a client's confidence. Finally, the family service worker can use a technique during the observation called descriptive affirmation.

Descriptive affirmation: describing what you see in the observation either as it is going on or just after it has happened. It is a common technique to use with young children but it also works to support a parent during the visit. Example: "I see that you are talking to your baby while you feed her. That helps your baby's brain development even though she is too young to talk yet."

LISTENING: Being an effective listener is critical to establishing a rapport and building trust. The family service worker must listen to what the client says and the feelings and meaning associated with the client's words. The family service worker tries to hear things from the parent's perspective. From these nonverbal cues, the family service worker can gain important knowledge about the client's emotional status. It is (obviously) important to listen to a client's answer to a question because this can suggest the next direction of the conversation. The client's answers to questions become a guide for the way an individual conversation unfolds. This can keep a visit conversation from turning into a script. The family service worker must make sure:

- The client has adequate time to discuss his/her goals and concerns; what has happened since the last visit.
- The family service worker's own body language and words convey support and interest in the client.
- The family service worker must be mentally alert, sorting through what s/he is hearing so that s/he can respond appropriately.

**ACTIVE LISTENING:** This is a specific listening technique where the Listener (family service worker) summarizes, in his/her own words, the content and feelings of the Speaker's (client's) message to acknowledge and to confirm the client's thoughts and

feelings. The family service worker puts aside his/her own frame of reference and looks at the world from the client's point of view. Active listening communicates acceptance to the client, lets the client know that the family service worker is really paying attention, and allows the family service worker to check out his/her understanding of what the client is saying.

The family service worker should paraphrase what the client is saying with a brief, tentative statement that reflects the essence of what the client said. The statement should be clear and concise, and should convey the meaning as the family service worker understands it but with different words. By making the statement tentative, the family service worker gives the client the opportunity to confirm or correct the family service worker's understanding. The family service worker should be careful not to interpret what the client is saying.

Some things to listen for and reflect back:

<u>Interpretive statements:</u> beliefs, opinions, ideas, and assumptions.

<u>Feeling statements:</u> (They don't always start with "I feel...")

<u>Intentional statements:</u> What does the client want? What choices does s/he see that s/he has? What goals does the client have for him/herself?

<u>Action statements:</u> What did the client do in the past in this situation? What is the client doing in response to the current life situation?

Some phrases which might be useful for active listening:

```
"I hear you saying that..."
"So then it appears to you that..."
"Let me see if I have this right."
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**ASKING QUESTIONS:** Effective questioning can be a good way of getting information from a client. But over-questioning can also shut a client down to sharing information because it can sound like an interrogation. There are a number of different types of questions.

- Initial questions: These questions help build a rapport with a client and produce information for the family service worker that relates to the purpose of the visit. For example, for a program that promotes parent/child interaction, the family service worker might ask: "What's your favorite way to spend time with your child?"
- Open-Ended Questions: These questions that can't be answered with "yes" or "no." With open-ended questions, the client can more easily share what is important to him/her. The family service worker is likely to gather more

- relevant information. Open questions usually start with "How" or "Why." Closed questions usually start with "Is", "Do", or "Have".
- Focusing Questions: These questions help the client get more specific about something s/he makes a statement about. For example, if the client says, "Everything is really a mess in my life," the family service worker can ask the following focusing question: "Can you tell me one thing that seems really hard in your life right now?"

**MODELING**: This involves demonstrating a specific behavior for the client. It is particularly useful if family service worker is trying to teach the client a new behavior. Modeling is helpful if client is hesitant or doesn't know where to begin. It's also a good technique for demonstrating some parenting techniques with the client's child. The family service worker should model the behavior and then let the client try it.

**ROLE PLAYING**: The family service worker acts out a real life role and the client acts out another. This technique helps the client practice a situation and gain skill and confidence. There are often advantages in letting the client take both roles in a certain role-play. This allows the family service worker to role-play the client's part.

