# Cover Page



**MiTEAM**

**Fidelity Guide**

**Updated 2022**



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# Overview

**What is the MiTEAM Fidelity Tool?**

The MiTEAM Fidelity Tool is an assessment instrument designed to measure that the enhanced MiTEAM Practice Model behaviors are practiced as designed. Eleven of the questions from this Updated MiTEAM Fidelity Tool are adapted from the Behavior Change Counseling Index (BECCI) for coaching Motivational Interviewing in Michigan’s child welfare system and for measuring fidelity in Motivational Interviewing implementation by workers. This guide intends to support the scoring and coaching as part of the MiTEAM Fidelity process.

**Why is the MiTEAM Fidelity Tool important?**

The MiTEAM Fidelity Tool is important because of the need to determine if child welfare in the State of Michigan demonstrates best practice as defined by the identified practice model, MiTEAM.

The MiTEAM Fidelity Tool will reinforce the practice of desired behaviors. The fidelity data will show if the behaviors are practiced consistently.

This information will assist in efforts to refine these behaviors over time by continuing to enhance worker skills, reinforce practice changes, and improve fidelity to the practice model. Ultimately, the tool will help assess whether fidelity to the MiTEAM Practice Model leads to better outcomes of safety, permanency, and wellbeing for children and families.

# Methodology

**Who are the primary users of the MiTEAM Fidelity Tool?**

Because the tool is primarily employed to assess the overall capacity and progressive development of workers to implement the MiTEAM Practice Model, the fidelity tool is best suited for use by child welfare supervisors who directly support skill development of child welfare staff. Although other child welfare professionals will use fidelity data, the primary users of the MiTEAM Fidelity Tool are child welfare supervisors trained by BSC Quality Assurance Analyst, MiTEAM Quality Assurance Analyst, or the New Child Welfare Supervisor Institute.

It is critical that you understand the MiTEAM Practice Model competencies and what will be measured within the Fidelity Tool. The fidelity tool is important for all positions, caseload carrying and non-caseload carrying, for two main reasons:

1. The MiTEAM Practice Model competencies DO apply to all positions. It is important that all child welfare supervisors support their staff in applying the competencies in their role.
2. It is also important that all child welfare supervisors understand the basic concepts of fidelity.

**Who are the primary receivers of the MiTEAM Fidelity Tool?**

The following roles are required to have a MiTEAM Fidelity Tool completed once per quarter:

* CPS – Investigators and Ongoing
* Foster Care – MDHHS & PAFC
* Adoption Case Managers
* Prevention Case Managers
* Licensing – MDHHS & PAFC
* Juvenile Justice

**Expectation of MiTEAM Fidelity Collection**

Supervisors will, at minimum, complete one tool per worker per quarter. Supervisors will select cases through the MiTEAM Web Application which is accessed through MILogin. Tool responses must be entered in the Web Application prior to 11:59 PM of the last day of the quarter.

MiTEAM Fidelity data is collected as supervisors complete all components of the MiTEAM Fidelity Tool on the selected case for review. The MiTEAM Fidelity Tool includes a Demographics page and separate sections for each of the different data collection procedures: Observation, Interview, and Documentation Review.

Supervisors compile the data as they collect it on the paper version of the MiTEAM Fidelity Tool. The paper version of the tool can be accessed and printed from the MiTEAM Fidelity Web Application as well as the Resources section of the MiTEAM Virtual Learning Site (VLS). *Note: resources available on the VLS will be transitioned to other web-based platforms.*

After collecting the fidelity data, supervisors will need to enter the data into the MiTEAM Fidelity Web Application for each selected case. Once all fidelity data is entered, supervisors will need to certify the tool as completed. All MiTEAM Fidelity Tool data needs to be collected, entered, and certified by the last day of each quarter.

**What are the components of MiTEAM Fidelity Tool?**

**Demographics**

The MiTEAM Fidelity Tool has a demographics page to track necessary information regarding the case that was selected for fidelity review. Reviewers should complete this page on each fidelity review to ensure they collect all the necessary information.

**Data Collection Types**

The MiTEAM Fidelity Tool has three data collection types that assess the MiTEAM Competencies:

1. Observation
2. Interview
3. Documentation Review

# Data Collection Procedures

Under each data collection type is a series of fidelity indicators related to the presence of MiTEAM practice behaviors. Each indicator is measuring aspects of the MiTEAM Competencies. The reviewer will record a selection from the scaling options of 0-not at all, 1-minimally, 2-to some extent, 3-a good deal, or 4-a great extent for each fidelity indicator. The competency(ies) that the fidelity indicator is measuring is listed in the left-hand column as well as the word “Trauma” if the indicator is capturing Trauma Informed Practice Strategies.

When completing the Observation, Interview, and Documentation Review sections, consider the functions of the worker’s specific role and tailor opportunities for assessment.

For example: non-caseload carrying staff reviews may include medical passport conversations, follow-up with medical staff, conversations and interactions with community partners/providers, youth meetings and interactions, conversations between department staff, and any other observation opportunity that may apply.

**Observation**

WHAT: An “Observation” is how a supervisor views a worker interacting with primary/key person(s) and collects fidelity data on the worker’s demonstration of the skills that support the MiTEAM Practice Model. The observation is non-judgmental and focuses solely on those specific behaviors.

WHERE: Observations will occur in-person in the field or in the office while the worker is working with children, parent(s), caregiver(s), service provider(s), or other key members of the family’s team. The interaction can include, but is not limited to interviews, home visits, parenting times, family team meetings, etcetera. An observed interaction must always involve direct, in-person contact.

*(****Note****: Please See Appendix D: Observation Guidance for further information on how to complete the Observation section of the MiTEAM Fidelity Tool.)*

**Interview**

WHAT: An “Interview” must occur with a PRIMARY/KEY person directly involved in the family’s case who may impact or be impacted by case decisions. This person MUST be present during the interaction the supervisor observed the worker in. Depending on the family and the worker’s job responsibilities, this will likely include the child(ren), parent(s), caregiver(s), and/or foster parent(s). Ideally, this person should be identified at the end of the observation, if possible. Additional interview guidance is available below.

WHERE: Telephone or in-person interviews as decided in collaboration with the family.

*(****Note****: Please See Appendix E: Interview Guidance for further information on how to complete the Interview section of the MiTEAM Fidelity Tool.)*

**Documentation Review**

WHAT: Documentation Review is a review of the MiSACWIS record and hard copy documentation related to the family identified for the fidelity review.

WHERE: Types of documentation that may be reviewed for this section may include, but is not limited to, the following: social work contacts, ISP/USP, Family Team Meeting (FTM) documents, safety/service/treatment plans, etcetera.

## Scoring

*Domains 1-5*

While completing the tool, score each item via a Likert scale reflecting the practice of the behavior. As a guide, selecting each number will indicate the behavior observed:

0 = Not at all, 1 = Minimally, 2 = To some extent, 3 = A good deal, 4 = A great extent

The tool’s primary purpose is to provide supervisors and workers with an opportunity to reflect on their application of learned skills. Looking at scores on individual items allows for a more comprehensive overview and understanding.

*Overall Score*

To calculate an overall score, derive a mean from across item responses for a single worker Overall Score. To calculate the mean, use the following steps:

1. Add all applicable scores provided on each item.
2. Divide the total score by the total number of items scored (base items for score = 35).
	1. Do not include any items scored as ‘not applicable’.
	2. Do not include item number 22 (talk time question).
3. The derived mean is the worker’s Overall Score.

