

***Real Cases:***  
**Integrating Child Welfare Practice  
Across the  
Social Work Curriculum**

**Carol S. Cohen, Tatyana Gimein,  
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**New York City Social Work  
Education Consortium  
&  
New York City Administration for  
Children's Services**  
***Project Sponsors***

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## USEFUL LINKS

NYC Administration for Children's Services:  
<http://www.nyc.gov/html/acs/html/home/home.shtml>  
NY State Social Work Education Consortium: <http://www.ocfs.state.ny.us/ohrd/swec>  
Council on Social Work Education: [www.cswe.org](http://www.cswe.org)  
Youth Success NYC: <http://www.youthsuccessnyc.org/>  
New York State Mandated Training Related to Child Abuse:  
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# ***Real Cases:* Integrating Child Welfare Practice Across the Social Work Curriculum**

<b>PREFACES</b>
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Children's Services

*Ervine Kimerling*, Executive Director, James Satterwhite  
Academy, NYC Administration for Children's Services

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John B. Mattingly  
Commissioner

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October 2, 2009

Dear Faculty and Students:

The Administration for Children's Services (Children's Services) is proud to join with the NYC Social Work Education Consortium in a project to promote and develop a continued and lasting partnership. Together we can be more effective in protecting children, strengthening families and working with community partners. Children's Services Five Key Commitments are:

- No child we come into contact with will be left to struggle alone with abuse or neglect.
- No family who needs and wants help to keep their children safe will be left without the help it needs.
- Every child we come into contact with will get the help (s)he needs to be healthy and achieve his/her full educational and developmental potential.
- No child in our care will leave us without a caring, committed, permanent family.
- Every team member at Children's Services and each of our partner agencies can expect guidance, respect, and emotional support to achieve our goals. Every child, family, community member, and foster parent we come into contact with will be treated with the same concern and respect.

The Consortium has brought academia together with this public agency for the purpose of further professionalizing the child welfare staff and improving frontline practice. Together we decided that bringing real child welfare cases along with teaching guides for a wide spectrum of courses will enhance social work education. This will be useful for new social workers considering child welfare as their area of practice as well as our current staff who return to school for their MSW degrees.

The Real Cases Curriculum is based on actual child protection investigations and is drawn from multi-disciplinary sources within the field of social work. Children's Services hopes that you will find it to be a valuable tool.

Thank you,

A handwritten signature in black ink, appearing to read "John B. Mattingly".

John B. Mattingly  
Commissioner





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The Administration for Children's Services (Children's Services) continues to develop and build a more professional staff to protect children and strengthen families in their communities. From encouraging staff to attain MSW degrees, to Childstat Quality Improvement case reviews and enhanced training, our agency is focused on continuously improving the quality of frontline practice.

The Social Work Education Consortium and NYC schools of social work are important partners in attaining our goals. We share an interest in promoting the profession of child welfare and in inspiring current and potential social workers to enter and remain in this field. We also share a commitment to educate staff with broad knowledge, the ability to think critically and to ensure competency in the skills necessary to work with children and families. At the James Satterwhite Academy we are working with child welfare programs to implement "best practice" and a professionalized workforce through all of our training and professional development initiatives.

This teaching guide is a product of the connections and collaborations that have developed through the Social Work Education Consortium. ACS administrators and staff, along with faculty and staff of the New York City schools of social work collaborated to select child welfare cases, recruit social work faculty members, and produce this collection of teaching guides. This has been a labor of love, headed by Dr. Carol Cohen of Adelphi School of Social Work, who has persistently carried this project to conclusion and inspired us with the need to infuse MSW coursework with 'real' child welfare cases.

Our vision is that these teaching guides will help to produce social workers with knowledge of child welfare issues and practice. Increased exposure to child welfare content will provide students with an opportunity to make informed choices about entering the child welfare workforce, as well as help current child welfare staff enrolled in MSW programs apply theory to real practice. If current and potential employees are aware of both the challenges and rewards of working in child welfare, they will come into our organization better prepared which will ultimately result in a more stable workforce.

Sincerely,

A handwritten signature in black ink, appearing to read "E. Kimerling". The signature is fluid and cursive, written over the word "Sincerely,".

Ervine Kimerling



# New York City Social Work Education Consortium

*"Partnerships for the professionalization of child welfare services"*

---

John B. Mattingly

Commissioner

New York City

Administration for Children's Services

October, 2009

Adelphi University  
School of Social Work

Columbia University

School of Social Work

Fordham University  
Graduate School of Social Service

Hunter College  
School of Social Work  
of the City University  
of New York

Lehman College  
of the City University  
of New York

Long Island University

New York University  
Silver School of Social Work

Stony Brook University  
School of Social Welfare

Touro College  
Graduate School of Social Work

Yeshiva University  
Wurzweiler School of Social Work

The New York State Social Work Education Consortium was formed in 2001 through a collaborative effort of the New York State Association of Social Work Deans and the New York State Office of Children and Families. The goal of the Consortium is to design programs and build partnerships that facilitate the professionalization and stabilization of the public sector child welfare workforce. This project is an outgrowth of the Consortium's efforts to expand social work students' knowledge of child welfare issues and practices.

The Curriculum Project, which has produced this collection of teaching guides, is one of more than a dozen projects and initiatives of the New York City Consortium (one of seven regional workgroups). The Curriculum Project Committee, comprised of social work faculty, staff persons from the Administration for Children's Services, and the New York City and New York State Social Work Education Consortium, recruited faculty from seven schools of social work to complete the thirteen individual course teaching guides included in this collection.

The three case studies, drawn from ACS's ChildStat Initiative, can be utilized as teaching tools across the social work curriculum. The teaching guides that are included in this collection provide specific objectives and suggested instructional strategies that can be incorporated into each element of the existing social work curriculum. This collection will be a valuable resource for the schools and enhance all students' familiarity with and understanding of the issues and difficulties in delivering quality services in a large public organization that is continually confronting demands for accountability and quality practice. Faculty members are encouraged to examine both the cases and the relevant teaching guides for integration in their existing courses.

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# ***Real Cases:* Integrating Child Welfare Practice Across the Social Work Curriculum**

<b>INTRODUCTION</b>
---------------------

*Carol S. Cohen, Sharon Kollar & Tara Bulin*

Overview

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# ***Real Cases Project:*** **Introduction**

***Carol S. Cohen, Sharon Kollar & Tara Bulin***

## **OVERVIEW**

Working with children and families in the framework of child welfare system is one of the most complex areas of social work practice. The purpose of the *Real Cases Project* is to expand knowledge and build awareness of students and faculty about social work practice in a public child welfare context. This *Project* will give students and educators already working in the field, an opportunity to bring their experience into social work classrooms as part of professional training. For those unfamiliar with child welfare, and those who may have considered it outside the profession, *the Project* will help reclaim child welfare as a historical and contemporary cornerstone of social work, and encourage students to consider it as a career path. The *Project* will expand faculty interest in child welfare and its potential as an arena for scholarly inquiry. All students will be able to develop new perspectives and professional sophistication for working with a wide range of settings, populations, and intervention methods, by using the real case-based, course-specific lenses and resources provided by the *Project*.

The three, real child welfare cases that the *Project* offers for integration into the foundation and advanced social work curriculum, demonstrate countless aspects and challenges of child welfare practice. Such versatile cases become excellent vehicles for bringing together the depth of academic thought with the sweat of real practice. These cases allow students of every area of social work, including generalist, clinical, direct practice, administrative, community and organizational-focused work, to find an individual niche in the field of child welfare, along with an opportunity to apply their knowledge and their passion.

On an important level, the *Real Cases Project* is an attempt by the New York City Administration for Children's Services to open their books to the public, so aspiring social workers can see the children and families they attempt to help and the environments they seek to improve. As an example of community-education partnership through the New York City Social Work Education Consortium, the *Project* can be seen as a model for collaboration, presenting possibilities for replication, expansion, and adaptation in other fields of social work practice.

Faculty affiliated with seven social work education programs in the New York Metropolitan area, developed thirteen teaching guides that integrate these cases into teaching plans for specific courses, including common foundation areas, practice

method/level courses, and key electives. Each guide integrates the cases with course-specific objectives and suggestions for teaching and evaluation. Administration for Children's Services' staff collected ten highly useful appendices to illuminate policies and practices relevant to the cases, expanding the issues in the cases and teaching guides. Our evaluation strategy encourages students and faculty to provide feedback on their experience and to explore the wider impact of the *Real Cases Project*.

Social work education attracts people with a special sensitivity for social ills, eager to be involved in a noble cause. Child welfare and especially child protection seem to be such a cause. Yet, social work graduates are not rushing by the thousands to join the Administration of Children's Services. One of the reasons is the feeling that that large government agencies do not appear to be the right place to cure society's tribulations. The editors and contributors to this work are determined to change this perception, to show the real life drama and critical social work practice opportunities in public child welfare organizations.

For many years in the past, the relationship between social work education and child welfare training has been off balance. While the Administration for Children's Services was sending its frontline workers to social work schools, and the James Satterwhite Academy for Child Welfare Training was bringing social work expertise and philosophy into its training process, social work students who did not come from Children's Services were learning about child welfare primarily from stories in newspapers, invariably frightening and hopeless. This project is an attempt to balance this relationship. In some ways, social work education brought social work into Children's Services - now we are bringing Children's Services into social work education.

New York City, with its cultural and linguistic diversity, as well as economic disparity, is a demanding place for child welfare workers. We hope that with this guide we will be able to show earnest and motivated social work students the full scope of the problems addressed and the thinking they themselves can utilize to ameliorate them.

## PURPOSE & OBJECTIVES

Within the broad purpose of increasing focus, content, and study of public child welfare in social work education programs, the Planning Committee established the following key objectives for the *Real Cases Project*:

- Increase student and faculty ability to implement and adapt direct and indirect practice strategies to changing organizational conditions.
- Expand student and faculty ability to identify innovative practice models used in public child welfare that can be incorporated into work in other fields of practice.
- Enhance student and faculty ability to connect classroom and field learning environments, particularly for students involved in public child welfare as well as those without experience in this field of practice

- Expand student and faculty understanding of the dynamics of a large public organization, and how external and internal systems affect practice.

In 2003 the Curriculum Project Committee of the New York City Social Work Education Consortium was convened with a charge to develop curriculum materials that focused on social work practice in child welfare bureaucracies. The committee included Children's Services administrators, Consortium staff and interns, and social work faculty from the New York Metropolitan Area's social work education programs.

The Committee conducted an extensive assessment, including focus groups with current students and Social Work Schools graduates working for ACS, as well as a review of the curricula of the social work education programs in the Metropolitan New York area. This process led us to focus on developing curriculum materials, centered on case studies from Children's Services' practice that could be used across the social work curriculum, rather than crafting a single course.

Based on our assessment, our expectation is that the *Project's* case studies will bring a real life perspective to each course, while enriching connections between course-specific subject matter and child welfare practice in an organizational context. We believe that broadly integrating real child welfare cases will bring attention to child welfare practice; while teaching guides and resources will suggest methods to use the cases to meet particular course and curriculum objectives. We will conduct an extensive campaign to engage faculty in using these teaching guides.

On a wider level, the *Real Cases Project* addresses significant concerns about recruitment and retention of workers in this essential field of the profession (APHS, 2005; Strolin-Goltzman, Auerbach, McGowan & McCarthy, 2008; Westbrook, Ellis & Ellett, 2006), and builds on over 100 years of case study learning in social work education (Cohen, 2002; Reynolds, 1965; Richmond, 1897; Towle, 1954; Wolfer & Scales, 2006).

Developed through a long-standing and extensive collaboration among social work educators and child welfare professionals in a large metropolitan area, the conditions influencing the project's development provide a model of community engagement and collaboration (Strand, Carten, Connolly, Gelman & Vaughan, 2009).

## **REAL CASE STUDIES IN SOCIAL WORK EDUCATION**

The central elements of the *Real Cases Project* curriculum integration effort are three case studies, drawn from the ChildStat Initiative -- an innovative, agency-wide case review process of New York City's Administration for Children's Services. As documented in Brenda McGowan's introduction to the case studies and their development, we went through a rigorous selection process to insure that the cases would be diverse, engaging, and useful in meeting the objectives of the *Real Cases*

*Project*. The overview of the case studies, by Tatyana Gimein, (Co-Chair of the *Project* before her retirement from ACS), highlights key elements of each case study, and the profound challenges facing the families, staff and communities involved.

The decision to use real case studies in a curriculum integration effort was adopted after an extensive assessment phase. In 2004, the Planning Committee initially began the case selection process, focusing on cases drawn from the ACS Accountability Review Process. An expert panel convened by the Committee narrowed the selection to one case. After recruitment and preliminary work by faculty on individual teaching guides, this case became unavailable. The ChildStat approach was then proposed and access to cases was granted, resulting in the selection of the three cases in this document. Faculty authors adopted these three cases as framing elements in their teaching guides. The three case studies collectively raise critical issues in public child welfare practice today, show a diverse range of practices, family issues, and populations, as well as showcase the ChildStat Initiative.

