

Family Engagement & Assessment

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INSIGHT TO SOLUTIONS
FOUNDER/OWNER



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What kind of person do you want to be around?

"As a result of a person's socialization, he has already acquired some interpersonal skills. However, one's level of functioning in terms of these skills can be raised. Everyone has a vast capacity for being more understanding, respectful, warm, genuine, open, direct and concrete in his human relationships. With a sound body of knowledge, appropriate models and numerous opportunities for personal experiencing, the process of becoming more fully human can be greatly accelerated." George Gazada, Ph.d.



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LOOK, WE'VE CEMENT LETS PUT OUR PAW PRINTS IN IT

OOPS!

SPLASH

IT'S TRUE YOU NEVER GET A SECOND CHANCE TO MAKE A FIRST IMPRESSION.



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Making a Positive First impression

- Prepare
- Self-evaluate and ask a friend or peer for feedback
- Be genuine
- Convey warmth
- Truly listen and ask good questions, focusing on the person in front of you
- Be mindful of body language
- Look for common ground
- Allow a window into your world
- Elevator Speech
- It is not all about the paperwork



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Elevator speech



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Self-focus Executive Skills

- How we organize and plan things:
 - time management
 - prioritization
- How we react to things:
 - Flexibility
 - Emotional control
 - Stress tolerance
 - Response inhibition
 - Metacognition
- How we get things done:
 - Task initiation
 - Sustained attention
 - Goal directed persistence
 - Working memory



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Types of Listeners

- **Fakers** – fakes attention, mind on other things
- **Dependent**- worried about opinions of others & miss out on what is being said as they focus on how they appear to others
- **Interrupter**- anxious to say what is on their own mind
- **Self-conscious** – wonders if doing well as a listener and therefore too much self focus

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Self-Focus Listening

- ✓ Diminish distractions
- ✓ Ask, don't tell
- ✓ Make eye contact
- ✓ Don't over think
- ✓ Fill in the blanks
- ✓ Read between the lines
- ✓ Be patient

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"What I most want to get out of this training session is..."

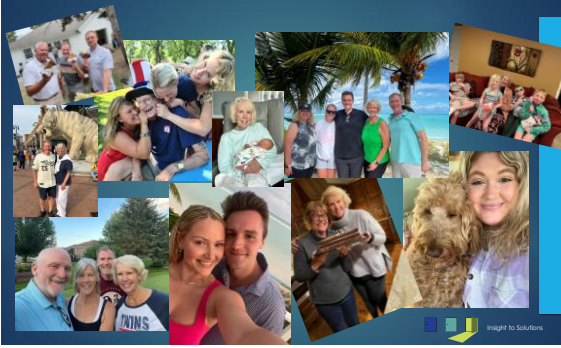


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From our earliest days we think of ourselves and place ourselves in the context of our families.



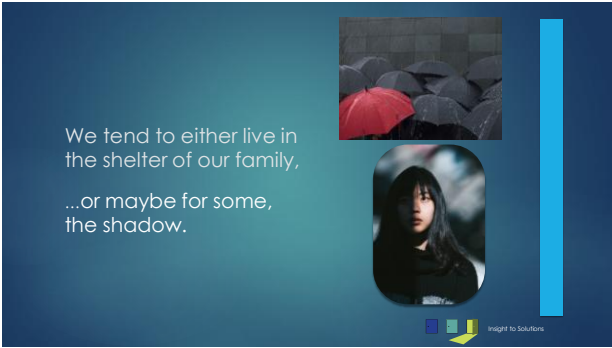
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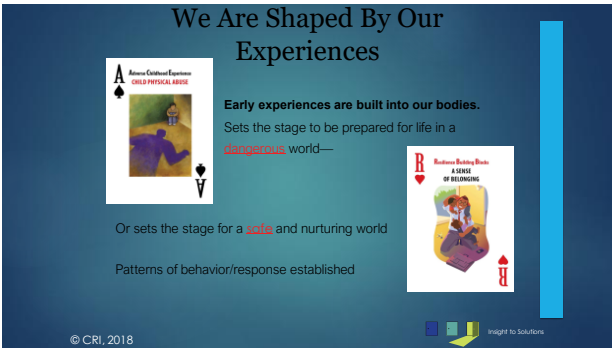
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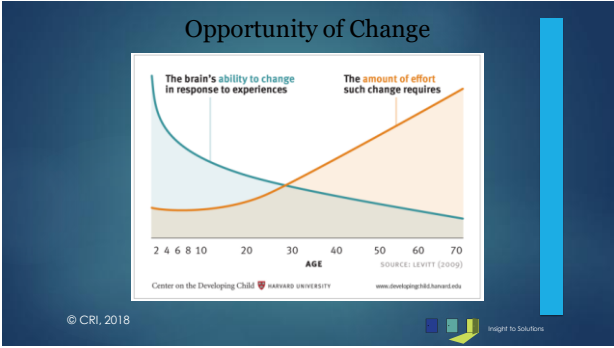
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The Power Of This Information

