

2.1d Initial Plan Development

Needs Identification

Interview Strategy

1. The CFT should know ahead of time that a meeting is being held to identify needs, especially the first time that this is done. This encourages members to come to the meeting with their best thinking and with the idea that their concerns will be addressed. Needs identification is an ongoing process in CFT meetings.
2. At the first needs identification meeting there should be instruction in how to identify needs and the purpose of need identification.
3. Encourage a discussion with as many of the CFT members as possible in order to gain as complete an understanding about everyone's situation, needs, and concerns.
4. Take the necessary time to get the "Big Picture" of everyone's concerns and needs for certain resources.
5. Use questions that are open ended, leading statements and requests for information for clarification to promote the exchange of information for clarifying concerns and identifying needs.
6. Be sensitive and responsive to the verbal as well as non-verbal messages conveyed by team members throughout the interview.
7. Flip chart paper and pens should be used. The recorder needs to write down everything that is said and not filter out information. The Facilitator can illicit the information a Specialist can be the recorder. Other CFT members need to be focused on getting the concerns and needs expressed.
8. Promote the team's prioritization of needs. The family's priority of needs comes first except for safety issues and mandates of the court, juvenile probation, or education.

Observation Strategy

1. Needs identification through observation requires caution. Just because you perceive a potential need because of something you see does not make it a need. Whenever you observe something that you think may be a need it must be discussed in the CFT as a concern that you have and questions must be posed to the family or other CFT members until the issue either arises as a legitimate need or is explained away.
2. The need for basic resources can often be assessed through observation of the family's situation such as, food, housing, and clothing.
3. The need for medical care can often be determined by observation of the general health status of the individual members of the family.

4. Observing the family's neighborhood and community can assist in assessing the need for different community resources.
5. The need for assistance or advice with child rearing matters or intervention techniques may be apparent from observation of parents or other care givers during daily routines in the home.
6. The need for transportation can be assessed by whether or not family members can get to appointments or other locations important for daily family functioning.
7. Again caution is required here. Make a clear distinction between what is actually seen or heard and conclusions drawn from it. Always discuss your concerns with the family and other CFT members at the meetings. Interpret what you observe from the family's viewpoint rather than imposing your own perceptions or values on the material. Draw no conclusion, which cannot be positively justified by the actual observation.

Questions to ask:

1. Fill me in on the background of.....
2. Tell me more about.....
3. How does the situation look to you?
4. What was your reaction to
5. How is.....affecting you/your family?
6. What information do you have about.....?
7. What would you like to do about
8. How does this fit with what you expected?
9. What do you/your family think is best?
10. What have you figured out thus far?
11. Who have you talked with about.....?
12. How do you think things stand right now?
13. Where do you think this will lead?
14. What is your ultimate goal?
15. In what way do you think the situation could be better?
16. If you had your choice what would you do?
17. What would it take to do that?
18. How do you suppose that could work?
19. How would you go about doing it?
20. Are there any other angles you can think of?

Adapted From: Needs Based Family-Centered Intervention Practices, Carl J. Dunst, & Angela G. Deal