RESILIENCE PRACTICE FRAMEWORK

Guide 6: Practitioner skills

A framework to promote resilience in children and families

www.benevolent.org.au
We are The Benevolent Society
We help people change their lives through support and education, and we speak out for a just society where everyone thrives.

We're Australia's first charity. We're a not-for-profit and non-religious organisation and we've helped people, families and communities achieve positive change for 200 years.

Authors
The Resilience Practice Framework was developed in partnership by the Parenting Research Centre and The Benevolent Society. The Australian Centre for Child Protection and The Benevolent Society developed the two guides Motivational Interviewing techniques: Tips for engaging reluctant families and Parent skills training.

Laura Baldwin
Senior Research Officer, Parenting Research Centre

Dr Robyn Mildon
Director, Knowledge Exchange, Parenting Research Centre

Greg Antcliff
Director, Professional Practice, The Benevolent Society

Marie Iannos
Research Assistant, Australian Centre for Child Protection

Acknowledgements
The Practice Resource Guides are based on the original guides in PracticeWise Evidence-Based Services (PWEBS) database, drawn from child and family therapeutic intervention outcome studies (PracticeWise, 2009), adapted with permission.

May 2015

The Benevolent Society
Level 1, 188 Oxford Street
Paddington NSW 2021
T 02 8262 3400
F 02 9360 2319
resilience@benevolent.org.au
www.benevolent.org.au

Parenting Research Centre
Level 5, 232 Victoria Parade
East Melbourne Victoria 3002
T 03 8660 3500
F 03 8660 3599
info@parentingrc.org.au
www.parentingrc.org.au

©Parenting Research Centre and The Benevolent Society, 2015

All rights reserved. This work is copyright. Except under the conditions described in the Copyright Act 1968 of Australia and subsequent amendments, no part of this publication may be stored in a retrieval system, communicated or transmitted in any form or by any means without prior written permission. The Practice Resource Guides master materials may be produced by individuals in quantities sufficient for non-commercial use. Requests and enquiries concerning reproduction rights should be directed in writing to the Parenting Research Centre and The Benevolent Society.
## Table of Contents

Overview 4

Evidence informed practices:
- Engaging families 5
  - Motivational interviewing techniques:
    - Tips for engaging reluctant families 8
  - Creating S.M.A.R.T. goals 11
  - Parent skills training 13
  - Writing your own checklists and task analyses 15

References 17
Overview

This guide highlights some of the practitioner process skills that are known to positively impact on client outcomes. It is designed to provide practitioners with additional support when working with children and families. The skills in this guide are not limited to any one resilience outcome but can be used across the outcomes and at various stages of working with families.

Engagement is the first stage of working with a family. Successful engagement is critical in the information-gathering stage—time spent planning the best way to engage a family is important. Developing effective collaborative working relationships at the outset is integral to achieving the best outcomes for children and their families.

Some families with multiple and complex problems may present as ambivalent about addressing their issues. A practice skill that can be used with such families, and is known to be successful for increasing readiness for change, is Motivational Interviewing.

Clients feel more motivated when they feel they are achieving their goals. By working with families to create goals that are Specific, Measurable, Achievable, Relevant and Time sensitive (S.M.A.R.T Goals), practitioners will be more successful in engaging clients in the process of change.

Another practitioner skill that can be used across the resilience outcomes is Parent Skills Training. When practitioners are supporting the development of new skills there are effective and active-teaching strategies that can be used (observe, practise and feedback). This approach, which can be applied in a range of situations, increases the likelihood of new skill acquisition.

Planning is a key element of working with children and families. Thoughtful consideration should be given to what planning mechanisms are required to enable purposeful action in developing and implementing plans. The guide ‘Writing your own checklist and task analyses’ will support practitioners in being clear about who does what and in what situation. This guide assists practitioners to break down parenting tasks into manageable skills.

Guide 6: Practitioner skills is designed to assist practitioners through all stages of working with a family including engagement, assessment, planning, intervention and reviewing outcomes. These skills relate to each of the identified resilience outcomes.
Engaging families

The relationship between a family and a practitioner is integral to achieving the best outcomes for adults and their families. Research tells us that the most effective working relationships are achieved by establishing and developing a collaborative relationship at the outset of your work together.

**Outcomes**
- Better client engagement with the practitioner
- Less client resistance
- Better understanding of the parent’s perspective regarding the challenges they are experiencing and their goals for your work together
- Increased parent understanding of the purpose of your service or program.

