

# ***Real Cases Project:*** **Family-Oriented** **Social Work Treatment**

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## **INTRODUCTION**

### **A. Overview of Course Sequence within Social Work Curriculum**

Social work with families is incorporated in the social work curriculum in a variety of ways. This teaching guide focuses on delivering this content in an elective course, as part of an advanced clinical social work practice concentration. Faculty teaching this content in other forms may adapt this material to their own educational structure.

Family-Oriented Social Work Treatment provides an overview of clinical interventions which see individual clients as part of their family system. It adopts the family systems theoretical orientation while taking into consideration the impact of the larger ecological context on the family and the individual. Various family therapy approaches are introduced in terms of their theoretical framework, assessment, and intervention strategies.

The overall family systems perspective is also adopted in understanding individuals even when the whole family cannot be engaged in treatment. Various forms of families such as single-parent, separated/divorced, remarried, adopted families, gay and lesbian couples as well as families of diverse cultural and racial background will be also examined as they impact on assessment and the treatment process. A selected number of specific topics in working with families will also be discussed. Throughout the course attention will be given to the various stages of family treatment from engagement to assessment and intervention.

### **B. Relevance of the Case Studies to this Course Sequence**

The three case studies are instrumental in assisting students to integrate the intrapsychic, interpersonal and ecological factors that may contribute to child maltreatment. These factors may include parental/family dysfunction, maladaptive role

definitions and role inequalities within the family system, impaired parent-child relations, disability or illness, economic stressors and an inadequate social support network.

Through the case studies, students can also learn about the negative reverberating effects of mental illness, domestic violence and intergenerational conflict on adaptive family functioning. From a mental health perspective, for example, mental illness in a parent may affect parenting ability, which in turn can harm children. Families in which parents have met a diagnostic criteria for a psychiatric condition—such as schizophrenia, bipolar depression or an anxiety disorder—are also families in which children have a higher risk for developing mental illness or an array of psychosocial problems (see Hinden, et al., 2006).

### **C. Specific Learning Objectives Related to Using these Cases in this Course Sequence**

Using the case studies in this course, students are expected to:

- Be able to view maltreated children/adolescents in the context of their family using the family systems perspective, and see the family as the unit of change whether or not the whole family can be involved in the treatment process.
- Effectively engage maltreating families in treatment and build rapport with family members so that they as clinicians could be accepted into the system to help effect change.
- Be able to assess maltreating and neglectful families in terms of its internal dynamics, family strengths, the impact of the family life cycle, and the ecological context including the family's socio-cultural background.
- Be able to select from various treatment approaches with child maltreating families based on evidence-based support.

### **D. Overview of this Teaching Guide**

This guide includes three specific strategies for incorporating the three case studies into an MSW family treatment course. The first strategy will examine the usefulness of family treatment with families who are attempting to cope with the negative effects of mental illness. The second strategy is aimed at exploring evidence-based family therapeutic approaches with child-maltreating or neglectful families. Lastly, the third strategy will underscore the importance of family intervention in child welfare/foster care settings.

## TEACHING STRATEGIES

### A. Strategy One: Mental health Status and Adaptive Family Functioning

#### 1. Areas of the cases to be highlighted:

In one course session, the instructor should focus on the mental health status or psychiatric condition of Andrea R, its impact on adaptive family functioning, and its relationship to Vincent's neglect and exposure to inadequate guardianship. From a family systems perspective, students should learn that parental mental illness is a family problem whether the family is identified as the primary client system or the parent who meets diagnostic criteria for a psychiatric diagnosis. Instructors ought to consider the following points under this strategy:

- Children of parents with mental illness are at increased risk for the development of emotional and behavioral problems. These children are also at greater risk for suffering from psychiatric conditions, and specific psychosocial factors such as poor social skills and impaired academic performance. In addition, an inconsistent family environment may significantly contribute to psychiatric illness in children.
- Children of parents with mental illness may be victims of stigma and discrimination similar to their parents, and may experience the trauma of family disruption and out-of-home placement due to a parent's hospitalization or inability to care for them on a daily basis. The family-oriented practitioner, therefore, must understand the service delivery structure and policies of child protective services including foster care support and linkage. Parents living with a psychiatric condition often need assistance in negotiating the child welfare system and child protective services agencies.
- Almost two-thirds of adults who meet criteria for psychiatric disorders are parents. Women and men with mental illness are at least likely, if not more likely, than those without a psychiatric condition to become parents. When these parents interface with the child welfare system there is a 70-80 percent probability that they will lose custody of their children (see Nicholson, et al., 2004).
- From an evidence-based perspective, family psycho-education models provide practitioners with an array of empirically-supported interventions and strategies aimed at teaching identified clients and their families about the signs and symptoms of specific psychiatric conditions, psycho-social and medication therapies, coping techniques for reducing stress and family conflict, and identification of community supports and resources.

#### 2. Structure and teaching method:

This strategy should be implemented once the student has been introduced to the family systems perspective, basic family therapy principles, and the family life

cycle. It is recommended that this strategy be presented to students via lecture and case discussion. No specific teaching materials are needed for this strategy.

### **3. Supporting readings:**

Aldridge, J. (2006). The experiences of children living with and caring for parents with mental illness. *Child Abuse Review*, 15, 79-88.

Crowling, V. (Ed). (1999). *Children of parents with mental illness*. Melbourne: Axis Publishing Services.

Goepfert, M. and Webster, J. (Eds.). (1996). *Parental psychiatric disorder: Distressed parents and their families*. Liverpool, England: Liverpool Psychotherapy and Consultation Service.

Hinden, B.R. et al. (2006). A survey of programs for parents with mental illness and their families: Identifying common elements to build the evidence base. *Journal of Behavioral Health Services and Research*, 33(1), 21-38.

Murray-Swank, A. and Dixon. L. (2005). Evidence-based practices for families of individuals with severe mental illness. In R.E. Drake, M.R. Merrens, and D.W. Lynde (eds.), *Evidence-based mental health practice* (pp. 425-452). New York: W.W. Norton.

Nicholson, J. et al. (2004). Prevalence of parenthood among adults with severe mental illness. In R.W. Manderschied and M.J. Henderson (eds.), *Mental Health, United States, 2002*. Rockville MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Nicholson J., Sweeney, E.M., and Geller, J.L. (1998). Mothers with mental illness: The competing demands of parenting and living with mental illness. *Psychiatric Services*, 49, 635-642..

Oyserman, D., Mowbray, C.T., and Mears P.A. (2000). Parenting among mothers with a serious mental illness. *American Journal of Orthopsychiatry*, 70, 296-315..

### **4. Evaluation plan:**

In the form of a mini-assignment instructors should ask students to summarize 3-4 articles specific to the treatment of families living with parental mental illness or family-oriented intervention with children living with and caring for parents with mental illness. In the summarization of each article students ought to discuss how they would apply the clinical knowledge obtain from the articles to the Andrea R Case.

## B. Strategy Two: Exploring Evidence-Based Family Therapeutic Approaches

### 1. Areas of the cases to be highlighted:

This second strategy is aimed at exploring evidence-based family therapeutic approaches with child-maltreating or neglectful families. The instructor should use one class session to introduce students—via class lecture and case discussion—to evidence-based family interventions with abusive and neglectful families. Instructors who may need to become familiarized with the definition and conceptual framework of evidence-based family treatment are encouraged to refer to the following citation for instructional guidance: Janzen, C. et al. (2006). *Family treatment: Evidence-based practice with populations at risk*. Belmont, CA: Thomson Brooks/Cole.

In implementing this teaching strategy, faculty should consider the following points:

- Characteristics of the abusing/neglectful parent: socially isolated, may present with a high need for dominance and control, history of mental illness and/or substance abuse, limited personal and social skills, often struggles with the negative effects of poverty and economic deprivation. It is important to stress that child abuse and other kinds of family violence occur in families of all social classes, and the number of cases in upper classes may be underreported.
- Characteristics of the abused/neglected child: irritable, negativistic, demanding, over-dependent, hyperactive, poor school performance, delinquent behavior and truancy, apathy, withdrawal from social interactions, delayed intellectual, motor, and language development, and a history of on-going physical-health problems.