The *Real Cases Project* is part of the social work tradition of case study education. During our profession's history, social work educators have used case studies in the classroom to teach particular course content (Richmond, 1897; Towle, 1954), drawing vignettes from students' work in the field (Reynolds, 1965; Wolfer & Gray, 2007), published case studies and cases from their own practice (Cohen, 1995). The case study approach appears to be experiencing resurgence, as indicated by the number of published books of cases and suggestions for their use in the classroom (Fauri, Wernet & Netting, 2007; Haulotte & Kretzschmar, 2001; Hull & Mokuau, 1994; LeCroy, 1999; Rivas & Hull, 2000; Stromm-Gottfried, 1998; Wolfer & Scales, 2006). Even with its widespread use, the efficacy of the case study approach for learning specific content or integrating multiple content areas has not been extensively tested and remains a fruitful area for inquiry.

Case studies are especially useful for training professionals in disciplines as social work, where critical thinking and problem solving skills are necessities (Ross & Wright, 2001). Case studies are often utilized in professional social work education in order to provide students with a real life example on which to practice their skills of critical analysis and assessment. In addition to practicing a particular skill set, case studies also allow faculty to assist students in their application of theory into practice. In addition, when used properly, case studies can provide students an opportunity to accept responsibility for their own learning (Armisted, 1984).

This *Project* contributes to the growing literature on using child welfare case studies in social work education (Brown, 2002; Johnson & Grant, 2005). We advance this effort, especially considering that the cases are drawn from a public child welfare agency and are accompanied by teaching guides that demonstrate how the cases can be used successfully in different courses across the curriculum. The *Real Cases Project* does not suggest that the cases supplant the content of a particular course. Rather, the cases can be used to illuminate and expand course content. While students may become familiar with the cases in more than one class, the teaching guides will insure that the

use of the cases is not redundant, and is appropriate to each course in the curriculum. Thus, both the individual courses and the understanding of child welfare as a part of social work are enriched.

## **INTEGRATION AND INFUSION IN SOCIAL WORK EDUCATION**

Social work students, teachers and supervisors, as well as service consumers have long reported frustration at students' and graduates' lack of proficiency at transposing classroom knowledge into practice competency (Austin, 1956; Beatman, 1956; Bishop, 1963; Crawley & Gerrand, 1981), and their difficulty in holistically assessing clients' needs and opportunities for change (Gitterman & Germain, 2008; Middleman & Wood, 1990; Schwartz, 1969). The integration of multiple streams of knowledge in service to clients with complex life situations and challenges is seen as essential and a key area of difficulty for students entering social work (Saleeby, 2006). As clients and their environments become increasingly diverse and complex, it is critical that students be able to incorporate knowledge in order to see beyond the narrow boundaries of separate client cases or specific fields of practice.

Responding to this challenge, the Council on Social Work Education (2001) mandated the following nine areas for inclusion in the Professional Foundation at BSW and MSW levels of social work education: *Social work values and ethics; diversity; social and economic justice; international populations-at-risk; human behavior and the social environment; social welfare policy and services; social work practice; research; and field practicum*. In addition, the 2001 Policy Statement stipulated that all MSW programs develop one or more advanced concentrations that built on these foundation areas in order to bring students to a level of independent social work professional upon graduation.

In the most recent Policy Statement (CSWE, 2008), core competencies frame the curriculum as follows:

- Identify as a professional social worker and conduct oneself accordingly;
- Apply social work ethical principles to guide professional practice;
- Apply critical thinking to inform and communicate professional judgments;
- Engage diversity and difference in practice;
- Advance human rights and social and economic justice;
- Engage in research-informed practice and practice-informed research;
- Apply knowledge of human behavior and the social environment;
- Engage in policy practice to advance social and economic well-being and to deliver effective social work services;
- Respond to contexts that shape practice;
- Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities.

The Council on Social Work Education does not require a particular array of discrete courses in the classroom and field, nor does it recommend a specific method to integrate these diverse elements. As is true for all of the BSW and MSW programs accredited by the Council on Social Work Education, the social work programs in the New York Metropolitan Area are challenged to help students integrate knowledge and skills, offered in a variety of courses, in both classroom and field settings over a period of one to four years, before graduates can be launched as competent social work practitioners. As yet, no program has found a single, validated and effective method by which to guarantee that curriculum integration takes place, although significant efforts have been made to bridge foundation areas and evaluate student learning in social work education (Cohen, 2002; Coulshed, 1988; Meyer, 1986; Starr and Haffey, 1987).

Curriculum infusion efforts such as the *Real Cases Project* have become increasingly important in bridging social work practice and social work education. An examination of the literature revealed that curriculum infusion approaches has been used in a number of practice areas, including the areas of domestic violence and law (Colarossi & Forgey, 2006, research (Hull & Mokuau, 1994; Ruffolo, 1998), policy practice (Miller, 1987), and cultural diversity (Carter, 1995; Doyle, 1997; Paulino, 1997).

Given that the population of older adults is rapidly increasing, academic institutions have recently sought to infuse gerontological knowledge and skills into social work education (Appleby & Botsford, 2006; Cummings, Cassie, Galambos & Wilson, 2006; Fredriksen-Goldsen, Hooyman & Bonifas, 2006; Lee, Collins, Mahoney, McInnis-Dittrich & Boucher, 2006). Generally, evaluation studies of these efforts have explored this impact utilizing single group samples; findings indicate an increased level of knowledge and clinical skills at the end of the semester (Fredriksen-Goldsen, et al., 2006; Lee, et al., 2006). For example, Cummings, Cassie, Galambos, & Wilson's (2006) study examined strategies to infuse knowledge of gerontology, as well as gauged student's attitudes and perceptions of the geriatric population and clients during the course of a semester, as compared with students who did not receive the specified infusion of content. At the end of the semester, students who were exposed to the infused courses demonstrated an increase in knowledge related to gerontology, and increased understanding in the relevance and importance of gerontological knowledge for social work practice.

As the CSWE National Center for Gerontological Social Work Education (CSWE, 2009; Hooyman, 2009), funded by the John A. Hartford Foundation, has demonstrated, it is possible to significantly strengthen an area of focus in social work education through a range of scholarly and curricular interventions. Targeting child welfare, the *Real Cases* project has the potential to infuse child welfare content to reach a broad community of students and faculty.

Similar to the abovementioned gerontological infusion into social work courses, the *Real Cases Project* set a goal of educating all students about social work in the child welfare system. In order to achieve this goal, teaching guides demonstrate how real cases and learning strategies in child welfare can be infused into a wide range of social work

courses. We think that the focus on child welfare case studies in the *Project* will not detract from learning other fields. Rather, the cases will serve as examples for learning solid social work practice with all populations— not just in child welfare. In fact, that is our goal – to insure the use of child welfare examples as prevalent as examples in mental health, aging, and other fields.

## CONTRIBUTIONS AND ACKNOWLEDGEMENTS

The *Real Cases Project* traces its beginnings to its convening by the NYC Social Work Education Consortium in 2003. Members of the Social Work Education Consortium include:

New York City  
Administration for Children's Services

Lehman College  
of the City University  
of New York

Adelphi University  
School of Social Work

Long Island University

Columbia University  
  
School of Social Work

New York University  
Silver School of Social Work

Fordham University  
Graduate School of Social Service

Stony Brook University  
School of Social Welfare

Hunter College  
School of Social Work  
of the City University  
of New York

Touro College  
Graduate School of Social Work

Yeshiva University  
Wurzweiler School of Social Work

Commissioner Mattingly and the Deans and Directors of the Social Work Education Consortium have supported this *Project*, facilitated the participation of numerous contributors from their organizations, and have maintained their commitment to building a partnership for the professionalization of child welfare services. The Consortium's efforts are spearheaded by Mary McCarthy, Consortium Director; Ervine Kimerling, Executive Director of the James Satterwhite Academy, Administration for Children's Services; and Alexis Howard, NYC Consortium Coordinator. They have served essential roles in insuring that the *Real Cases Project* reached the stage it has today.

Since its inception and through its development, the *Project* has included the active participation of many collaborators from three primary constituencies, brought together in a committed partnership. Carol S. Cohen from Adelphi University School of Social Work, and Tatyana Gimein, Director of Curriculum Development of the James Satterwhite Academy of ACS served as *Project* Co-Chairs for many years, until Tatyana's retirement. Heide Gersh Rosner, Director of the Professional Development

Program of the James Satterwhite Academy, has contributed greatly, and has been with the Committee since its inception. Sharon Kollar, former Center for Women in Government and Civil Society Fellow, and Tara Bulin, Adelphi University Adjunct Faculty and PhD Candidate, were critical in developing and editing this document.

The Real Cases Project website, at: <http://socialwork.adelphi.edu/realcases/> is hosted by the Adelphi University School of Social Work, thanks to the efforts of Peter Chernack, School of Social Work Associate Dean for Program Development and Administration and Erica Klein, Adelphi University Manager of Web Communications.

In an attempt to acknowledge their contribution, the following list of participants is offered with gratitude and apologies in advance for any inadvertent omissions.

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Alexis Howard  
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Meredith LaFave  
Mary McCarthy  
Rosemary Sherman



## EVALUATION AND EVOLUTION

As detailed in this document, the *Real Cases Project* includes informal and formal evaluation activities, with both quantitative and qualitative data collection strategies. Accompanying the wide circulation of the guide in the Metropolitan New York Area is the launch an evaluation of the approach across classes, schools, faculty members, and students. The evaluation plan includes analysis of the implementation process and degree to which the *Project* achieves its goals. Findings will be widely disseminated, and used in further development of the project.

Evaluation findings and analysis will assist us to adapt and further develop this case study-centered approach. If evaluative findings show that the approach has merit, we will explore further evolution of the effort in the Metropolitan New York Area. The *Real Cases Project* is a large and currently local model for child welfare infusion. The *Project* can be adapted for use in other venues, and the case study based, multi-course approach can be a model for other collaborative, integrative initiatives in other fields. As other venues are interested in this approach, we will collaborate with partners in a multi-faceted dissemination strategy.

In developing *Real Cases Project*, we have taken the position that the effort to connect child welfare practice and social work education must be ambitious and creative, bringing together the theory and practice of all areas of the social work curriculum. The *Real Cases* approach promotes public child welfare as an important arena for professional practice, policy and research. We believe that students can apply what they learn by using child welfare-focused cases in studying other settings, and vice versa, in applying other case material to child welfare practice. It brings together diverse groups of faculty and draws inspiration and context from actual case studies from a public child welfare organization. The *Project* provides course-specific methods and resource materials for integrating public child welfare in social work education without altering existing curriculum. We look forward to continuing this important partnership.

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# ***Real Cases:*** **Integrating Child Welfare Practice Across the Social Work Curriculum**

<b>REAL CASE STUDIES</b>
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Introduction to the Case Studies, *Brenda McGowan*

Overview of the Case Studies, *Tatyana Gimein*

Andrea R. Case Study

Anne M. Case Study

Mary S. Case Study



# ***The Real Cases Project:*** **Introduction to the Case Studies** **and their History of Development**

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In developing cases for analysis in social work classes, our primary objective was to select and present cases that convey the reality of practice in child protective services – the excitement, the demands, the conflicting expectations, and the enormous variability of practice. Representatives of the ACS Accountability Review Panel in conjunction with the James Satterwhite Child Welfare Training Academy initially selected eight cases for consideration. Six were identified from ongoing ChildStat reviews, and two from records in Connections.

We reviewed these cases, identified five that seemed like good candidates for this project. These five were reviewed by the Real Cases Committee and the Director of the Training Academy who together selected the three presented here. These cases were selected because they demonstrate good, but not perfect investigations, fairly typical types of case situations, a range of allegations, and very diverse client populations. One involves a charge of spouse abuse in an immigrant family from the Caribbean with two young children, another a charge of grandparent's abuse of a black teenage boy whose parents are out of state, and the third involves a white mother with severe mental illness who left a latency age boy alone unsupervised. One of these cases has a long history of involvement with CPS, the others are totally new. All were new to the workers who were charged with investigating these allegations.

To explain the selection process we followed, it is necessary to describe the complexity of the two types of CPS records we reviewed. First, Connections is a massive computerized data information system introduced years ago to track all child welfare cases in New York State. This system contains a number of narrative sections, as well as many that require the worker to select among pre-coded options. Designed to cover each case from intake or the initial complaint through investigation, assessment, service planning and provision for each family member, it requires multiple entries from all the workers and supervisory personnel who have any contact with the case or provide any of the required approvals. An outsider reading a Connections case record gets the impression that this instrument was designed to monitor compliance with all the regulations governing child welfare practice, not to tell the story of a case. Entries are all made chronologically and frozen so changes cannot be made later. Instead, if the worker or supervisor decides to correct a fact or assessment entered earlier, this can

only be done by making another entry. The result is that it is easy to have a lengthy Connections document of well over 40 pages that is very repetitious, may contain conflicting information, and cannot be skimmed easily to obtain the basic facts about a case. However, child protective workers and supervisors must often form their practice decisions on the basis of the complex and sometimes contradictory information in Connections.

