

VALUES NEEDED FOR CLINICAL CHILD WELFARE PRACTICE WITH FAMILIES

Workers need to:

- A. Be aware of their own biases, if any (e.g., attitudes about substance abusers)
- B. Believe in the possibility of improvement/change (hope, vision)
- C. Commit to strength-based, family centered practice
- D. Align practice with core values of safety, permanency, and well-being of children
- E. Be culturally competent
- F. Adhere to ethical values of child welfare and social work profession, including family's rights to self-determination, informed consent, and competent professional treatment.

Supervisors need to:

- A. Attend to possible worker bias
- B. Where bias exists, coach, counsel, educate and develop systems responses
- C. Inspire workers to believe/maintain belief in the possibility of change
- D. Infuse supervision with strength-based, family centered approaches
- E. Keep workers focused on safety, permanency and well-being of child
- F. Supervise for culturally competent practice with families
- G. Look for opportunities to reinforce ethical practice; model ethical decision-making
- H. Give workers the tools to guide families through processes of self-determination and informed consent.
- I. Take all reasonable steps to ensure that services offered meet the standards of competent, professional treatment (including evidence-based practices where feasible).

KNOWLEDGE NEEDED FOR CLINICAL CHILD WELFARE PRACTICE WITH FAMILIES

Workers need enough knowledge about specific clinical conditions in order to be able to:

- A. Understand the relevance of specific clinical conditions
 - to family functioning
 - specifically to WHAT'S OUR BUSINESS
 - **safety**
 - **permanency**
 - **child well being**
- B. Know when and where to refer for screening and/or evaluation
- C. Help explain a diagnosis/evaluation to the parent, child and family team
- D. Be able to ask appropriate questions of evaluators and treatment professionals
- E. Help select/design/recommend services and supports which have a reasonable chance of success in supporting change/improvement
- F. Understand protective factors (child, parent, family, environmental) which can reduce risk
- G. Support treatment/case plan recommendations in court (including knowing when and what court orders might be clinically appropriate)
- H. Understand the normative change process in order to be able to support the family for the best chance of success
- I. Understand measures of change/progress for particular clinical conditions
- J. Understand that positive change brings its own set of challenges to family functioning

Supervisors need to provide for training and to teach, coach, model and reinforce the acquisition of this knowledge through a variety of supervision techniques

WORKER SKILLS NEEDED FOR CLINICAL PRACTICE WITH FAMILIES

Assessment

- Collect assessment information from parents and collaterals (e.g., screening questions, family's view)
- Recognize patterns of behavior
- Identify underlying needs

Develop hypotheses about:

- what is/has been going on in the family to lead to the need for CPS
- what might be able to help the family overcome its current difficulties
- what might strengthen the family to face future challenges

Communicating with evaluators

- Use engagement skills to secure releases of information from family members OR effectively request/argue for court ordered evaluation
- Elicit information from evaluators
 - Ask questions in language of evaluator
 - Frame questions to elicit "news I can use"
 - Clarify roles, responsibilities
- Build relationships for future collaboration

Explaining diagnoses:

- Translate technical terms into language which is understandable and acceptable to parent and family team
- Offer information to families to help them accept need and/or [join in request] for services

Selecting/designing/recommending services and supports:

- Creatively problem solve to approximate evidence-based practice (type, duration, intensity, etc.), using services which are available in the community
- Explain service and treatment options to family in ways that offer hope, respect family's right to informed consent, and begin to engage family in treatment process

Enhance protective factors in family system

- Identify protective factors in case
- Use family team meeting/caseworker visits to explain the protective factors/safety plans
- Use caseworker visits to monitor reliability and effectiveness of protective factors/safety plans

Supporting treatment recommendations in court

- Know how to cite expert texts
- Know how to explain rationale for selection/timing/pacing of services
- Know how to ask for a helpful court order
- Know how to handle potential violations of court order

Understanding normative change process

- Describe process to non-professional members of family team
- Offer support to parent/child to help them move along stages of change continuum
- Offer suggestions for how family and friends can support the change at each point
- Anticipate “road bumps” and make or readjust safety/relapse/risk reduction plans

Measuring change

- Interpret/question/understand the limits of expert reports regarding change
- Skillfully gather information from variety of sources
- Evaluate information/patterns against normative change process
- Decide whether the change is getting the family where it needs to be

Anticipate and address new family needs as individuals make progress
(case examples – e.g., the parentified child in a recovering household)

“Know when to say when”

- When change has been in a positive direction:
 - Enough progress to move focus to other family goals/services
 - Enough progress to move toward reunification
 - Enough progress to move toward safe case closure
- When change is stalled or has been in a negative direction:
 - To give up on a particular approach and try another
 - To move to another permanency option

Supervisors need to teach, coach, model and reinforce the acquisition of these skills through a variety of supervision techniques.

