



SERVICE PLAN

HANDBOOK for Supervisors



Prevent Child Abuse
New York | **2023**

TABLE OF CONTENTS

(Click the links below to navigate to each section)

- [How To Use This Handbook](#)
- [What is the Service Plan?](#)
- [Service Plan and Family Goals](#)
- [HFA Best Practice Standards](#)
- [Service Plan Key Components](#)
- [Initial Service Plan Completion](#)
- [Initial Service Plan Sample](#)
- [Ongoing Use of the Service Plan](#)
- [Guiding Questions for Service Plan Discussion in Supervision](#)
- [Communication Skills to Support the Service Plan](#)
- [Reflective Strategies to Support the Service Plan](#)
- [Using Reflective Strategies to Support the Service Plan](#)
- [Motivational Interviewing to Support the Service Plan](#)
- [Using Open Questions with The Home Visitor to Support the Service Plan](#)
- [Three Additional Motivational Interviewing Tools](#)
- [Possible Service Plan Interventions](#)
- [Supervision Documentation](#)
- [Key Points Supervisors Want Home Visitors to Know About the Service Plan](#)
- [Service Plan Self-Assessment](#)

HOW TO USE THIS HANDBOOK

The Service Plan Handbook supports the initial development and ongoing use of the Service Plan by consolidating all Service Plan related guidance into one resource. Whether you are a new or seasoned supervisor or program manager, we recommend that you take the time to read through the entire handbook, then use the individual resources as needed for your professional development. After doing so, discuss any questions you may have with your direct supervisor. Your program's FSS QA Specialist at PCANY can also offer support if needed. **Please note:** This handbook includes original PCANY materials, as well as items adapted from Healthy Families America. Please do not replicate without attribution.

**THE ICON BELOW, ON THE BOTTOM OF EACH PAGE,
TAKES YOU BACK TO THE TABLE OF CONTENTS**



WHAT IS THE SERVICE PLAN?



SERVICE PLANS PROVIDE ROAD MAPS!

The Service Plan supports supervisors and home visitors in reducing risk factors and promoting protective factors identified in the FROG Scale and subsequent home visits. Once in place, it is the **ROAD MAP** that guides Family Support Specialists in accomplishing the goal of promoting healthy parent-child relationships.

When starting the service planning process, the first step will be to review the FROG Scale and identify family strengths, concerns, needs, risks and stressors. This gives a starting place for exploration. Supervisors and Family Support Specialists can then develop the Service Plan based on the factors identified in the FROG and support the threads that flow from the FROG throughout the work with families.



SERVICE PLAN AND FAMILY GOALS

Service Plans are not related to Family Goals

Service Plans are for staff to:

- Be intentional about reducing risk while building protective factors
- Identify ways to promote nurturing and sensitive parent-child interactions
- Support healthy child development and family functioning



Family Goals are for parents to:

- Practice critical thinking and problem solving on something they truly want to accomplish
- Experience safe, predictable, comfortable, and fun support from their FSS that engages their cortexes
- Feel successful and competent

Family Goals do not include site or funder goals

The Service Plan includes the program or staff goals designed to reduce risk and build protective factors. These are addressed through “in the moment” interventions by using reflective strategies to build on parental competencies and offering information through teachable moments.

Family goals come from the parent. They are meaningful to the family and should be small enough to assure a parent’s success and sense of accomplishment. Experiencing success with self-identified goals gives parents hope that they can change their circumstances, confidence that they can set a goal and achieve it, and the pleasure of accomplishment. Although some goals chosen by the family may happen to align with staff’s goals on the Service Plan, this outcome is never driven by staff.



HFA BEST PRACTICE STANDARDS

6-1 A

The site has policy and procedures describing the review of each family's strengths and stressors as identified in the FROG Scale, as well as parent-child interaction/attachment concerns and challenging issues identified subsequent to administration of the FROG Scale (i.e., substance abuse, intimate partner violence, parent's cognitive impairment, and mental health concerns). Policy and procedures include the Supervisor and Family Support Specialist working together to develop an HFA Service Plan with activities to address these issues over time and to build protective factors. Procedures also include the prioritization of these activities to support them being carried out successfully without overwhelming staff or the family.

6-1 B

At the start of services, the Supervisor and Family Support Specialist review each family's stressors and strengths as identified in the FROG Scale, as well as parent-child interaction/attachment concerns (i.e., any item rated a 4 or less on the CCI is documented on the Service Plan to be addressed), and challenging issues (i.e. substance abuse, intimate partner violence, cognitive impairment, or mental health issues) identified subsequent to the administration of the FROG Scale. Together the Supervisor and Family Support Specialist develop an HFA Service Plan and update it over time prioritizing/pacing activities to address risk and build protective factors.