### 2. Structure and teaching method:

This strategy should be implemented once the student has been introduced to the family systems perspective, basic family therapy principles, and the family life cycle. It is recommended that this strategy be presented to students via lecture and case discussion. No specific teaching materials are needed for this strategy.

### 3. Supporting readings:

Borrego, J., et al. (1999). Parent-child interaction therapy with a family at high-risk for physical abuse. *Child Maltreatment*, 4 (4), 331-342.

Borrego, J. and Urquiza, A. J. (1998). Importance of therapist use of social reinforcement with parents as a model for parent-child relationships: An example with parent-child interaction therapy. *Child and Family Behavior Therapy*, 20 (4): 27-54.

Cash, S. (2001). Risk assessment in child welfare: The art and science. *Children and Youth Services Review*, 23(11), 811-830.

Chaffin, M & Friedrich, B. (2004). Evidence-based practice in child abuse and neglect. *Children and Youth Services Review, 26*, 1097- 1113.

Cohen, J., Deblinger, E., Mannarino, A & Arellano, M. (2001). The importance of culture in treating abused and neglected children: An empirical review. *Child Maltreatment, 6*(2), 148-157.

Corcoran, J. (2001). Family interventions with child physical abuse and neglect: A critical review. *Children and Youth Services Review, 22* (7): 563-591.

English, D.J. (1998). The extent and consequences of child maltreatment. *The Future of Children, 8*(1): 39-53.

Eyberg, S. and Robinson, E.A. (1982). Parent-child interaction training effects on family functioning. *Journal of Clinical Child Psychology, 11* (2): 130-137.

Ferleger, N., et al. (1988). Identifying correlates of reabuse in maltreating parents. *Child Abuse and Neglect, 12* (1): 41-49.

Pardeck, J. (1988). Family therapy as a treatment approach to child abuse. *Child Psychiatry Quarterly, 21* (4): 191-198.

Sidebotham, P. (2001). An ecological approach to child abuse: A creative use of scientific models in research and practice. *Child Abuse Review, 10*, 97-112.

Sturkie, D.K. and Flanzer, J.P. (1981). An examination of two social work treatment models with abusive families. *Social Work Papers, 16*, 53-62.

Tanner, K. & Turney, D. (2002). What do we know about child neglect? A critical review of the literature and its application to social work practice. *Child and Family Social Work, 8*, 25-34.

Timmer, S. G., Borrego, J. and Urquiza, A.J. (2002). Antecedents of coercive interactions in physically abusive parent-child dyads. *Journal of Interpersonal Violence, 17* (8): 836-858.

Turner, D. and Tanner, K. (2001). Working with neglected children and their families. *Journal of Social Work Practice, 15* (2): 193-204.

Urquiza, A.J. and McNeil, C.B. (1996). Parent-child interaction therapy: An intensive dyadic intervention for physically abusive families. *Child Maltreatment, 1* (2): 132-141.

Wells, S. (1981). A model for therapy with abusive and neglectful families. *Social Work, 26* (2): 113-118.

**4. Evaluation plan:**

Using the literature (assigned for this class session) related to child neglect/abuse and family therapy students should be directed to develop an evidence-based assessment protocol to assist in conducting an evaluation and treatment plan for the case studies. Students ought to identify both risk and protective factors in the cases using an ecological perspective, determine what data will need to be collected, what kinds of questions would have to be asked to obtain this data, what kinds of factors would need to be assessed for the child and for the parent, and what possible evidence-based family interventions might be recommended in this particular case.

**C. Strategy Three: Value of Family Intervention in Child Welfare Settings****1. Areas of the cases to be highlighted:**

This third strategy will assist student in appreciating the value of family intervention in foster care/child welfare settings.

As in the previous two strategies, the instructor should use one class session to briefly introduce students to the field of child welfare while concomitantly emphasizing the importance of family-oriented interventions in foster care settings. The case studies ought to be used as a means of demonstrating to students the complexities of a public child welfare system in which social work practitioners must often provide life-enhancing family interventions.