**How you do it:**

<table>
<thead>
<tr>
<th><strong>STEP 1: Explain rationale</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Let the parent know you will be introducing yourself and explaining your role and the role of your service. Explain that you will be providing some information about how your service works, and that you will also be asking questions about the family’s goals for working together.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>STEP 2: Outline your service or program</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Detail the work that you do and can do with the family. You may need to distinguish your service from other services that the family may be involved with already. Be clear about the limitations of the relationship. For example, explain the lengths and frequency of sessions and the time limits of the program. Be clear about your broader responsibilities and the limits of confidentiality. If you are subject to mandatory reporting of child abuse then let the family know that and what you will do if this issue arises.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>STEP 3: Clarify expectations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the type of work that you will do together. For example, the amount of time you will spend with the parent, the child, or the family all together. Explore the parent’s expectations of the work you will do together and clarify any misperceptions that could become a barrier in later work together.</td>
</tr>
</tbody>
</table>
**STEP 4: Clarify your role and the parent’s role**

Explain that your role is like a coach and is to:

- Find out what the family wants from your work together
- Provide the family with ideas about how to achieve their goals
- Build the family’s commitment to their goals
- Provide support to the family throughout the program

Emphasise to the parent that they play an active role in the work you do together, and that their role is to:

- Choose the areas of the program you will work on (e.g. safety of kids in home, extending children’s learning opportunities)
- Set goals, with the practitioner, for your work together
- Practise the skills, techniques and strategies learnt in the program in between visits

**STEP 5: Validate and highlight the family’s strengths and resources**

Identify and describe your client’s strengths and what resources they have to draw upon. For example, you might say something like:

“Tell me about the good things you do together as family”

When discussing the children, ask the parent to reflect on the child’s strengths, rather than focusing only on the child’s challenges.

**For example:**

“Tell me about what you like best about Jessica? What things does she enjoy doing? What kinds of activities and things does she like to do with you?”

**STEP 6: Explore any potential barriers to receiving services**

Explore the parent’s previous experience (if any) with attending or receiving services. Listen to the difficulties the parent may have had in similar settings. Explore and try to reduce any potential barriers that might stop the client using your service. Potential barriers could include time constraints, transport or child care issues.

**For example:**

“Sometimes things happen that make it tricky for families to keep appointments at the same time. What might get in the way of you meeting with me regularly?”

**STEP 7: Make a plan to address potential barriers**

Talk with the parent and brainstorm one or two options or solutions for each barrier. For example, ask the parent to consider a family member or neighbour who could look after the children when you are planning to meet in a one-on-one situation in the home. If a parent is very busy or has a chaotic schedule, consider using text messages or telephone call appointment reminders to help them remember that you will be meeting with them.
Helpful hints and tips:

- Demonstrate warmth and acceptance. Worker characteristics that are consistently associated with good service outcomes include showing interest, concern, genuineness, understanding, acceptance and warmth. Adopt the position of a curious and interested observer of the life and experiences of the family.
- Avoid the ‘expert role’ by presenting ideas and strategies as choices or options from which the family can choose to help them care for and raise their children. It can help if you believe there is no single right approach or strategy that meets the needs of all families. Always aim to match what you suggest to their current circumstances to better fit the family’s needs and situation.
- If a parent has access to a mobile phone or landline, inform them of the date and time of their appointment or notify them that a home visit is due.
- You might include the option for clients to text back ‘Yes’ or ‘No’ to an appointment, which then gives you the opportunity to reschedule and avoid wasted time over missed or forgotten appointments. If the client doesn’t have access to a mobile phone or email, you could send reminder letters.
Motivational interviewing techniques: Tips for engaging reluctant families

**WHO**
- Parent/caregiver

**WHERE**
- Agency, home setting

**HOW**
- Practitioner led; one-on-one

Parents with multiple complex problems may present as ambivalent about addressing their issues. Motivating parents to make the necessary changes required to increase safety and provide an adequate standard of care for their children is one of the most challenging aspects for practitioners working with at-risk families. This guide adapts the use of Motivational Interviewing principles to engage reluctant families.

**Outcomes**
- Engage parent
- Address ambivalence
- Elicit change talk
- Support parent to move towards determination and action stages.