6-1 C

The Family Support Specialist implements with the family over the course of services, the activities identified on the HFA Service Plan in an effort to build protective factors and to address the stressors identified in the FROG Scale, as well as parent(s) challenging issues (i.e., substance abuse, intimate partner violence, cognitive impairment, or mental health issues) identified subsequent to the administration of the FROG Scale.

***See the current HFA Best Practice Standards for additional details**



SERVICE PLAN KEY COMPONENTS

Column 1: FROG Scale Domain

These are pre-populated and include the protective factor of and the 'score' from the FROG Scale narrative for each domain.

Column 2: Strengths/Protective Factors

Identify the family's strengths and protective factors and consider how to both build and reinforce parental competencies. Additionally, include parent-child interaction strengths or areas of focus.

Column 3: Risk Factors & Areas for Support

Identify and summarize concerns from the family in each of the 14 domains of the FROG. Note that all of these should be reviewed initially, however most will actually be addressed over time. Prioritize the issues that will be addressed first (short-term) from the FROG.

Column 4: Plan Developed/Strategies

As you begin developing the plan with the FSS for how to address issues with families, it is important to remember that the primary purpose of early home visits is to be invited back into the home. You do not need to address all of the issues or even a majority at one time. It is expected that there will be time to do so if the initial focus is on successfully engaging the family in services. Determining strategies that begin small and can be expanded over the course of service delivery makes the best sense. During the plan development stage, you may have conversations about where the family or home visitor is in the [Stages of Change](#) or what [Reflective Strategies](#) could be used to address a particular issue.

Column 5: Plan Implemented

As each plan or series of activities is implemented, and a new plan developed, add this information to Column 5 including dates when implemented by FSS. These supervision conversations could be prompted by using [Guiding Questions for Service Plan Progress](#).



INITIAL SERVICE PLAN COMPLETION

It is required that the initial Service Plan be developed within two weeks of the FROG Scale being approved by the supervisor and the home visitor being assigned to the family. Either the FRS, the FSS or the supervisor (or a combination) can transfer key items from the FROG Scale to the Service Plan. Assigning this task is at the program's discretion. However, it is essential that the person assigned has the ability to determine which information is important to include (scorable items). Regardless of who initiates, the Service Plan is contributed to collaboratively by the supervisor with the FSS and is a fluid process (changes over time).

Ultimately, it is the supervisor's responsibility to be sure that:

- All scorable items from the FROG are included in the Service Plan, as well as other stressors identified subsequent to the FROG
- The Service Plan is reviewed with the FSS initially (regardless of whether the FSS completed the FROG)
- Plans are made for how to address prioritized items initially and during the course of service
- The FSS implements the plan in early visits and over time

NOTE: Either the FSS or the supervisor may update the activities on the Service Plan when implemented during the visit; updating and adding areas to address should be completed collaboratively.

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WATCH THE VIDEO



INITIAL SERVICE PLAN SAMPLE

Note: This initial Service Plan was developed using the sample FROG Narrative in the HFNY FROG Toolkit:

<https://healthyfamiliesnewyork.org/Staff/Documents/FROG%20TOOLKIT%207.22.pdf>

FROG Scale Domain	Protective Factors & Strengths	Risk Factors & Areas for Support	Plan	Plan Implemented
#1 Family Environment P1: 1 / P2: U	Parental Resilience Social Connections MOM: Happy about pregnancy Family support for childcare while at college/work	MOM: Parenting another child under 2. Concerned about time management.	Provide educational support for mom around balancing her time (i.e. having a calendar, alarm, etc.)	** 1/6/23 – See home visit log
#2 Perception of Child P1: 1 / P2: U	Social & Emotional Competence MOM: Feels baby is 'laid back' already	MOM: Concerned baby may cry more than sibling and be more difficult to handle.	Explore with Mom different strategies for soothing babies and identifying cues	
#3 Infant & Child Development P1: 0 / P2: U	Knowledge of Parenting & Child Development Social Connections Concrete Support in Times of Need MOM: Plans to soothe crying baby and can list strategies to soothe. Knowledgeable about milestones.	No risk factors at the time.		
#4 Plans for Discipline P1: 0 / P2: U	Knowledge of Parenting & Child Development Parental Resilience MOM:	Mom is not sure of what to do if positive forms of discipline don't work even though she knows that she does not want	Educate mom on different forms of positive discipline with her baby and ways that she can	