**USE OF STORIES AND EXAMPLES**: These can be reassuring for clients because they help the client hear about others in similar situations. The family service worker should, of course, always make sure that the stories and examples are relevant and respect professional boundaries. Stories and examples can also be a good way for the family service worker to deal with difficult situations. It is also a good way to let the client hear about other real life situations when trying something new or struggling with something that may not be going smoothly.

**HOMEWORK:** These are activities that the family can do at home between appointments. Homework allows the client to try out some of the stuff the family service worker and client discussed. The client can complete the task or practice and then bring the information to the next meeting. This also promotes client independence. Always be sure of a client's reading level before giving them any homework that is written out.

**DEVELOPMENTAL INFORMATION AND INTERPRETATIONS:** Sharing child development information and interpreting a child's behavior using child development are two tools that are useful when working with parents. This is true even if this is not the specific focus of your program. Parents learn the most about child development if

they see it played out in front of them with their own child. A family service worker can use activities to talk about child development. The family service worker can also use to development interpretation to help parents understand why their child is acting a certain way. For example, with a two-year old who is saying "no" to everything a parent says, a family service worker can say, "Yes, he's just doing his two-year old job of establishing that he is his own separate person."

**SUGGESTIONS WITHIN CONTEXT:** Different ways of offering suggestions communicate different messages. How a parent hears a message influences how he or she will use the information and the relationship with the family service worker. If a family service worker just offers suggestions, the client may see the family service worker as the expert and this may undermine the client's confidence. Suggestions are best given in a context. If a client asks for a suggestion, the family service worker can ask, "What have you tried?" The family service worker can also talk generally as in, "Some children..." Sometimes, though, suggestions do need to be direct—for example, if they involve safety.

**PROBLEM SOLVING:** This is a concrete strategy to use with clients where the family service worker and client work together to address something the client brings up rather than the family service worker being the expert. It is effective because the client is integrally involved in stating his/her problems and concerns, brainstorming solutions and then choosing the best solution for him or her. If the client is involved in trying to address her/his problems there is a better likelihood that the client will follow through.

COMFORT WITH SILENCE: It's important for a family service worker to be comfortable with silence. It demonstrates to the client that the family service worker is not in a hurry and can sit just observing or can wait for the client's response. It's good for the family service worker to ask: Why is there silence? The client might be silent in an interview for a number of reasons: S/he might be thinking of what to say. S/he might be working up to telling you something. It is important for each of us to know how comfortable we are with silence to be sure we can resist the urge to talk if a client is being silent. It is very important to let the client talk at his/her own pace.

**BALANCING INTERACTION:** This involves balancing between the family service worker's and the parent's agenda for the visit. If the family service worker is planning a visit to a home where a child will be present, the family service worker should bring some activities to occupy the child while the family service worker works with the parent.

**NON-JUDGMENTAL SPEECH:** It is extremely important for the family service worker to keep his/her comments and questions non-judgmental. This means that they do not impose the family service worker's point of view. The client should feel free to express his/her point of view without fearing s/he will be judged or criticized by the family service worker.

#### Examples of judgmental speech:

Ordering: "You have to stop..."

Threatening: "If you don't, then I will..."

Moralizing: "You should have..." If you hadn't..."

Lecturing: "Do you realize..."
Advising: "Why don't you..."

Blaming: "You aren't thinking about this in the right way."

Praising: Link praise for the client's positive behavior to who the client is as a

person. We want to be sure that we give our clients plenty of praise, but we want to avoid having them feel we are only there for them if they do well. We want to be sure they know they can come

to us if they have failed, too.

Remember, it can be very satisfying to give advice. As people who are good at helping, we may have had the experience of telling people what to do, having them do it, and then having their lives "better." But, advice is not part of social service practice.

**LANGUAGE:** A family service worker should always check to make sure that s/he and the client are using the same language and that they understand each other. The family service worker should use language that is clear and simple. If the client uses slang, the family service worker should ask the client what the client means by the word or phrase. Slang evolves very quickly and the family service worker shouldn't assume that s/he shares the same definition of the slang word. The family service worker should also check in with the client to make sure the client hears what the family service worker means to say. Don't ever assume. Try not to use slang or expressions.