**Basic assumptions of Motivational Interviewing**

Motivational Interviewing (MI) is an approach that works to address a parent’s ambivalence to change. The basic assumptions of MI are that:
- Ambivalence about maintaining current patterns or behaviour (e.g. substance abuse, DV) are ‘normal’ and pose an obstacle towards change.
- Ambivalence can be overcome by working with the parent’s motivations and values.
- The relationship between the worker and parent should be collaborative.
- Argument and confrontation should be avoided.

**Stages of change**

The degree to which parents are ready to change may fluctuate over time. MI describes five stages of change, precontemplation, contemplation, determination, action, maintenance. The table following describes these stages, and the tasks workers should do to support the parent to make the necessary changes to achieve and maintain their safety goals. Many parents are likely to be at the precontemplation stage. It is essential for the family to reach the determination and action stage.
How you do it:

### Apply ‘REDS’ Principles

There are four main principles a worker can apply when working with parents to move towards the determination stage and beyond. ‘REDS’ is a useful acronym to remember them:

- **Roll with resistance**: Try to sidestep or diminish resistance. Connect with the parent to move in the same direction. Avoid arguments.
- **Express empathy**: Express empathy in the face of resistance. Make a genuine effort to understand the parent’s perspective, and convey this understanding.
- **Develop discrepancy**: Listen for and help parents identify the discrepancies in their behaviour or situation. This can be between their behaviour and values. For example, it may be important for the parent to be a responsible parent (values) but they are struggling with a heroin addiction (behaviour).
- **Support self-efficacy**: Support the parent’s hopefulness that change or improvement is possible. Identify and actively affirm the parent’s strengths, and previous successes.

### Five Motivational Interviewing MicroSkills

There are five microskills which workers can use to facilitate the ‘REDS’ process. The acronym AROSE is a helpful way to remember them.

- **Affirm**
  - Actively listen for the parent’s strengths, values and aspirations and positive qualities and reflect those back in an affirming manner.
  - For example, if the parent discusses their many previous efforts to change a particular behaviour from the position of feeling like a ‘failure’ or hopeless, reframe what they have said from negative to positive, and affirm.
  - For example: “what I am hearing is that it is very important for you to change this behaviour. You have made numerous efforts over a long period of time. It seems that you have not yet found the way that works for you”. This reframe accomplishes both affirmation of the parent’s efforts and perseverance and provides a framework that entails finding a solution that will work for the parent.

- **Reflective Listening**
  - Respond to what the parent is saying by using more reflective statements than questions.
  - Reflections can be simply repeating what has been said, through to reflecting implicit meaning or feelings. Follow the parent’s ideas making every effort to convey understanding.
  - This process can help the parent discover what their behaviours or lack of action may be about. Facilitate the parent’s focus on his or her knowledge and resources.

- **Open Ended Questions**
  - Open ended questions encourage the parent’s response to questions from his or her own perspective.
  - In contrast, closed questions can be leading and give the parent very little room to move.
  - An example of an open ended question “what makes you think you should make a change?”, an example of a closed question: “don’t you think you drink too much?”
  - Open questions elicit fuller responses where closed questions can often be given a yes or no response.

- **Summarise**
  - Summarising helps to organise the discussion, and can be used during the session and at the end.
  - It is a useful way to clarify what has been discussed so far, and reinforces parents’ change talk, highlights realisations, and identifies themes, transitions or progress.
### Elicit Change Talk

Strategies to elicit change talk include:

- Evocative open ended questions, which are targeted to evoke change talk e.g. “In what ways does this concern you?” or “What do you see as a problem?”

- Looking ahead question: highlight the positive and negative consequences of change, for example, “What might your life/family look like in (1, 2, 3) years’ time if very little changes?” Parent may respond “If very little changes I will probably lose my children and end up in jail” (negative consequences), or “If a good deal of change occurs I will have a good relationship with my children, and I will have a job” (positive consequences showing benefits of change).