	No plans to use physical punishment or spanking, shared positive discipline strategies	to use any physical punishment or spanking.	help her baby control her emotions.	
#5 Child Protective Services P1: 0 / P2: U	Parental Resilience MOM: No involvement with CPS			
#6 Positive Childhood Experiences P1: 0 / P2: U	Parental Resilience Social Connections MOM: Close relationship with mgm, extended family			
#7 Stressful Childhood Experiences P1: 4 / P2: U	Parental Resilience No strengths identified <input checked="" type="checkbox"/> Priority	MOM: Experienced physical punishment as a child with implements, marks left. Mom thought there might have been CPS involvement	Build a trusting relationship Observe for attachment using CHEERS obs and CCI Provide curriculum about dev. stages Explore with Mom thoughts about her own discipline, childhood experiences Explore Mom's strengths related to her negative childhood experiences	
#8 Behavioral Health P1: 3 / P2: U	Parental Resilience Knowledge of Parenting & Child Development <input checked="" type="checkbox"/> Priority MOM: Sought help for	MOM: Smokes several times month or weekly when not pregnant	ATPs for non use, E&W Mom's strengths /quitting, health benefits	** 12/1/22 – See home visit log

	self when needed, shoplifting experience 'scared her straight,' quit using cigarettes and pot during both pregnancies, although 'rift' with her and her mom appears to have been a supportive relationship			
#9 Mental Health P1: 0 / P2: U	Parental Resilience MOM: Shared no concerns with MH PHQ2 negative			
#10 General Stressors P1: 4 / P2: U	Parental Resilience <input checked="" type="checkbox"/> Priority MOM: Shared healthy coping for when stressed (watching tv, laughter)	MOM: Stress level of 9 due to concerns of losing job due to sickness with pregnancy, stressful relationship with Dad, Dad's illegal activities	ATP's for healthy coping Curriculum on stress and pregnancy/ parenting, healthy coping strategies, supportive relationships	
#11 Social Connections P1: 1 / P2: U	Social Connections MOM: Shared several lifelines she will use, connections with other mothers for support	MOM: Past physical altercations in HS.		
#12 Intimate Partner Support P1: U / P2: U	Social Connections MOM: Shared things her and Dad like to do together			
#13 Intimate Partner Conflict Management P1: 4 / P2: U	Parental Resilience <input checked="" type="checkbox"/> Priority MOM: Shared no	MOM and DAD: Mom and Dad argue frequently, yell, hit and throw things, Mom has pushed and shoved Dad	Trust building, E&W to learn more, sharing of resources tailored to need (healthy	** 12/19/22 – see home visit log

	'physical' violence in last two years by Dad	in past, Dad pushed Mom once	relationships, communication skills, conflict management, ACEs), safety	
#14 Concrete Support Services P1: 1 / P2: U	Concrete Resources MOM: Has car, phone, hs diploma, in college, own apartment, financial support from Dad, employed, regular prenatal care	MOM: Financial concerns, housing concern of Dad not being on lease to move in	Explore referral sources with mom regarding financial assistance and other assistance that the family may need.	

**** When the FSS implements activities outlined on the Service Plan, the date this occurred is documented on the Service Plan to ensure it is easy to reference the home visit log for the detail on what the FSS did.**



ON-GOING USE OF THE SERVICE PLAN

The supervisor and FSS will continue to plan during the length of a family's service involvement and add to the Service Plan. Regardless of whether you choose to provide all of your documentation directly in the Service Plan or in home visit/supervisor notes, it is important to list new areas to address from the FROG or from "Additional Source" columns right in the Service Plan. Some of the activities that will occur over the course of services include:

- Check in during supervision to see how the reflective strategies, referrals, and/or curriculum worked. Consider what else might be tried.
- Once each issue is fully addressed, prioritize other factors to address based upon the family's needs and hopes.
- Review other screens that are conducted or tools used and indicate additional areas where families might benefit from support. Add these to the "Additional Sources" sections of the HFA Service Plan (e.g., ASQ, ASQ-SE, depression screening, CHEERS, CHEERS Check-In, etc.)

The Service Plan is a dynamic document and should be frequently referenced during supervision sessions. The frequency should be based on the needs of each family, including the volume of need, the complexity of need and the family's urgency combined with readiness for change. HFA and our HFNY policy recommend that the Service Plan be reviewed once monthly for families on Level 1, 1P or SS, every other month for families on Level 2, and quarterly for families on Level 3 or 4.

Note: While the frequency of Service Plan discussions are at the discretion of the supervisor and the FSS, there is a HFNY Performance Indicator requiring that the Service Plan is reviewed at a minimum of at least once per quarter.

Keep in mind that when working with families, especially with families who have experienced unresolved early childhood trauma (ACE's), you and your team will work together to determine which strategies are most appropriate and the frequency that will help assure the Service Plan's effectiveness.



GUIDING QUESTIONS FOR SERVICE PLAN DISCUSSION IN SUPERVISION

What was the parent's level of openness or receptivity to the conversation? How did they show that?

What ideas did the parents share in this conversation?

What next steps did you and the parent outline?

Who else was involved in the conversation? How do you see their involvement impacting the intervention?

What new strengths were identified? What new challenges were identified?

What support does the family have available to them?

What are the next steps? What support/tools/practice do you need to implement?