We can change our patterns!

"The beauty of epigenetics is that it's **reversible** and the beauty of the brain is that it's **plastic**."

Dr. Margaret McCarthy

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Adverse Childhood Experiences Study

A hand no one should have to hold!

Dr. Rob Anda
Centers for Disease Control

Dr. Vincent Felitti
Kaiser Permanente

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Maltreatment/Neglect & Family Dysfunction

- Poverty
- Community violence
- Power
- Racism
- Class inequities
- Privilege

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The # 1 Chronic Health Epidemic

"ACEs are the main determinates of the health & social well-being of the nation." Finkelhor

"The impact of ACEs can now only be ignored as a matter of conscious choice."

"With this information comes the responsibility to use it."

Anda et al 2010

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ACEs- Risk Factors For Later Health

Disease

Poor Mental Health

Risk Behaviors

Challenges to life potential

"What is predictable is preventable."

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ACEs Are Common

- ACEs are prevalent, pervasive, cross all sectors
 - * 62%: at least 1 ACE
 - * 25%: 3 or more ACEs
 - * 5%: more than 6
- Cluster/co-occur
- Dose response- higher score, higher predicted negative outcomes if unaddressed

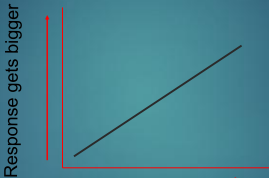
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Dose-Response Relationship

More ACEs predict More Risk



Response gets bigger

Dose (ACEs) gets bigger

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It's the Resilience Score that Counts!

Not The ACE Score¹

High ACE *with support*
can be less risk than
Low ACE *with no support*

What is your Resilience score?

Never use as a diagnostic tool



COMMUNITY
RESILIENCE BUILDING BLOCKS
www.crisol.org

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What Is Resilience?

The ability to adapt positively to an adverse event and emerge...

- ★ strengthened
- ★ with more life strategies and skills
- ★ more confident
- ★ more hopeful

Leads to help, healing, hope; developmental over time; building skills, understanding, awareness is key

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We Create Resilience!

- Protective factors buffer risk factors
- Providing individuals with opportunities, skills and recognition strengthens bonding with family, peers, school and community.

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#1 Recommendation?

The quality and number-of relationships are what matters!

"Healing and recovery are impossible- even with the best medications and therapy in the world, without lasting, caring, connections to others." Dr. Bruce D. Perry



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Individual Resilience

- 10 **Relationships**: sense of belonging, security; S/E support
- 10 **Mastery**: self-regulation and problem solving
- 10 **Optimism**: hope for the future and ability to plan
- 10 **Purposefulness**: sense of meaning & purpose; part of larger entity

Madsen and Abell 2010

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Building The Language Of Resilience...

I AM
Internal personal strengths

I HAVE
Safety & security

I CAN
Mastery
Sense of future

... to build relationship, mastery, optimism, purpose

Groberg, Boss, Blaustein, Masten, Brooks & Goldstein

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Our "approach" matters...

It's the little details that are vital. Little things make big things happen

JOHN WOODEN

EVERYDAYPOWER



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Assign Positive Intent

Move away from what is wrong with you
to what happened to you





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Approach

Build upon the client's strengths and the strengths within their environment.

See the client as resourceful and resilient.

See the client as having an ability and capacity to change.

Be able to distinguish between behavior and essence.

Be hope-inducing.



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Strength Based Questions

What are your favorite strengths-based questions?



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"individuals are
inseparable from their
network of relationships..."

Murray Bowen

1913-1990

American psychiatrist and a professor in psychiatry at Georgetown University. A pioneer of family therapy and a noted founder of systemic therapy. Beginning in the 1950s he developed a systems theory of the family.