### Stages of Change and Worker Tasks

<table>
<thead>
<tr>
<th>Parent’s stage</th>
<th>Stage description</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>Sees no need to change. No perception of having a problem. Denial, minimisation, blamiing and resistance are most commonly present.</td>
<td>Raise parent’s awareness of the problem and the possibility of change. Increase their understanding of risks and problems with current behaviour by providing information and feedback. Do not give prescriptive advice.</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Considers change, but also rejects it. Initial recognition that a problem exists. Parent is ambivalent, they want to change but also do not want to. Will go back and forth between reasons for concern and justification for unconcern. Parents often feel ‘stuck’.</td>
<td>Discuss reasons for change and the risks of not changing. Help the parent tip the balance in favour of change by helping them see the benefits of changing and the consequences of not changing (e.g. removal of child).</td>
</tr>
<tr>
<td>Determination</td>
<td>Wants to do something about the problem. Parent has decided to change and motivation for change is identified. There is now a window of opportunity for change.</td>
<td>Help the parent identify the best actions to take for change: support their motivation for change. Help them find a change strategy that is realistic, acceptable, accessible, appropriate and effective.</td>
</tr>
<tr>
<td>Action</td>
<td>Takes steps to change. Parent engages in specific actions to bring about change. The goal is to produce change in a particular area or areas.</td>
<td>Help parent implement change strategy and take steps. Support and be an advocate for the parent.</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Maintains goal achievement. Parent actively works on sustaining changes made. Making changes does not guarantee they will be sustained. The challenge during this stage is to prevent relapse. Maintaining change may require developing and using different skills than those for making the change.</td>
<td>Help parent identify the possibility of relapse. Support parent to identify their triggers to relapse to problem behaviour patterns, and use strategies to prevent relapse. These can be worked into a safety plan.</td>
</tr>
</tbody>
</table>

Creating S.M.A.R.T goals

<table>
<thead>
<tr>
<th>WHO</th>
<th>WHERE</th>
<th>HOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client</td>
<td>Home or agency setting</td>
<td>Individual-based, practitioner-led goal setting technique to produce clearly defined goals</td>
</tr>
</tbody>
</table>

SMART (Specific, Measurable, Achievable, Relevant, Time sensitive) is an acronym that can be used to help a client remember the five characteristics of well-designed goals.

Outcomes
- More therapy goals are achieved
- Increases the parent’s sense of autonomy and self-regulation
- Improves the parent’s commitment to achieving the goals
- Improves the parent’s knowledge of specific behaviours that achieve the targeted outcome.

How you do it:

**Specific**
A well-designed goal is specific; expressing exactly what is going to be done.
For example: “I want her to be sleeping in her own bed through the night without waking or getting into our bed” is more focused and has a clearer outcome than, “I want to fix this co-sleeping issue”.

**Measurable**
Making a goal measurable means that you are able to track progress towards achieving it.
When progress is measured, the client is able to stay on track, meet target dates and feel the excitement and positivity that motivates them to keep working towards the goal.
To work out if your goal is measurable; ask questions such as: “How much? How many? How will you know when it is accomplished?”
For example, “I will cook healthier meals for the family” is not measurable and therefore not helpful. Instead, “I will cook a meal with at least two serves of vegetables for my family five nights a week” provides a specific, measurable target.

**Achievable**
A common difficulty with goal setting is that people choose goals that might be unachievable or unrealistic, or over which they have no control.
For example, “I want my child to always be well-behaved” is a tough goal to achieve. While parents are able to influence their child’s behaviour through positive attention, reinforcement and appropriate discipline, they don’t always have a say in how another person (child or adult) behaves in any situation on any given day. A more achievable goal in this instance might be, “I will reward my child with praise and affection every time he does as I ask.”
Encourage the client to choose a goal that they are able to control from start to finish. The more realistic the goals are, the easier they are to achieve.
For example, rather than choosing the goal to “never get annoyed with my child again”, a more achievable goal is to “better manage my frustration towards my child regardless of how infuriating the behaviour is.”
Relevant

A goal is easier to achieve if it matches the client’s values. That is, the goals should help the client to become the person they want to be.
Relevant goals are also realistic and correspond to a person’s skills, strengths and resources.
For example, it might be helpful for the client to ask: “Am I being realistic? What problems might prevent me achieving this goal?”

Time sensitive

When setting a goal, it is important to have a specific date or time limit to achieve it. A set time limit can help to motivate the client. With no timeframe, there is no sense of urgency. A timeframe also ensures that the goals don’t ‘drift’ and focus is not lost.
For example, rather than, “I will praise my son more often”, a parent might choose to praise his son at least three times each day.

Helpful hints and tips:

- Clients can use this technique to help them create goals for themselves, their children or their family.
- If a client is finding it difficult to set a timeframe for their goal, suggest they talk to people who have already achieved it and ask them how long it took. This will provide a realistic timeframe for the goal.
## Parent skills training

<table>
<thead>
<tr>
<th>WHO</th>
<th>WHERE</th>
<th>HOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client</td>
<td>Agency, home setting</td>
<td>Practitioner led, one-on-one motivational interviewing techniques</td>
</tr>
</tbody>
</table>

Practitioners can use effective active-teaching strategies to support the development of new skills. One of these is a parent skills teaching routine called ‘Observe, Practise, Feedback’.