How do you think the conversation/activity went? Did it go as you expected?

How might the family's culture have impacted the outcome of the strategy?

What do you think caused the parent to respond that way?

What do you think this behavior means?

What do you think made that approach work/not work?

What would you do differently next time?

What did you do to help make that happen/facilitate the change?

How are you feeling about the outcome/how the strategy is going?

What did you do when another family was having a similar challenge?

How will you know when this strategy was successful? How will you know when it's time to try something new?

What are some other ways of looking at this? What else might be going on?

How did this progress increase the family's protective factors?

We have recorded some videos of a supervisor supporting the home visitor in the development of the initial Service Plan and the ongoing use of the Service Plan using the [Initial Service Plan Sample](#) in this handbook.

WATCH THE VIDEOS



COMMUNICATION SKILLS TO SUPPORT THE SERVICE PLAN

These communication skills can be used by supervisors to support the Service Plan by:

- using them directly with home visitors for their own professional development and skill building
- building the home visitor's capacity to use them in their direct work with families on issues related to their Service Plan

SKILL	WHEN to USE
Accentuating the Positive (ATP)	<ul style="list-style-type: none"> • To reinforce positive behaviors and/or successes • To build skills and capacity • To build self-esteem and self-confidence
Strategic Accentuating the Positive (SATP)	<ul style="list-style-type: none"> • To increase a behavior or skill you want to see more of • To build abilities and capacity
Explore and Wonder	<ul style="list-style-type: none"> • To increase empathy and ability to read and interpret parental cues/behaviors • To maintain curiosity about how trauma may be impacting behavior • To address chronic situations • To build self-awareness and self-observation skills
Feel: Name & Tame	<ul style="list-style-type: none"> • Whenever a person states a strong feeling or exhibits feelings through the body (energy shifts, facial and body language, etc.)
Normalizing	<ul style="list-style-type: none"> • When an opinion or belief about parenting or child development is expressed that is not supported by research or experience • When you want to share new information or research
Solution-Focused Talk	<ul style="list-style-type: none"> • To assist in clarifying a problem • To encourage exploration of all aspects of a problem before offering suggestions • To expand one's thinking • To assist in moving from a defensive or survival mindset (brainstem) to a positive limbic (emotional) experience and into the cortex (thinking and reflecting)
Open Questions	<ul style="list-style-type: none"> • To invite self-reflection and critical thinking • To encourage more in-depth sharing • To show respect for someone's autonomy, and allow them to showcase their expertise and knowledge
Affirmation	<ul style="list-style-type: none"> • To support and praise one's actions and accomplishments • To reinforce positive behaviors • To build self-esteem and self-confidence

Reflection	<ul style="list-style-type: none"> • To show you are listening and understanding by stating back the essence of what a person said • To check whether you understand the person's meaning • To draw out the underlying feeling in the person's statement
Summary	<ul style="list-style-type: none"> • To show understanding, move the conversation forward, and prepare the person to take action by linking together what has been discussed
Supporting Autonomy	<ul style="list-style-type: none"> • To support a person in thinking for themselves, being creative, and taking the initiative in their own lives/ work • To show your respect for a person's self-knowledge and knowledge of families they serve or their own family



REFLECTIVE STRATEGIES TO SUPPORT THE SERVICE PLAN

<p>Accentuate the Positives - ATP <i>To build self-esteem and parental resiliency</i></p> <ol style="list-style-type: none"> 1) Observe 2) Affirm 3) Share the impact 	<p>Strategic Accentuate the Positive - S-ATP <i>To increase a behavior you want to see more of</i></p> <ol style="list-style-type: none"> 1) Identify a behavior you want to see more of 2) Observe 3) Affirm 4) Share the impact
<p>Feel: Name & Tame <i>When staff states or exhibits strong feelings</i></p> <ol style="list-style-type: none"> 1) Observe for body language, wording, energy shifts and/or tone of voice that may indicate emotional content 2) Ask what they are feeling or experiencing in the moment 3) Reflect back to what you think they may be feeling 4) Validate their feelings 	<p>Explore & Wonder <i>To address missed cues or build empathy</i></p> <ol style="list-style-type: none"> 1) State the behavior you are concerned about 2) Be curious...ask staff what this behavior means 3) Share what you think the behavior might mean 4) Ask what they think 5) Ask if they would be willing to try it
<p>Normalizing <i>To address an erroneous, commonly held belief and share accurate information</i></p> <ol style="list-style-type: none"> 1) Make a mental note of the opinion or interaction that is of concern to you 2) Tell the person their opinion is a commonly held belief...It is 'normal' 3) Provide information 4) Explore what the person thinks 	<p>Solution Focused Talk <i>To gather information about a problem that staff or families "hands you," or a problem needing to be addressed</i></p> <p>Ask open questions that begin with:</p> <p>Who...? What...? When...? Where...? How...?</p>
<p>Mindful Self-Regulation <i>To regulate yourself when stressed, allowing you to return your attention to staff</i></p> <ol style="list-style-type: none"> 1) Observe your internal physical/emotional responses to your interaction with staff 2) Implement regulatory responses that are calming for you such as deep breathing 3) Return your full attention to the person once you're regulated 	



