

## *Critical Thinking for Safe Case Closure*

University of Iowa School of Social Work  
National Resource Center for Family Centered Practice  
Committed to Excellence through Supervision

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## What types of cases pose particular challenges for case closure?

### Why?

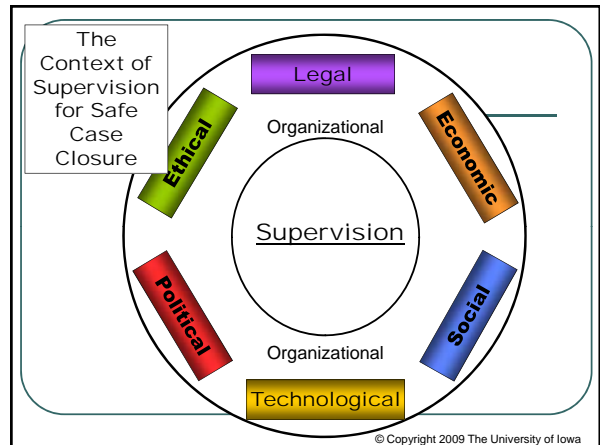
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### Challenges for Safe Case Closure

#### **Case Factors**

- Long-term chronic neglect – hard to know when enough is enough
- Substance abuse – chronic, relapsing disorder; treatment clock different than child welfare clock
- Domestic violence – secrecy, isolation, volatility
- Serious physical abuse – low baseline and recurrence rates, hard to measure change
- Families decompensate as closure draws near
  - New stressors - Difficulty letting go --Ambivalence

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### Challenges for Safe Case Closure

#### **Worker/team factors**

- Worker perceives potential for more positive change (new workers breathe life into old cases)
- Worker invested in family
- Worker holding parent to higher standard than can be mandated
- Workers whose outcomes are less favorable (Dashboard, Better Results 4 Kids)
- Lapses in service provision cause uncertainty
- Workload management – worker fears new case will be more work

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### Challenges for Safe Case Closure

#### **Court issues**

- Strict adherence to adjudicated issues during dispositional phase results in inadequate case planning
- Stuck case – no TPR, no return home

#### **Provider agency issues**

- Disagreement among service providers about progress and readiness for closure

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### Critical Issues Embedded in Case Closure Decisions

- Do we have a structure/timetable for considering case closure?
- How helpful are existing safety and risk assessment tools for case closure? What other kinds of data/critical analysis is necessary to determine safety and risk?
- How much progress is enough?

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### Critical Issues Embedded in Case Closure Decisions

- Can change be sustained without formal support of DHS and contracted services?
- Will community support this decision?
- Elements of a good transition and case closure plan

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### Common Problems Contributing to Foster Care Re-entry

(Hess, P.M. & Folaron, G. 1992)

#### Agency problems:

Inadequate preparation of family for reunification	80%
Inappropriate/inadequate agency case mgmt.	79%
Poor assessment or decision-making by worker	67.7%
Large caseworker caseload or turnover	67.7%
Visiting plan inadequate to prepare for reunific.	59.7%
Lack of clarity in plan/inappropriate expectations	58%
Gap in service by agency	56%
Inadequate referrals	51.6%
Insufficient parental involvement in service use	46.8%

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### Common Problems Contributing to Foster Care Re-entry

(Hess, P.M. & Folaron, G. 1992)

Coordination/cooperation among agency or service providers inadequate	45%
Case monitoring of parents inadequate, leading to lack of information for decisions	43.5%
Caseworker training or experience inadequate	38.7%
Community resources inadequate	35.5%
Case monitoring of children inadequate, leading to lack of information for decisions	33.9%

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### Common Problems Contributing to Foster Care Re-entry

(Hess, P.M. & Folaron, G. 1992)

#### Parent or family problems

Parent's behaviors or problems that precipitated placement not resolved	90%
High number and/or severity of parent's problems	82%
Parents placed child at risk to meet own needs	69%
Parents' negative attitude toward reunification	56%
Family unable to adapt to child's return	34%