**Overall Score = Total Score ÷ (Number of Items Scored, not including N/As, talk time question, or Q1)**

Example A – Base score items = 35. No items scored ‘not applicable’:

• Total score = 63, total items answered = 35

• 63 ÷ 35 = 1.8

• Overall Score = 1.8

Example B – Base score items = 35. Items scored as ‘not applicable’:

• Total score = 70, items scored as ‘not applicable’ = 2, total items scored = 33

• 70 ÷ 33 = 2.12

• Overall Score = 2.12

By taking the mean score, the worker’s Overall Score corresponds to the points given on the Likert scales on the tool.

For example:

Suppose the worker’s Overall Score is 2.94 – in this instance, a supervisor will notice the worker practices MiTEAM competencies ‘a good deal.’ Now suppose the worker’s Overall Score is 1.62 – in this instance, a supervisor will notice the worker practices MiTEAM competencies somewhere between ‘minimally’ and ‘to some extent.’

*MiTEAM Categories Comprehensive Scores:*

The exact process above can be used to determine a total score for each MiTEAM category. Use the same calculations as above but only for the questions *specific* to *that* category.

* Teaming – use questions 13, 14, 15, 18, 19, 24, 26, 27, 30, 34
* Engagement – use questions 2 - 14, 16 - 20, 22, 24 - 26, 31, 33
* Assessment – use questions 2 - 19, 21, 22, 24 - 30, 35, 36
* Mentoring – use questions 16, 18, 19, 24, 32, 37
* Motivational Interviewing – use questions 2 - 12

*Talk Time*

This indicator of worker talk time is there for information alongside the total Overall Score. Select the box that best describes how much the worker talked within the consultation. As a guideline, the worker should speak approximately 50% of the time or less.

## Interpretive Guide for Skill Scores

Supervisors and Workers can use the worker’s Overall Score to guide next steps in skill growth.

|  |  |  |
| --- | --- | --- |
| **Maintenance Zone: 4**Performance is effective.*Efforts should be made to maintain and build upon a positive practice situation.* |  | **4 = OPTIMAL PERFORMANCE.** Skill was present to “a great extent”. Excellent, consistent, effective practice. This level is indicative of exemplary practice resulting in reaching and sustaining major long-term outcomes. |
| **Refinement Zone: 2-3**Performance is minimal or marginal and may be changing.*Further efforts are necessary to refine the practice situation.* |  | **3 = GOOD PERFORMANCE.** Skill was present “a good deal”. At this level, the practice function, and its implementation, is working well for this person, under changing conditions and over time. Effectiveness level is generally consistent with meeting long-term needs and goals for the person. |
|  | **2 = FAIR PERFORMANCE.** Skill was present “to some extent”. The practice function is minimally or temporarily adequate in meeting short-term needs or objectives. Performance may be inconsistent, somewhat variable, or require adjustment due to changing needs of the family/individual. |
| **Improvement Zone: 0-1**Performance is inadequate.*Quick action should be taken to improve practice now.* |  | **1 = MARGINAL OR POOR PERFORMANCE.** Skill was present “minimally”. Practice may be under-powered, inconsistent, or not matched to change. Performance is sometimes/somewhat inadequate for the person to meet short-term needs or objectives. [Mildly inadequate pattern]. Practice at this level is fragmented, inconsistent, lacking focus and/or power to yield change and achieve goals. Elements of practice may be noted, but it is inadequate/not operative on a consistent basis. |
|  | **0 = ADVERSE PERFORMANCE.** Skill was present “not at all”. Practice may be absent/not operative. Performance may be missing (not done). - OR - Practice strategies, if occurring in this area, may be contra-indicated or performed inappropriately or harmfully. |