USING REFLECTIVE STRATEGIES TO SUPPORT THE SERVICE PLAN

STRATEGY	HOW TO USE (EXAMPLES)
ATP	<p><i>Ex: The home visitor reviewed curriculum around discipline with a mom who noted she would use spanking as a disciplinary technique</i></p> <ol style="list-style-type: none"> 1. Observe: <i>The home visitor mentions in supervision that they reviewed curriculum around discipline with a parent who noted she would use spanking as a disciplinary technique</i> 2. Affirm: <i>"Wow, I see that you had a conversation with Mom about her plans for discipline and brought some curriculum to help her learn more effective disciplinary techniques!"</i> 3. Impact: <i>"That may help Mom use other disciplinary methods instead of spanking."</i>
SATP	<p><i>Ex: The home visitor previously noted he was uncomfortable discussing Mom's cigarette smoking during her pregnancy, but mentions in a recent supervision that he discussed this topic with Mom in their last home visit</i></p> <ol style="list-style-type: none"> 1. Behavior you want to see more of: <i>Home visitor addressing risk factors that are uncomfortable for him to address with families</i> 2. Observe: <i>The home visitor discussed with Mom the negative impact of smoking on pregnancy</i> 3. Affirm: <i>"I see that you had a conversation with Mom about the ways in which smoking might impact her pregnancy and Mom expressed that she never knew smoking could impact an unborn baby"</i> 4. Impact: <i>"Having that discussion might help Mom move towards contemplating smoking cessation in the future."</i>
EXPLORE & WONDER	<p><i>Ex: The home visitor noted that Dad got up and left the room at the last home visit when the home visitor followed up on the couples counseling she referred the family to due to Mom and Dad's high level of relational conflict. Home visitor noted that she continued the visit and that Dad seemed "fine" but Mom stated "we haven't started it yet."</i></p> <ol style="list-style-type: none"> 1. State missed cue: <i>"You mentioned that Dad left the room when you asked about whether they started couples counseling"</i> 2. Ask what home visitor think behavior means: <i>"What do you think might have been going on for Dad?"</i> 3. Share what you think behavior means: <i>"I wonder if Dad is having some negative feelings about the relationship or the idea of counseling?"</i> 4. Ask what home visitor thinks: <i>"What do you think?"</i>

	<p>5. Ask if home visitor would be willing to try another response: “I’m wondering if it might help to reach out to dad individually to inquire about how he felt when you raised this topic at the last home visit”</p>
FEEL, NAME, TAME	<p><i>Ex: The home visitor said, while frowning and folding arms, “I have told this mom several times about how her yelling scares John (her two-year old) and every time I come to the home visit I see her yelling at him!”</i></p> <p>1. Observe: you noticed the home visitor’s frown and folded arms</p> <p>2. Explore: “I noticed you frowned and folded your arms when you mentioned that Mom yells at John during every home visit. How does that make you feel?” (PAUSE so home visitor can reflect and respond)</p> <p>3. Share your thoughts: (If home visitor couldn’t name a feeling) “I’m wondering if you’re feeling frustrated with Mom?”</p> <p>4. Validate: “That must have been hard to watch.”</p>
SOLUTION FOCUSED TALK	<p><i>Ex: The home visitor notes that she has given Mom several referrals to Domestic Violence counseling and support and each time she comes to the home visit mom still hasn’t followed up yet</i></p> <p>Ask open questions (who, what, when, where, how): “What are some reasons you think Mom hasn’t followed up on the referral?”, “What information have you presented to Mom about intimate partner violence and what was her response?” and “What might be going on in Mom’s life right now that might make it hard for her to follow up on these referrals?”</p>
NORMALIZING	<p><i>Ex: The home visitor mentioned that she doesn’t think Dad’s marijuana use needs to be addressed because he only smokes in the house when the kids are at school</i></p> <p>1. Identify the concerning belief: Home visitor believes that the children will not be affected by second hand smoke</p> <p>2. Normalize: “A lot of people think if a parent smokes when the child isn’t around the smoke won’t impact others in the household”</p> <p>3. Share research: “Research shows that second and third hand smoke can linger in carpets, walls, clothing and other porous surfaces.”</p> <p>4. Check in: “What do you think?”</p>
MINDFUL SELF REGULATION	<p><i>Ex: The supervisor feels frustrated with a home visitor who consistently doesn’t address serious risk factors with families</i></p> <p>1. Observe your internal responses: Your face feels flushed when home visitor mentions the risk factor from the Service Plan she did not address. You notice you are feeling frustrated.</p> <p>2. Implement a self-care response: You take 2 deep breaths and sip some water.</p> <p>3. Return attention to home visitor: You return your attention to supervision and address the concern.</p>