### Outcomes
- Better targeting of the skills to be taught
- More accurate demonstration of learning
- Increased opportunity to practise new skills in a supportive environment without distractions
- More opportunities for the parent to self-regulate
- More opportunities for positive and corrective feedback and praise.

### How you do it:

#### STEP 1: Observe
Watch the parent perform a skill. Notice what they are doing well and one or two things that you can work on together.

For example, you could watch how the parent looks at or reads a book with their child. You might notice that they are turning the pages and looking at the pictures with their child, which is a good start. You may also notice that the parent needs help with extending learning opportunities by pointing out details in the pictures.

#### STEP 2: Set a goal
Talk to the parent about the skill you are going to focus on. Tell them why you would like to focus on that skill, providing them with a rationale that is consistent with their goal.

For instance, “Julie, I know that having a strong positive relationship with Jack is important to you and you seem to be doing a lot of activities to develop that relationship. For example, I really like the way you were reading with him, letting him turn the pages and looking at the pictures together. If you like, I can suggest some other things you could do while you’re reading books with Jack that could make your relationship even stronger and could increase Jack’s language and thinking skills too. Would you like to try one of those things now?”

#### STEP 3: Introduce the skill
Tell the parent what skill you would like to teach them and talk them through the skill, explaining how to do it and why it is useful.

For example, “When Jack is interested in something and wants to share that with you, this is a great time for you to use his interest to extend his learning and increase his verbal skills. It also extends the time that the two of you spend together doing something that he enjoys. For instance, when you were looking at the book together, you could have extended Jack’s learning further by getting him to talk about some of the details in the pictures. This includes focusing on things such as the colours and shapes used in the pictures, or asking him to tell you what he thinks might happen next based on the picture, making up parts of the story for himself. Let’s give that a go now.”
STEP 4: Practise

Show the parent the skills first; asking them to look at, or attend to, the important parts of the skill. Then allow the parent to practise the skill themselves.

1. Prepare the client. For example, “OK then, let’s practise this skill so that you have been through it and feel at ease with the words to use before you try it with your son”.

2. Set the scene. Allocate roles and explain the scene that you are going to practise. Signal the beginning of the role-play.

3. Model the procedure. Play the role of the parent yourself first with the parent playing the role of the child. Signal the end of the role-play.

4. Model self-evaluation by highlighting what you did well in the role of the parent implementing or using the skill.

5. Check the parent’s reaction to the skill you practised.

6. Swap roles and reset the scene. Signal the beginning of the role-play.

7. Parent practises the skill. Signal the end of the role-play.

8. Prompt the parent to self-evaluate. Encourage them to identify several (at least two) things they did well.

9. Set goals for the next time the parent practises the strategy (for example, what do they need to work on?)

STEP 5: Feedback

Encourage the parent to self-evaluate by:

- First focussing on the things they did well.
- Asking if there is anything they could do differently next time to improve their performance.
- Giving feedback which focuses on what the parent is doing well and making suggestions or reminding them about the important things to remember next time they use the skill.

For example, while a parent is practising looking at a book with their child and showing warmth and interest, you can say things like, “That’s great, you are helping her learn the sounds animals make and showing her affection with your arm around her.”

Helpful hints and tips:

- It is recommended that you use these steps within a role-play scenario first, before the parent practises with their child.
- You can begin the role play with a relatively easy situation (such as a child who is compliant with instructions). Practise with this until the parent is able to demonstrate the skills and is confident in doing so.
- You could then make it more difficult by adding in greater challenges to strengthen the client’s skills and ensure the role-play is relevant to the client’s situation.
Writing your own checklists and task analyses

<table>
<thead>
<tr>
<th>WHO</th>
<th>WHERE</th>
<th>HOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioner</td>
<td>Agency, home setting</td>
<td>Practitioner led</td>
</tr>
</tbody>
</table>

The purpose of checklists and task analyses is to provide practitioners with a resource library of well-researched, clearly-written and user-friendly tools that break-down parenting tasks into more manageable skills. This guide describes how to develop new, or modify existing, checklists and task analyses.