Second, the Commissioner of ACS recently introduced a new case practice accountability tool, ChildStat. Modeled on the CompStat program used in the City's police precincts, it is designed as a system for communication among all managerial levels about work at the frontline in child protective services. Staff members from the agency's Office of Accountability review a sample of the cases from each borough office and write carefully constructed, very detailed summaries of the essential facts in each sampled child protective report. These summaries are distributed to a ChildStat committee that reviews cases from different boroughs on a rotating basis. This committee is composed of top agency administrators, directors of relevant borough offices, and case supervisors who answer questions for each case under discussion. The ChildStat program is widely viewed as a successful innovation that keeps central administration informed about what is happening at the field level and provides important feedback to different levels in the field office about errors or omissions the workers may be making and ways to improve the quality of practice.

The ChildStat program was very valuable for this curriculum project for two reasons: First, the succinct, factual case summaries written for ChildStat provided an easier way to view and select a range of cases than the complex Connections records. Second, these reports are written in a way that highlights the fact patterns that must be addressed in each child protective report. These include:

- basic demographic data;
- each family member's response to the allegations in the report of child abuse or neglect;
- a full description of the family's house or apartment with attention to space, sleeping arrangements, and cleanliness;
- family's financial situation;
- any substance abuse in the home;
- any allegation of domestic violence;
- information about any prior contact between family and CPS;
- summary of interview with each adult member of the household;
- parents' description of the children and any special concerns identified;



- summary of interview with and/or observation of each child in the home;
- summary of contact with complainant and any other relevant person, e.g., school teacher;
- description of any recent family crises;
- any issues that require emergency assistance;
- list of all requested services;
- workers' recommendation about opening this case and making a finding.

We have tried to present the cases here in a very accessible, reader-friendly manner to encourage class discussion and analysis. However, the Connections and ChildStat programs are described in detail because it is important for students to understand the complex regulatory framework within which child protective workers must function. It is easy to get very frustrated with all the forms and regulations, but these are essential because children's lives may be at stake. The rare child fatality case that explodes in the media every year or two illustrates why responsible public officials must create and enforce such a firm regulatory framework for protective practice.

In reading each of the cases presented here, students are encouraged to consider the range of information available, any interesting or troubling omissions or contradictions in the facts the CPS worker was able to gather, your case assessment, the subsequent service recommendations you would make, and any glaring deficiencies in the larger service and/or policy environment highlighted by this case.



# ***The Real Cases Project:*** **Overview of Three Case Studies**

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The following three carefully selected cases present an authentic and sincere glimpse into the world of the Administration for Children's Services. These cases were analyzed and critiqued at the ChildStat – the agency's forum intended to improve the existing child welfare system and promote the best case practice.

As any real Child Protective cases, these cases contain examples of solid and thoughtful casework, as well as errors that in the classroom setting will present valuable learning opportunities. As is the convention, case names are derived from the mother or guardian's name and last initial. Faculty and students using these cases for learning may decide to include "family names" for each case.

## **ANDREA R. CASE STUDY**

In the ***Andrea R.*** case, prompt referral to Early Intervention is an important part of best practices when a child demonstrates unusual behaviors. The Early Intervention Program can be discussed in various Social Work courses. The Child Protective worker in this case displays good investigatory skills by noticing various marks on the child and making considerable effort to find the source of these injuries. The worker had shown great concern for safety of this child by not blindly accepting the report from her psychiatrist and excellent investigatory skills by asking detailed questions to determine if this psychiatrist was aware of the multiple psychiatric hospitalizations and medication non-compliance.

At the same time, this mother's strengths, such as her ability to get her child to school with good attendance in spite of her psychiatric difficulties, are disregarded. The child who is diagnosed with autism, but at the same time attends a regular educational program and can be effectively interviewed by the caseworker may trigger a discussion about clinical diagnosis and extent of mental illness. This mother's mental illness and its impact on her ability to parent, which is not received sufficient attention in the case record, can become an interesting topic in the classroom learning process. The language of the case record that uses professional jargon ("inadequate guardianship", "corporal punishment", "drug and alcohol misuse"), as opposed to plain descriptive language, can be an excellent teaching point.

## ANNE M. CASE STUDY

In the **Anne M case**, the worker, upon finding no prior ACS involvement, continued to investigate previous reports of domestic violence in this home by requesting (and finding) two previous Domestic Incident Reports at the Police department, therefore indicating good investigative skills. This worker draws up a detailed safety plan with this mother and demonstrates persistence in following up with emphasis on the children's safety.

Domestic violence is a significant part of the **Anne M case** and an intricate part of Child Protective practice in general. Although an Elevated Risk Conference was held, documentation did not include whether a Domestic Violence Clinical Consultant was present, nor any other participants. Difficult steps this mother had successfully enacted in order to protect herself and her children are not emphasized in the case record.

Questions such as: who recommended the supervised visits with the father, had he hit the children before, was the father referred to a Batterer's Intervention program, and could the children have therapy before visiting their father, and then visits upon the recommendation of a therapist, are not asked or answered. This area of casework practice is a rich and multifaceted subject for graduate level analysis.

## MARY S. CASE STUDY

The **Mary S. Case** demonstrates a caseworker's creative investigatory techniques and good skills of initial engagement, as well as good use of collateral resources. The worker skillfully performs an interview with grandmother, asking questions in many ways about prior and current incidents of child abuse. Students of social work who are interested in child protective work must be familiar with this, as well as other investigatory techniques.

However, the investigation is not complete without examining the prior criminal record of all adults involved with the child. In this case it is a criminal past of Stanley, the mother's live-in boyfriend, who was violent with another child, used excessive force as a means of discipline, and kept a gun in the family home that should be investigated. Interrelation between a person's criminal past and potential child abuse should be incorporated into classroom discussion as a teaching point.

# **Real Cases Project: The Case Studies**

## **ANDREA R. CASE STUDY**

### **Case Details**

Borough: Queens  
Type of Report: Initial  
Date of Intake: 9/15/07  
Source of Report: Hospital psychiatrist  
Date of Initial Visit: 9/15/07  
Date Source Contacted: 9/15/07

Current Allegation: Inadequate Guardianship

#### Household:

Mother, Andrea R., age 27  
Son, Vincent, age 9

#### Other Family Members:

Father, John S., age 33  
Sister, Elizabeth, age 29

Allegation: Psychiatrist from Elmhurst Hospital called saying the mother overdosed on Zoloft last night and was brought to the hospital at 6:30 A.M. She was accompanied by her 9 year old son, Vincent. She was admitted to the hospital, but refused to give any information to assist in making a plan for Vincent.

### **Family Background**

Andrea is a 27year old Caucasian woman who lives with her 9 year old son, Vincent in a one bedroom apartment in Queens that is described as spacious and clean. She is unemployed and receives \$23 daily in food stamps, \$68.50 biweekly in cash, and \$624 monthly for SSI due to Vincent's autism/chronic asthma. Vincent's father is 33 year old, and is unemployed. He receives SSI due to an accident that occurred when he was 14 and left him unable to use his arm. John provides Andrea with occasional financial support and is involved with Vincent, visiting him 3 times a month. Both Andrea and John report having positive experiences with each other.

Andrea has been hospitalized at least 3-4 times according to her sister. She has been diagnosed at different times with schizophrenia, bi-polar disorder, major depression, and epilepsy. She currently takes Zoloft and seizure medication.

## Prior Investigations

There have been five prior reports dating from 2001 to January 2007 against this family. In January 2001 an anonymous source reported Andrea for corporal punishment, inadequate guardianship, and drug and alcohol misuse. It was noted that Vincent communicated by crying, yelling, and making loud noises. After investigation and evaluation of the boy by an early intervention program, he was referred to a specialized hospital program and the case was closed, unfounded.

In November of the same year allegations of inadequate guardianship, lacerations, welts and bruises were made against Vincent's father John. The allegation was first made by a police officer to whom Andrea complained after her son returned home from a visit with his father with a black and blue mark under his eye. A social worker at the hospital where his mother took him for treatment made the same allegation. The father claimed that the bruise resulted from Vincent falling off a bed and onto a toy. Andrea said that he had returned from other visits with bruises so she became suspicious. The doctor who saw Vincent at the hospital did not think the bruise could have occurred as a result of an accident, and that it had to be deliberately inflicted. However, after an extensive investigation including several home visits, and interviews with the boy, his father, his paternal grandmother, with whom John lives, the doctor, and Andrea, the worker concluded that he "did not obtain any evidence to confirm the allegations." The case was closed, unfounded.

In 2002 a social worker at the preschool Vincent was attending made allegations of inadequate guardianship and inadequate food, clothing, and shelter against Andrea. It was alleged that Vincent often seemed uncared for, goes to school without extra diapers, in clothes that are often dirty or stained, and misses a day of school a week. Also, Andrea has usually failed to call the school when he was ill. The precipitating event for the report to the State Central Registry was that a teacher had to put another child's pampers on Vincent because his mother had not sent any extras, and he was wearing the same diaper for 36 hours. Andrea claimed that the diaper incident resulted from miscommunication with a friend who assists her so she can attend school. She forgot to ask her friend to change her child, and she does not change his pampers when he returns from school. The worker concluded that Andrea lacked knowledge of the child's developmental needs and referred her to a preventive service agency for services. The case was indicated.

The next report was made in 2006 by Andrea's ex-boyfriend's mother, who alleged parental drug and alcohol misuse and inadequate food, clothing, and shelter. Andrea denied the allegations, but said she knew who made the report. She had been assaulted by her ex-boyfriend, he was arrested, and she obtained a full order of protection against him. The CPS worker spoke with the district attorney, a friend who corroborated the assault against her, and the AHRC where Vincent was receiving services. All supported Andrea's story so the case was closed, unfounded.

The most recent complaint was filed by a police officer in January 2007. He reported that Andrea had become irrational, displaying extremely abnormal and erratic behavior, walking in circles, running from room to room, and calling 911 while officers were still in the home. He thought Vincent was also displaying abnormal behaviors similar to his mother. They were both transported to a major hospital where Andrea remained for about 2 weeks. During that time his maternal aunt, Elizabeth, cared for Vincent. Andrea was released with a diagnosis of major depression with psychotic features and prescribed several medications. She was to be seen by a therapist at the hospital so the case was closed, unfounded.

In addition to these reports, Andrea lived with her mother when at least 2 reports were made naming her and her siblings as maltreated. The allegations were educational neglect, lack of supervision, and inadequate guardianship. These complaints were filed when Andrea was 14 and 16. In both cases the sources complained Andrea's mother smoked crack, left the family alone when she went to buy drugs, and let Andrea and her sister be out on the street until late. In the later complaint it was also noted that different men were frequently seen going in and out of the house. Although both cases were indicated, it is unknown what services were provided.

### **Current Investigation**

On 9/15 the source, Dr. H., a psychiatrist, told CPS that Andrea was brought to the hospital by EMS at 6:30 am that morning because she overdosed on Zoloft the night before. Andrea's son Vincent accompanied her to the hospital. Andrea took the medication in an attempt to kill herself because she was depressed, lonely, and overwhelmed, along with having conflict with both internal and external family members. Dr. H. also reported that Andrea was hospitalized for schizophrenia in January 2007 at another hospital. Andrea was described as being "alert, quiet, guarded and uncooperative," the latter because she failed to give the hospital staff any legitimate telephone numbers of resources for her son while she was being treated at the hospital. He asked that ACS make immediate plans for care of Vincent. The worker talked with Dr. H. about respite care as an alternative to foster care, but after consultation with a hospital administrator, it was decided that ACS should assume responsibility for Vincent.

The worker held a face-to-face interview that day at the hospital with the child, Vincent, a fourth-grader, who reported that he does well in school. During the interview, Vincent told the CPS that his mother was "nice and taking good care of him." He denied that his mother hit him and said that his mother would talk with him when he would do something bad. Vincent added that he had been helping his mother to clean the home since she was not feeling well. In reference to the suicide attempt, Vincent said that he saw his mother take medication, but did not know the reason. The interview concluded by Vincent telling the CPS that he helped his mother a lot and hoped that she would be better soon. The worker also attempted to interview Andrea, however, she did not appear coherent.

During the hospital visit, the worker again spoke with Dr. H., the source. He said that Andrea was admitted to the Emergency Unit for evaluation. He also told the worker that Vincent's maternal aunt, Elizabeth said that Andrea had been hospitalized over five times for psychiatric problems and that the family is concerned about Vincent's safety. According to Dr. H., the aunt did not feel that Vincent would be safe returning home to his mother until there was remarkable improvement in her mental condition.

On 9/16, Vincent was observed at the hospital and found to have no bruises or marks; he was removed to the Children's Center awaiting placement with a relative after the completion of an expedited home study. He was later placed with a voluntary foster care agency.

The CPS worker had a face-to-face interview with Vincent at the Children's Center on 9/17, during which Vincent said that he was home with his mother at the time of the incident. He said that he saw his mother drinking "black water", but he later said that it was "black pills." Vincent said that he was afraid his mother was going to turn into a monster, but he did not elaborate as to what he meant, even after the worker questioned him. After being asked how he is punished at home, Vincent said that his mother tells him not to do whatever he did again, and she has also told him that "I'm going to punch you in the face." Vincent denied his mother ever followed through. He did admit to being hit by his mother 4 times with a belt on his arms and legs. When asked by the CPS whether he has ever seen his mother acting "weird or out of place," Vincent denied that his mother heard voices or talked to herself. He did however, say that his mother feels better when he takes care of her when she gets sick, and he clarified his mother's sickness as when she "gets a cold or when she doesn't feel good."