## Scoring Examples

|  |  |
| --- | --- |
| **I.** | **OBSERVATION** |
| **Domain 1:****MI**  | **AGENDA SETTING AND PERMISSION SEEKING** |
| Motivational Interviewing EngagementAssessment  | **2.** | **The worker invites the individual to talk about behavior change**\**\*Please note: This item does not need to be coded if it is not applicable to the context\** A high score: The worker explicitly asks the individual’s permission to talk about their needs and strengths, making it clear that the individual is not obliged to make any decisions regarding their behavior. Example: ‘I understand that you have missed some of your individual counseling appointments. Would it be okay with you if we had a chat about that now? I would like to better understand your needs, but you do not have to share if you aren’t comfortable.’A low score: The worker fails to ask the individual about a willingness to talk about behavior change and does not give them an opportunity to speak, giving the impression that the individual has little choice in the matter. Not Applicable: The client goes straight into the interaction, without giving the worker a chance to invite them to talk about behavior change. |
| Motivational InterviewingEngagement Assessment | **3.** | **The worker demonstrates sensitivity to talking about other issues** \*Please note: An issue can be anything of concern to the client, whether it is connected to the behavior in question or not.A high score: The client is given a choice in what to discuss. For example, the worker goes through an agenda-setting process in which the client is encouraged to talk about other behaviors or other issues not immediately connected to behavior change. Example: ‘I know you are here to talk about your missed individual counseling appointments, but I noticed you also recently moved which can be an added stressor. I’m wondering if you would like to talk about this or any other challenges you may have faced since our last visit?’ A low score: The worker does not give the client any choice about what to talk about and proceeds with the consultation discussing what they feel are the most important issues.  |
| **Domain 2:** **MI** | **THE WHY AND HOW OF CHANGE IN BEHAVIOR** |
| Motivational InterviewingEngagement Assessment | **4.** | **The worker encourages individual to talk about current behavior or status quo.** A high score: The worker encourages the client to talk freely about what they both like and/or dislike about their current behavior/situation. They may do this in various ways such as through asking open questions or using empathic listening statements to gain an understanding of the client’s perspective.Example: ‘So you find the counseling sessions helpful, but, at the same time, it is a big commitment, and you worry about the impact this will have on work. Tell me more about this.’ A low score: The worker does not actively encourage the client to talk about what they like and/or dislike about their current behavior/situation. |
| Motivational InterviewingEngagement Assessment | **5.** | **The worker encourages individual to talk about change.**A high score: The worker encourages the client to talk freely about what they feel the positive and negative aspects of behavior change would be for them. They may do this in various ways such as through asking open questions or using empathic listening statements, to gain an understanding of the client’s perspective.Example: ‘I understand making your counseling sessions can be difficult at times, and you've previously identified that addressing your addiction issues will help you move in a positive direction. What do you think is going well in counseling? What has helped you in the past when you have struggled to make appointments?’A low score: The worker does not actively encourage the client to talk about what they feel the positive and negative aspects of behavior change would be for them. |
| Motivational InterviewingEngagement Assessment | **6.** | **The worker asks questions to elicit how individual thinks and feels about the topic.**A high score: The worker uses a range of (mainly open-ended) questions to draw as much information from the client as possible about their thoughts and feelings towards the topic of behavior change. Example: ‘You said your last relationship was traumatic. What made it traumatic for you? How did the relationship make you feel?’A low score: The worker does not ask the client any questions regarding their thoughts and feelings about behavior change or asks only closed-ended questions that do not allow the individual to express their thoughts and feelings about behavior change.  |
| Motivational InterviewingEngagement Assessment | **7.** | **The worker uses empathic listening statements when individual talks about the topic.**A high score: The worker acknowledges and addresses the individual’s experience, feelings, and/or nonverbal communication; the worker uses clarifying statements while the individual is talking about behavior change to confirm whether they have understood what the individual has said; encourages the individual to amplify further. Example: ‘You see a connection between times when you feel stressed and times when you don’t feel able to go to your counseling sessions.’A low score: The worker does not acknowledge the individual’s experience, feelings, or nonverbal communication; the worker makes no effort to understand the individual’s story; the worker does not encourage the individual to further clarify their experiences.  |
| Motivational InterviewingEngagement Assessment | **8.** | **The worker uses summaries to bring together what the individual says about the topic.**A high score: The worker summarizes what the client has said about behavior change at several key points in the discussion to check their understanding of the client’s perspective. Example: ‘OK, so just to recap on what we’ve spoken about so far, you feel that it’s important to stop drinking alcohol in excess for physical and mental health reasons. You also feel it’s important to stop drinking in excess so your family can stop worrying about your health. On the other hand, you’ve drank in excess for many years and tried to stop before. You don’t feel confident that you would be able to stop again if you tried. You feel drinking alcohol helps to relieve your stress. Does that sound right?’ A low score: The worker does not summarize what the client has said about behavior change. |
| **Domain 3:****MI** | **THE WHOLE MI CONSULTATION** |
| Motivational InterviewingEngagement Assessment | **9.** | **The worker acknowledges challenges about behavior change that the individual faces.**A high score: The worker regularly and explicitly acknowledges the challenges that may be facing the client. This affirmation is done by focusing on the strengths that the client has in the face of these challenges. Example: ‘I can understand why it is so hard for you to give up drinking alcohol. You have so much stress to deal with in your life right now. It must be hard. But even though this is difficult, you have already begun to make changes to your lifestyle following CPS involvement and you’ve managed to keep them up even though it’s tough’. A low score: The worker does not make any explicit acknowledgment the challenges that face the client and does not focus on any of the personal strengths that the client has. |
| Motivational InterviewingEngagement Assessment | **10.** | **When the worker provides information, it is sensitive to the individual’s concerns and understanding.***\* Please note: This item does not need to be scored if it is not applicable to the context\**A high score: The worker tries to understand what the client knows and wants to know and elicits their personal reaction to information provided. Example: ‘I wonder how much you know about how trauma can affect people and what can help people handle their past trauma. What kinds of things have you heard about?’A low score: The worker gives information to the client without asking whether the client wants or needs information. The personal relevance of the information is not drawn out of the client but provided by the worker. A low score would also be given if the client requests information from the worker, and the worker does not provide any. Not Applicable: There is no information requested or exchanged within the consultation. |
| Motivational InterviewingEngagement Assessment | **11.** | **The worker actively conveys respect for the individual’s choice about behavior change.**A high score: The worker openly acknowledges and accepts client choice even if this does not fit in the worker’s agenda. The worker does not put any pressure on the client to change their behavior.Example: ‘At the end of the day, it’s your choice. It’s up to you if you want to make any changes, and you need to figure out what that looks like for you.’A low score: The worker does not acknowledge or accept client choice. |
| **Domain 4:** **MI** | **TALK ABOUT TARGETS** |
| Motivational Interviewing Engagement Assessment | **12.** | **The worker and individual exchange ideas about how the individual could change current behavior***\*Please note: This item does not have to be scored if it is not applicable to the context\**A high score: The worker actively encourages the client to brainstorm several strategies that may help them change their behavior. With encouragement, the client offers the most ideas, and the worker also makes suggestions. Example: ‘How would you like to work toward making positive changes in your life? You have some good insight. What do you feel has worked best for you in the past? Could some of those strategies be useful this time?’A low score: The worker does not encourage the client to brainstorm. There is no exchange about a range of possibilities. The client does not suggest any. Instead, it is the worker only who suggests ideas for change.Not Applicable: There is no discussion of targets within the consultation. |
| **Domain 5:** **MiTEAM**  | **THE WHOLE OBSERVATION** |
| Engagement Assessment Teaming | **13.** | **The worker demonstrates efforts to reduce the power differential.**A high score: The worker positions themself using open and inviting body language; empowers individual(s) to share own story; uses statements that acknowledge and lessen the perceived authority; encourages individual(s) to take ownership of their role; demonstrates respect to honor dignity.A low score: The worker asserts authority through threatening court involvement; gives the case plan to the individual without involving them in case planning; assumes understanding of the family circumstances without asking questions or active listening; did not ask individual what they feel the needs are; uses dismissive or aggressive (negative) body language; not paying attention to family; not treating the family as they are essential.  |
| Engagement TeamingAssessment  | **14.** | **The worker guides the identification of people who are supportive and helpful.**A high score: The worker guides discussion to identify supports; bringing up people previously mentioned or identified in case history; discussed types and benefits of support; helps explore potential for repairing broken relationships; assesses the skills of team members.A low score: The worker doesn’t ask the individual who their supports are or explain the role of supports in case planning; accepts “no supports” without further exploration into family or case history; doesn’t reassess or continue exploring additional supports; assumes broken connections are irreparable. |
| Teaming Assessment  | **15.** | **The worker facilitates collaboration.**A high score: The worker invites and prepares individuals, family members, and/or others to participate in shared decision making and planning; promotes formal or informal team members to talk to one another about upcoming decisions; assists formal and/or informal team members to identify ways to support the plan; facilitates brainstorming solutions with the family and/or others and ensures the family and others understand expectations/responsibilities/plans.A low score: The worker makes little or no attempt to invite both formal and/or informal supports; doesn’t invite team members to participate and take responsibility in identifying solutions for case planning; allows members to be inactive with case progress; fails to give a copy of the plan to all team members; is the only source for information flowing between team members. |
| Engagement Assessment Mentoring  | **16.** | **The worker assists with navigating agency systems and processes.** A high score: The worker describes agency processes; clearly explains expectations regarding service referrals; clearly explains next steps and desired outcomes; assists individuals navigating policy or practice; assists with connecting to individuals and resources.A low score: The worker lacks describing internal processes; provides no clear explanation of expectations for the individual; doesn’t guide the family through policy or practice; no connections are made to resources for the family. |
| EngagementAssessment  | **17.** | **The worker discusses long term view and/or planning for ongoing success beyond agency involvement.** A high score: The worker ensures individual understands and agrees on the steps, services, and supports required to achieve safe case closure/investigative disposition; beyond agency involvement, focuses on moving family towards ensuring safety, permanency, and wellbeing to achieve and maintain independence from the department; verifies the individual’s understanding of steps needed for case closure; asks individual what steps they will take if a similar event occurs in future and who they will contact for support.A low score: The worker fails to ensure individual understands next steps; doesn’t ask if the individual has questions or concerns; the individual’s agreement on next steps is assumed and not explicitly expressed; lacks realistic future planning to move individual towards independence from the department; proactive steps to reduce risk in the future are limited or are not identified.  |
| Engagement Assessment Mentoring Teaming Trauma  | **18.** | **The worker identifies and utilizes knowledge of trauma and resiliency.** A high score: The worker demonstrates understanding of the impact of the Department/agency’s involvement with the family; reframes trauma history as what has happened versus what is wrong with the person; considers the impact of potentially traumatic events when interacting with individuals; making decisions and/or building plans, connects behaviors, emotions, school problems, or relational/attachment difficulties to the impact of traumatic events; assessing case services; discusses connection to trauma and resilience.A low score: The worker shows disregard for the impact the Department/agency’s involvement has on the family; past trauma history is not considered; lacks insight with connecting trauma history to current functioning (decision making, behaviors, emotions, school/work problems, relational/attachment); failure to discuss the trauma connection with individual/family; doesn’t address resilience after trauma. |
| Engagement Assessment Mentoring Teaming Trauma | **19.** | **The worker practices in a trauma-informed way to address and educate on trauma and resiliency.** A high score: The worker proactively transfers trauma knowledge to educate individuals from the first interaction to the last; helps to enhance child and family wellbeing and resilience through promoting mastery/competency; promoting an individual’s ability to develop and build relationships and connections; promoting an individual’s ability to regulate emotion and behavior; fostering the development of self-esteem; enhances the well-being and resilience of those working with the child welfare system.A low score: The worker fails to provide ongoing education on trauma and resiliency; lacks helping the family to understand and develop resilience factors; individual is not given choices in case planning/services; lack of encouragement in identifying and building positive connections and supports; body language and responses toward individual do not reflect (model) grounded (emotional) co-regulation; efforts to highlight strengths of individual are limited; trauma knowledge is not transferred to others working with the individual to support resilience.  |