Outcomes
- Provide practitioner with an accurate measurement of a parent’s current level of skill
- Provide practitioner with an accurate measurement of a parent’s learning over time to highlight a parent’s strengths as well as to indicate areas for further development
- Allow for continuous measurement, as they can be used on multiple occasions to track a parent’s gradual mastery of a skill.

How you do it:

**STEP 1: Define the task or skill**

Think of this as the overall objective of the skill or task. Define the task in terms of who does what, in what situation, how well. For example, the skill “giving a baby a tub bath” could be defined as “the parent uses a tub to safely bath a baby so that the baby is clean”.

**STEP 2: Research the skill using appropriate sources for your information**

When you create your own task analyses and checklists you should give preference to well-established practices, based on valid sources of information. Ideally the information should be based on research findings from published or peer reviewed sources. Where no published research is available, base the content of the task analyses and checklists on the best available clinical practice. A hierarchy of sources has been developed to guide you in determining the strength of evidence of each source:
- Reliable research published in peer reviewed journals or books
- Published results from research, such as recommendations made within a government report by experts in the field (such as National Health and Medical Research Council (NHMRC) Guidelines)
- Published expert opinion in books, chapters and articles. “Expert opinion” might be considered as the interpretation of research findings by someone recognised widely within their field
- Government advice to parents or tip sheets authored by reputable agencies
- Parenting programs that have demonstrated efficacy
- General high quality, reputable child health or parenting books.
STEP 3: List the major components of the skill

List the major components or steps of the skill in the order in which they need to be performed to achieve the overall skill. Each component or step may be broken down further depending on the complexity of the skill, the needs of the individual performing the task and the purposes of the task analysis. This process can seem infinite. As a rule, provide sufficient steps or components to communicate how a task should be performed, without getting into trivial detail. Ask, “Which steps or components are necessary for a person to be able to perform the task?” Ask also, “Is this information redundant?” For example, “Puts in plug. Turns on tap.” might be better described as “Fills the bath.”

When writing each step or component try to use wording that describes what the parent would actually need to do to achieve that step; that is, describe the behaviour.

STEP 4: Order the major components of the skill if it is a task analysis

A task analysis and a checklist differ in that a task analysis lists the steps of a skill in the sequence in which the steps need to be performed. A checklist simply lists all of the components of that skill, but they are not required to be performed in a particular order. For the skill you have selected, identify whether it requires a task analysis or checklist. If it is a task analysis, write down the individual steps of that skill in the order that they are typically performed. You might practise the skill yourself, or ask a colleague to perform the skill, observe the steps they take and the order in which they take them.

STEP 5: Phrase steps positively and realistically

The language used should convey a non-critical and non-judgemental attitude towards the parent. The steps or components should be realistic and achievable. Write steps and components so that the parent has sufficient information to be able to learn the skill. The purpose of each step or component should be clear. The parent should be able to see how the skill will benefit them, their child, or improve their relationship with their child.

Phrase steps and components positively. Avoid words such as No, don’t, has not, is not and never. The steps and components need to tell the parent what they can do to achieve success.

STEP 6: Describe observable behaviours

Skills are observable and measurable. Write the steps and components in specific, objective, observable terms that state quite clearly the behaviour that must be performed, in order for a client to achieve a skill. For example, “Expresses breast milk into a clean container”.

STEP 7: Allow for alternative ways of achieving a skill

Checklists and task analyses may also need to include a column that allows the parent or practitioner to add an alternative way of achieving the same outcome.

For example, “Uses different utensils for raw and cooked food,” could have as an alternative, “Washes utensils used for raw food before using with cooked food”. The parent or you may have valid ways of achieving the same step or component that weren’t initially considered by the person writing the task analysis or checklist. When you use a task analysis or checklist with a parent write down any alternative strategies the parent uses that helps the parent achieve that skill.
References


May, P.A; Miller, J.H; Goodhart, K.A; Maetsas, O.R; Buckley, D.; Trujillo. P.M & Gossage, J.P. (2008) 


To find out more information about our services, go to www.benevolent.org.au

National Office
Level 1, 188 Oxford Street
Paddington NSW 2021
PO Box 171
Paddington NSW 2021
T 02 8262 3400
F 02 9360 2319
Donations 1800 819 633
www.benevolent.org.au
or find us on

Queensland
9 Wilson Street
West End QLD 4101
PO Box 5347
West End QLD 4101
T 07 3170 4600
F 07 3255 2953