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### Critical Thinking about Data Used in Safety/Risk and Progress Assessments

- Limits of instruments - purpose, reliability, etc.
- Parent self-reports– need corroboration
- Progress in treatment of mental illness or addiction does not necessarily address problems in parenting
- Improvements in parental functioning in closed or tightly monitored settings (i.e., recovery homes) must be generalized to normal conditions

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## Critical Thinking Tools

### • “Root Cause Analysis”

EL. Report# FR. Abuse / Children and Youth Services Review 27 (2005) 393-407

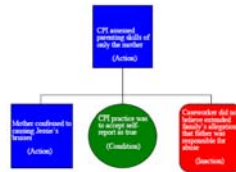


Fig. 2. Fishbone diagram of Child Welfare event tree showing a causal set.

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## When is a Child Safe?

- A child is safe when the protective factors in the child's environment are sufficient to counter any threats to safety.

Morton, T., in Dubowitz, H., & DePanfilis, D. (2000).

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## Indicators of Child Safety

- Parents have ceased abusive/neglectful behavior
- Parents have had opportunities to assume greater parental responsibility and:
  - Where problems recurred, safety plans worked
  - Where reabuse/neglect occurred, parents able to learn from mistakes and correct behavior
  - Over time, problems recurred with less frequency and children remained safe
- No new founded reports in last three months
- Child not fearful

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## Proxy Measures of Change

Especially important in cases of:

- Physical abuse (low baseline rate)
- Placement cases prior to reunification (parent hasn't had opportunity for further maltreatment)
- Substance abuse (clean drops aren't enough)

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## Proxy Measures of Change (Wilson, D., 2000)

### Positive Measures

Increased empathy and responsiveness to child  
 Increased enjoyment of contact with child  
 Increased ability to set limits on child without hitting, yelling, ignoring or abandoning

### Negative Measures

Little or no empathy with child  
 Little or no enjoyment of contact with child  
 Little or no ability to set limits on child without hitting, yelling, ignoring or abandoning

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## Proxy Measures of Change (Wilson, D., 2000)

### Positive Measures

Increased reliability in keeping appointments, fulfilling promises, and visiting child  
 Increased recognition of past history of child abuse and neglect  
 Increased contact with persons supportive of positive changes

### Negative Measures

Not reliable in keeping appointments, fulfilling basic responsibilities and visiting child  
 Little or no recognition of child abuse or neglect  
 Parent is isolated or maintains extensive contact with persons discouraging positive change

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## Proxy Measures of Change (Wilson, D., 2000)

### Positive Measures

Absence of violence in interpersonal relationships  
Increased motivation to change following relapse  
Increased self-esteem

### Negative Measures

Recurrent violence in interpersonal relationships  
Relapse followed by abandonment of treatment program  
Low self-esteem

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## Parental Attitudes Toward Child (Wilson, D. 2000)

### Positive Attitude

Parent expresses appreciation, love and caring about child through verbal and nonverbal behavior  
Parent demonstrates patience with and understanding of child's misbehavior  
Parent expresses pride in child's development and achievement

### Negative Attitude

Parent displays little affection or regard for child  
Parent blames child for personal or family misfortune  
Parent views child as embodiment of despised parent or spouse  
Parent attributes bad or evil motives to child

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## Parental Attitudes Toward Child (Wilson, D. 2000)

### Positive Attitude

Child is treated fairly compared to siblings  
Parent forgives child following disciplinary incidents ("lets go" of anger)  
Parent perceives child accurately  
Parent demonstrates concern with child's physical pain or emotional distress

### Negative Attitude

Parent emotionally abuses child with insults, demeaning behavior, or comments  
Parent does not let go of anger toward child  
Parent demonstrates little concern for child in pain or emotional distress

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## Measuring Progress in Substance Abuse Treatment

### Progress Measured Across 9 Variables Over Time:

- Treatment participation/completion
- Following Aftercare/Relapse Prevention Plan
- Substance Abuse Education/Insight into Addiction
- Abstinence
- Participation in Recovery Support System
- Compliance with family case plan
- Consistency in visitation (if applicable)
- Improvement of parenting skills/parental functioning
- Interpersonal Relationships
- Participation in Skill Building