| Engagement  | **20.** | **The worker demonstrates effort to foster a hopeful outlook.** A high score: Worker identifies and communicates meaningful strengths; celebrates progress and success; provides positive feedback; shares stories/examples of others succeeding; communicates a personal belief in the child/family.A low score: The worker is unable to identify and share meaningful strengths; fails to celebrate progress and successes; feedback is not provided or requested; doesn’t give the individual/family a sense of hope through sharing examples of other’s successes; fails to show and communicate belief in the child/family. |
| Assessment  | **21.** | **The worker utilizes the interaction to gather assessment information and advance planning.** A high score: Worker discusses new information/events and if/how plans should adjust; explores family history and significant or potentially traumatic events or experiences; connects behaviors to possible underlying needs; identifies benefits or challenges of previous/current services; reviews current plans and discussing progress/setbacks; discusses traditions, routines, people, places, and things and how they may be incorporated into plans (i.e. case/safety/service/parenting time plans/etcetera).A low score: The worker fails to explore family history and traumatic events when considering individual needs, lacks follow up to discuss new information, makes no connections between behaviors and underlying needs, and makes no effort to explore what isn’t working with previous/present services and plans. The worker does not consider changes in circumstances with adjustments to plans. The worker does not embrace or incorporate cultural identification in case planning. |
| Engagement Assessment Trauma | **22.** | **The worker assists in identifying and strengthening protective factors.** A high score: The worker helps the individual in identifying protective factors including parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children.A low score: The worker fails to help identify and explain protective factors to help strengthen the family; individual’s coping abilities are not recognized and built upon, connections and supports of the individual are not included in the team or case planning; views parents limited knowledge as a negative versus an opportunity for growth; concrete needs are not addressed through a partnership with the individual.  |
| Motivational Interviewing | **23.** | **Motivational Interviewing Talk Time summary.**Select the box next to the item that best describes how much the worker talked within the consultation:More than half the time; About half the time; Less than half the time. |
| **II.** | **INTERVIEW** |
| Engagement Teaming Assessment Mentoring  | **24.** | **The individual was able to identify helpful activities of the worker.**A high score: The individual reported that the worker was consistently responsive in communication; offered special accommodations and addressed any obstacles to support participation; consulted with individuals before decisions were made; was active in recognizing, honoring, strengthening connections, and assisted in navigating systems.A low score: The individual reported the worker was unresponsive in communication; lacked offering any special accommodations or obstacles to support family participation; failed to consult with individuals before decisions were made; was not active in helping the family navigate systems. |
| Engagement Assessment  | **25.** | **The individual(s) reported feeling respected by the worker.**A high score: The individual reported the worker acknowledged their successes, values, beliefs, and/or traditions; understood the family’s perspectives; honored the family’s culture; interacted using empathy and kindness. The individual indicated feeling listened to and heard by the worker.A low score: The individual reported the worker failed to acknowledge the successes of the individual; failed to acknowledge the family’s values, beliefs, and/or traditions; lacked an understanding of the family’s culture; did not act in an empathetic or kind way; the family did not feel heard by the worker.  |
| EngagementTeaming Assessment  | **26.** | **The individual(s) reported being satisfied with resources offered.**A high score: The individual reported the worker listened to family to identify their needs; services offered met the needs identified; listened to family’s preference regarding services; individual identified benefiting from the services.A low score: The individual reported the worker failed to listen to the families’ identified needs; the services that were offered to the family did not align with the needs of the family; the family’s preference and input was not taken into consideration for services; the family did not benefit from the services put into place. |
| TeamingAssessment | **27.** | **The individual(s) described specific examples where their input was sought and included in decision making.**A high score: The individual reported the worker prioritized the individual’s needs; offered an adequate selection of services and providers; acknowledged safety of placement considerations; arranged times, locations, and involved key participants for visitation, meetings, home visits, development of safety plans, etcetera.A low score: The individual reported the worker failed to prioritize the needs of the family; inadequate selection of services and providers for the family; lack of safety acknowledgement during placement considerations considered; the visitation for the children was not convenient for the family; there was a lack of safety planning input from the family. |
| Assessment Trauma  | **28.** | **The individual(s) reported the worker provided guidance in identifying and utilizing knowledge of trauma and resiliency.**A high score: The individual reported the worker acknowledged the impact of the Department/agency’s involvement with the family; considered the impact of potentially traumatic events when making decisions or building plans; connected behaviors, emotions, school problems, or relational/attachment difficulties to the impact of traumatic events when reviewing case services; discussed connection to trauma and resilience.A low score: The individual reported that family history or potentially traumatic events in their life were not discussed; the impact of family history or potentially traumatic events were not discussed, connected to current issues or difficulties, or considered in decision-making or case planning. The individual cannot provide any examples or evidence of the worker using trauma history or resiliency to drive service plans. |
| AssessmentTrauma  | **29.** | **The individual(s) reported the worker provided guidance in addressing and educating on trauma and resiliency.**A high score: The individual reported the worker proactively transferred trauma knowledge to educate from the first interaction to the last; enhanced child and family well-being and resilience through: promoting mastery/competency; promoting their ability to develop and build relationships and connections; promoting their ability to regulate emotion and behavior; fostering the development of self-esteem.A low score: The individual reported the worker does not discuss trauma or resiliency with them and/or does not provide guidance to advance their understanding of trauma or resiliency. The individual reports that the worker undermines or cannot provide any examples or evidence of the worker building their sense of mastery/competency, the development or strengthening of relationships and connections, their ability to regulate emotion and behavior, or their development of self-esteem. |
| Teaming Assessment  | **30.** | **The individual(s) reported the worker helped them to identify and involve their support people.**A high score: The individual reported the worker included support people in decision making; helped to brainstorm possible team members and supports; discussed types and benefits of support; discussed exploring potential for repairing broken relationships; gave examples of support people, such as: teachers, school community, service providers, immediate family, community members, church/religious members, extended family, fictive kin, friends, athletic support members, stepfamilies, tribal member, etcetera.A low score: The individual reported the worker did not included support people in decision making; worker did not brainstorm with possible team members and supports; types and benefits of support were not discussed; worker did not discuss exploring potential for repairing broken relationships; or did not give examples of support, such as: teachers, school community, service providers, immediate family, community members, church/religious members, extended family, fictive kin, friends, athletic support members, stepfamilies, tribal members, etcetera. |
| Engagement | **31.** | **The individual reported the worker regularly asked for feedback.**A high score: The individual reported the worker asked if there are ways to better assist the family; asked if the meeting times, visitation location, contact methods are centered around the family’s needs; asked if there were any other areas the family wished to focus on; at case closure, the worker asked what worked well and what did not work well to help them improve their work with families in the future.A low score: The individual reported the worker does not ask if there are ways to assist the family better; does not ask the family’s schedule so that meeting times, visitation location, and contact methods are centered around the family’s needs; does not ask if there were any other areas the family wished to focus on; at case closure, the worker did not ask what worked well and what did not work well to help them improve their work with families in the future. |
| **III.** | **DOCUMENTATION REVIEW**  |
| Mentoring | **32.** | **The worker’s documentation accurately reflects what occurred during the observation with the individual.**A high score: The social work contact matched the observed interaction. The description captured all important information/details.A low score: There is a lack of documentation in the social work contact that matched the observed interaction. The description failed to capture adequate details and information. Not Applicable: Select for staff who are non-caseload carrying. |
| Engagement | **33.** | **The worker’s documentation reflects efforts to utilize and demonstrate Engagement.**A high score: There is clear documentation of: the family’s suggestions and comments; consistent contact with the family and supports between in-person meetings; plans being created with individuals (not for them) and include items the individual(s) indicate are most helpful; evidence the worker tried different means of communicating and connecting with individuals; worker using effective age-appropriate techniques to engage children and youth; follow through on requests and timely response to communications.A low score: The documentation is lacking feedback from the family; contact was not maintained with the family and supports in-person; while plans were created the family was not included in making their plans; there was a lack of effort for different forms of communication to reach the family; the worker failed to use age-appropriate techniques to engage the children; there was a lack of follow through and timeliness for communication with the family. Not Applicable: Select for staff who are non-caseload carrying. |
| Mentoring | **34.** | **The worker’s documentation reflects efforts to utilize and demonstrate Teaming.**A high score: The documentation reflects how individuals’ preferences were considered in decision making; the documentation indicates the worker partnered with other systems, individuals, community partners, supports, etcetera; a variety of individuals are identified as responsible for activities within the plan; individuals were prepared for their role in meetings, in the process, or in supporting the children and families; the team regularly reviewed and updated plans; Family Team Meetings occurred within required time frames; informal and formal supports were present; and plans developed were shared with all necessary parties.A low score: The documentation does not reflect efforts made to team with the family in decision making; there was a lack of documentation showing the worker partnered with other systems, agencies, community partners, or other various supports in the family’s plan; there was a lack of preparation and invitation to the meetings by supports; worker failed to share developed plans with all necessary parties. Not Applicable: Select for staff who are non-caseload carrying. |
| Engagement | **35.** | **The worker’s documentation reflects efforts to utilize and demonstrate Assessment.**A high score: A thorough assessment of the family’s circumstances that includes: assessment of each family member; past and present relationships/family dynamics; family’s input regarding services and supports that have been helpful (or not) in the past; family information from past or current service providers; impact of trauma on the individual and/or family members, home conditions; formal tools accurately reflect the information collected during assessment and are updated as circumstances change; child’s living arrangement has been fully assessed and determined safe; current living arrangement supports the permanency plan; the case file contained documentation of trauma screening, referral, and assessment. A low score: The documentation does not reflect: a complete assessment of family’s current circumstances; an assessment of each family member; the impact of trauma on the family is not clear; there was no information on the family supports or the providers that the family was currently working with or had worked with in the past. Not Applicable: Select for staff who are non-caseload carrying. |
| Assessment  | **36.** | **The worker’s documentation reflects efforts to utilize and demonstrate Planning and Plan Implementation.**A high score: The documentation supports that plans were developed and case decisions made are clearly informed by: identified specific family circumstances through assessment and strategies that promote building relationships, mastery/competence, regulating emotions/behavior, strengthening self-esteem, and giving individuals voice and choice; service referrals included clear and specific needs of the family and are submitted timely; safety planning includes proactive and reactive steps and includes members from the team; evaluation of the appropriateness of services; follow-up conversations regarding effectiveness of services and adjustments to case plans, as needed.A low score: The documentation does not reflect efforts made in case planning that involved the family and decision making; documentation lacked evaluation of service effectiveness; service referral dates were not documented or were not sent timely; there was no clear documentation that the services referred were appropriate for the family or addressed needs.Not Applicable: Select for staff who are non-caseload carrying. |
| Mentoring | **37.** | **The worker’s documentation reflects efforts to utilize and demonstrate Mentoring.**A high score: Documentation shows evidence: the worker coached individuals on navigating systems (such as child welfare processes, court, CMH, parenting time, etcetera), parenting topics, mental health concerns and/or other areas of need; the worker offered and received positive and constructive feedback; plans are written in a behaviorally specific manner; the worker addressed concerns directly with individuals at the time they are observed (such as during supervised parenting time, home visits, etcetera). A low score: The documentation does not reflect: the worker coached the family on how to navigate the various systems needed to be successful; how the worker coached the individuals on various topics of need; if the worker addressed concerns directly with individuals at the time the observations happened. Not Applicable: Select for staff who are non-caseload carrying. |
| **IV.** | **CERTIFICATION** |
| By submitting you are acknowledging that you provided specific, concrete, and timely feedback to the worker; next steps were developed and discussed; observed discrepancies were discussed; and if MiTEAM Competencies were modeled through the review process.  |