Vincent also explained that he makes his mother feel better by listening to her, watching television and being quiet. Asked about his father, Vincent said he sees his father on a regular basis. He likes to see his father because they go to the movies and the park.

The CPS observed an old scratch mark on Vincent's forehead and an old circular quarter-sized mark on his right arm. Vincent explained the mark on his forehead came from a fall while playing, but he did not have an explanation for the mark on his arm; he denied that it was the result of being hit. Vincent receives speech, counseling, and occupational therapy at his public school, where he is in special education.

On 09/17 the worker also had a face-to-face meeting with Andrea in the hospital, where she seemed heavily sedated. When the worker asked her about the incident that led to her hospitalization, Andrea reported that she took too many Zoloft, but did not know how many. She went on to explain that she took the pills because she was lonely and depressed. She said she called 911 after taking the pills so that EMS could take her and Vincent to a "different location."

Andrea said that she was seeing a psychiatrist named Dr. B., but she did not know how long or what his telephone number was. She denied hearing voices and past suicide attempts. She admitted she was hospitalized in Virginia while visiting a relative in May



or June, but she refused to talk about it. Andrea said she takes Zoloft and Dilantin for her past diagnoses of depression and seizures, but she has not taken the medications on a regular basis. When asked how long ago it had been since she took the medication, Andrea responded by repeating herself. She asked to have Vincent placed with her sister, Elizabeth who reside in Brooklyn. She reported that she does not get along well with her mother or sister; and she hadn't seen them in over a month. She also stated that Vincent's father is involved because he brings her money.

An interview was held with Vincent's father John S., on 09/17 after the worker received a phone call from him. Mr. S. said that heard from Andrea that morning advising him that Vincent was placed in foster care. The worker explained that Vincent was at ECS because his mother overdosed on pills. Mr. S. said he was aware that Andrea had mental problems, but did not know how bad. He said that he had never lived with Andrea, and she appeared "fine" when he would see her. He said he only became aware of her mental problems recently, and Vincent never told him about any problems he was having at home or about any of his mother's unusual behaviors. Mr. S. was not aware of Andrea's prior hospitalizations. Mr. S. Said Vincent is his only child, and they have a close relationship. He visits his son three times a month, and he has always found him well groomed. He denied ever seeing marks on Vincent. When asked by the worker whether he was willing to care for Vincent, he refused because of his living conditions, which he would not further explain. He thought it would be best for Vincent to be placed with his aunt, Elizabeth.

The worker interviewed this maternal aunt, Elizabeth on 09/17 by telephone. She disclosed that Andrea was diagnosed a few years ago with schizophrenia, bipolar disorder, depression and epilepsy. Andrea was reportedly under the care of a psychiatrist at that time, but Elizabeth did not have any contact information. She said Andrea attempted suicide and was in the hospital for at least a month in May or June. At that time, Elizabeth said she cared for Vincent. Elizabeth further reported that Andrea had three or four more hospitalizations for the same reason, all occurring within a year. She could not give details of those hospitalizations. Elizabeth described Andrea as being unstable because of her mental health problems. She said the last time she saw Andrea was in July '07, and she had seen her crying and laughing at the same time. She also saw her talking to herself and hearing voices; however, she did not know what Andrea was saying. Elizabeth said that she has witnessed this behavior before. Vincent was described by Elizabeth as being very protective of his mother, saying nothing negative about her. Although Elizabeth disclosed that she is not close to her sister and hardly talks to her, she wants to be a resource for Vincent.

In exploring this possibility, the worker found that Elizabeth lives in a two-bedroom apartment with her husband and two children. She told Elizabeth that a visit would have to be made to her home to conduct a home study prior to Vincent's placement there. At that point, Elizabeth told the worker of prior ACS investigations, all of which were unfounded. She explained that these unfair reports were made by a woman in her building.

The worker also contacted Vincent's maternal grandmother, who said that she visits Andrea and Vincent on a regular basis. The worker discovered that this grandmother is not a placement resource because she currently lives in a rented single room. The grandmother said she witnessed Andrea "acting weird" only once when she was laughing and crying all at the same time, but she never questioned her about her behavior. She denied that Andrea talked to herself and was hearing voices, or that she abused drugs and alcohol. She described Andrea as being very loving towards Vincent so she never considered him in danger while in his mother's care. When asked whether Vincent ever talked to her about his mother's behavior, she denied this. She too described Vincent as being "very protective" of his mother. She said she never felt Vincent was in any danger with his mother.

On 9/18 the worker contacted Vincent's school and spoke with his teacher for the past two years. She said that Vincent had been attending the school for the past three or four years and is in a special education program under District 75. She added that Vincent does have an IEP on file from about three years ago, which states that Vincent is diagnosed with autism. He has not displayed behavioral problems and is in a regular education, but he receives speech therapy, counseling and occupational therapy. She also stated that there was no prior suspicion of abuse or neglect and that he has good grades and attendance.

On 09/18 the CPS worker filed an Article X petition against Andrea and a remand was granted. Vincent's father did not appear in court as he had previously promised. The case was adjourned to 10/11.

On 09/20, the CPS called Vincent's father to ascertain why he had not gone to court and to inform him about the next court date. Mr. S. said he had gone to court but he was late. He said he would show on 10/11. He was then asked if he could provide the names of any relatives that could be a resource for Vincent if maternal relatives should not be accepted. He said he did not have any in mind, but he would call back if he thought of any.

On 09/26, the CPS worker received a phone call from the psychiatrist, Dr. H, at the hospital where Andrea had been admitted. He said Andrea was discharged from inpatient psychiatric unit on 9/25 and was diagnosed with major depressive disorder and prescribed Zoloft. Andrea was also diagnosed with a seizure disorder and was prescribed medication for this condition as well. The doctor recommended that Andrea continue to see the psychiatrist she had seen previously as an outpatient.

On 10/1 a 72-Hour conference was held at the foster care agency with the child evaluation specialist (CES), the unit supervisor, the supervisor and a worker from the foster care program, a worker from Association for Help of Retarded Children (AHRC), and Vincent's parents. During the conference Andrea produced her discharge form from the hospital recommending that she follow up at the other hospital with her psychiatrist, Dr. D. She said she had been seeing the psychiatrist for about a year. It was reported that Vincent was doing well in his program at AHRC where he was

learning daily living skills and receiving after school care, and community integration services. In discussing plans for Vincent, Andrea could name only her sister, Elizabeth, and her mother as possible resources for Vincent, but she requested that neither be allowed to have contact with him without going through her. John said he thought Vincent should return to his mother's care. The conference ended with Andrea being advised that she must attend therapy weekly and also attend a parenting skills class.

On 10/11 both parents went to court where Andrea requested a 1028 hearing for Vincent. She produced a letter from her therapist, Dr. D., stating that she is being treated for major depressive disorder and has been compliant with therapy. Dr. D. recommended that Vincent be reunited with his mother, writing that Andrea is capable of caring for her son.

On 10/12 the CPS worker made a home visit and met with Andrea. She noted that they lived in a clean, spacious one-bedroom apartment

Andrea visited Vincent at the foster care agency on 10/13. Both were happy to see each other, and Vincent asked when he could go home with his mother. She explained to him that she couldn't make any promises. The foster care worker described them as having a strong positive bond and relating well to each other.

In another court hearing on 10/15 Andrea withdrew her 1028 request and asked for unsupervised visits with Vincent based on Dr. D's letter of recommendation. The foster care worker said the visit at the agency had gone well. The judge ordered the CPS worker to contact Andrea's psychiatrist, saying the case would be recalled.

That same day the worker called Dr. D. who confirmed that he had been seeing Andrea for 2 years, found her to be generally compliant, taking her medications as prescribed. Noting that the doctor had not seen Andrea for several months prior to 9/28 when he wrote the letter for her, the CPS worker asked if he was aware that Andrea had a "mental breakdown" and was hospitalized for this on 1/7, 5/7 and 9/15. The doctor said he was aware and still recommended reunification.

The worker then asked if the doctor was aware that when Andrea took the handful of Zoloft, she did this in the presence of her son. The doctor was unaware of this, but did not change his position. He informed the worker that Andrea's condition would worsen if Vincent remained in care, saying she would become more depressed without him. He did not believe Andrea posed a risk to the safety of Vincent. He had seen her several times since her hospitalization and reported that she had been compliant with her 30 minute sessions. When the worker asked why he thought Andrea had not shown up for treatment for several months before this recent hospitalization, the doctor responded, "she just stopped coming." He added that when he saw her on 9/28, Andrea just said she was on "some sort of a trip." The doctor then ended the call, saying he was extremely busy, and disconnected.

When the case was recalled in court later that month, the CPS worker informed the judge that Andrea's psychiatrist had not seen her for several months prior to writing the letter. The judge then adjourned the case until 2/6/08 and ordered that all visits be supervised.

# **Real Cases Project: The Case Studies**

## **ANNE M. CASE STUDY**

### **Case Details**

Borough: Bronx  
Type of Report: Initial  
Source of Report: Social worker, Douglas Hospital  
Date of Intake: 7/16/07  
Date of Initial Home Visit with Subject: 7/17/07  
Date Source Contacted: 7/17/07

Current Allegation: Inadequate Guardianship

Adults: Anne Taylor M, b. 5/11/75, mother  
Peter M, b. 11/9/69, father  
Children: Thomas, b. 3/15/01  
Megan, b. 2/20/04

Allegation: Social worker from the hospital that treated Ms M. for injuries resulting from the beatings inflicted on her by her husband during their vacation in Jamaica is concerned about mother's capacity to care for and protect children.

Children were present during father's attacks on their mother.

### **Family Background**

Anne M. is 32 years old woman employed for the past year as a secretary, earning about \$30,000 a year. She has been married to Peter M. for 7 years. They have two children, Thomas, aged 6, and Megan, aged 3. Peter is an insurance agent who earns approximately \$70,000 a year. Peter and the 2 children are all U.S. citizens. Anne, who was born in Jamaica, is a permanent resident of the US. Peter's family is also from Jamaica, but he was born in the City. They are both Episcopalians. Since the DV incident and subsequent return to the States, Mr. M. has been living in an apartment he co-owns with his mother in Brooklyn.

There was no prior ACS contact with this family, but a search of Domestic Incident Reports at the Police department revealed two prior domestic violence incidents in which Mr. M. was named as the suspect in 12/2002 and 10/2003.

## **Current Investigation**

In the morning of 7/17 child protective service (CPS) worker left phone messages for both Mr. and Ms M. stating her name, contact number, agency, and need to schedule an appointment. Mr. M. returned the call at 2:00PM. When the CPS said she was conducting an investigation, he asked what the investigation was about and whom did it involve? The worker responded that she represented ACS and it was necessary for her to meet with him to discuss some safety concerns involving his children, Thomas and Megan. He explained that he was now living in Brooklyn, but he could be in the Bronx on Friday and agreed to a morning appointment at the worker's office.

Since Ms. M. did not return the call, the CPS made an unannounced visit to her apartment at 6:00 PM on 7/17. She was not at home, but the super agreed to take an envelope for her and said she should be home in 15-20 minutes. The worker waited and Ms M. and the children appeared shortly. When the CPS explained the purpose of her visit, Ms M. said she was planning to get the children dinner at Burger King and then go to Mr. M.'s apartment with the assistance of the police to serve her husband court papers for a temporary Order of Protection. She asked if the interview could take place at the restaurant. The worker replied yes, but a home assessment would have to be scheduled for the following day. Ms M. said she was very nervous about losing her job, but agreed to a 6:30 AM home visit on 7/18.

## **Subject's Account of Allegation**

Ms M. said her husband inflicted bruises on her on 7/10 in the presence of the children during their vacation in Jamaica. When the CPS asked what was going on between her and her husband when this incident occurred, Ms M. explained that an old friend of hers called the week after they arrived and offered to show the family around. Her husband gave the friend directions to the house where they were staying, but when he arrived, Mr. M. said he didn't want to go and offered to stay home with the children. They were gone for about 3 hours, but when they returned her husband pulled the friend out of the car and assaulted him. He was then arrested and stayed one night in jail.

Several days later they got into an argument because he left no money for her when he went out alone, although he knew she needed to buy food for the dish she was cooking, and she was counting on his taking the children with him. When he came back, she yelled at him; he then came at her with a closed fist, saying he saw her friend's car waiting outside. He punched her repeatedly in the face, neck, shoulders and arms as he was shouting, "You're making a fool out of me" and "You ruin my vacation." She realized she was bleeding all over and there was blood on the walls and the floor. When she went into the shower, he continued punching her. He finally left, saying he was going to kill her friend.

She tried to call the police by dialing 999, but got no response so she ran with the children to an upstairs apartment. He came back and was banging at the door with a brick so she decided to open the door before he got any angrier. She saw a knife in his

pocket, but he saw the one she was holding. When he yelled, "let's go at it," she dropped her knife.

Her husband picked the knife up and held her in a choke hold while the children were screaming. He then became very frustrated with the children, screaming at them to shut up. When they did not stop, he took off his belt and started hitting them very hard. She tried to stop him from beating the children by jumping in front of them where she was hit across the back, neck and waist with the belt.