**GOAL SETTING:** This is a specific technique for helping a client make a concrete plan to change or accomplish something.

**THANKS AND APPRECIATION:** Family service workers should always remember to thank a client for talking and sharing with them after a visit. For us, an individual visit

is just one in our caseload. For the client, it is one of one and it is important to recognize the client for answering difficult questions.

#### **The Principles of Strengths-Based Practice:**

Every individual, group, family and community has strengths. The person or family in front of you and the community around you posses assets, resources, wisdom, and knowledge that, at the outset, you know nothing about.

Trauma and abuse, illness and struggle may be injurious but they may also be sources of challenge and opportunity. While traumas can overwhelm the coping capacities of any child or adult, the literature on the resilience of children and adults shows that most individuals - even children -when confronted with persistent or episodic crisis, disorganization, stress, trauma or abuse somehow are able to surmount the adversity.

Assume that you do not know the upper limits of the capacity to grow and change and take individual, group and community aspirations seriously. We should hold high our expectations of clients and make allegiance with their hopes, visions and values.

We best serve clients by collaborating with them. There is something liberating, for all parties involved, in connecting to clients' stories and narratives, their hopes and fears, their wherewithal and resources rather than trying to stuff them in the narrow confines of "a diagnostic category or treatment protocol."

**Every environment is full of resources.** It has to do with the lens one uses to view practice with. In every environment, there are individuals, associations, groups, and institutions who have something to give, something others may desperately need: knowledge, succor, an actual resource or talent, or simply time and place. Such resources usually exist

outside the usual matrix of social and human service agencies, unsolicited and untapped.

#### PRACTICES FOR STRENGTH-BASED FAMILY SUPPORT<sup>1</sup>

Since the primary responsibility for the development and well-being of children lies within the family, enabling families to build on their own strengths and capacities promotes the healthy development of children.

Strength-based practices for families include:

- Promoting relationships with families that are based on equality and respect and that are characterized by warmth, responsiveness, and compassion.
- Incorporating a variety of educational experiences for parents, which offer them
  opportunities to increase their knowledge and understanding, to examine their
  habitual ways of thinking and doing things, and to make positive changes.
- Meeting parents "where they are," because the most effective programs are planned with the involvement of the parents themselves to assure that programs are relevant to the parents' specific interests, concerns and needs.
- Building on families' strengths, understanding that all families have them, and that these strengths are building blocks for growth and improvement.
- Acknowledging and addressing the context in which the families exist, appreciating and valuing each family's community, culture, and individual traditions, values and lifestyles.
- Working with parents as partners, appreciating the value, role, challenges, and satisfactions of parenthood.
- Responding to the practical needs of parents who participate.

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<sup>&</sup>lt;sup>1</sup> Adapted from the Minnesota Department of Health. *Home visitor training manual*. 2001.

| • | <ul> <li>Recognizing that families are resources to their own members, to other families,<br/>to programs, and to communities.</li> </ul> |  |
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## Moving from a Deficit to a Strength-Based Approach to Practice<sup>1</sup>

| FROM   | TO  |
|--|---|
| Deficit-focus: Being aware only of   | Seeing strengths.   |
| the problems families have.  |   |
| Short-term thinking: relying on quick, easy solutions to serious problems. | Long-term thinking: recognizing that changes in behavior take time and being willing to make a long-term commitment.                          |
| Ignoring and/or devaluing cultural differences.                            | Recognizing and affirming cultural differences.   |
| Expecting little of program participants.                                  | Expecting much of participants who are seen as resources.   |
| People of different socioeconomic statuses have different aspirations.     | All people's aspirations are similar no matter what their socio-economic status. Only their degree of access to resources might be different. |
| Professionals have the right kind of knowledge to solve all problems.      | People have the right kind of knowledge. Families have their own areas of expertise.  |
| Organizations set norms and goals for families.                            | Families set norms and goals for themselves.  |
| Practitioners choose solutions for families.                               | Families and practitioners work together to choose solutions.   |
| Program staff has power over families using their programs.                | Program staff and families share power.   |

<sup>&</sup>lt;sup>1</sup> From the Minnesota Department of Health (2001) *Home visitor training manual* 

| My views and values are better. | My views and values are different. |
|---------------------------------|------------------------------------|
|                                 |                                    |

## **Exercise Five: Everyone Has Life Skills**

Please read through the following scenario and work as a group to make a list of what life skills the client (s) has demonstrated, and why.