# Guiding Practice Through MiTEAM Fidelity Data

MiTEAM Fidelity Data Reports will be available to print from the MiTEAM Fidelity Web Application. Child welfare staff, supervisors, management and select Business Service Center and Central Office staff can sort and access fidelity data depending on their role in MiSACWIS.

**How MiTEAM fidelity data can be used.**

The supervisor completing the fidelity tool will be responsible for entering the data into the MiTEAM Fidelity Web Application. The MiTEAM Fidelity Web Application compiles the data which can be printed on the “MiTEAM Fidelity Data Reports” page.

Tiered Approach:

• The supervisor will review fidelity data with their individual staff through supervision and case conferences to aid overall growth.

• Program Managers will assist supervisors in analyzing their unit’s fidelity data, citing areas of excellence, and openly conversing about ways in which improvement could occur.

• State and local leadership, MiTEAM Quality Assurance Analysts, teaming structures, community partners, and/or other stakeholders should use MiTEAM fidelity data in combination with other data to drive Continuous Quality Improvement (CQI) efforts.

The dynamic process will provide opportunities for celebration and growth. Identified trends can guide child welfare practice. The tool is not something to be passed or failed.

State and Local Leadership, MiTEAM Quality Assurance Analysts, Teaming Structures, Community Partners, Stakeholders, and/or others should use MiTEAM fidelity data in combination with other data to drive Continuous Quality Improvement (CQI) efforts. Fidelity data can positively contribute to CQI efforts through:

• Cultivating an environment where supervisors deliver specific, concrete, useful, and timely feedback to workers.

• Establishing a baseline of current practice.

• Compiling and analyzing qualitative and quantitative data (Fidelity, MSR, BOB, MMR, ISEP, etcetera).

• Identifying MiTEAM trends that include strengths and opportunities for growth.

• Exploring reasons for contradicting and/or inconsistent data.

• Exploring reasons WHY particular trends may be occurring.

• Guiding the development of strategies or interventions.

• Guiding the implementation of strategies and interventions.

• Tracking and adjusting strategies and interventions.

Fidelity Data may guide the development of CQI strategies or interventions and/or help assess their effectiveness. Some examples of strategies or interventions include, but are not limited to:

• Training.

• Development of new tools or practices.

