

I. OVERVIEW

This user guide is used in conjunction with the Arizona Child and Family Team Supervision Tool as found in Attachment C. Its use is intended to accomplish the following:

1. Provide a competency evaluation tool, to be used with new employees, with employees new to the Child and Family Team (CFT) process, and as an annual performance review. Employees whose main role is facilitating CFT practice are required to be determined competent using this tool and guide. It shall be administered by the supervisor within 90 days of hiring, six months after hire and annually thereafter.
2. Provide supervisors with a method to measure employee progress towards achieving proficiency in targeted competencies required throughout the CFT process. The guide's structure also supports both skill development and ongoing supervision and coaching which adheres to the Arizona Vision and 12 Principles.
3. Provide a mechanism to support a clear standard that defines a person competently trained to facilitate the CFT process, assuring children and family access to competent facilitators of that process.
4. Provide employees and supervisors criteria by which to regularly evaluate job performance of CFT facilitators against the 12 Arizona Principles. Provide an evaluation tool to document evaluation of job performance per above criteria and identify areas where coaching and mentoring may be needed, and to document progress in areas identified as improvement opportunities.
5. System wide use of the tool support supervision and coaching aimed at achieving a basic, and ultimately a high level of documented proficiency; helping to identify the areas of the CFT practice in need of teaching, strengthening or other performance improvement.

II. HOW TO USE THE GUIDE

Targeted Competency

This guide is designed to evaluate the achievement of certain skills through documenting ratings obtained by multiple sources. Input on competency can be acquired through the following data sources:

1. Direct observation by the supervisor.
2. Direct feedback from families.
3. Direct feedback from other CFT members.
4. Chart review.

The Supervisors are encouraged to solicit input using all available data sources to obtain a complete picture of the employee's proficiency in a particular targeted competency.

The targeted competencies are rated on a 1-5 scale, with 1 at the lowest end and 5 at the highest end of proficiency in the targeted competency. Scores shall be applied as follows:

1. Highest proficiency:

The employee exhibits a clear understanding of the competency set and consistently displays the competencies in multiple settings or contacts with the (CFT).

All of the behavioral indicators associated with this competency are evident and regularly put into practice.

2. Good proficiency:

The employee exhibits a clear understanding of the competency set generally displays the competencies in multiple settings or contacts with the CFT.

Most, if not all the behavioral indicators associated with this competency are evident and regularly put into practice.

The expectation is that this rating shall increase over time.

3. Basic proficiency:

The employee displays a good understanding of the skill set and is proficient in applying the competencies in most settings or contacts with the CFT. Some of the behavioral indicators associated with this competency may not be as fully developed or utilized as regularly as in “good/highest proficiency”.

The expectation is that this rating shall increase over time.

4. Achieving proficiency:

The employee exhibits some understanding of the skill set and attempts to apply the skills in most settings or contacts with the CFT.

The employee is not consistent in the expression of the behavioral indicators associated with this skill.

The expectation of coaching and supervision is provided to ensure that this rating increases over time.

5. Learning phase:

The employee has not yet demonstrated successful application of competency.

May still be learning and require role modeling, observed practice and coaching in this competency.

The expectation of coaching and supervision is provided to ensure that this rating increases over time.

A CFT facilitator who achieves a rating/score of 3 (basic proficiency) or higher on each targeted competency may be considered a qualified facilitator of Child and Family Team Practice. A CFT facilitator who achieves a rating/score of less than 3 (basic proficiency) on any targeted competency, requires additional coaching and supervision. A CFT facilitator that has more than 4 competencies that score under a 3 (basic proficiency) shall retake the statewide CFT facilitator training.

The following explanations and behavior examples can be used by supervisors to assist them in evaluating the acquisition of the targeted competencies. This guide follows the same order as the policy organized by the 12 principles. Competencies are further explained, and behavioral indicators are listed. The behavioral indicators list is not an all-inclusive list and allows supervisors to find other examples that demonstrate a particular competency set. Supervisors may use the behavioral indicators lists as reference while conducting observation of staff and use the list to set behavioral objectives when coaching an employee in skill development.

Targeted Competency:

A set of demonstrable proficiencies required for a CFT facilitator to confirm that they have the knowledge behaviors and attitude to successfully and efficiently perform CFT activities outlined in AMPM Policy 580.