MOTIVATIONAL INTERVIEWING TO SUPPORT THE SERVICE PLAN

Motivational Interviewing is a great fit with the strengths-based approach we embody in HFNY as we support families to work through their change process. This grid uses Stages of Change theory to demonstrate where you might integrate Motivational Interviewing approaches and tools in your Service Plan work. Change doesn't always follow a straight line; it is typically non-linear and may move back and forth through these identifiable stages. Reflecting on where families are at in the Stages will help the Home Visitor respond accurately to families, decrease resistance, maintain neutrality, and help support and preserve the relationship the Home Visitor has with the family.

Stages of Change	Your Intention	Approaches and Tools for Home Visitor to Use with Family
<i>Pre-Contemplation</i> Family is not currently considering or willing to make a change	<i>Help the home visitor plan to assist the family consider change. They might ask the family:</i> "How do you see the situation?" "What would have to happen for you to know you want to make a change?"	<ul style="list-style-type: none"> Clarify that they have choice in the matter Encourage self-exploration, not action To keep resistance low: <ul style="list-style-type: none"> * Use OARS skills * Build a relationship * Stay in the stage where the person is * Avoid labels * Address safety concerns and concrete needs * Show empathy and caring * Affirm strengths
<i>Contemplation</i> Ambivalent about change	<i>Help the home visitor plan to help the family examine possible benefits of and barriers to change. They might ask the family:</i> "What are some reasons to make the change? What are some reasons to not make the change?" "What barriers keep you from making the change?" "What has helped you with challenges like this in the past?" (people, programs,	<ul style="list-style-type: none"> Validate their lack of readiness Reflect back and normalize ambivalence Clarify that they have choice in the matter Encourage them to evaluate the pros and cons of making a change, use the decisional balance sheet Use scaling to gauge importance, confidence and readiness Identify and promote expectations of a positive outcome Use OARS skills Listen for examples of "Change Talk" and "Sustain Talk"

Contemplation - continued	behaviors) “What would help you at this time?” Describe the ambivalence: “On the one hand, you think that addressing this issue could help, on other, you’re concerned that it could make the situation worse.”	
Determination or Preparation <ul style="list-style-type: none"> • The urge to act and a plan to act • Pros of change now outweigh cons 	Assist the home visitor with discussing how they will help the family with their change plan. They might ask the family: “How do you want things to turn out?” “Tell me about your plan.”	<ul style="list-style-type: none"> • Support the person with identifying how they can make the change • Identify possible obstacles to change and assist with problem-solving and skill building • Help identify resources and supports • Use ATPs to build confidence
Action Taking action to make changes	Help the home visitor plan how they will offer support and encouragement to the family with steps towards change. They might share with the family: “You weren’t sure what it would be like to talk to him about counseling, and you did it. Would you be open to telling me what that was like for you?” “You accomplished the first step in your plan. How does that feel?”	<ul style="list-style-type: none"> • Build on their confidence that they can deal with obstacles to change • Make room for feelings of loss related to the old behavior, and revisit the motivations for change that they identified previously
Maintenance A new pattern of behavior and a commitment to change	Help the home visitor plan to offer ongoing support to help sustain the new behavior. They might say to the family: “Wow, It seems like you’re getting comfortable with saying no to your friends who want you to go out drinking with them.”	<ul style="list-style-type: none"> • Use Affirmation, ATPs and S-ATPs • Help the person make a plan for ongoing support • Reinforce the benefits of the change • Discuss coping with relapse
Relapse, Setback, or Detour The new behavior has become	Assist the home visitor with how they can acknowledge relapse as a normal part of the change process. They might	<ul style="list-style-type: none"> • Help the person stay positive and solution-focused. • Help the person evaluate what triggered the relapse and what

<p>difficult to maintain and the person has slipped back into their old behaviors</p>	<p><i>share with the family:</i></p> <p>“Having set-backs is a part of the process of change.”</p> <p>“It’s normal to be upset when we go back to the old behaviors.”</p>	<p>they can learn from that</p> <ul style="list-style-type: none"> • Reassess motivation and barriers. Revisit previous stages and motivation for change • Help the person identify new, stronger coping strategies
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USING OPEN QUESTIONS WITH THE HOME VISITOR TO SUPPORT THE SERVICE PLAN