<u>Scenario One</u>: Mary is a single parent of two children ages 6 and 8 years old. She is no longer in touch with her own family or with the children's father with whom she had an abusive relationship. When she left her children's father, her family couldn't accept this and cut her off. She works in a garment piece-work shop putting in long hours and making low wages.

She and her children live in a small, one-bedroom apartment which is sparsely furnished but clean. Her children are well mannered and have good attendance at the local elementary school.

Mary bought a computer for her children's education and also so she could visit Internet chat rooms and find a husband. She finally meets someone who sounds promising. After a couple of months, they arrange a visit. This man lives far away and so Mary makes plans and saves money.

She arranges her trip during the children's school vacation. She buys lots of instant and microwaveable food and instructs her children how to prepare it. She disconnects the phone to save money and draws the curtains. She leaves her children some books and games and tells them to keep the door locked and not to answer it. She says she will be back in 10 days and leaves.

<u>Scenario Two:</u> Sharon is 19 years old and has a three-year old daughter. She emancipated out of foster care last year and couch surfed in friends' and friends-of-friends' apartments until three months ago when she found a room in an apartment rented by another young woman with an 18-month old boy. Sharon didn't graduate from high school and has only been able to find a job stripping four nights a week. Her hours are late but she has made arrangements with her roommate to watch her daughter while she works, in exchange for some cash. Money is tight and Sharon keeps looking for other work.

Sharon went into foster care because her mother was murdered by her boyfriend, both of whom were addicts, when Sharon was 10 and her younger brother was 9. They were not placed in the same foster home. In the next 6 years, Sharon moved through a total of 3 foster homes for a variety of reasons. By Home #3, Sharon was staying out late, cutting school, and was experimenting with drugs. This is when she got pregnant. This is also when she went into a group home.

## **Stages of Behavior Change**

- 1. Precontemplation
- 2. Contemplation
- 3. Preparation/Ready for action
- 4. Action
- 5. Maintenance

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6. Relapse

**KEY:** Work with the client to identify where s/he is in the process: Develop interventions and use resources based on the stage of behavior change.

## **Characteristics and Interventions for Stages of Change**

### Precontemplation

- Signs: Defensiveness, denial, numbness, avoidance
- Try: Finding safe ground, relationship building, trust building, showing empathy and caring.

#### Contemplation

- Signs: Ambivalence, awareness of problem, information-seeking, lack of commitment
- Try: Exploring both sides of situation, providing resources and information, acknowledging the client's ambivalence

### Preparation/ready for action

- Signs: Trying new things, questioning, experimentation
- Try: Exploring options, information sharing, helping the client to make a list of motivators.

#### Action

- Signs: Testing new behaviors, seeking validation, sharing, recognizing patterns
- Try: Information sharing, validating, working with client to keep steps small.

#### Relapse

- Signs: Resuming "old" behavior, struggling with feelings of shame and disappointment
- Try: Helping client see that relapsing does not mean there is no hope, helping client reaffirm commitment to change.

#### Maintenance

- Signs: Less need for validation, formation of new support network
- Try: Helping client sustain change, develop strategies to avoid temptation

## **Exercise Six: What Motivates People to Change**

In pairs, please take turns answering the following four questions about one behavior you have recently tried to change.

- What is a recent example of a behavior you have changed or are trying to change?
- What did you do to change the behavior?
- Using the Stages of Behavior Change, what stage would you say you are in currently regarding this behavior?
- Have you tried to change this behavior before?

## **Teachable Moments**

Teachable moments are everyday opportunities to guide someone's understanding or skill development.