Strengths (what's working)

This section of the guide allows for some narrative expression and recognition of the strengths currently being displayed by the CFT facilitator. This section can support the supervisor in building and enhancing existing strengths.

Next Steps to Improve Proficiency

In this section, the supervisor and staff shall detail action steps to address specific areas where proficiency can be improved.

III. COMPETENCY EVALUATION:

1. Principle: Collaboration with child and family (Family is defined as a biological, foster, adoptive, or self-created unit of people residing together and consisting of adult(s) and children, with adult(s) performing caregiver duties for the children).

Targeted Competency:

- a. Contact was made to engage the child/ family for coordination and updates prior to the CFT meeting. This is demonstrated by using contact methods such as:
 - i. Email, phone call, text, virtual, face-to-face, and written notification, and
 - ii. Contact shall be timely and in a manner that is most meaningful to and inclusive of the child/family.
- b. Recognizes and incorporates the child’s presence, voice, and choice in all CFT meetings. This is demonstrated by methods such as:
 - i. Inquiring first with the child (as appropriate) when engaging in brainstorming or decision-making,
 - ii. Confirming agreement with the child (as age appropriate), or
 - iii. Tabling issues requiring additional time, etc.
- c. Recognizes and incorporates the family’s presence, voice, and choice in all CFT meetings. This is demonstrated by methods such as:
 - i. Inquiring second with the family when engaging in brainstorming or decision-making,
 - ii. Confirming agreement with the family, or
 - iii. Tabling issues requiring additional time, etc.
- d. Some behavioral indicators of proficiency in this targeted competency include:
 - i. Demonstrates active listening through verbal and nonverbal cues that help people to feel heard,
 - ii. Negotiates agreement through collaboration,
 - iii. Explains roles of team members,
 - iv. Explains process of creating child and family team and how the team works to develop plans,
 - v. Elicits family preferences,
 - vi. Solicits feedback from families about how the CFT or behavioral health provider is working with them,
 - vii. Keeps “open posture” during conversations with child/family,
 - viii. Uses reflective statements,
 - ix. Asks open-ended questions,
 - x. Staff are attentive to actions that support family empowerment,
 - xi. Express genuine curiosity,
 - xii. Develops trusting relationships,
 - xiii. Creates a safe space where people feel comfortable telling their stories,
 - xiv. Options are discussed,
 - xv. Each party’s expertise and experience are respected and considered in decision making, or
 - xvi. Other _____.

2. Principle-Functional outcomes

Targeted Competency:

- a. Prepares and shares meeting agenda in collaboration with the child and family which includes at minimum previous meeting minutes, reviews action items, outcomes, and goals of the CFT meeting.
This is demonstrated by methods such as:

- i. When the child/family acknowledges advanced receipt of the meeting agenda,
 - ii. The noted elements are included, and
 - iii. Opportunity to contribute to creating the agenda.
- a. Prioritizes the family vision and facilitates team collaboration on identifying needs and producing a service, crisis safety, transition plan etc.
This is demonstrated through various methods including:
 - i. Incorporating shared decision-making concepts,
 - ii. The child (when appropriate) or family are encouraged to lead planning-centered discussions, and
 - iii. Current and future stakeholder goals/presence are noted within the plans, etc.
- b. Checks for understanding of the needs, objectives and goals identified in service planning amongst the CFT members.
This is demonstrated by methods such as:
 - i. Validating sustained team investment,
 - ii. Support for the plan, and
 - iii. Ensuring that all team members understand the relevance of the elements of the plan.
- c. Some behavioral indicators of proficiency in this targeted competency include:
 - i. Expresses genuine curiosity: questions are open-ended, expansive, and leading toward an enlarged view of the person's capacity to create solutions,
 - ii. Demonstrates curiosity about a person's or family's beliefs,
 - iii. Solicits questions that define a family's vision for the future,
 - iv. Displays an ability to identify underlying needs that motivate a behavior, as a best practice outline by Marty Beyer, Ph.D.ⁱ
 - v. Matches services to needs, not needs to services,
 - vi. Monitors progress,
 - vii. Identifies barriers to progress and brainstorms solutions,
 - viii. Adjusts to new or changing needs of the child and family,
 - ix. Assists the team in creating realistic and measurable goals, including how goals shall be monitored, or
 - x. Other_____.
- d. Principle: Collaboration with others.