At that point the police arrived, alerted by a neighbor that it sounded like someone was trying to kill a woman. The police reportedly told her that if she had her husband arrested, she would be too because it takes two people to fight. They also told her if she wanted to press charges, she would have to stay in Jamaica to present evidence, they didn't know for how long.

She was able to get a flight to New York City for herself and the children early the next morning, 7/15. That evening she sought medical attention for herself and the children. The triage nurse in the ER called the police who interviewed Ms M. and the children and observed the bruises. However, they said they could just keep a note on file. Because the incident occurred out of the country, they could not arrest Mr. M. They told Ms M. she should go to Family Court and get an Order of Protection for herself and the children.

On 7/16 Ms M. went to Family Court and obtained a temporary Order of Protection for the children, herself, the children's day care provider, baby sitter, and various family members.

### **Initial Home Visit**

At the home visit, it was clear that this 2-bedroom apartment was clean, well organized and furnished, with plenty of food in the refrigerator, locks and guards on the windows, and smoke and carbon monoxide alarms. Ms M. was able to show the worker the children's vaccination records and said the children have no special medical or mental health needs. Since the children share a twin bed in the 2nd bedroom, the worker explained why this was not a good idea and said she would help Ms M. get a set of bunk beds for the children.

The worker looked at the medical report Ms M. was given. The doctor wrote that Ms M. had a perforated ear drum with nerve damage, possibly resulting in some hearing loss, as well as bruises over her right eye requiring some stitches.

The CPS worker observed the children for marks and bruises. Both of the children had visible welts on their backs and arms. Thomas reported that "daddy hit me hard there, and it still hurts. When I was going upstairs, daddy hit me on the back and I was crying so he hit me again." Megan said, "daddy hit me right there," pointing to the welts on her

arm, "daddy did it." When the CPS asked her if she could tell her what happened, Megan put her hands over her ears and said, "don't talk, don't talk."

Ms. M. described her fear about her husband entering the apartment, explaining that before entering the apartment she leaves the children standing at the front door and dials 911 on her cell phone; she leaves the number on ready, so it can be pushed in an emergency. She then does a walk through of the apartment to insure her husband is not there.

### **Safety Plan**

The worker discussed safety plans with Ms. M. She recommended that Ms. M. gather all vital documents in one safe place, pack a change of clothes for her and the children, have sufficient cash available in case she has to move in a hurry, and identify a place she can go unknown to her husband. Ms. M. agreed to these suggestions, saying she will request the assistance of a friend she has known for many years and will arrange a code word so others will know to call the police immediately if she calls and is in danger.

Ms. M. had already obtained an Order of Protection, but since she had difficulty serving him, the worker suggested she hire a process server.

Ms. M. purchased new locks for both doors and requested help in getting them installed. The worker agreed to this, but suggested she might want to explore the possibility of other apartments with her landlord. Ms. M. said she is not willing to do that at the moment because she likes the apartment and the community and feels safe once she enters and locks the door from the inside.

### **Court Involvement**

Because of the safety concerns, the worker checked with a legal consultant in the agency and was told to prepare a complete W865d. Once this was reviewed, it was decided there were sufficient grounds for a neglect petition (Article 10) against Mr. M. The worker completed a COI (Court Ordered Investigation) and the court date was scheduled for 7/20. At the initial hearing Ms. M. was assigned an 18B lawyer, and the case was adjourned for a week.

Mr. M. refused to attend either court hearing. When he talked with the worker, he said a friend who works for ACS told him there was something wrong with this hearing. "What is this court date about?" When the worker explained the hearing involves the safety concerns ACS has about his children, he responded: "I know my wife must have reported that while we were on vacation, I hit my kids. She's angry and reported that I hit them in the US because she wants me arrested." When the worker asked if he could explain what happened, he said, "We went on vacation and she disrespected me by going on a date with another man... I was fighting with my wife and I took off my belt and hit my kids. I know I hit them, but I don't abuse my kids." The worker told him it was in his best interest to go to the court hearing. She also informed him that an Order of Protection has been issued, which means he must not contact them, go to their



residence or the children's school. He is to make no contact and is to stay away from them.

At the 856 hearing on 7/20, the children were paroled to their mother on condition of weekly ACS supervision with announced and unannounced visits. Respondent father was to have supervised visitation with the children upon consent of the law guardian. And children were to be evaluated, especially for play therapy. (The children did not want to see their father at this time, but it was hoped they would be able to move beyond this incident once they were enrolled in therapy).

At the Article 10 hearing on 8/8, the earlier orders were continued. No decision was made because Mr. M. did not have an attorney; and the judge said he could not have a court-appointed lawyer because of his income. The hearing was continued until 8/20. When he appeared at this hearing, Mr. M. still did not have an attorney. The judge informed him if he appeared again without a lawyer, he would have to represent himself.

### **Ongoing Contacts**

During the approximate 6 weeks after the initial investigation, the CPS worker had 3 visits with the family, made 3 additional unannounced evening visits but no one was home, and had numerous telephone conversations with Ms. M. and related others. The worker's supervisors reviewed her activities several times during this time. She also tried to arrange an Elevated Risk conference with a child evaluation specialist (CES). This conference was never held because the CES worker was unable to work out a time with Ms. M. due to her work schedule and child care issues.

During this same period the CPS worker received at least 7 calls from Ms. M. Her calls involved checking on the phone number of the law guardian assigned to the children, requesting help with the children's day care fees because she wasn't sure her husband would pay, and reports of a couple of text messages she received from her husband. Also, since the department had provided mattresses and bunk beds for the children, several of her calls related to the fact that her daughter had a severe allergic reaction to the bed bugs in the new mattress. (The worker eventually arranged for replacement mattresses).

The worker's calls and visits were focused primarily on the children's welfare and response to the domestic violence incident. She also followed up to make sure Ms. M. had contacted the domestic violence program to which she had been referred. During her visit on 8/3 she talked with the children and then asked them to go play in their room. When the worker commented that Ms. M. must be concerned her husband was not following the Order of Protection, Thomas ran into the room and turned the TV up loud. When the worker asked why he had done this, he ran to his mother and put his head on the couch. His mother said that whenever his sister mentions daddy, he says "no more daddy" and turns the TV up loud.

The worker made a visit to the children's day care program to discuss the children's progress. She was told that there had been no real change in the children's behavior. When she learned that Ms. M. had only given a copy of the Order of Protection to the head teacher, she said that each teacher should have a copy and called Ms. M. to remind her she must give each person a copy in order to protect the children.

On 8/17 the worker met with the family and the children's maternal grandmother (whom Ms. M. had named as her main support) at the day care center. During that meeting Ms. M. said she wanted to look for a new apartment. She was very nervous about staying in her current home. Ms. M. told the worker she would like to get some counseling for herself because she keeps having flashbacks to DV incident in Jamaica. She is worried that the children may also be having flashbacks and thinks they should have counseling too. When asked what she does to relieve her anxiety, she said she prays.

On 8/17 in the evening, the worker met with the mother and the children at the home of the babysitter whom Ms. M. had hired to cover while she is looking for a new apartment. Although she still seemed very anxious, the children were reportedly doing well and related comfortably to the worker.

### **Elevated Risk Conference**

On 8/30 an Elevated Risk Conference was held with Ms. M, the worker, and a child evaluation specialist. They discussed the history of domestic violence in the family. Ms. M. said they had several incidents in the past when her husband would get very angry, bump her and put his finger in her face. Thomas would run into the middle of them and say, "Don't talk to my mommy like that." Mr. M. would then go to the apartment he shares with his mother in Brooklyn for the weekend. There were two prior complaint of domestic violence in 2002 and 2003 when Ms. M. called the police after fights in which he hit and choked her. However, the incident in Jamaica was the only one in which their father hurt the children physically in any way.

Ms. M. said Megan is very anxious to see her father and keeps asking to call daddy. She sometimes plays with toys and calls them daddy. She covers her ears if anyone gets loud. Thomas is willing to talk with his father, but he doesn't want to see him. Ms. M. wants her children to see their father, but she doesn't know how they can ever have a normal relationship.

She also mentioned that before the incident in Jamaica, they had a very close relationship with her husband's brothers and they are her children's godfathers. They haven't said anything to her since the incident, but she is afraid to have her children visit them because their father may be there.

The child evaluation specialist said it was very important to get Mr. M. involved in services such as anger management and batterers' counseling. The plan recommended was that the CPS worker would continue monitoring the family, make

strenuous attempts to engage Mr. M, and follow up on the referral of Mrs. M. to a domestic violence program.

A formal supervisory review was held on 8/31. It was noted that Mrs. M. response to the domestic violence was more than appropriate. She was always focused on safeguarding the children and removing them from the potential for more damage. She is looking forward to becoming engaged with a preventive service program that can help her deal with the domestic violence and other family needs.



# **Real Cases Project: The Case Studies**

## **MARY S. CASE STUDY**

### **Case Details**

Borough: Manhattan  
Type of Report: Initial  
Source of Report: Mother  
Date of Intake: 9/29/2007  
Date Source Contacted: 9/29/2007  
Date of Initial Home Visit: 9/29/2007

Current Allegation: Inadequate Guardianship

Adults: Mary S., maternal grandmother and legal guardian  
Susan, biological mother

Children: Jason, 15 y/o

### **Case Details**

**Allegation:** The boy's mother, Susan, alleged that Mary S., the boy's maternal grandmother and legal guardian, is physically abusive and intimidating to 15yr old Jason. Yesterday 9-28-07, she reportedly punched the adolescent in the face after she told him to clean his bedroom. This is not the first time Mary has used physical force to intimidate Jason. He is afraid of his grandmother, as she has threatened to shoot him if he ever hits her back. Also, the grandmother goes out of town for days at a time and does not leave Jason any money for food. The last time she left was on Saturday and she did not return until Monday. Mary does not make an alternate plan for Jason's care when she travels out of state."

Jason's mother, Susan, says she and her husband gave custody of him to her mother when she was 17 because they did not have any health insurance. Susan says she went to court and filed a petition to revoke her mother's guardianship and the next court date is October 26, 2007. However, she has to serve her mother the paperwork first. Susan says her mother is a retired New York State corrections officer, and she may still have her weapon."

## Family Background

This African American family consists of the 53 year-old maternal grandmother, Mary; her 32-year old daughter, Susan; Susan's 15-year old son, Jason; her 9 and 5 year old sons; her 43 year old companion, Stanley; and Stanley's 2 daughters, aged 13 and 18. Mary is a retired corrections officer. She receives \$6400.00/month in pension benefits and an undisclosed amount from disability. Mary has diabetes and high blood pressure and takes medication for the condition. Mary was granted legal guardianship of Jason in December 1992, when Susan was 17-years old. It was documented that Susan and Jason's father signed over guardianship to Mary, so that Jason could be covered by her medical insurance. Since that time, Jason has alternated between living with Susan and with Mary. Susan moved to Chicago while Mary continues to reside in NY. Jason's father is deceased; the cause of death was not mentioned.

In the summer of 2006, Jason asked to live with Mary and has resided with her ever since. Susan filed a petition in June 2007 for modification of guardianship that was awarded to Mary in 1992, but the case was dismissed because she failed to appear in court. In September 2007, she filed another petition regarding the matter of guardianship; the judge requested that ACS submit a COI (Court Ordered Investigation) by October 21, 2007.

A courtesy visit to Susan's home was conducted by Illinois Child Protective Services due to the COI request. Susan resides in Chicago suburb with Stanley, her two other sons and Stanley's two children. They live in a two-story home with three bedrooms. The home was equipped with carbon monoxide/smoke detectors however there were no window guards. Susan works at a grocery store and earns \$650.00/bi-weekly. Stanley works at a hardware store and earns \$800.00/bi-weekly. Stanley has a criminal background. During 1984-1989, he was arrested for attempted robbery, resisting arrest and possession of stolen property. He was imprisoned in 1989 and paroled in 1992.

Mary and Jason reside in 3-story private home in Upper Manhattan. The living room and kitchen are on the first floor. The worker observed food in the refrigerator. The family room Jason's bedroom, bathroom and laundry room are located on the second floor. Jason's room is equipped with a full size bed, dresser, desk and closet. Mary lives on the third floor, which has an office, bathroom and bedroom. The home, which is well kept and neat, is equipped with a smoke/carbon monoxide detector.

Jason is dark-skinned, slightly overweight, average height, and has a short haircut. He began a new Catholic high school this month. Mary pays the tuition for his school. He was reportedly left back in the 6<sup>th</sup> grade while residing with his mother due to excessive absences. Jason is active in sports and plays baseball. This past summer he participated in baseball camp, karate class and weight training. In addition, he attended tutoring for math and English, once a week. The CPS worker observed that he was free from marks and bruises. Reportedly, he has had no developmental delays or disabilities, and no mental health needs.

## Current Investigation

The S. Family first became known to ACS on 9/29/07, at 6:06 p.m. when the mother of the alleged maltreated child filed a complaint with the State Central Registry. At 6:08 an Emergency Children's Services worker was assigned the case for intake. When the case was received, the CPS conducted family clearances in WMS, CCRS, ACRS+, LTS, and the SCR. It was noted that the alleged subject, Mary S. is listed in Connections as a foster parent.