- To a large extent, the skills we need for independent living are not formally taught.
- They are insights gained from casual moments.
- They are also attained incrementally, bit by bit, depending on how prepared we are to accept the information.
- Someone observes and practices life skills over time. And, remember, your client may have observed maladaptive or marginal life skill practice.
- Every moment has the potential to teach. Choosing when to address something may depend on information you get from a client, what is going on around you, or your lead-in to a subject.
- No teacher will capture every moment, and it's not necessary to do so. Living, being, and interacting with others provide unlimited opportunities to learn life's lessons. Teachers can select which moments to make use of -- and which to disregard.
- The skill must be relevant to the person. People are more apt to learn skills when they are ready, willing, and able to act. This also increases the likelihood that he/she will remember and be able to apply the skill in other circumstances. Many adults never learn to change a tire until they have a flat.
- You must also tailor your teaching to the individual's level of skill and understanding and maturity.

### **Guidelines for Choosing Teachable Moments**

Don't expect immediate results.

- Don't use teachable moments as a preamble to a lecture. Shorter is better.
- Use humor whenever possible.
- If the exchange becomes adversarial, end it. The idea of teachable moments is to plant a seed, not to modify behavior, prove a point, or criticize.

Excerpted and adapted from "All In A Day's Work: Resources for Teaching Life Skills" by Merrily Wolf, Wanda Copeland, & Kim Nollan. Journal of Child and Youth Care. 1998 Vol. 12 No. 4 Page 1-10

## S.M.A.R.T. GOALS

- S Specific
- **M** Measurable
- A Achievable
- R Relevant
- T Timed

**Specific** — What do you really want to accomplish? Describe your goal in precise terms so there is no confusion as to what needs to be accomplished. Try answering the "W's": Who, what, where, when, why.

**Measurable** — If we can't measure our progress, how do we know when we are done? Make sure you include the measures you will use to judge your progress towards achieving the goal.

**Achievable** — Do I have enough control of this to make it happen? Construct a goal that is achievable. Don't set it so high that in the back of your mind you know failure will eventually happen.

**Relevant** — Is this goal consistent with other goals, and does it fit with immediate and long-range plans? Goals must be an important element in the overall plan of achieving your mission and reaching your vision. Meaningful goals align with your convictions and dreams. Your goal should relate to attaining something that is necessary, of value, and that supports your vision.

**Timed** — What is the evaluation deadline for this goal? Effective goals are constantly reviewed and revised. Determine a date, timeframe, or schedule for your goal.

#### SMART Goal Worksheet

| Today's Date:  | Target Date:      | Start Date:                            |
|--|-------------------|--|
| Date Achieved:   | _                 |  |
| Goal:  |                   |  |
| Verify that your goal is SMART   |                   |  |
| Specific: What exactly will you acc                                    | complish?         |  |
|  |                   |  |
| Measurable: How will you know v  | •                 | <del>-</del>                           |
|  |                   |  |
| Achievable: Is achieving this goal to achieve this goal? If not, how w |                   | and commitment? Have you the resources |
|  |                   |  |
| Relevant: Why is this goal signific                                    | ant to your life? |  |
|  |                   |  |
| Timely: When will this goal be acl                                     | hieved?           |  |
|  |                   |  |

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## SMART Goal Worksheet This goal is important because: The benefits of achieving this goal will be: Take Action! **Potential Obstacles Potential Solutions** Who are the people you will ask to help you? **Specific Action Steps:** What steps need to be taken to get you to your goal? **Expected Completion Date** What? Completed

## **Visit Plan**

| Client's Name:                                    | Date of Visit: |
|---|----------------|
| Topic of last visit:                              |                |
| Topic for this visit:                             |                |
| Who is in the family?                             |                |
|   |                |
| Safety issues to be aware of:                     |                |
| Who needs to be there:                            |                |
| What is your goal for this visit?                 |                |
| What activity do you have planned for this visit? |                |
| 1   |                |
| Supplies/Equipment/Materials:                     |                |
|   |                |
| What are the steps of your activity?              |                |
| 1   |                |
| 2   |                |
| 3   |                |
| 4   |                |
| 5   |                |

| What will visit follow-up be? |  |  |
|-------------------------------|--|--|
| •                             |  |  |

|                | Action Plan      |  |
|----------------|------------------|--|
| DATE           |                  |  |
| GOAL           |                  |  |
|                | JIPMENT          |  |
| SUPPORT NEEDE  | D FROM           |  |
| ACTION STEPS   |                  |  |
| 1              |                  |  |
| COMPLETED BY _ | (Projected Date) |  |
| 2              |                  |  |
| COMPLETED BY _ | (Project Date)   |  |
| 3              | (110)ect Bute)   |  |
| COMPLETED BY   | (Projected Date) |  |
|                |                  |  |

|  | 4                | 3     |
|--|------------------|-------|
|  | COMPLETED BY     |       |
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## Learning Levels

#### Learning Levels and Learning Comprehension

To make the most of life skills teaching, it is important to know how the person learns best. Different learning styles require different types of teaching. If you tailor teaching to the person's learning style more learning will likely occur.