• Improved or additional collaboration with community partners and/or stakeholders.

• Process improvement/changes.

• Communication improvement/changes.

• Role defining.

• New programs, projects, or ad hoc committees.

• Internal or community education.

• Requests from local level teaming structures to the state level teaming structures.

MiTEAM Fidelity Data can be used for reinforcement and development of MiTEAM practices at the individual level. Workers will be more likely to embrace the MiTEAM Practice Model if supervisors are using the fidelity tool consistently and if data is used and analyzed appropriately. Some ways to use the MiTEAM fidelity data at the individual level include:

• **Coaching and Feedback from Supervisors and MiTEAM Quality Assurance Analysts**. Supervisors and MiTEAM Quality Assurance Analysts can coach around individual MiTEAM fidelity trends. Supervisors should provide immediate feedback after completing the observation section of the tool and again when the full fidelity tool is complete. Feedback should pertain to specifics about what the individual has done well and areas where there are growth opportunities. Feedback should be specific, concrete, useful, timely and use the 3-step approach. Supervisors should also demonstrate the solicitation of feedback for themselves through the fidelity process. *(****Note****: Please see Appendix A: Providing Feedback Guidance and Appendix B: Welcoming Feedback for more information.)*

• **Self-Awareness**. Individuals are often more self-aware during direct observation. Observation can lead to insight and realizations that individuals may not have when alone.

• **Self-Assessment**. Individuals will have access to their own MiTEAM fidelity data reports from MiTEAM Fidelity Tools completed in previous quarters. They can use these reports to look for personal strengths and opportunities for growth.

**Monitoring Participation:**

More will be added to this section as we know how the updated online platform will work.

# MiTEAM Fidelity Online Resources

**MiTEAM Fidelity Web Application**: Go to your MILogin Home Page and select DHHS-CSA MiTEAM Fidelity Web Application.

This website contains MiTEAM Fidelity Information based on your user type and access. MiTEAM Fidelity Data is entered and certified within this website.

**MiTEAM Virtual Learning Site**: [Home | MiTEAM Virtual Learning Site (michigan.gov) https://miteam-vls.michigan.gov/](https://miteam-vls.michigan.gov/)

This website contains Learning Modules that includes an Overview Module, a Trauma Module, and a Module for each MiTEAM Competency and Sub-Competency. Within the modules you will find: Self- Paced Tutorial(s), Individual Automated Application Exercise and Resources. Resources include the MiTEAM Practice Model Manual and MiTEAM Fidelity Tool. In addition, the MiTEAM Virtual Learning site houses Field Materials for front line staff and Leadership Materials for Upper Management and Directors, Supervisors, and MiTEAM Specialists.

**MiTEAM Practice Model Website**: [MDHHS - MiTEAM Practice Model (michigan.gov) https://www.michigan.gov/mdhhs/0%2C5885%2C7-339-71551\_11120\_77826\_77828---%2C00.html](https://www.michigan.gov/mdhhs/0%2C5885%2C7-339-71551_11120_77826_77828---%2C00.html)

This State of Michigan website contains information available to the public about the MiTEAM Practice Model.

# Appendix

APPENDIX

## Appendix A: Providing Feedback Guidance

1. Type(s) of feedback to provide
	* **Highlight Strengths**: Recognize the performance to be *maintained*.
	* **Opportunities for Growth**: Recognize the performance to *change, improve, or refine*.
2. Prepare to utilize the criteria for effective feedback

Feedback

Useful

 Specific

Concrete

Timely

* + **Specific** – clearly defined or identified
	+ **Concrete** – definitive, not abstract
	+ **Useful** – able to be used for a practical purpose or in several ways
	+ **Timely** – immediately or as soon as reasonably possible
1. Prepare yourself to receive feedback (see Appendix B)
2. Approaches for providing effective feedback
	* Three-Step Approach

 **STEP 1**: Self-Assessment

 Ask for their assessment of their own performance

 *How do you think it went?*

 **STEP 2**: Other(s) Assessment

 Ask what they think someone else might think/feel

 *How do you think [insert name] feels like it went?*

 **STEP 3**: Mentor’s Assessment

 Provide Feedback and coaching as a mentor

 *This is what I noticed could be maintained or changed.*

* + Strength-Based

**STEP 1**: Build Rapport

**STEP 2**: Elicit-Provide-Elicit staff’s assessment of their own performance

**STEP 3**: Collaborate with staff to set a target goal for improvement

**STEP 4**: Seek opportunities to offer support as staff work to achieve their goal

1. Ask them for feedback for yourself

*What is one thing that I can do differently the next time I complete a Fidelity Tool on one of your cases that will make this process better for you?*

## Appendix B: Welcoming Feedback Guidance

What to think about **before** to asking?

* + Assess the level of engagement as it will determine the individual(s) level of safety to be open and honest with me.
	+ What would the individual say about the power differential; how well have I addressed and acknowledged it?
	+ Is it “timely?” - How ready is the individual to share openly?
	+ Did I prepare the individual by letting them know what I will be asking?
	+ Have I modeled effective strengths-based feedback with them?
	+ How can I manage my frame of reference to be open to hear and listen to responses?
	+ What strategies might I use if I find myself wanting to be defensive?
	+ What are questions I could ask? How do I respond if they say, “all is good?”

What to think about **during**?

* + Remember to take deep breaths to help myself listen openly.
	+ Maintain eye contact.

What to think about **after**?

* + Take some time to self-reflect.
	+ Identify who can help me with processing the feedback.
	+ What messages can I readily incorporate?
	+ What messages do I need help integrating into my skills?
	+ What messages might I, in collaboration with my superiors, determine not to use right now?

## Appendix C: Observation Guidance

To effectively answer the Observation section, there are some suggested activities supervisors can do prior to, during, and following the observation.

**Prior to the Observation**

• **Read through the “Observation” section of the MiTEAM Fidelity tool**. A section review ensures familiarity with the indicators and can identify what they will be looking for during the observation.

• **Schedule time with their staff to discuss the purpose and process of fidelity review**. Supervisors should utilize this time to answer questions about the process and demystify assumptions about the use and purpose of the Fidelity tool. Conducting this meeting will also create an open environment where staff will feel empowered to share their concerns and have those concerns addressed. Supervisors can also use the time to identify the case to observe. Additionally, the supervisor can explain how they will provide feedback after completing the Fidelity review. This discussion may occur at a previously scheduled staff meeting or an additional meeting as the supervisor and worker agree.

• **Communicate the scheduling process**. Develop a scheduling process than can be communicated to staff. This can be a simple process that can be duplicated each time an observation is necessary (e.g., the worker will email the supervisor about any upcoming face-to-face meeting opportunities with the identified family. The supervisor will send a follow up email on the opportunity in which they are able to attend.)

• **Schedule the observation**. Identify the time, place, and setting where the observation will occur (e.g., the supervisor will observe the CPS worker Friday at 10 a.m. during a Pre-Meeting Discussion in the family’s home.). If advanced scheduling is possible, send a confirmation email (which can double as a reminder). If appropriate, the worker may contact the family and inform them that their supervisor will be observing during the identified face-to-face interaction. The worker can briefly explain how observations are conducted and answer questions as needed.

**During the Observation**

• **Provide purpose for the observation**. The worker or supervisor can introduce the supervisor (observer) and then explain the purpose for the observation during that face-to-face interaction (Ex. The worker can begin by introducing the supervisor. The supervisor can then explain the purpose for conducting the observation). Families selected for observation must know who the observer is, why they are conducting the observation, and how the information gathered will be used.