CPS called the source of the report in Illinois to confirm the allegations. The source, the alleged maltreated child's mother, confirmed what was reported, and also informed the CPS that she filed a petition with Family Court to terminate the guardianship rights of Mary S. She told the CPS worker that she had her other two children in her care, she had not relinquished her parental rights of Jason, and she is seeking to have him live with her again. She also disclosed that Jason often called her crying and told her that he fears his grandmother. Jason told her that Mary S. punched him in the face for not cleaning his room fast enough when he was asked to. She said this incident was not the first time Mary S. has used excessive corporal punishment while disciplining Jason. The source also disclosed that Mary S. has left Jason home alone for days at a time, the last incident having taken place the week before when she traveled to Boston without him. Mary S. reportedly left Jason without adult supervision and money for food. The source expressed her concern for Jason's safety and well being, because Mary S. is a retired corrections officer that might still have a gun in the home.

Later that evening on 9/29 at 11:21 p.m., another worker attempted an unannounced home visit to the case address, but was unsuccessful. The CPS worker attempted to make contact with anyone who might have been at the case address by repeatedly using the intercom that was located at the top of the stairs, as well as calling the home telephone number listed on the intake report.

The case was reassigned to the Manhattan field office the morning of 9/30 and assigned to a CPS worker who attempted an initial home visit at 5:00 P.M. There was no one home then, but the worker made face-to-face contact with the family at 7:30 AM the next morning, 10/1

## Interviews

On 10/1/07, the CPS worker interviewed Mary and Jason at their home address. She explained the reason for the CPS visit and asked Mary to discuss her relationship with Jason. Mary began by saying that she and Jason get into conflicts because he does not listen. She stated that he did not clean his room or bathroom and did not do his homework when he was supposed to. Mary informed the CPS that she has had legal custody of Jason since his birth. She showed the CPS the court documents and the letters Jason's parents wrote to the court. Until 2004, Jason lived with Susan. In the summer of 2004, Jason visited her with his two brothers and stayed with her since that time. The worker inquired about the reason why he stayed, and Mary stated that

Susan's boyfriend, Stanley, punched Jason in the stomach. Mary stated she does not like the way Stanley treats the children. She also said that all of the children wanted to stay with her, but Susan would not allow it.

Jason told her that Stanley had his older son get a knife and cut his younger brother on the back of the foot. He also told her Stanley knelt down and punched him in the face. The 9 year old reportedly saw a gun in Susan and Stanley's bedroom. She said she has told Stanley not to put his hands on her grandchildren. She asks her grandchildren if anyone has bothered them, but the children are "afraid to disclose any information." She feels Susan does not protect the children. Mary S. contacted the Child Protective Services in Chicago, but they did nothing.

Mary continued that she is very strict with Jason because she wants the best for him. She did not feel that that he would do well living with Susan. He was left back in the 6<sup>th</sup> grade because Susan allowed him to miss 34 days of school. Mary stated she lives for her grandchildren. Jason has his own phone and is allowed to speak with his mother at anytime. Mary said Jason's problem is that he is lazy and does not like to do what he is told. She sent Jason away to baseball camp last summer and had him participate in weight training.

The CPS worker asked Mary if she punched Jason in the face. She stated that she told him to clean-up, but got fed up with him and punched him in the face. The worker asked if she hits him often, and she said that she has hit him only five times in his life. She usually yells at him or takes things away. She denied leaving any marks or bruises on him. She also denied hitting him with an object, but said when he was little, she spanked him with a belt. Mary told the CPS that she has diabetes and high blood pressure so she cannot get worked up. When the worker asked if they get along except for cleaning issues, she said yes.

Mary explained that she is trying to rescue Jason from being a deadbeat. He has no positive male influences, and she is trying her best to teach him dignity. She does not want to hurt him, she just wants him to grow up and be something. Mary admitted that she becomes hot headed when Jason does not listen. The worker asked if she thought Jason would benefit from counseling, and she stated she would be willing to accept services. Mary refused to provide her social security number and sign the HIPPA form, but she gave the contact information for Jason's physician.

The worker met with Jason and first asked him about his summer. He relayed that he attended baseball camp, karate class, and weight training. He also said that he has friends and speaks with them on the phone or when he goes outside. When asked if he likes his new high school, he said that he has made a lot of friends because of his involvement in sports. The worker asked Jason to describe his relationship with grandmother, and he said they get into disagreements because he does not do what he is told. He does not clean his room and bathroom when she asks. When the worker asked him if he liked living with his grandmother, he responded that he did, but missed his brothers. Asked if he wanted to live with his mother, he replied, "of course, what



child doesn't." He continued that he wished he could live with both his mother and grandmother, but knew it was impossible. The worker asked why and he said "because they do not get along."

Jason informed the CPS that he saw his brothers in June for his birthday and graduation. He also stated that he went to Chicago for his spring break. He stated he speaks with his mother daily. The worker asked Jason if he was scared of his grandmother, and he said no. Asked how he is disciplined, he said that his grandmother yells and curses at him. She hit him recently because he did not do what he was told. When asked where he was hit, he replied that she punched him in the face. The worker asked Jason about the last time she hit him, and he said about a year ago. In addition, she has thrown a boot at him, and it hit him in the arm. The worker asked if his grandmother threatened him, and he replied that she told him she will shoot him if he hits her. The worker asked if she has a gun, and he said he did not know. The CPS asked if he ever stayed home alone and he said, 'no.'

The worker attempted to contact his mother, the source, but she was unable to reach her. She contacted the pediatrician, Dr. S, who confirmed that Jason was seen on 6/29/2007. Dr. S. stated Jason has been coming to his office since October 2004, when he moved in with Mary. He relayed that he has never seen any marks and bruises on Jason. The CPS asked Dr. S if he suspected that Jason was abused and he said, "no."

On 10/7/07, the CPS met the source, Susan, in court and spoke with her about the case. The CPS asked Susan to discuss the issues and she responded that Jason is constantly calling her stating he wants to come home. Jason has made continuous complaints about his grandmother cursing at him and not feeding him every day. Susan stated that she does not like what is going on. The only reason she allowed Jason to stay since 2004 was because he asked to, but now he hates his grandmother. The worker asked how she knew he was punched in the face, and she said he called her crying about it. She added that Jason had wanted to stay with his grandmother to complete junior high school and return to Chicago for high school. She is petitioning to terminate guardianship and that was the reason she was in court.

The worker received a message from Mary regarding the petition that Susan filed for custody. When she spoke with Mary in court, Mary said she does not want Susan to obtain custody. She feels that Jason will not have the same opportunities if he leaves. She just wants him to graduate from high school, and then he can do whatever he wants.

On 10/10, the CPS received a request for a Court Ordered Investigation that was due on 10/21/07. Also, the court ordered the Child Protective Office in Illinois to complete a home study. On 10/14, the CPS worker contacted Mary's sister, Dorothy E. and asked her to describe her sister as a grandmother. Dorothy stated that her sister is very caring, supportive and concerned for her grandchildren. She stated that she has never observed any marks or bruises on Jason. She said Mary and Jason are close, and he never said he was abused. Asked if she knew where Jason wanted to live, she replied

probably with his mother because he misses his brothers. However, Dorothy believes that residing with Mary would be the best for him because he is more adequately cared for. The CPS asked Dorothy if Mary uses drugs and alcohol. Dorothy stated that Mary was a corrections officer and a role model for the family. The worker asked if she had any concerns for the child, and she responded that she is worried that all of these current issues may affect Jason psychologically.

The CPS worker contacted Mary's neighbor, Mr. B. to discuss his relationship with her. Mr. B. stated that he has been friendly with Mary for eight years. The CPS asked what Mr. B's perception of Jason was, and he relayed that Jason is a good and happy child. He stated that Mary is a good caretaker and takes adequate care of Jason. The CPS asked Mr. B. if Jason disclosed that he was abused and he replied no. Mr. B. stated that Jason had his phone number and was told if he needed to discuss male issues to contact Mr. B. Mr. B. denied having seen any marks or bruises on Jason. He denied any knowledge of Mary abusing drugs or alcohol. He stated that Mary keeps to herself and rarely has guests over to her home. The CPS asked if Mr. B. had any concerns for Jason and he said no.

The CPS worker called Diane G., a friend of Susan's for a reference. Diane said that she has been friendly with Susan for four years. The CPS asked Diane how often she sees Susan's boys, and she said she sees them often. She said that the children appear happy and they were clean. Diane stated she has not observed any marks and bruises on the children. She felt the kids are well cared for. "Susan is a good mother, very caring, and always there for her children." Asked if she had ever met Jason, she said yes. Jason gets along well with his mother, and they are respectful towards each other. The worker asked if Susan misused drugs and alcohol, and she said no. Also, she stated that Susan did not have people coming in and out of the home.

The CPS contacted Tara J., another friend of Susan's. Tara said that she has known Susan for two years. She does not see the children often, but she speaks with Susan often. Tara denied knowing of any drug/alcohol use. She has never observed any mark or bruises on the children. Tara stated that Susan is very good with her children so she does not have any concerns. She feels that Susan could care for all the children including Jason. She said she has never suspected any abuse and thinks the children are well taken care of.

On 10/19 the worker made an unannounced visit to Mary's home. She asked Mary how things have been going. She responded that Jason has been doing well in school thus far. Mary denied that Jason was acting any differently since their last court date. She said he has been his normal self. Mary told the worker that they return to court on 10/26, and she will let the judge make the decision. She would not fight the decision, but she is still not in agreement with Jason living with his mother. She wants what is best for him, but does not feel that it is with his mother.

The worker spoke with Jason about school, and he said it was fine. Asked if he was worried about the court matter, he said that he did not feel his grandmother and mother

should be in court. "They should settle it within the family." Asked what he wanted the outcome to be, he stated that he wanted to go with his mother. He misses his brothers and his mother. The worker then asked how he felt about his grandmother, and he said he felt the same. He knows that his grandmother just wants him to make something out of himself and that she had his best interest in mind. He denied having any recent arguments and being hit by Mary. The worker asked when he last spoke with his mother, and he said the night before. Asked how he felt when he spoke to her, he said that he was happy but sad when he would hang up.

The CPS asked Jason if he liked Stanley, and he said yes. Jason stated that he was nice and that they get along. Asked if Stanley ever hit him, he said yes. On one occasion Stanley punched him in the face because he was not listening. Another time, Stanley punched him in the chest, in the presence of his mother "for being smart to him." His mother did not say anything because he was being disrespectful. When the worker said to Jason, "and you still like him," he replied, yes, because Stanley provides for him and his brothers. Also, Stanley buys food and clothes for them. He stated that Stanley is like a father figure since his father died.

The CPS asked if Stanley ever hit his brothers, and he said they have gotten a few spankings. They were hit with a belt. Jason then described an instance where Stanley beat the 9 year old because Susan was too upset. He was beaten for two minutes because he stole money from his mother's bag. Asked if his mother hit him, he said yes, but only on serious cases. He was spanked a few times, but usually his mother talks to him or takes something away from him.

On 10/21, the CPS worker submitted the COI to the Manhattan Family Court. On 10/28/07, the CPS left a message for Mary regarding the outcome of the court hearing.



# ***Real Cases:*** **Integrating Child Welfare Practice Across the Social Work Curriculum**

<b>TEACHING GUIDES</b>
------------------------

Social Work Research, *Michael Phillips*

Human Behavior and the Social Environment,

*Rozetta Wilmore-Schaeffer*

Social Welfare Programs and Policies, *Michele Sanzone*

Generalist Social Work Practice, *Carol S. Cohen*

Social Work Practice with Communities/Community Organizing,

*Charles Trent*

Social Work Practice with Organizations/Administration,

*Gerald Mallon*

Social Work Practice with Groups, *Shantih Clemans*

Family-Oriented Social Work Treatment, *Manny Gonzalez*

Child Welfare Policy and Program Analysis, *Bryan Warde*

Social Work Ethics, *Elaine Congress*

Social Work and the Law, *Elizabeth Palley*

Social Work with Children, *Julie Altman*

Social Work Supervision, *Janet Abbott*



# ***Real Cases Project:*** **Social Work Research**

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## **INTRODUCTION**

### **A. Overview of this Course within the Social Work Curriculum**

When the first social work training program was founded, teaching strategies and research was one of the three courses that program provided. Since that time, research has always remained a part of the social work curriculum. This does not mean however, that from school to school the course is taught in the same way. Some social work programs teach it all in the foundation year curriculum and others have a course or courses in each part of the curriculum. What they have in common is the demand of CSWE that research be taught, and that it go beyond teaching the ability to competently read a piece of research. In recently years with the push to evidence based practice there has been a further support for an in-depth understanding of research methods.

Given the current curriculum demands and differences in approach among the various schools, the teaching strategies and assignments suggested here are universal in nature and connect to broad areas of research learning. Research, whether quantitative or qualitative, follows a set of steps. The learning activities here will reflect this process. Research begins with creating a clear definition of the problem to be studied. This is followed by a literature review to clarify what is known and not known so as to have a conceptual understanding of the problem. Subsequent to that is the process of data gathering (including issues of sample and measurement). The process ends with an analysis of the findings and an identification of the use to which the findings can be put.