Learning Goals are sometimes called competencies, statements of knowledge and abilities, or outcome goals. They are written to complement a developmental approach to learning. This approach recognizes that learning takes place over time and that people progress through a series of stages or levels as learning takes place.

Expectations describe what the learner should be able to do as a result of group, individual, or self-teaching and indicate how the Learning Goal was achieved in behavior terms. They are also called performance indicators or objectives.

| Learning Level                         | Definition   |  |
|--|--|--|
| Level one: Awareness                   | The learner is acquiring information   |  |
| Level two: Knowledge and understanding | At these two levels in the learning process, the learner should be able to identify, describe or explain information about the subject matter being taught.  |  |
|  | <b>Learning Goals:</b> The instructor presents information in a way that increases the learner's knowledge base. For example, at the end of the session the learner will <b>only</b> be expected to <b>describe or explain</b> what he/she learned about financial institutions.   |  |
| Level three: Knows how                 | The learner begins to apply knowledge  |  |
|  | At this level, the learner should be able to demonstrate some ability with the skill in an instructional setting through simulation, learning laboratory, or real life experiences.  |  |
|  | Learning Goals: The instructor creates an opportunity for the learner to practice. For example, the learner demonstrates writing a check to make a purchase. Generally, "knows how to" Learning Goals are completed in a classroom or home environment. Often, they are ones that a person may need in the future but not now. They simulate real life situations. |  |
| Learning Level                         | Definition   |  |

• Level four: Can or is able to

#### The learner uses knowledge in the real world

At this level, learner is using the knowledge learned outside of the learning environment. They are able to demonstrate the skill on a regular basis and reports on his/her progress.

The instructor provides an opportunity for real world demonstration. For example, "can set the table for daily meals," just showing the learner what a table setting looks like isn't enough. With the right kind of instruction, the learner should be able to demonstrate setting the table for three daily meals.

### Learning Styles

To make the most of life skills teaching, it is important to know how the person learns best. Different learning styles require different types of teaching. Everyone has a way they learn best. If you tailor teaching to the person's learning style more learning will likely occur. An easy way to think about a youth's learning style is to consider the sense he/she relies on the most when learning something for the first time. Most people use their sense of sight, sound, touch, or some combination of all three. To find out how a youth likes to learn, ask him/her and/or a teacher or parent and pay attention to the way he/she approaches work assignments.

#### Visual Learners

These young people like to see things. Learning materials such as flip charts, videos, pictures, and handouts are helpful. Do they draw graphs or pictures to explain projects or activities?

#### Auditory learners

These young people like to hear and talk about things and find that small group discussions, music, and lecture-type presentations promote learning. Do they like to talk through homework assignments or projects and tasks, or create songs to remember things like spelling words?

#### Kinesthetic learners

These young people like to feel things and prefer "hands-on "activities, simulations, and games that involve movement. Do they like to trace the shape of things or build models of things being studied? Do they need to be moving as they learn?