Targeted Competency:

- a. Contacts stakeholders, natural supports etc. for coordination and updates prior to the CFT meeting:
This is demonstrated by methods such as:
 - i. When stakeholders acknowledge advanced receipt of the meeting agenda,
 - ii. The noted elements are included, and
 - iii. An opportunity to contribute to creating the agenda.
- b. Adjusts and adapts to promote strength-based solutions as the needs of the Child and Family Team arise.
This is demonstrated by methods such as:
 - i. Inquiring first about urgent or emergent needs when starting the CFT meeting,
 - ii. Acknowledging, and prioritizing such needs into the current agenda,
 - iii. Supporting strength-based approaches, and

- iv. Ensuring an updated agenda reflecting the meeting that took place is prepared and shared.
- c. Incorporates all team members and their perspectives in team-based solutions.
This is demonstrated by methods such as:
 - i. Creating and sustaining a psychologically safe environment
 - ii. Encouraging and supportive of practices common to brainstorming, innovation, and group collaboration.
- d. Some behavioral indicators of proficiency in this targeted competency include:
 - i. Provides opportunities for team members to share their viewpoints and demonstrates respect for other team member's viewpoints,
 - ii. Allows team members to explain their rationale when there is not a consensus,
 - iii. Includes all involved agencies, as well as the child and family, in the decision-making process,
 - iv. Convey mutual respect for team members,
 - v. Demonstrate willingness to learn from team members,
 - vi. Prepares the team members for meetings by sharing salient information,
 - vii. Expresses understanding of other agency's mandates,
 - viii. Encourages the use of "I" statements,
 - ix. Builds consensus with the team,
 - x. All members of the CFT have a voice in the team,
 - xi. Decisions are reached through consideration of all points of view,
 - xii. Communicating effectively with team members,
 - xiii. Eliciting input from all members of the team,
 - xiv. clarifying statements,
 - xv. sharing information, action steps and decisions with all members of the team, whether or not they are present at the meeting and
 - xvi. Other_____.
- e. Principle: Accessible services.

Targeted Competency

- a. Creative problem solving to adapt services to meet child and family's needs and vision.
This is demonstrated by methods such as:
 - i. Regular reminders that the CFT meeting is centered on the child/family,
 - ii. Inquiring about recent changes in child/family status since last meeting,
 - iii. Considering potential impact, and
 - iv. Matching planned services to child/family needs and vision.
- b. Explores an array of services that support the family's need and actively works to resolve any barriers such as transportation:
This is demonstrated by methods such as:
 - i. Encouraging the team to consider multiple services and delivery methods for each identified need, and
 - ii. Reflecting upon the culture of the child/family to ensure its presence is prioritized.

- c. Demonstrates knowledge of and can explain the organization's escalation processes and expectations to the family/team, as needed. This is demonstrated by methods such as incorporating a review of the organization's process for escalation of services that are unable to be located in a timely manner into the engagement activity, and
- d. Demonstrates knowledge of and can explain the organization's referral processes (internal/external) and expectations to the family/team, as needed.
This is demonstrated by methods such as:
 - i. Incorporating a review of the referral processes into the Engagement activity
 - ii. Giving the child and family voice, and
 - iii. Choice in the provider agencies to which referrals are sent.
- e. Some behavioral indicators of proficiency in this targeted competency include:
 - i. Expresses confidence in the family's abilities,
 - ii. Elicits examples of resourcefulness and competence,
 - iii. Identifies natural resources already utilized by the family,
 - iv. Attentive to actions that support family empowerment,
 - v. Identifies barriers to progress or to receiving needed services,
 - vi. Uses group decision making techniques such as brainstorming,
 - vii. Escalates both internally/externally when team is experiencing barriers to care,
 - viii. Educates the family about what to expect from internal/external referrals (i.e., calls from other agencies to set up appointments),
 - ix. Monitor, tracks and follows up on internal/external referrals,
 - x. Reconvenes the CFT if there are barriers or capacity issues to agree upon services, or
 - xi. Other_____.
- f. Principle: Best practices.