### **B. Relevance of Case Studies to Course**

The three case studies provide an opportunity to explore each of these areas. Ultimately research fails not because of technical issues but failures in conceptualization. How is it we understand the term neglect? Given the common use of the category "Abuse and Neglect" is there no difference between the two? How are efforts to apply structural analytic measurements useful to case understanding? Moving

from case to cause, there is the question of how research based methods can offer structure to the handling of such cases? Finally it is important to say that the writer of this curriculum subscribes to the idea that learning is a discovery process facilitated by, not directed by, the professor. As such the teaching strategies and assignments reflect the active involvement of the students in the learning process.

For each of the specific learning areas identified specific class activities, assignments and readings will be suggested. In addition to specific readings, students should be asked to become familiar with the following sources on information on child neglect: the Child Abuse and Neglect, Child Abuse Review and Child Welfare Journals and the materials available from the National Clearinghouse on Child Abuse and Neglect. It is anticipated that the instructor will use the cited readings as a general framework since readings, (while “classic pieces do exist), go out of date and professors have personal styles that need to be acknowledged.

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

Along with the readings the cases are a vehicle for students learning the skills necessary to:

- Define how a particular case fits within a larger conceptual definition of the problem at hand;
- Utilize standardized instruments to help in the early identification needs;
- Understand how service tracking is an integral piece of good service provision;
- Understand how basic research skills can strengthen practice.

### **D. Overview of What is Included in this Guide**

This guide is based on the premise that research and direct practice are integrally related. In order to understand the difference between fact and belief it is important to learn how definitions are impacted by culture, race, class and the role of the definer. Strategy one addresses this issue. Further, since students need to know how to understand the ecology of a problem strategy two uses the skills learned in defining a problem to explore the issue of causality and develop skills in researching what is known about the etiology of child neglect. Conceptual mapping is a skill that relates directly to the issue of causality. Students are often resistant to the use of standardized instruments and so one module is devoted to the use of standardized instrument. Particular emphasis is placed on how standardization can assure quality services defined by client need rather than the idiosyncratic nature of personal beliefs. Finally there is an effort to show how tracking a case can prevent the tragedy of cases slipping through the cracks.



## TEACHING STRATEGIES

### A. Strategy One: Defining Neglect

#### 1. Area/issue of the case studies to be highlighted:

The studies highlight differences in how various persons conceive of child neglect. One of the things that research can do is to help students see:

1. the need for conceptual clarity and
2. how values impact upon one's understanding of a case.

#### 2. Timing within the semester:

The activities described need to come early in the semester when one explores the basic steps in beginning the research process. In all research the first step involves creating a clear statement of the research question. To do that one must be clear about the terms being used. This is explored through a series of progressive activities. Some take place in class, either individually or collectively, and others are outside assignments that are brought back to class for further exploration.

#### 3. Teaching methods:

These cases have been defined in various ways. Common to the definitions (inadequate guardianship, inadequate supervision, chronic mental illness, and domestic violence) is the general category of child neglect. Common to the literature in the field of child maltreatment is that through the use of the term "abuse and neglect" two different conditions with quite different etiology have been merged. What we want the students to do is unpack that phrase so as to be clear about what is meant by the term child neglect.

The learning process involves students obtaining clarity about what the term child neglect means. Two approaches to this are suggested below.

Approach one involves asking students to bring to the next class the definition of "child neglect" used in two different States. Students will share the definitions they have obtained. What will become clear in the class discussion is that while "child neglect" is a widely used legal term it is defined differently in different geographic areas. In addition the legal and commonly held definitions are unlikely to be the same. For example, in some states the definition is based upon the child's condition, and in others it is defined in terms of parental action or fault. Similarly, while social workers may define neglect in terms of child well being lawyers are likely to demand clear evidence that the parents' behavior resulted in specific physical damage or impairment or some identifiable symptom of emotional damage to the child.

If the reason to intervene is to protect the child, then “neglect” must infer that the care being given, or not given, by the parent is harmful to the child. Neglect can also be defined in terms of increasing the risk of harm to the child. This is further complicated by the fact that child development researchers are not totally agreed on what is essential for child development. Finally, it should be noted that the standard for what is child neglect will vary by the standards of the local community, by culture, and by social class.

The second approach also has several steps:

Step 1. In class, students are asked to write down their own definition of “child neglect.” Students will then share their definitions. The elements of the students’ definitions should be listed on the board. In exploring the divergent views, the professor should stress that since decisions about whether the client is to receive services or not, or even whether a child will be removed from the home, depends upon professional judgments, it is extremely important that professionals agree on the definition of child neglect if clients are to receive equal treatment.

Students will be asked how, if at all, the definition is impacted by race, social class, and role of the perceiver (policeman, social worker, attorney, etc). For example the professor might ask: “You have mentioned the child being left at home under the care of a sibling, how old do you think an older sibling needs to be to take care of a 5 year old child when a single mother is out at work?” One can also explore how geographical area might impact the definition given that there are still states in which teachers can paddle the children for misbehavior. The discussion will highlight how values play a part in the definitions we use, providing an opportunity to discuss the post modern position that all knowledge is contextual. The in-class activity should end with a commonly agreed upon definition of child neglect.

Step 2. Students are assigned to review the literature on child neglect and select a commonly held definition of child neglect. They are then to write a brief paper that discusses how the definition created in class compares with the definition they found in the literature. Questions to be explored in the paper are: What was missing? How comprehensive was it? Why would the identified differences occur in the interpretation of such a commonly used term? (This second step can be used as the evaluation of the activity)

Before moving on, whether approach one or two was used, the professor should use this exercise to emphasize the need to reduce the breath of ones definition if one is to have a commonly accepted definition.

#### **4. Materials:**

None

### 5. Supporting readings:

It is well to use an early and a recent piece from the selections below so the issue of changes of definitions over time can be considered. For example one might use the Straus and Kantor paper along with the Zuravin. Articles are usually easier to obtain unless your social work program has an electronic reserve that has the selections.

Murray A. Straus and Glenda Kaufman Kantor, "Definition and measurement of neglectful behavior: some principles and guidelines" *Child Abuse and Neglect* Volume 29, Issue 1, Pages 1-96 (January 2005) *Pages 19-29*

Review Vol 29, Issue 5, (May 2005) of *Child Abuse and Neglect* journal Pages 441-511 and 533-551 have a number of articles dealing with the topic of defining child maltreatment including child neglect.

M. Giovannoni and R. M. Becera, *Defining Child Abuse* (New York: The Free Press, 1979).

S. J. Zuravin, "Suggestions for Operationally Defining Child Physical Abuse and Physical Neglect," in R. H. Starr and D. A. Wolfe, eds., *The Effects of Child Abuse & Neglect* (New York: Guilford Press, 1991).

M. Wald, "State Intervention on Behalf of Neglected Children: Standards for Removal of Children from their Homes, Monitoring the Status of Children in Foster Care and Termination of Parental Rights," *Stanford Law Review* 28(1976):637.

Bensley-L et al. "General population norms about child abuse and neglect and associations with childhood experiences" *Child Abuse and Neglect*. 28(12): 1321-1337, Dec 2004.

### 6. Evaluation plan:

The evaluation procedure described here is used for approach one and for evaluating approach two if the professor chooses to not use step two as an evaluation technique. Students are asked to write a few sentences to identify what they have learned from the activity. What students are expected to learn is that common definitions require reduction to a common core idea and learn how values impact upon how commonly used terms are defined.

## B. Strategy Two: Conceptual Mapping of Child Abuse and Neglect

### 1. Area/issue of the case studies to be highlighted:

The second step in research is to identify what is known. While a single "best practice" intervention model has yet to be developed in the child neglect area it remains important that the child welfare worker have an understanding of what

might be causing child neglect. In the process the student will learn to create conceptual maps of a domain. Creating a conceptual map of child neglect, (not unlike doing an eco-map of a clients life space), enables the social worker to better plan the intervention strategy to be used. Students will be asked to reduce what is known from the literature into a systematic mapping of the problem area.

## **2. Timing within semester:**

This assignment is designed to be used when the class is exploring issues of causality and inference. It also is useful when making the distinction between an indicator and a causal factor. The assignment also allows one to explore the nature of independent, dependent, moderating and modifying variables.

## **3. Teaching methods:**

In any situation of risk, one needs to identify the causes of child neglect if one is to intercede, especially if intercession is to be on the primary level rather than on the tertiary level represented in these cases. This activity begins by the students reviewing the literature to identify what is known about the causes of child neglect. They are asked to develop for submission a graphic picture of the relationship of the various forces that are associated with the development of child neglect. In the subsequent class students will share their mapping of the factors associates with child neglect.

The activity will provide an opportunity to talk about the follow issues:

- a. What is “a cause of” and what is “an indicator of” child neglect. For example if 43% of neglect cases in the 1988 NIS-2 study found that the evidences of parental neglect cited were children living in unsafe housing, not being fed nutritionally adequate meals, and not having adequate clothes the question remains what is the cause of the neglect? Is it poverty or something about the parent that “causes” child neglect?
- b. What are causal variables? The class should be able to recognize that such variables must precede the dependent variable and the dependent variable must vary with the severity of the condition. Also one can explore what variables might modify the causal relationship (such as is true of resiliency factors)?
- c. What is the difference between a statistically significant variable and meaningful variable? (An attribute may be statistically more frequent among neglectful parents but be true of far fewer then half the neglectful families. Should we be using such a variable in identifying who is at risk?)

## **4. Materials:**

None

### 5. Supporting readings:

These readings reflect a variety of ways people have defined the ecology of neglect. Basically, some articles argue a view that suggests that neglect is as much determined by the deprivations that the client faces and others see it a more due to individual factors. The titles are suggestive of different views. Once again, articles may be easier to obtain over the Internet and thus are perhaps better selections.

N. A. Polansky et al., *Damaged Parents* (Chicago: University of Chicago Press, 1987)

N. A. Polansky, P. W. Ammons, and J. M. Gaudin, "Loneliness and Isolation in Child Neglect," *Social Casework* 66(1985):38-47.

N. A. Polansky et al., "The Psychological Ecology of the Neglectful Mother," *Child Abuse and Neglect* (1985):265-275.

J. Garbarino, "The Human Ecology of Child Maltreatment: A Conceptual Model for Research," *Journal of Marriage and the Family* 39(1977):7221-7235.

J. Belsky, "Child Maltreatment: An Ecological Integration," *American Psychologist* 4(1980):320-335.

S. J. Zuravin, "Child Abuse, Child Neglect and Maternal Depression: Is there a connection?," in *Research Symposium on Child Neglect* (Washington, DC: U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect, 1988).

Elmer, E. "Etiology of Emotional Maltreatment." In *Social Work Treatment With Abused and Neglected Children*, edited by C. M. Mouzakis and R. Varghese. Springfield, IL: Charles C. Thomas Publisher, 1985.

Hegar, R. L., and Yungman, J. J. "Toward a Causal Typology of Child Neglect." *Children and Youth Services Review* 11(1989):203-220.

Horwath, J. "Identifying and assessing cases of child neglect: learning from the Irish experience." *Child and Family Social-Work*. 10(2): 99-110, May 2005.

Roditti, M.G. "Understanding communities of neglectful parents: child caregiving networks and child neglect. *Child-Welfare*. 84(2): 277-298, Mar/Apr 2005.

Ernst, J.S; Meyer, M; DePanfilis, D. "Housing characteristics and adequacy of the physical care of children: an exploratory analysis." *Child-Welfare*. 83(5): 437-452, Sept/Oct 2004.

McSherry, D. "Which came first, the chicken or the egg? Examining the relationship between child neglect and poverty." *The British Journal of Social Work*. 34(5): 727-733, July 2004.

Hazen-A-L; Connelly-C-D; Kelleher-K; Landsverk-J; Barth-R "Intimate partner violence among female caregivers of children reported for child maltreatment." *Child Abuse and Neglect*. 28(3): 301-319, Mar 2004.

DiLauro, M. "Psychosocial factors associated with types of child maltreatment." *Child-Welfare*. 83(1): 69-98, Jan/Feb 2004.

Connell-Carrick, K "A critical review of the empirical literature: identifying correlates of child neglect." *Child and Adolescent Social Work Journal*. 20(5): 389-425, Oct 2003.

Cash, S. J; Wilke, D.J. "An ecological model of maternal substance abuse and child neglect: issues, analyses, and recommendations." *American Journal of Orthopsychiatry*. 73(4): 392-404, Oct. 2003.

Sidebotham, P; Heron, J; Golding, J. "Child maltreatment in the "Children of the Nineties:" deprivation, class, and social networks in a UK sample." *Child Abuse and Neglect*. 26(12): 1243-1259, Dec. 2002.

Arad, B.D. "Parental features and quality of life in the decision to remove children at risk from home." *Child Abuse and Neglect*. 25(1): 47-64, Jan. 2001.

MacLeod, J; Nelson, G. "Programs for the promotion of family wellness and the prevention of child maltreatment: a meta-analytic review." *Child Abuse and Neglect*. 24(9): 1127-1149, Sept. 2000.

Dube, S.R. et al. "Growing up with parental alcohol abuse: exposure to childhood abuse, neglect, and household dysfunction." *Child Abuse and Neglect*. 25(12): 1627-1640, Dec. 2001.