**Sample Introduction**\*: “Hi. My name is [supervisor’s name]. I’m [worker’s name] supervisor. I will be observing [worker’s name] interaction with you today. I am only here today to learn what we can do as an agency to improve our services to you and other families we serve. The more information we get about things that work well, the more we can teach our staff to utilize these techniques that lead to better outcomes for our children and families. Do you have any questions?

*\*****Note****: This is a sample introduction and is not for supervisors to read verbatim. Supervisors should individualize each introduction to match the style and personality of the observer, the person observed, and the circumstances. The role, age, and experience of the person observed would impact the content and context of the introduction. The above sample introduction provides reminders of essential aspects of the observation process to consider in individualized introductions. Feel free to expand, contract, or modify as appropriate to a situation.*

• **Remain silent**. Refrain from interjecting or commenting during observation. Interjecting is only appropriate to ensure physical or psychological safety for those in the interaction. Allow the worker to manage minor conflicts when applicable.

• **Take notes**. There are times when the worker may interact with more than one person while in the field. Taking notes on all observations will assist in determining which observation to utilize for the interview section.

**Following the Observation**

**Family/Team member:**

• **Thank the family/team member**. Thank the individual(s) for allowing you to observe the interaction. Provide them with contact information if they have follow-up questions about the observation.

• **Encourage attendance at a future Family Team Meeting**. If there is an upcoming FTM associated with the family, encourage them to attend and take an active role in the planning process. Remind them that they can be a supportive person in the process.

• **Follow-up contact for Interview**. Try to have the follow up meeting to conduct the interview portion of the tool directly following the observation. If that is not possible schedule a time that is convenient for the family. Remind family/team member that their feedback will be used to improve our work.

**Worker:**

• **Provide verbal feedback**. Verbal feedback to each worker in a timely, balanced and specific manner is vital. The worker may be interested in immediate feedback as they will be curious about your assessment of their application of the MiTEAM skills. After doing so, remind the worker that this is a process, and they won’t receive full feedback until you gather all the information from the fidelity tool.

• **Mention follow-up contact**. After providing immediate feedback regarding the interaction, remind the worker that this is a process. They won’t receive full feedback until you gather all the information from the other sections of the fidelity tool. Together, you will develop the next steps identified in the feedback process to support their skill development during that discussion.

## Appendix D: Interview Guidance

**Prior to the Interview**

To best prepare for the interview, considering the following:

• **Obtain some familiarity with the case**. Be sure to know the names and critical elements of the case, including safety issues. Remember, the goal is to view the case objectively, not interview with a personal bias.

• **Remember the purpose of the interview is to capture the individual’s perception**. The individual’s perception is their reality, even if it differs from the worker’s or your own. The interview should not determine or correct the accuracy of their perception.

• **Have an introduction in mind**. Think of how to introduce the purpose of the Interview. Being interviewed can feel intimidating and overwhelming for some. Consider ways to build rapport to help ease the tension before asking the interviewee questions. The sample introduction provided below is a great starting point, but supervisors should personalize each introduction and tailors it to the interviewee’s role and situation. Remember that interviewees must know who the interviewer is, why they are conducting the Interview, what they hope to understand and what happens with the information.

**Sample Introduction**\*: “Hi again. This is [supervisor’s name], [worker’s name] supervisor. As I mentioned when I observed [worker’s] interaction with you [list approximate timeframe ago], I would like your feedback regarding your experience with our agency’s involvement with you and your family. I know we may not have contacted you solely to ask your opinion in the past, but the state is making efforts to improve our work and involve families and key family team members more in the child welfare process. We observe our staff, review their cases, conduct interviews, and meet with our staff to constantly improve how we deliver our work. This is a voluntary process, and if you choose not to participate, it will not impact your case. However, answering our questions can help us improve the way our workers interact with you and future families. Our conversation is confidential, with the only exception being a current risk of harm to a child or family member. Are you willing to participate in the Interview? (Pause and wait for a response.) Do you have any questions for me before we get started?”

*\*****Note****: This is a sample introduction and is not for supervisors to read verbatim. Supervisors should individualize each introduction to match the style and personality of the observer, the person observed, and the circumstances. The role, age, and experience of the person observed would impact the content and context of the introduction. The above sample introduction provides reminders of essential aspects of the observation process to consider in individualized introductions. Feel free to expand, contract, or modify as appropriate to a situation.*

• **Review potential conversation starter questions**. Create a list of open-ended questions to use to start the conversation. Open-ended questions allow for the Interview to occur conversationally. Below is a list of possible open-ended questions to start the discussion.

o What are some ways the worker went above and beyond during their involvement with you?

o How has the worker treated you since their involvement with you?

o What are some services the worker offered and/or referred you to? Who decided on those services?

o Can you tell me about your family’s traditions or values? How were your family’s values worked into your plan?

o How were decisions made on your case?

o Describe some discussions the worker had with you about the effects of your family’s bad/traumatic experiences?

**During the Interview**

Use conversation starters from above (or your own) to start the conversation. Refrain from argument or debate about whether the individual’s perception or recollection is accurate.

Refrain from making statements in defense of your worker or the system. Validate the individual’s feelings and perceptions of their experience. Highlight the importance of their voice in this process and the value of their insight for future children and families we serve.

Maintain a conversational tone and do not use the interview fidelity indicators as a checklist of questions. However, it is critical to ask additional questions to be sure to get at the core of the information necessary to answer the interview fidelity indicators. Below is a list of types of questions to obtain further information.

• **Follow-Up Questions**. When formulated accurately, follow-up questions can be evidence of one’s interest in the conversation. Frame your next question from the interviewee’s last (or previous) answer. Another simple follow-up question can be: “Tell me more about that.”

• **Summarizing and Paraphrasing**. Summarizing and paraphrasing are similar but not the same. Summarizing is a brief restatement of something based on the content of what was said. There is no interpretation of the meaning. Paraphrasing summarizes what was said but puts it into your own words and changes the sentence structure. You interpret the meaning.

• **Clarifying Questions**. It is essential to ask for clarification when you get a vague response. Some of the most revealing replies result from asking for clarification of an interviewee’s response. While an interviewee might initially struggle to express their feelings, with a bit of prompting, they might find the words they’re looking for.

Just as it is important to ask follow-up questions to maximize the potential of gathering the best information from the Interview, it is equally vital to avoid particular types of questions as they may confuse or distract the interviewee. [Adapted from Sattler, Jerome (2002) Assessment of Child Behavior and Clinical Applications (4th ed.)] Below is a list of types of questions to ***avoid*** asking in an interview. Supervisors can still obtain information from the following question types if asked differently.

• **YES/NO Questions**. Keep questions more open-ended so it doesn’t create a climate of interrogation. One exception is when a follow-up question about a fact is needed, such as whether the person received a particular service.

Example: “Tell me about any home-based services you have. When the service provider first came to your house, did they properly identify themselves?”

• **Double-Barreled/Compound Questions**. These types of questions are confusing. They have more than one issue within the question but only allows for one answer.

Example: “How often and how much time does your worker spend during visits?”

• **Long, Multiple Questions**. When asking a multi-part question, the respondent may only answer one part forgetting the rest of the question.

Example: “How was school today and what did you do in math class?

• **Leading Questions**. These types of questions persuade the respondent to give a desired response. Example: “Don’t you think Ms. Smith really treats her families with respect?”

• **Random Probing Questions**. Using random probing questions is like throwing a lot of bait in a pond and hoping to catch a fish.