If you are the parent, observe how your youth interacts in daily situations. Once you know learning styles, you can plan your teaching (or self-instruction). If you are working with a group, use a variety of teaching methods, ones that appeal to all three learning styles.

This exhibit shows the levels of learning (awareness, knowledge and understanding, knows how to, and can or is able to do) with the three learning styles.

Keep in mind that higher levels of learning require application and demonstration of the information learned through simulations, role-plays, field trips, etc. Many of these types of activities incorporate all three learning styles.

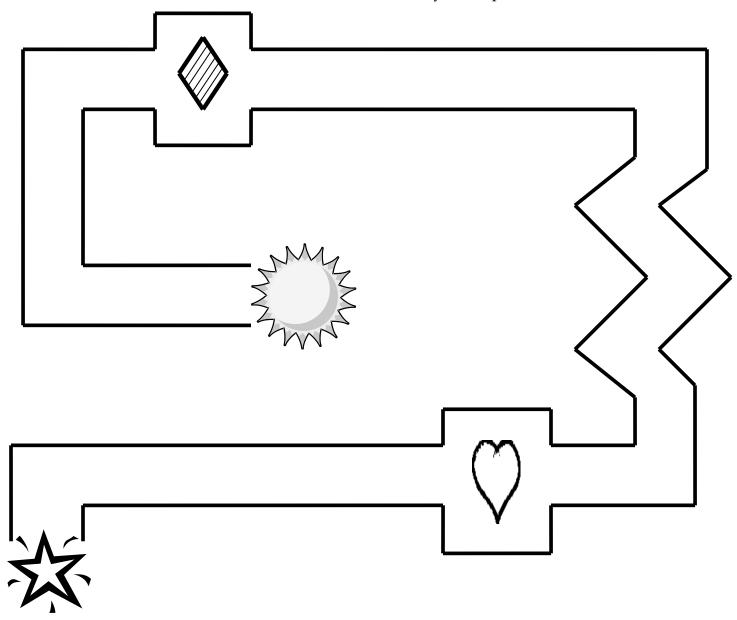
## Levels of Learning and Learning Styles

|                                   | Visual  | Auditory   | Kinesthetic  |
|-----------------------------------|---|--|--|
| Awareness                         | <ul><li>Pictures</li><li>Graphs</li><li>Posters</li><li>Handouts</li></ul>  | <ul><li>Lectures</li><li>Tape recordings</li><li>Panel or group<br/>discussions</li></ul>                                  | <ul><li>Field trips</li><li>Hands-on exploration</li><li>Computer games</li></ul>  |
| Knowledge<br>and<br>Understanding | <ul> <li>Worksheets</li> <li>Videos</li> <li>Demonstrations</li> <li>Examples</li> <li>Visual metaphors</li> <li>Outlines</li> <li>Mind maps</li> <li>Computer games</li> </ul> | <ul> <li>Debates</li> <li>Group discussions and consensus building</li> <li>Brainstorming</li> <li>Storytelling</li> </ul> | <ul> <li>Participation in demonstration</li> <li>Craft activities</li> <li>Theater games</li> <li>Puzzles</li> <li>Computer games</li> </ul> |
| Knows How to<br>Apply             | <ul> <li>Case studies w/visual images</li> <li>Make a visual presentation</li> <li>Prepare illustrations for a demonstration</li> </ul>   | <ul> <li>Discussions of case<br/>studies</li> <li>Make oral presentation</li> <li>Narrate a<br/>demonstration</li> </ul>   | <ul> <li>Case studies with<br/>manipulatives</li> <li>Create a model or sample</li> <li>Conduct a demonstration</li> </ul>                   |
| Can Or Is<br>Able To              | <ul><li>Role play</li><li>Participate in a simulation</li><li>Participate in an experiential exercise</li></ul>   | <ul> <li>Role play</li> <li>Participate in a simulation</li> <li>Participate in an experiential exercise</li> </ul>        | <ul> <li>Role play</li> <li>Participate in a simulation</li> <li>Participate in an experiential exercise</li> </ul>                          |

## **Exercise Seven: The Maze**

Find a partner for this exercise. One of you will be the "teacher" and one will be the "student." The goal of this exercise is for the student to draw a line through the maze from the star to the sun without crossing any of the maze lines. The line must also go around any obstacles in the maze.