Targeted Competency:

- a. Engages in brainstorming to identify, evaluate, and modify appropriate supports to ensure the effectiveness of the plan(s). This is demonstrated by methods such as:
 - i. Creating a welcoming and safe space for the sharing of ideas, issues, causes, resolutions, and
 - ii. Encouraging/supporting conversations from multiple viewpoints, etc.
- b. Promotes and incorporates evidence-based protocols that enable functional outcomes. This is demonstrated by methods such as:
 - i. Supporting national CFT Facilitation protocols and procedures presented during CFT Facilitator Training,
 - ii. Ensuring all final service plans support the spirit of person-centered approaches, and
 - iii. Services are designated as evidence-based by SAMHSA, etc.,
- c. Utilizes and supports trauma informed language and approaches when necessary. This is demonstrated by methods such as:
 - i. Encouraging the team to consider the trauma history of the child/family and incorporating it into all aspects of the team meeting and planning processes,
 - ii. Mindfully considering the impact of physical, social, and emotional impact of trauma in relation to recommendations for team meeting and planning, etc.

- d. Ratifies and obtains team consensus for standardized CFT meeting protocols and processes and for each child and family team. This is demonstrated by methods such as:
 - i. Engaging all team members in a process to determine ground rules for expected behaviors,
 - ii. How to contribute,
 - iii. Team etiquette, etc.,
 - iv. Reintroducing them each time the team meets to create a sense of familiarity and safety, and
 - v. Promote an optimal collaboration process for all.
- e. Some behavioral indicators of proficiency in this targeted competency include:
 - i. Elicits examples of resourcefulness and competence,
 - ii. Evaluates effectiveness of services,
 - iii. Adjusts interventions, services, and support, as needed,
 - iv. Suggests research or clinical consultation when appropriate,
 - v. Seeks clinical supervision when needed,
 - vi. Uses person-first and trauma-informed language, or
 - vii. Other _____.
- f. Principle: Most appropriate setting.

Targeted Competency:

- a. Schedules CFT meetings in consideration of appropriate date, time, location, privacy, safety, accessibility needs of the child, family, and team. This is demonstrated by methods such as:
 - i. Engaging the child/family in discussion to understand their preferences around the elements noted,
 - ii. Prioritizing their choices (as appropriate), and
 - iii. Obtaining consensus from the remaining team members.
- b. Facilitates team discussions to prioritize in-home placement for the child, whenever a potential for out-of-home/community placement is under consideration. This is demonstrated by methods such as:
 - i. Seeking to understand root cause of the consideration for out-of-home placement,
 - ii. Analyzing potential gaps in current resources required to retain the child in the home,
 - iii. Working to identify alternative supports that are currently underutilized or have yet to be tapped into,
 - iv. Advocating for and deferring to services that are available in the immediate community of the child and family,
 - v. Considering out-of-home placement only as last resort and when selected, and
 - vi. Looking for ways to continue to honor community connections for the child, etc.
- c. Some behavioral indicators of proficiency in this targeted competency include:
 - i. Works in families' homes and places in the community that address the families' concerns and needs,
 - ii. Projects confidence and sincerity in the ability of the team to maintain a child in the home or community,
 - iii. Demonstrates knowledge of available community services and support,
 - iv. Actively works at creating community services and supports as alternatives to out of home placements,
 - v. Actively involved in court processes,

- vi. Attended court hearings, described and reports community-based services planning, attention to safety issues and progress made in community-based services, or
- vii. Other_____.
- d. Principle: Timeliness.

Targeted Competency:

- a. Completes, updates and shares documents with the family in a timely manner (ROI's, Service Plan, SNCD, Crisis Plan, CALOCUS etc.). This is demonstrated by methods such as:
 - i. Establishing communication and follow-up protocols as part of team engagement process, and
 - ii. Holding individuals accountable to either meet the protocol or provide a status update to request extension, when needed.
- b. Ensures referrals are completed, submitted, and follows up with the referral agency, and communicates outcomes with the family and team in a timely manner. This is demonstrated by methods such as:
 - i. Establishing referral follow-up protocols as part of team engagement process, and
 - ii. Holding individuals accountable to either meet the protocol or provide a status update to request extension, when needed.
- c. Some behavioral indicators of proficiency in this targeted competency include:
 - i. Clearly communicates expectations on timeframes for action items within the team meetings,
 - ii. Provides regular updates to team members on the status of assigned tasks,
 - iii. Demonstrates persistence in obtaining needed services,
 - iv. Follows up promptly on assigned task,
 - v. Sets due dates and ensures tasks are completed by the agreed upon due date,
 - vi. Return all phone calls and emails promptly, or
 - vii. Other_____.
- d. Principle: Services tailored to the child and family.