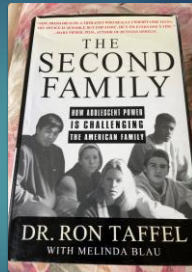


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The SECOND family

Who are they?

How do they influence?



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Family Systems Theory

1. A family system is an organized whole and all parts of the whole—members of the family—are linked and interdependent.
2. There are identifiable subsystems within the family.
3. There are boundaries around family subsystems and around the whole family, and there are rules that govern the behavior of the family and its subsystems.
4. Patterns of interaction between individuals and between subsystems are circular rather than linear.
5. Family systems have features that maintain their stability or equilibrium, and when something happens to alter a pattern, the family tries to return to the previous stable state.
6. Families are always changing.



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What are some of the family dynamics in play for our clients?



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So what?

What does this mean for our work with clients?



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Why should we care about family involvement?

If matters, Let's look at some research that is relevant.



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Family Engagement IS Part of the Intervention

THE EVIDENCE IS CLEAR: OUTCOMES IMPROVE WHEN FAMILIES ARE NOT JUST CONTACTED — BUT MEANINGFULLY ENGAGED IN ASSESSMENT, TREATMENT PLANNING, SKILL-BUILDING, AND TRANSITION PLANNING.



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Family Engagement is Linked to

Stronger permanency outcomes

Family-centered treatment models have been associated with reduced time in out-of-home care and improved reunification outcomes.

Better treatment participation and follow-through

Family involvement can improve engagement, retention, understanding of youth needs, and consistency between services and home/community settings.

Improved family functioning and youth stability

When families help shape the plan, they are better positioned to support regulation, behavior change, safety planning, and long-term stability.

Selected Sources:
Pierce et al., 2022; Lohrenz et al., 2023; Hogue et al., 2021; Herbell et al., 2024/2025; SAMHSA, 2020.



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Contact is a start. Collaboration is the intervention

Ask: "How did the family help shape the plan?"



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Strategies

Identification – what is available to the individual by way of family support?

Engagement – is there a way to engage the family in a supportive role?

Healing – is there interest in access to healing opportunities to help restore family ties?



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Family Assessment

On-going – from initiation to closure

Family driven through their active involvement

Informs decision making

Identifies, considers and weighs factors that influence what is needed

Guided by principles we know as being important such as cultural competence, strength based, trauma informed, etc.

It's a process, not a tool.



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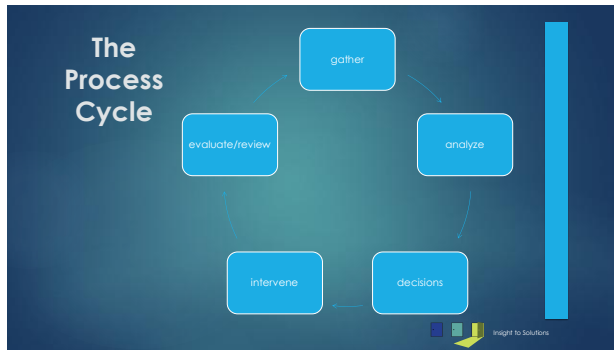
Key Components of Process

- Review existing information provided.
- Meet with family.
- Reach out to collaterals.
- Obtain specialized assessments.
- Consider cultural factors
- Negotiation of roles with other providers.



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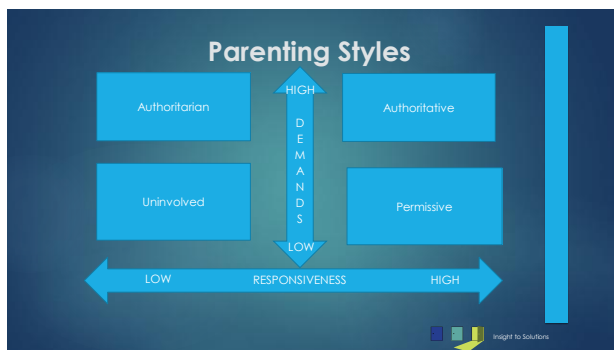
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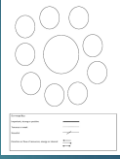
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Tools to help us in Identification

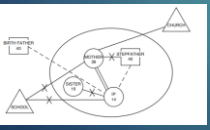
genogram



ecomap



Structural map



timeline



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Which offers what?