In implementing this third strategy, instructors should consider the following points:

- Practice in foster care settings involves providing services to two families: the biological family and the foster family.
- Foster placement creates a new, triangular system: As soon as a maltreated child is separated from his/her home environment and placed in a foster family, a new three-part system comes into being. This three-part system is composed of the biological family, the foster care family, and the foster care agency.
- The triangular system (biological family, foster care family, and the child welfare agency) should be collaborative rather than adversarial, and should include members of both extended families.
- Empowerment of the biological family is crucial. This process of empowerment, however, must be predicated on a comprehensive family diagnostic assessment that takes into account both individual and familial risk and protective factors.

- Foster care is marked by major transitions, and these transitional periods require special attention. Examples of major transitions include placement of the maltreated child with a foster care family, visits by the biological family with the maltreated child during the duration of placement, and reunification of the abused/neglect child with the family-of-origin.
- A consideration of development issues must be integrated into foster care services. The differential effects of foster care placement must be evaluated within the context of the child's age, psychosocial developmental stage, and response to issues of separation and adaptation.
- Kinship foster care is a special case of foster placement that requires particular kinds of services. Minuchin et al. (1998) have noted that "when children are placed with relatives, the placement does not create a new system. Rather, it changes the reality of family members who already know each other and have established patterns of relating, carrying authority, and resolving conflict" (p. 107).

## **2. Structure and teaching method:**

This strategy should be implemented once the student has been introduced to the family systems perspective, basic family therapy principles, and the family life cycle. It is recommended that this strategy be presented to students via lecture and case discussion. No specific teaching materials are needed for this strategy.

## **3. Supporting readings:**

Cimmarusti, R.A. (1992). Family preservation practice based upon a multisystems approach. *Child Welfare*, 71(3): 241-256.

Fox, R. and Whelley, J. (1982). Preventing placement: Goal attainment in short-term family treatment. *Child Welfare*, 61(4): 231-238.

Lee, R.E. and Lynch, M.T. (1998). Combating foster care drift: An ecosystemic treatment model for neglect cases. *Contemporary Family Therapy*, 20(3): 351-370.

Lewis, K.G. (1991). A three step plan for African-American families involved with foster care: Sibling therapy, mothers'group therapy, family therapy. *Journal of Independent Social Work*, 5(3/4): 135-147.

Linsey, E.W. (2001). Foster family characteristics and behavioral and emotional problems of foster children: Practice implications for child welfare, family life education, and marriage and family therapy. *Family Relations*, 50(1): 19-22.

McWey, L. (2000). I promise to act better if you let me see my family: Attachment theory and foster care visitation. *Journal of Family Social Work*, 5(1): 91-105.



Minuchin, P. (1995). Foster and natural families: Forming a cooperative network. In L. Combrinck-Graham (Ed.), *Children in families at risk*. New York: Guilford.

Nelson, K., Landsman, M., and Deutelbaum, W. (1990). Three models of family-centered placement prevention services. *Child Welfare, LXIX*(1): 3-21..

Triseliotis, J. (1987). "Family therapy" or working with families. *Practice, 1*(1): 5-13.

Recommended Texts:

Crosson-Tower, C. (2004). *Exploring child welfare: A practice perspective*. Third Edition. Boston, MA: Allyn and Bacon.

Fein, E., Maluccio, A., and Kluger, M. (1990). *No more partings: An examination of long-term foster family care*. Washington, DC: Child Welfare League of America.

Minuchin, P., Colapinto, J. and Minuchin, S. (1998). *Working with Families of the poor*. New York: Guilford.

Sharkey, M. (1997). *Family to family: Bridging families, communities and child welfare*. Baltimore, MD: Annie E. Casey Foundation.

**4. Evaluation plan:**

Using the literature (assigned for this class session) related to family intervention in foster care/child welfare settings students should be directed to develop a family-oriented treatment plan for the identified child client in any of the three cases. The treatment plan should address the goal of family reunification.