STAGE	OPEN QUESTIONS
PRE-CONTEMPLATION	<p><i>What did the parent say or do to tell you that they are not currently considering making a change?</i></p> <p><i>What is your sense of how Mom sees this aspect of her parenting?</i></p> <p><i>What kinds of things do you think would need to happen for him to consider doing something different in this situation?</i></p>
CONTEMPLATION	<p><i>What did you hear from Mom that tells you she is feeling ambivalent about continuing this approach to raising her child?</i></p> <p><i>How might you help them think through the benefits and challenges of this behavior for their family's well-being?</i></p>
DETERMINATION OR PREPARATION	<p><i>What did Dad share about his plan and supports available to him that let you know he is ready to make this change?</i></p> <p><i>What kinds of barriers do you think could get in the way of her taking action and how do you think you can assist?</i></p> <p><i>What possible resources do you want to have on hand at your next visit to support them in this stage?</i></p> <p><i>What ATPs might you use to increase their confidence about the next steps they've said they want to take?</i></p>
ACTION	<p><i>How did you offer support and encouragement to Mom in making this change?</i></p> <p><i>What reflective strategies do you think could build confidence at this time?</i></p>

MAINTENANCE

What kind of ongoing support can you provide to Dad to reinforce the benefits of this change?

How would you want to raise the conversation about obstacles she thinks might get in the way of maintaining the change?

**RELAPSE, SETBACK
OR DETOUR**

What support did you provide and can you continue to provide to reflect on Mom's experience?

How might you explore her readiness to develop a new plan?

What ideas do you have for helping Dad stay positive?



THREE ADDITIONAL MOTIVATIONAL INTERVIEWING TOOLS

Don't forget about these three additional Motivational Interviewing tools. During supervision, you can plan how the home visitor can use them in their work with families to support the Service Plan. Contact your FSS QA Specialist for more support with incorporating Motivational Interviewing into your work supporting the Service Plan.

OARS

Open Questions: encourages longer, more detailed discussions, and reinforces the message that you have confidence in the family finding their own answers and reinforces the family's sense of autonomy.

Affirmations: recognizes effort, confidence in the family's abilities

Reflection: reflective listening is the core of Motivational Interviewing. Help the home visitor see how they can give back to the family what they heard to let them know they were truly listening

Summary: after a longer interval, the home visitor can link together what has been discussed, thus showing understanding

SCALING TOOLS

To help the home visitor open a conversation where their goal is to learn about the family's readiness to change. Scaling tools allow the home visitor to structure a neutral conversation where they can learn about the family's perception of their strengths for making a change and the barriers they perceive exist.

DECISIONAL BALANCE

This approach is implemented using a grid where the person seeking the change is guided to fill in all the good things and all the less good things they can think about related to the change they are considering. In balanced and non-judgmental fashion, they are supported to see the fully array of costs and benefits to changing and the full array of costs and benefits to not changing. The grid looks like this:

	CHANGING	NOT CHANGING
BENEFITS		
DRAWBACKS		



POSSIBLE SERVICE PLAN INTERVENTIONS

COMPLETE SCREENING & ASSESSMENT TOOLS

- ASQ-3/SE-2 (Child Development Assessment)
- CHEERS & CHEERS Check In (CCI)
- PHQ-9 (Depression Screen)
- Audit-C (Alcohol Screen)
- HITS (DV Screen)
- GAD7 (Anxiety Screen)

USE STRENGTH BASED/RELATIONSHIP BASED APPROACHES

- Use **Reflective Strategies** to promote strengths and address concerns (ATP/SATP/Explore & Wonder/Feel, Name, Tame/Normalizing/Solution Focused Talk)
- Incorporate **Motivational Interviewing** techniques (i.e. explore ambivalence using the decisional balance worksheet, use scaling tools {readiness, importance and confidence rulers} to help parents consider change, and use OARS: open questions, affirmation, reflection, and summarizing)
- Help families develop **goals** that are meaningful to them

SHARE INFORMATION TO INCREASE THE PARENTS' KNOWLEDGE

- Use primary curriculum (GGK, PAT, FSU) and supplemental materials (DVDs, videos, approved secondary curriculum, evidence informed websites etc.) to share information around parenting, child development and health and safety
- Incorporate activities into home visits that encourage PCI and create teachable moments (puzzles, books, crafts, music, toys, games etc.)

INCREASE CONCRETE & SOCIAL SUPPORTS

- **Common referrals that provide concrete support may include (*but are not limited to*):**
 - Diaper banks
 - Lactation Support
 - Early Intervention
 - Mental Health, Domestic Violence, and Substance Abuse services
 - Employment & Back to School supports
 - Housing, food and other basic need supports
- **Some ways to increase social support include:**
 - Support groups
 - Play or socialization groups (in the community, at the public library etc.)
 - Program activities (holiday parties, summer trips, fatherhood groups, family potlucks etc.)
 - Community events (street fairs, health fairs etc.)
 - Encouraging social engagement with family and friends



SUPERVISION DOCUMENTATION

While the Service Plan form is where you will note plans and interventions that you and the home visitor develop, the Supervision Form in the HFNY MIS is the place you will document how you support the home visitor to develop and implement the Service Plan. This includes reviewing the FROG Scale and reflecting on risks and protective factors, reflecting on family/staff readiness, and planning next steps. You would also document conversations you have regarding new or on-going risk factors that are revealed or identified using tools such as the PHQ-9, CHEERS Check-In. Don't do double work by re-writing the Service Plan here.