Targeted Competency:

- a. Promotes an environment that helps families envision their preferred futures in consideration of their history. This is demonstrated by methods such as:
 - i. Discussing the importance of using child/family-friendly language when discussing services and creating associated documents,
 - ii. Ensuring services are developmentally appropriate for the next 12 months,
 - iii. Incorporating information gathered through the SNCD process, and
 - iv. Seeking final approval first from the child (as appropriate) then the family, then the team, in order to reflect the intention and spirit of the CFT process.
- b. Tailors services and prioritizes the unique needs that the child and family identify through the service planning process. This is demonstrated by methods such as:
 - i. Directly inquiring with the child/family about potential needs that are unique to them,
 - ii. Obtain input from CFT members, and
 - iii. Normalizing that all children/families are unique in order to address impacts of stigma and stereotype that may be presented by the child/family for seeing themselves as "different."

- c. Some behavioral indicators of proficiency in this targeted competency include:
 - i. Use of language that “humanizes” the family and individuals, with diminished emphasis on hierarchies and labels,
 - ii. Uses a conversational tone rather than clinical,
 - iii. Avoids use of professional jargon and acronyms,
 - iv. Demonstrates curiosity about a person’s or family’s beliefs,
 - v. Creates a context/environment that helps families and individuals “envision their preferred futures and draw on their resources to address the problems that stand between them and their futures”,
 - vi. Attributes all intent, plan, and strategies to the identified presenting concern, not to the identified individual,
 - vii. Respects and values the child and family’s voice,
 - viii. Individualizes the service plan, or
 - ix. Other_____.
- d. Principle: Stability.

Targeted Competency:

- a. Recognizes and explores potential risks of service interruption and out-of-home placement with the child, family, and team and incorporates steps to minimize risk, when applicable. This is demonstrated by methods such as:
 - i. Discussing the connection between familiarity and safety and how interruptions may impact the child/family’s sense of familiarity as well as safety,
 - ii. Encourages services that allow the family to remain intact when reasonable to do so,
 - iii. Looks for alternate options when out-of-home placement is considered so as to minimize risk,
 - iv. Encourages the child/family/team to consider the unique impact that service interruption may have to the child and family, and
 - v. Explores transition planning when/if these disruptions are unavoidable, etc.
- b. Encourages identifying processes to support consistent and stable delivery of services. This is demonstrated by methods such as:
 - i. Engaging in brainstorming exercises with the child/family/team to consider potential consistency/stability barriers for the child and family and effective ways to overcome them,
 - ii. Strengthening utilizing current supports and/or a return to previous supports that the child/family found meaningful to foster a sense of consistency and stability.
- c. Supports the team in the utilization of available resources to help minimize or prevent potential involvement with police and criminal justice systems, when applicable. This is demonstrated by methods such as:
 - i. Partnering with community resources available to act as a deterrent to criminal-based activities, and
 - ii. Helping the child and family to consider critical and long-term thinking practices in place of short-term solutions, etc.

- d. Some behavioral indicators of proficiency in this targeted competency include:
 - i. Keeps an open line of communication with the family,
 - ii. Crises are anticipated during the CFT planning process and potential problems addressed,
 - iii. Family's strengths and natural resources are used in prevention of crises,
 - iv. Seeks to learn lessons from actual disrupted placements and applies appropriate interventions to prevent future disruptions,
 - v. Anticipates and plans for typical life transitions, or
 - vi. Other _____
- e. Principle: Respect for the child and family's unique cultural heritage.

Targeted Competency:

- a. Through the SNCD process, explores the unique culture of the family to ensure that it is present in all components of CFT practice. This is demonstrated by methods such as:
 - i. Introducing and explaining the SNCD process to the child, family, and team prior to engaging in the discovery process so that the child, family, and team can make informed contributions,
 - ii. Prioritizing the completion and ongoing updates of the SNCD activity, utilizing agency specific SNCD forms, and
 - iii. Processes to capture information, encouraging the family to prioritize needs, etc.
- b. Based upon the SNCD, incorporates the family's unique culture in activities associated with Service, Crisis, and Transition Planning. This is demonstrated by methods such as:
 - i. Measuring all planning activities and goals against discoveries made related to the child and family's SNCD, and
 - ii. To ensure prioritized elements of SNCD are at the center of all planning activities, etc.
- c. Offers to arrange necessary communication services that support all CFT functions, such as interpreter services, in the family's preferred language(s). This is demonstrated by methods such as:
 - i. Introducing and explaining the interpretation services process to the family during the engagement activity,
 - ii. Routinely inquiring with the child and family if interpreter services are needed to ensure their ability to participate and engage in any of the CFT activities, and
 - iii. Documenting their responses, etc.
- d. Offers to provide the guardian/HCDM with a copy of documents in the family's preferred language(s). This is demonstrated by methods such as:
 - i. Introducing and explaining the translation services process to the family during the Engagement Activity,
 - ii. Routinely inquiring with the child and family if translation services are needed to ensure their ability to participate and engage in any of the CFT Activities, and
 - iii. Documenting their responses, etc.
- e. Some behavioral indicators of proficiency in this targeted competency include:
 - i. Reflects on the effects of one's actions on families,
 - ii. Values family self-determination,
 - iii. Appreciates the expertise of the family,
 - iv. Conveys respect toward the family,
 - v. Considers the effects beliefs and values have on people's lives,
 - vi. Thoroughly identifies important cultural aspects and considerations in SNCDs,

- vii. Communicates with the family in a way that is respectful, curious and without judgement,
 - viii. Uses good listening skills, sincere regards, and treats family members as equals,
 - ix. Actively seeks to learn the family's way of life,
 - x. Acts without making assumptions regarding the meaning behind statements or behavior, keeps an open mind,
 - xi. Uses materials and arranges discussions in the family's primary language, or
 - xii. Other_____.
- f. Principle: Independence.

Targeted Competency:

- a. Assists children and families in exploring their vision of independence, both individually and collectively, as appropriate. This is demonstrated by methods such as:
 - i. Displaying a belief that independence is possible,
 - ii. Helping both the child and family to define and determine what independence looks like for them,
 - iii. Encouraging goals that increase resilience and self-efficacy,
 - iv. Helping the child/family explore the intersection of being independent while incorporating healthy resources when needed, and
 - v. Creating a path that enables the child and family to lead the CFT to gain exposure to independence, etc.
- b. Explains and explores Social Determinants of Health (SDOH) needs for the child and family, and incorporates the identified need in service planning, as necessary. This is demonstrated by methods such as:
 - i. Ensuring the child and family receive information and training,
 - ii. Have an understanding of SDOH and how they are an important element of service planning, and
 - iii. Creating a practice of reviewing plans with the child/family/team to see where opportunities to incorporate elements of SDOH exist within plans, etc.
- c. Some behavioral indicators of proficiency in this targeted competency include:
 - i. Believes in the family's capacity to grow, learn, and change,
 - ii. Attentive to actions that support family empowerment,
 - iii. Assists the family to identify opportunities for training,
 - iv. Exhibits knowledge of community resources or actively researches resources,
 - v. Educates, supports, and empowers family to eventually facilitate own team,
 - vi. Assess needs related to SDOH and assist with providing resources,
 - vii. Educates caregivers about family support services,
 - viii. Offers to refer caregiver for family support services, or
 - ix. Other_____.
- d. Principle: Connection to natural supports.

Targeted Competency:

- a. Supports the child and family exploration and identification of natural supports who are available and invested in providing strength-based support for the child and family's vision. This is demonstrated by methods such as:
 - i. Ensuring the child/family are informed that natural supports are a valuable resource and encouraged to be a member of the CFT team, and

- ii. Serving at the request of the child/family.
- b. Incorporates identified natural supports when creating Service/Crisis/Transition plans. This is demonstrated by promoting involvement of identified natural supports in the team planning process and as interventions, as appropriate.
- c. Some behavioral indicators of proficiency in this targeted competency include:
 - i. Identifies natural supports already utilized by the family,
 - ii. Elicits potential sources of support through skillful listening to families,
 - iii. Actively works to expand team for children or families,
 - iv. Works to promote family connection to existent community entities, such as churches and schools,
 - v. Incorporates natural supports into the treatment plan,
 - vi. Educates families about the value of including natural support,
 - vii. Respects family's voice and choice regarding including natural supports,
 - viii. Documents the natural supports that exist and how they are supportive of the family and the family preferences as far as including each support in their treatment, or
 - ix. Other _____.

ⁱ *Figuring out kids' needs*. Figuring Out Kids' Needs | Marty Beyer, Ph.D. (n.d.).
<https://www.martybeyer.com/figuring-out-needs>