(D'Aunno, L, and Chisum, G., 1998)

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## Measuring Progress in Substance Abuse Treatment

- Requires collaboration with substance abuse treatment provider or community consultant
- Workers need training
- Use Matrix as tool

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## Transition Issues

- Reunification is a major stressor which may lead to relapse
- Parental ambivalence about reunification
- Family ambivalence about ending relationships with formal providers

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## Parental Ambivalence

**Definition:** Indecisiveness and uncertainty on the part of the parent with regard to the parent's roles, responsibilities and desire to permanently reunify with the child.

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## Indicators of Parental Ambivalence After Reunification

Lack of investment in the child's daily care by failure to attend school staffings, not taking the child for medical appointments, lack of interest in the child's activities  
Frequent or inappropriate use of respite or child care  
Expression of a desire to place the child back into foster care  
Verbal abuse of the child, name calling or referring to the child in negative terms  
Repeatedly calling the police, caseworker or service provider to have the child removed but when help arrives, the parent reconsiders and gives the child "one more chance."

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## Approaches to Working with Ambivalent Parents

- **Explore parental feelings at each decision point**
- **Interpret parental statements and behaviors carefully (i.e., don't assume lack of follow through is ambivalence)**
- **Don't lessen expectations; gradually increase parental responsibility**
- **Use supervision to process reactions to parents feelings, behaviors, case ambiguity**

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## Aftercare Planning

- Identify formal and informal community supports for child and family
- Predict problem recurrence (child and family)
- Develop "early warning system" for
  - Relapse - New stressors
  - Social Isolation - Signs of abuse/neglect
- Secure family agreement about responsibilities of each participant in early warning system

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## Questions to Assess Sustainability

- How involved is the agency in managing/maintaining the safety net?  
What needs to happen to move this responsibility to the family? Did it work?
- Parents' ability to sustain relationships

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## Aftercare: Weaving the Safety Net

Tools: Functional assessment, ecomap, FTDM

Support to parent(s)  
- support groups, faith communities, family and friends, FIP worker, other community service providers  
Parent activities inconsistent with problem behaviors  
Support to child  
- early childhood programs, protective day care, Headstart  
Support to family  
- recreational activities, faith communities, neighborhood centers  
"Early warning system"  
- agreements with day care and school to report absences  
Are parents willing to accept involvement of "safety net"?  
Are parents able to maintain safety net?

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### Factors which would prevent imminent case closure

- New founded report of abuse/neglect during the preceding three months or a pending report at time of closing
- Presence of a major new life stressor, e.g.
  - new or prospective birth within three months of case closure
  - Imminent threat of the loss of the family residence

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### Other family stressors which significantly impact family stability

- Imminent job loss or new financial problems
- Change in close relationship (e.g., separation, divorce, move of close friend)
- Death of a close family member
- Move to a new neighborhood

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### Recap: Process of Safe Case Closure

- Begins early in life of case
  - Early in case, use FT meeting to
    - help family understand the child safety issues
    - involve family and friends in safety planning
    - educate on recovery process, developmental issues, etc.
  - Address parents' relationship/social skills
  - Visits are key
    - Maintaining connections
    - Structured to gradually increase parental responsibilities and provide opportunity to practice new skills

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### Process of Safe Case Closure

- Periodically reassess with worker, family, collaterals, and consultants as necessary:
  - Child safety and risk
  - Achievement of case objectives

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### Process of Safe Case Closure

- Notify family and service providers of decision to plan for transition with goal of case closure
- Implement a planned process of transition, including reunification if applicable, with:
  - Gradual increase in family responsibility
  - Gradual decrease in agency responsibility
- Aftercare planning
- Address feelings about termination
  - Parents -Child(ren) - Foster family - Worker

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### Process of Safe Case Closure

- Recheck with collaterals, service providers, central registry
- Mark case closure with an event or meeting

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