Here is the catch. The student must have his/her eyes <u>CLOSED</u> for the whole exercise. The teacher's job will be to verbally instruct the student where to draw the line. The teacher cannot touch the student's body or the pen.



## **Principles of Adult Learning**

Malcolm Knowles, often referred to as the "father of adult education," found that adult learning occurs best when it follows certain principles. If trainers follow these guidelines, they will greatly enhance the learning experience for participants (Knowles, 1990). Arnold et al. (1991), among other adult educators, state that people retain:

- 20 percent of what they hear
- 30 percent of what they see
- 50 percent of what they see and hear
- 70 percent of what they **see**, **hear**, and **say** (e.g. discuss, explain to others)
- 90 percent of what they see, hear, say, and do

(Excerpted from the National Cancer Institute's Trainers Guide for Cancer Education)

### **Teaching A Skill**

A Skill is taught using at least a five step process\*:

#### Step 1: Explain (and discuss)

The teacher explains the purpose of the skill and outlines the steps.

#### Step 2: Demonstrate (and discuss)

The Teacher demonstrates the skill and helps the learner see what the skill actually looks like.

#### Step 3: Practice

This step is the opportunity for the learner to practice the skill.

#### Step 4: Feedback

This is the step where the teacher gives the learner feedback and coaching.

#### Step 5: Discussion of How to Use the Skill

<sup>\*</sup> Adapted from Berdie, J., Leake, R. & Parry, C. (2004). "A model for skills-based classroom training." *Protecting Children* 19(3). P.53-64.

This last step is a chance for the learner and teacher to discuss how practicing this skill can be integrated into the learner's life. What are challenges and benefits?

#### Elements of Professional Documentation<sup>1</sup>

#### The Role of Documentation:

- It is a written assessment of a client's strengths and needs
- It is part of planning and delivering services
- It holds the agency accountable for implementing services.
- It assures the continuity and coordination of services. Anyone should be able to pick up a case and see what's going on.
- It is a tool for supervision
- It is a tool in the evaluation of services

#### Fifteen Tips for Good Documentation

#### Tip #1

Strike a reasonable balance between including too much information and not enough information.

#### Tip #2

Avoid ambiguous abbreviations. Use the accepted abbreviations in your work setting.

#### Tip #3

Be specific. Avoid vague terms. Always use specific language to support your observations and conclusions. Anyone picking up your documentation should be able to see how you reached the conclusion you did. Not: "She's doing better about nutrition." Instead: "At this visit, the client brought several healthy, age-appropriate snacks for her kids."

#### Tip #4

Document what you know not what you think. Use neutral descriptions. Not: "She didn't know what she was doing." Instead: "When her infant began to cry, she left him in his car seat and made no attempt to soothe him."

#### Tip #5

Always include the evidence that supports your conclusion. (See above)

<sup>1</sup> Material Adapted from presentation, "Documentation In The Human Services: Ethical and Risk Management Issues" by Frederic G. Reamer, PhD. Downloaded 5/13/2014.

#### Tip #6

Document as soon as possible after the visit.

#### Tip #7

Spend most of your documentation on what happened not on what you planned to happen.

#### Tip #8

Use correct grammar and spelling.

#### Tip #9

Carefully review the language you use. Use professional language. Don't use slang.

#### Tip #10

Client records and your notes are confidential. Handle them appropriately.

#### Tip # 11

Remember, a client has the right to read his/her own case file.

#### Tip #12

If you are using handwriting, write clearly and legibly. Remember someone needs to be able to read what you wrote.

#### Tip # 13

Do not tamper with or alter records.

#### Tip #14

Do not document staffing problems in a client's records.

#### Tip #15

Do not document professional disagreements in client's records.