Genogram

- A pictorial of the family tree
- Helps to understand the wider family network
- Identifies who is living in the family home

Ecomap

- A map showing who is in your network
- Indicates the type of relationships you may have outside of the family
- It builds a picture of "context" of the person

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Which offers what...?

Timeline

- Looks at what has happened over the course of their life.
- The date of when something happened is only one aspect of it.
- We don't document everything.

Structural Map

- A visual representation that looks at the structure and order of things within the family.
- It includes the members, rules, patterns, structure and hierarchy.

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Supportive Inquiry Tips

- Use open-ended questions that begin with "how" or "what."
- Avoid questions that begin with "is," "are," "do," or "did."
- Avoid questions that begin with "why."
- Check assumptions; recognize cultural lenses.
- Refrain from using jargon and pejorative terms such as "denial," "resistant," "delinquent", "criminal," etc.
- Ask individuals for their ideas about solutions prior to making suggestions.
- Normalize ambivalence.
- Timing is everything.



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Examples of questions that support positive inquiry...

- Tell me about your family growing up!
- Whose pictures do you carry with you?
- In what ways have you or family members positively impacted you?
- Are there things about your growing up that you work hard not to repeat?



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Ecomap

1. Draw your client in a large circle in the middle of the page.
2. Use smaller circles around the page to represent people, groups, organizations, or "communities" of people the client relates with.
3. Through discussion with your client (or gathered from what you know) draw the types of connections between the client and each of those represented in the smaller circles. Does the force support or drain them?
4. What/Who is missing?
5. Date the Ecomap. Through your work and the client's forward movement, you can then record an expansion and strengthening of their relationships and connections with others.
6. Important to note natural versus other supports.



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Your turn

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Timeline

WHAT do we try to document?

HOW do we document it?

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Genogram

- Indicate a male with a square and a female with a circle. Use a triangle if unknown. Non-binary a downward pointing triangle.
- Include first names.
- Indicate a family member who is no longer living by drawing an "X" in the circle or square.
- Draw a line between two people who are connected in some way.
 - Use one straight line to indicate a positive relationship.
 - Use 2 straight lines to indicate a close, positive relationship.
 - Use a diagonal slash through the horizontal to indicate a divorce.
 - Use a dotted line to indicate a distant relationship.
 - Use a zig-zag line to indicate a hostile relationship.
- Enter children according to age, starting with the eldest on the left.
- Draw a circle around the family members who comprise the household.
- Expand horizontally to depict siblings and cousins; expand vertically to chart the generations through time.
- Be creative in depicting other information.
- Create a key at the bottom of the page so the information can be understood.

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Examples of questions that assist with completing a genogram...

Who is in your family? How is each person related? What is your relationship like with each member? How often do you see each? Who lives in your household? Which family members know about your current situation and your goals? How have they responded? Who do you feel closest to? Who is most distant?



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Structural Map

The sense of **order** of it.

The **adaptability** of it.

The **boundaries** of it.

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Adaptability

Being able to adjust to changing circumstances





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Boundaries

Diffuse
Rigid
Permeable





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Revisit of approach: What is appropriate for engagement?

Curious Inquiry
Questions that help client evaluate what might be best
Invitation to assist in engaging family members



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Therapy





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Resistance Revisited

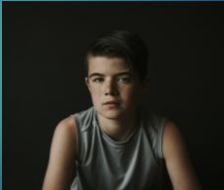




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dissociation responses during stressful conversations

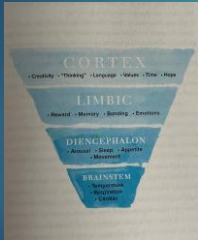
- "If dissociation is your preferred mode of stress adaptation for long periods of time when you are young, you have a sensitized dissociative response to any challenge. This dissociative response is overactive and overly reactive."
- - Dr. Bruce Perry





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A Model of the Brain

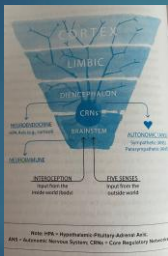


• Reprinted from *What Happened To You? Conversations on Trauma, Resilience, And Healing*, pages 27



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Tree of Regulation



• Reprinted from *What Happened To You? Conversations on Trauma, Resilience, And Healing*, page 52