Example: After a person gives you examples of how the worker was helpful, the reviewer might say, “There must have been something the worker did that was not helpful or caused you difficulty?”

• **Coercive Questions**. Coercive questions appear to force one’s own opinions on the interviewee. Example: “You’ll agree with me that your worker has some good points, right?”

• **Embarrassing or Accusatory Questions**. Formulate questions so that they don’t embarrass, offend, or put respondent on the defensive.

Example: Instead of asking, “In what services are you not meeting your goals?” You might ask, “Are you finding any of the services challenging?”

• **Why Questions**. Individuals may find “Why” judgmental.

Example: After someone brings up being anxious about something consider asking, “What makes you anxious?” as opposed to asking, “Why are you anxious?”

• **Assumption Questions**. These types of questions suppose something to be the case without proof. Example: Asking the question: “When was the first time it happened?” when the person had not indicated that it happened more than once.

**In concluding the interview, remember to do the following:**

• When interviewing parents, explain that they have a right to request the completed case report.

• Encourage them to attend an upcoming FTM and take an active role in the planning process.

• Thank them for their valuable time.

• Remind them that their feedback improves our work.

**Note**: Do not be afraid of silence. Silence makes many of us uncomfortable. Instead of allowing a moment of silence to pass, people tend to jump in with another question or a comment. The truth is some of the most valuable information you will gather will come out of those moments of silence.

### Conversation Starters for Interview

By asking general starter questions, during the interview, this allows the conversation to begin and flow naturally to assess the Fidelity Tool items.

**Opening Starter Questions:**

* What are some ways the worker went above and beyond during their involvement with you?
* How has the worker treated you since their involvement with you?
* What are some services the worker offered and/or referred you to? Who decided on those services?
* How were decisions made on your case?
* Describe some discussions the worker had with you about the effects of your family’s bad/traumatic experiences?
* If we were to start with a new family today, what would you recommend we do differently based on your experience?

If unable to answer the Fidelity Tool items using general questions, below is a list with examples of more specific starter questions for each item.

**#24: The individual was able to identify helpful activities of the worker**

* What are ways you have found your worker to be helpful?
* In what ways does your worker stay in communication with you?

**#25: The individual(s) reported feeling respected by the worker.**

* Can you tell me about your family’s traditions or values? How were your family’s values worked into your plan?
* Was (insert worker name) respectful to you and your family?  In what ways?

**#26: The individual(s) reports being satisfied with resources offered.**

* Did (insert worker name) refer you to any services? How were services chosen? Are there any other services you feel could be helpful?
* Have any of the services you have been offered been helpful to you? In what way?

**#27: The individual(s) described specific examples where their input was sought and included in decision making.**

* Did (worker name) ask you what you thought your needs were?
* Have your needs been discussed, heard, and incorporated in the plan?

**#28: The individual(s) reports the worker provided guidance in identifying and utilizing knowledge of trauma and resiliency.**

* How did (worker name) help you understand how the challenges/hard things/barriers you have experienced in your life has impacted you?
* Has your worker talked to you about past trauma you have experienced?

**#29:  The individual(s) reports the worker provided guidance in addressing and educating on trauma and resiliency.**

* Did ( worker) help you learn anything about yourself or your childhood?
* How has your worker helped you build up supports that understand your history, needs, and are committed to staying connected?

**#30: The individual(s) reports the worker helped them to identify and involve their support people.**

* Are the support people you want included in your plan?
* How have your support people been included in your plan and progress?

**#31: The individual reports the worker regularly asked for feedback.**

* Are you given opportunities to provide feedback?
* Have you been asked about better ways we can assist you?

## Appendix F: Frequently Asked Questions (FAQs)

1. **Who is required to complete MiTEAM Fidelity Tools?**

Child welfare services staff. Any staff who is responsible for case planning, assessment, and management of treatment plan interventions directly with children and families in the community. For example:

* CPS Investigators and CPS Ongoing Case Managers
* Prevention Specialists
* Foster Care Specialists (DHHS and private agency)
* Adoption Specialists
* Juvenile Justice Specialists
* Licensing Specialists (DHHS and private agency)
1. **Are there others that may complete MiTEAM Fidelity Tools?**

The skills measured in the fidelity tool apply beyond the positions listed above. The tool could be used for assessment with any child welfare professional to ensure they are using case practice skill development. Manager level departmental staff can complete a fidelity tool on staff.

1. **Why is it necessary to complete MiTEAM Fidelity Tools?**

The State of Michigan implemented the evidence based MiTEAM Practice Model to reach better outcomes for children and families. The MiTEAM Fidelity Tool reinforces quality practices associated with MiTEAM and provides opportunities to celebrate and guide practice improvements on the individual, unit, county/agency, regional, and state levels. It also helps determine if we are practicing MiTEAM as intended and if MiTEAM effectively leads to improved outcomes.

1. **How often are MiTEAM Fidelity Tools completed?**

At a minimum, Supervisors should complete one MiTEAM Fidelity Tool per direct staff each quarter. Supervisors may complete additional tools as desired.

* Quarter 1: January through March
* Quarter 2: April through June
* Quarter 3: July through September
* Quarter 4: October through December
1. **How is MiTEAM Fidelity Data entered and submitted?**

Supervisors are to enter the MiTEAM Fidelity Data on the MiTEAM Fidelity Web Application. After data entry, the completed tool is reviewed and certified by the supervisor. Certifying submits the data into the application as final. Please See Job Aids for additional details.

1. **When does data have to be entered and certified in the MiTEAM Fidelity Web Application?**

Supervisors must enter the data at 11:59 p.m. on the last day of the quarter. You will not be able to enter data for completed MiTEAM Fidelity Tools after that moment. The deadline does not change even if the new quarter begins on weekends or holidays.

1. **Where can a blank MiTEAM Fidelity Tool be printed?**

Please message your BSC QA or Community Service Analyst for a copy of the tool. Once the updated Fidelity Tool is published online we will update this answer.

1. **What if a MiTEAM Fidelity Tool cannot be completed on a case that was already accepted?**

This answer will be updated once it is know exactly how the updated Web Application will work.

1. **What if a staff member is on extended leave for the *entire* quarter?**

Completing a MiTEAM Fidelity Tool is not necessary for that staff member for that quarter.

1. **What if a staff member is sick or on leave for part of the quarter?**

Discuss specific circumstances among local leadership teams (MiTEAM Quality Assurance Analysts, Directors, Program Managers) and determine if a MiTEAM Fidelity Tool can be reasonably and/or realistically completed for that individual in that quarter. Planning will help prevent short absences from having a negative impact on the MiTEAM Fidelity Tool process.

1. **What if a supervisor is sick or on leave for part of the quarter?**

Based on the circumstances of the leave, the supervisor who assumes supervision responsibilities shall complete the tool on any staff. Planning will help prevent short absences from having a negative impact on the MiTEAM Fidelity Tool process.

1. **Who should be using MiTEAM Fidelity Data Reports and how can MiTEAM Fidelity Data be used to guide child welfare practice?**

State and Local Leadership, MiTEAM Quality Assurance Analysts, Continuous Quality Improvement (CQI) infrastructures, Community Partners, Stakeholders, and/or others should use MiTEAM fidelity data in combination with other data to drive CQI efforts. MiTEAM Fidelity Data can be used for reinforcement and development of MiTEAM Practices at the individual level through coaching by supervisors, self-awareness, and self-assessment by individual staff.

1. Reserved for next question

Reserved for next answer