**Articulating a Practice Theory
(Describe/Explain/Predict)**

DESCRIBE PROBLEM LEADING TO ABUSE OR NEGLECT	EXPLAIN (HYPOTHESIS) OF CAUSES OR ISSUE(S) UNDERLYING THE PROBLEM	WHAT SOLUTION/SERVICE DO YOU PREDICT WILL HELP FAMILY ACHIEVE THIS CHANGE?	IF SOLUTION/SERVICE WORKS FOR FAMILY, PREDICT THE RESULTS (Immediate benefit to family members and effect on child safety)

Articulating a Practice Theory (Describe/Explain/Predict)

DESCRIBE PROBLEM LEADING TO ABUSE OR NEGLECT	EXPLAIN (HYPOTHESIS) CAUSES OR ISSUE(S) UNDERLYING THE PROBLEM	WHAT SOLUTION/SERVICE DO YOU PREDICT WILL HELP FAMILY ACHIEVE THIS CHANGE?	IF SOLUTION/SERVICE WORKS FOR FAMILY, PREDICT THE RESULTS (Immediate benefit to family members and effect on child safety)
Young mother does not parent	Grandmother rescues her daughter so that she doesn't have to parent (a family systems problem)	Family therapy to work on mother-daughter relationship	When grandmother quits rescuing mom, mom will step up to her responsibilities and the children will be kept safe.
Young mother does not parent, grandmother's care is marginal	Young mother has a personality disorder and/or is depressed Grandmother is co-dependent	Individual mental health treatment (therapy and medication) for both women to work on: anger, depression, co-dependency	When both mother and daughter are mentally healthier, the overall level of parenting and supervision in the home will improve and the children will be safe.
Young mother doesn't parent effectively	Young mother lacks parenting knowledge and skills Grandmother doesn't have knowledge and skill or lacks time to devote to teaching her daughter	Parenting classes for young mother In-home services to reinforce parenting skills/ help organize home and daily schedule	When mother acquires better knowledge, skills and daily structure, she will apply them to child rearing and the children will be safe.
Young mother lacks interest in daily parenting	Young mother is isolated from peers and age-appropriate activities, resulting in depression and a lack of self-efficacy and worth Not everyone is cut out to be a stay-at-home parent	School and/or employment for young mother to reduce isolation/get a diploma/earn income and be with peers Day care for children	When young mother is no longer isolated and is engaged in age-appropriate activities, her depression will lift, and she will become interested in providing a safe home environment for her children Children's need for appropriate care will be met by a combination of day

			care, grandmother and mother
Young mother doesn't want to parent	Young mother enjoys the attention of pregnancy, but doesn't want the responsibility of children	Worker/counselor provides support for mother to relinquish her parental rights to relative or adoptive family Counseling for grandmother to clarify her wishes	Children will become available for adoption or long-term guardianship with relative.

What is Our Business?

Before DHS recommends treatment for a clinical condition (e.g., mental illness, substance abuse), it should have a clear idea of **why the condition is our business**, i.e., how it is directly relevant to the reason(s) DHS is involved.

Primary Considerations

What is the **connection between the condition (thing to be changed) and the abuse or neglect** which brought the child into the DHS system (or in the case of subsequent discovery, which keeps the child in the system)?

1. Is the **connection so close** that failure to achieve treatment success is likely to be a “deal-breaker”; i.e., likely to result in a loss of temporary or permanent custody of the child?

OR

2. Does the condition appear to **substantially contribute** to the abuse and neglect?

(If yes to either 1 or 2, then it’s our business.)

Secondary Considerations: If the answer to 1 or 2 above is “no”, does the condition:

3. **Limit** the ability of a family member to benefit from or comply with a critical treatment goal?
4. **Inhibit or deplete key protective factors** in the environment?

If the answer to 3 or 4 is yes, it’s worth offering services but failure to achieve progress is not a “deal breaker” – there may be another approach to the issue.

If the answer is no to all of the above, it’s not our business.

Five Action Planning Principles for Prioritizing Interventions

1. Which is the easiest or most likely to succeed?

The family and the worker can feel encouraged and successful right away.

2. Which is most likely to have the most immediate negative consequences if not addressed?

Examples of immediate consequences: danger to family, child safety, or family's immediate (practical/legal) needs, such as having utilities turned off, violating probation, etc.)

3. What does the family want to start with?

Family-centered approach; respects clients' right to self determination; more effective because people are more invested in their own priorities.

Takes worker skill: asking questions, talking with family to help them feel safe enough to tell what their priorities are.

4. What needs to be addressed in order to preserve child's or family's relationships in the community (foster parent, school, family caregiver, etc.)?

Example: School demands family take action to address child behavior or child faces suspension)

5. What thing must be changed before other things can change?

Examples:

- Can the parent really tackle substance abuse treatment until the mental illness symptoms are under control?
- For substance abusers, thirty days of abstinence is recommended before parent can benefit from starting parenting classes.

Questions for Community Providers

1. How does your program purport to work?
2. What are you looking for to assure that change is taking place? Are there expected steps or stages in the change process?
3. How do you define success? Completion? Level of Compliance or Benefit? How measured?
4. Does your program keep data on client outcomes? What are you finding?
5. Would your treatment team be willing to consider incorporating child welfare goals into your treatment plan?
6. What kind of support do clients generally need in order to sustain change and integrate change into their family systems?
7. What can concerned family team members be doing in order to best support the change process? What resources and support does your agency offer to family team members?