• Figure 2

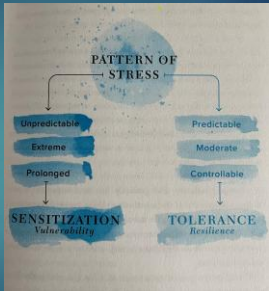


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Patterns of Stress Activation

Reprinted from *What Happened To You? Conversations on Trauma, Resilience, And Healing*, page 57

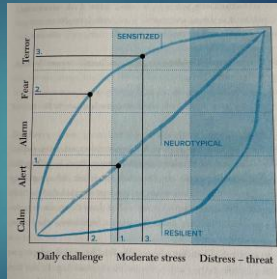
Figure 3



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State-reactivity Curve

Reprinted from What Happened To You? Conversations on Trauma, Resilience, And Healing, page 79
Figure 5



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State-dependent functioning

"STATE"	CALM	ALERT	ALARM	FEAR	TERROR
DOMINANT BRAIN AREAS	Cortex (20%)	Cortex (40%)	Limbic (diencephalon)	Diencephalon (thalamus)	Brainstem
ADAPTIVE "Optim" (social)	Reflect (social)	Flock (hyperagitation)	Freeze (passive)	Fight (defensive)	Fight
ADAPTIVE "Optim" (defensive)	Reflect (withdrawn)	Avoid	Comply	Dissociate (withdrawn/numbness)	Fear (paralysis)
COGNITION	Abstract (rational)	Concrete (pragmatic)	Emotional	Reactive	Reflexive
FUNCTIONAL IQ	120-100	110-90	100-80	90-70	80-60

Reprinted from What Happened To You? Conversations on Trauma, Resilience, And Healing, pages 90-91
Figure 6

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REGULATE

Calm the body
"You're safe. Let's slow this down."



RELATE

Connect emotionally
"I can see this is hard. I'm listening."



REASON

Think and plan
"Now let's figure out the next step."

Don't start with consequences, lectures, or solutions when the person's brain is in survival mode.

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SO, WHAT...

does all this brain stuff matter to your work?



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If brain science makes you feel like your own head is exploding...

just keep it simple.



- Understand the stress activation that has taken place and resulting dysregulation and the sequential nature of it.
- Help the person "regulate" – get back in rhythm.
- Remember you must always operate from valuing the need to build safe relationships.

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When we sense a pulling back in difficult conversations, it is often occurring because the person perceives that one or more of their **values, needs or maybe even who they are as a person – their identity**, is being challenged, threatened, undermined or attacked by another person.

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Label

Think of yourself as a video camera and simply say what you see without generalizing or adding judgement





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Signs of dysregulation

What is going on?
Why is it happening?
What can we do about it?





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The Personal Big Three

QTIP



Allow Time for Self-Regulation



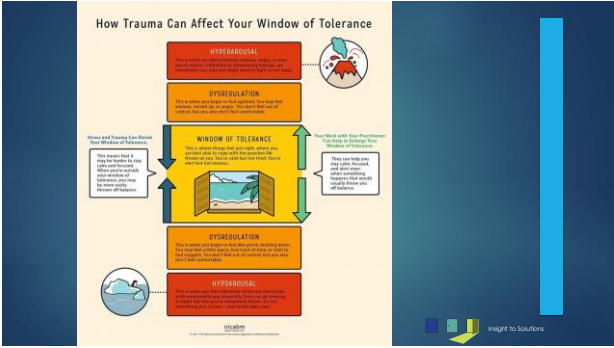
Develop Relationship





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Self Evaluate...

Where are you in your work with regards to:

- Identification/Assessment
- Engagement
- Healing

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Growth Mindset vs. Fixed Mindset

Fixed Mindset

- I'm only good at certain things
- I give up when it gets too hard
- I hate challenges
- I take feedback and criticism personally
- I don't like doing what I don't know

Growth Mindset

- I can be good at anything
- I try until I get the results I want
- I embrace challenges
- I welcome feedback and criticism
- I like learning about things I don't know

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What Happened To You?

Conversations on Trauma, Resilience, and Healing

Bruce D Perry, M.D., Ph.D.
And Oprah Winfrey

The Story of Neen Tonier

<http://www.youtube.com/watch?v=7uqgCH0oamU>





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