HFNY Supervision Form - Case List/Selection - Assessment (FROG Scale)

Service Plan

While it is not a requirement that the Service Plan is developed with the FRS, this is the place to document discussions about the FROG Scale through the lens of Service Plan development.

SUPERVISOR SAYS	Here in section 10, I see Mom shared she is barely sleeping at all, that even when the baby is sleeping, she has a hard time settling down herself.
SUPERVISOR WRITES	Reviewed the FROG with Sara and completed initial Service Plan. There are immediate concerns about Mom's lack of sleep and the impact on her stress level. Sara plans to highlight this in the upcoming meeting when we assign family to FSS.

HFNY Supervision Form - Case List/Selection - Home Visits

Service Plan

Discussions about the development and on-going progress and process of the Service Plan to address risk and build protective factors

Note: All 'in-depth' discussions should correspond with in-depth conversations regarding the family.

SUPERVISOR SAYS	I can tell from the change in our tone of voice that their refusing this referral to Early Intervention is troubling you. Would you want to talk more about what this is feeling like for you?
SUPERVISOR WRITES	Discussed family readiness for referral to Early Intervention program. Used MI Stages of Change concepts to help Jordan reflect on what might be happening for the parents that they said "not yet" to this referral. Processed his own challenges maintaining neutrality with families where there is ambivalence about child development issues.



KEY POINTS SUPERVISORS WANT HOME VISITORS TO KNOW ABOUT THE SERVICE PLAN

What are the key points supervisors want home visitors to know about the Service Plan?

- The FROG Scale is used to develop the initial Service Plan. We want home visitors to be mindful of prioritizing activities in a way that doesn't overwhelm the family.
- Home visitors use the Service Plan as a "living document" in their everyday work with families to both address risk factors and build on strengths and protective factors.
- The Service Plan and Family Goals serve two different purposes: the Service Plan is the roadmap for home visitors work with the family whereas the Family Goals represents the parents' own goals for their family.
- Motivational Interviewing and other reflective techniques are integral to our work with the Service Plan; they help the home visitor support families to work toward positive changes, while preserving their relationship with the family.
- We want home visitors to notice when their observations of concerning parent-child interaction or the result of screening tools such as the PHQ9 or CCI indicate a need to update the Service Plan. For example, any items rated a 4 or less on the CCI is documented on the Service Plan to be addressed.
- Home visitors need to understand how to contribute to the Service Plan over time, adding "Additional Sources" as needed. This includes understanding how to navigate the MIS related to the Service Plan.



SERVICE PLAN SELF ASSESSMENT

This tool can be used to reflect with the home visitor on their confidence in their ability, and your confidence in your ability to support the Service Plan process.

How confident do you feel in your ability to:

Less Confident					HOME VISITORS					More Confident				
1	2	3	4	5	Contribute to the development of the Service Plan using the FROG Scale	6	7	8	9	10				
1	2	3	4	5	Use the Service Plan in your work as a home visitor	6	7	8	9	10				
1	2	3	4	5	Reflect on the Service Plan in supervision regularly in partnership with supervisor	6	7	8	9	10				
1	2	3	4	5	Reflect on strategies to increase protective factors and decrease risk factors	6	7	8	9	10				
1	2	3	4	5	Use different conversation strategies with families to increase protective factors & decrease risk factors	6	7	8	9	10				
1	2	3	4	5	Contribute to the Service Plan over the course of service, adding "Additional Sources" as needed	6	7	8	9	10				
1	2	3	4	5	Document the Service Plan in the MIS	6	7	8	9	10				

Less Confident					SUPERVISORS					More Confident				
1	2	3	4	5	Contribute to the development of the Service Plan using the FROG Scale	6	7	8	9	10				
1	2	3	4	5	Use the Service Plan in your support of the work of the home visitor	6	7	8	9	10				
1	2	3	4	5	Reflect on the Service Plan in supervision regularly in partnership with the home visitor	6	7	8	9	10				
1	2	3	4	5	Reflect on strategies to build protective factors and decrease risk factors in families	6	7	8	9	10				
1	2	3	4	5	Use different conversation strategies with home visitors to develop strategies to increase protective factors and decrease risk factors in families	6	7	8	9	10				
1	2	3	4	5	Contribute to the Service Plan over the course of service, adding "Additional Sources" as needed	6	7	8	9	10				
1	2	3	4	5	Document both the Service Plan & supervision discussions about in the MIS	6	7	8	9	10				

