Staff Practices: Interagency Treatment Team Meetings

Strengths-Based	Not Strengths-Based
1. Meetings include parents and child.	1. Professionals conduct meetings alone.
2. Other non-professionals chosen by family are present.	2. Community resource persons not used.
3. Initial focus on strengths and/or progress.	3. Immediate discussion of problems and failures. Tendency toward blaming.
4. Development of agenda for meeting.	4. Absence of structure for meeting, or of organized approach to problem solving.
5. Parents participate in discussion.	5. Parents sit quietly without participation. Professionals do not seek out parents' ideas. Parental comments disregarded when offered.
6. Professionals are real and accessible.	6. Professionals use jargon, distance themselves from the family being served.
7. Tolerance for multiple viewpoints, effort to resolve disagreements.	7. Intolerance of disagreement, leading to disqualification of speaker or suppression of disagreements. Fears of being "politically incorrect" silence thoughtful discussion.
8. Team agreement on collective mission, based on supporting normal development of the child.	8. Separate agendas continue, without reaching consensus on common mission.
9. Identification of goals and barriers, with plan to overcome barriers.	9. Lack of comprehensive planning.
10. Incorporation of relevant cultural, racial and economic factors into treatment understanding and planning.	10. Failure to recognize cultural dimension or disregarding its relevance.
11. Delineation of follow-up responsibilities.	11. Lack of clear blueprint for follow-up tasks and responsibilities.

With permission, from: "Guidelines for Best Practice in Child and Adolescent Mental Health Services" (2000), Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse Services, P.O. Box 2675, Harrisburg, PA, 17105.