## **6. Evaluation plan**

Students will be asked to add to their conceptual map a critique of what was missing in their formulation and submit that to the next class

## **C. Strategy Three: Development and Use of Standardized Instruments**

### **1. Area/issue of the case studies to be highlighted:**

There is no real evidence of best practice in child neglect, only reports from demonstration projects that have shown mixed results. The interventions at this point only provide information on what should be included in a good child neglect intervention (Intervention references are included in the readings below should

the professor wish to explore intervention issues.). The literature suggests the need for a multifaceted intervention including such elements as use of groups, intensive intervention to obtain resources, structured training in child rearing skills, and goal oriented problem focused work. Given the lack of a best practice model, assignment three will focus not on what research can tell us about the ideal intervention, but on what we know that can help us in:

1. the assessment process, and
2. in evaluating progress.

Through the review of risk assessment instruments and adequacy of child care and identification of domestic violence, the class will be able to explore issues of instrumentation. It will also allow for the discussion of the resistance to the use of structured measurement.

## **2. Timing within the semester:**

This activity is designed to be done at the point in the research class when one is teaching about the development of instruments, including the discussion of reliability and validity. It is meant to introduce both the use of research based scales in practice and highlight the issues of reliability and validity.

## **3. Teaching methods:**

After the professor has covered the issue of scaling and/or the issue of reliability and validity of measures, the professor should introduce how standardized measures can help in the assessment process. This assignment is designed to reinforce that material through a review of real world instruments. One can discuss in class how the outcome in the three cases might have been different if a validated standardized assessment had been used. Consistent with these cases are scales on child well being, adequacy of care, and scales in the area of domestic violence. A group of scales are included in the reading list. This list is not comprehensive and students can find other relevant scales, such as the risk assessment scales that have been developed and would be relevant in this case.

Students are asked to choose one of the listed assessment scales or some other standardized assessment instrument that they have found that is relevant to the cases. They are to review the available research on that scale. At that point they are to write a brief paper evaluating how well the scale covers the relevant domains identified as relevant in child neglect. What is it that they are identifying and what is being excluded will be explored. They are to report how the scale was developed, with whom was it tested, how was its reliability and validity tested. Finally, students should discuss the usefulness and difficulties of using the standardized method in practice.

This activity can also be done by having groups of students work on different scales and have a debate in class why their scale should be used over all others by discussing the above issues. This activity highlights how one makes judgments about the adequacy of a scale.

**4. Materials:**

None

**5. Supporting readings:**

a. Samples of existing instruments:

Alan J. Litrownik et al. Measuring the severity of child maltreatment" Review of *Child Abuse and Neglect*. Vol 29, Issue 5, (May 2005) P. 553-573.

N. A. Polansky et al. "Assessing the Adequacy of Child Caring: An Urban Scale," *Child Welfare* 57(1978):439-449.

S. Magura and B. S. Moses, *Outcome Measures for Child Welfare Services* (New York: Child Welfare League of America, 1986).

J. M. Gaudin, N. A. Polansky, and A. C. Kilpatrick, "The Child Well Being Scales: A Field Trial," *Child Welfare* 61(1992):319-328.

B. M. Caldwell and R. H. Bradley, *Administration Manual, Revised Edition: Home Observation for Measurement of the Environment* (Little Rock: University of Arkansas, 1984).

Grietens, H.; Geeraert, L.; Hellinckx, W. "scale for home visiting nurses to identify risks of physical abuse and neglect among mothers with newborn infants." *Child Abuse and Neglect*. 28(3): 321-337, Mar 2004.

Jones, J. W. (1982). Preliminary Test Manual: The Children of Alcoholics Screening Test: (CAST) Chicago: IL; Family Recovery Press. Measures children's and adults' attitudes, feelings, perceptions, and experiences related to their parents' drinking behavior; also identifies probable children of alcoholics (CoAs) and adult children of alcoholics (ACoAs). Reviewed in Conoley, J. C., & Kramer, J. J. (Eds.). (1989). *The tenth mental measurements yearbook*. Lincoln, NE: Buros Institute of Mental Measurements.

Straus, M. A. (1996). The Revised Conflict Tactics Scale (CTS2): Development and preliminary psychometric data. *Journal of Family Issues*, 17, 283-316.

Hegarty, K., Hindmarsh, E., & Gilles, M. Domestic violence in Australia: Definition, prevalence and nature of presentation in clinical practice" *EMJA. The Medical Journal of Australia*. Retrieved on February 1, 2009 from [http://www.mja.com.au/public/issues/173\\_07\\_021000/hegarty/hegarty.html](http://www.mja.com.au/public/issues/173_07_021000/hegarty/hegarty.html)



b. Intervention literature:

Berry, M; Charlson, R; Dawson, K. "Promising practices in understanding and treating child neglect." *Child and Family Social Work*. 8(1): 13-24, Feb. 2003.

Videka-Chairman, "Intervention for Child Neglect: The Empirical Knowledge Base," in *Research Symposium on Child Neglect* (Washington, DC: National Center on Child Abuse and Neglect, 1988).

Gaudin et al., "Effective Intervention with Neglectful Families.", *Criminal Justice and Behavior*. 20. 1993

P. T. Howing et al., "Effective Interventions to Ameliorate the Incidence of Child Maltreatment: The Empirical Base," *Social Work* 34(1989):331.

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

**6. Evaluation plan:**

Here the evaluation would be based upon the competence of the papers or of the group's class presentation. The competence would be judged on:

1. Were they able to identify and critique how the reliability of the instrument was determined?
2. Were they able to identify and critique how the validity of the instrument was determined?
3. Does the critique identify all aspects of the previous conceptualization of the Domains of abuse/neglect that have not been included in this measurement instrument

**D. Strategy Four: Development of a System for Tracking Service Delivery**

**1. Area/Issue of the case studies to be highlighted:**

Research is not just about doing research studies, but is also intimately involved in the development of management information systems. For instance, in the Andrea R. case there was a lack of coordination between the mental health provider and other providers involved in the case. This case makes clear that coordination of effort is fundamental to assuring change. Part of the research process that needs to be addressed is how does one obtain the necessary information from persons providing the services?

**2. Timing within the semester:**

This strategy will be utilized toward the end of the research course/sequence when the question of how research can impact upon practice is addressed or this assignment on designing a management information system is appropriate.

**3. Teaching methods:**

This assignment deals with teaching students about the usefulness of research for setting up a management information system for tracking the activities of the various parts of the intervention. The process here involves mainly in-class activities. Students are broken up into groups and they are asked to:

1. Identify the various components of the intervention system in this case.
2. Decide on what the case manager needs from each component part in order to effectively help this family and to identify the progress of all family members.
3. They need to consider what the goal of service is.
4. Finally they are to report to class on their plan. The groups should select one member to report to the total class on their plan.

Discussed in class will be the difference between plans developed by the various groups. The class would now discuss how they would implement such a system and how they would get a “buy-in” from the various reporters.

**4. Materials:**

None

**5. Supporting readings:**

Logic Model information can be obtained on the Web from University of Wisconsin-extension and from M.W. Kellogg Foundation:

[www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html](http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html)

[www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf](http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf)

**6. Evaluation:**

Subsequent to the class discussion students will be asked to develop an outline of a goal oriented problem solving reporting mechanism that could be used to track the progress of the cases. Provision should be made for reporting from other systems (outside agencies) providing services to the families. Students may want to look at literature on goal attainment scaling (useful in estimating change) and the literature on the logic model in developing such an agency wide reporting system. This outline is to be submitted to the professor.

**CONCLUSION****A. Recap**

In conclusion, it is important that we return to the relationship of research and other forms of social work practice. Research is too often conceptualized as something separate from good “practice”. Yet research can serve to strengthen Micro and Macro

practice in two ways. One, research can provide information about what practice modalities work best, with whom, under what conditions. If social workers are to have a part in deciding what will be delivered, we must help to develop that knowledge base through designing and/or participating in knowledge building projects. Second, as anyone who does both clinical work and research will tell you, the systematic ways of thinking that come from research training can help one better focus one's clinical work.

This course outline seeks to engage students in a process that connects them to both research and to Child Welfare practice via understanding issues fundamental to the problems identified in each of the three cases. To participate in the discussion of any problem one needs to find a common language that can stretch across class, gender and culture. Thus the process we are about in research of seeking to clarify the meaning of the terms being used, is parallel to our efforts to develop with our clients a common language (understanding) of what we are working on together. The first assignment is devoted to that task and provides the opportunity to make the connection to practice. The second assignment has parallels to our use of the ecological framework in understanding the dynamics of the cases, dealing with the question of what is the boundary of the work both across time and place. In research terms, this is about having a conceptual map of the elements leading to, and residing in, the identified issue.

In social work we talk a lot about values, such as the value of client self determination. Too often the use of standardized procedures, whether used in protocol driven treatment or in the collection of data, is seen as inimical to a focus of values. By looking at the development and use of standardized instruments we can address this issue around the equity between clients when all receive an evaluation which assures that the personal beliefs of a worker do not color the evaluation of the client.

Finally, as the N.A.S.W. code of ethics has pointed out we have a responsibility to assure that our services are both efficient and effective. To determine that our clients are receiving quality services we cannot just depend upon workers personal views of their work. It is important that social workers recognize that the social work services will always be in short supply and that we put in place systems that enable us to demonstrate our effectiveness. The final assignment exposes students to the thinking that underlies the universally dreaded paperwork, so they may participate in developing more efficient decision making systems.

## **B. Suggestions for Future Courses**

These assignments can be connected to the advanced level in the social work curriculum by having students use a standardized instrument with one of their cases. That instrument can be used in evaluating the level of a client's functioning (as in an anxiety scale) or can involve using a goal attainment scale with a client to define the work and evaluate the progress being made. Similarly, an administrative student can use the ideas developed in the last assignment to evaluate and suggest possible modification of their field placement's system for maintaining service delivery records.

## **APPENDIX TO THE TEACHING GUIDE FOR SOCIAL WORK RESEARCH**

### **APPENDIX A: MAINTAINING AN UP TO DATE BIBLIOGRAPHY**

Reading materials represent a mix of classics that serve as a base for all learning and new materials that represent current advances on basic practice principles. A good method to keep up to date on “new” materials is to use both search engines, such as Google, and the electronic data bases available through the University library. A google search for example of the term “child neglect” would provide information about the vast variety of information available from the National Clearing House on Child Abuse and Neglect (NCCANCI) and other data sources. Also of note is the fact that the full text of many of the articles one might wish to assign can be found on line. Instructor may wish to develop an early assignment that exposes the students to use of the data bases and the internet. Such an assignment also provides the opportunity to discuss how one decides whether materials one has gleaned from the internet can be relied on to provide reliable and valid information.

### **APPENDIX B: ISSUES TO CONSIDER IN TEACHING THE COURSE:**

A good conceptual map will include three levels as outlined below:

#### ***INDIVIDUAL PERSONALITY***

- Poor reality orientation
- Depression
- Mental illness
- Mental retardation of parent
- Poor judgment
- Domestic Violence

#### ***FAMILY LEVEL***

- Family size and spacing between children
- Income
- Marital relationship
- Special needs child
- Stability of family composition
- Parenting knowledge
- Marital conflict
- Family interaction patterns (verbal / non-verbal)
- Parentified children

#### ***EXTERNAL FACTORS***

- Housing- limited housing options for poor and minorities
- Job/employment
- Neighborhood
- Informal social networks

Cultural factors (age child can care for sibling, language, discrimination, coping style, discipline style, use of folk medicine)  
Availability of services

#### APPENDIX C: MEASUREMENT OF ABUSE

Stress + Lack of Supports = Child Neglect with certain people.

“regardless of level of stress or availability of social support the best predictor of neglect was emotional stability of the mother . Egeland et al

Personality of parent: Emotional maturity and coping skills of parent, Knowledge about child rearing, history of feeling unwanted as a child (attachment problem) have not been shown to be a direct cause of child neglect because most data is available comes from clinical samples.

Polansky identified five personality types of neglecting parents:

- Impulse ridden
- Apathetic-futile
- Reactive depression
- Mentally retarded
- psychotic

Identified impacts of child neglect upon the child:

- Lack of readiness for learning
- Behavior problems
- Less interaction with peers
- School absence
- Delinquency (boys externalized and girl internalized)



# ***Real Cases Project:*** **Human Behavior in the Social Environment**

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## **INTRODUCTION**

### **A. Overview of this Course within the Social Work Curriculum**

This course sequence, Human Behavior and the Social Environment (HBSE) aims to use the context of the child welfare system to help students develop an appreciation for the important aspects of the human condition. The course emphasizes the family as the basic unit of development and reciprocal influences between people and their environment. These influences are discussed within the context of social factors, societal, institutional, familial and biophysical forces. The interactions between family, individuals and environment form the foundation to the ecological approach to human development. Workers in the child welfare system must take all of this into consideration as they provide service to clients.

The course is focused on issues that deal with the development of the self in an ecological context, with specific attention to the study of the individual and family in the child welfare system. Emphasis is placed on the family as the basic unit of development and reciprocal influences between people and their environment. This applies to all HBSE curricula which may or may not be linked to the child welfare system. In those instances where this is linked to the child welfare system the focus is placed on life experiences and lifestyles of persons in vulnerable populations and at risk for crises, conflicts and dysfunction. Consideration is given to the capacity of persons to use organizational and community resources to improve their own and the community's life in response to mezzo and macro system forces.

## **B. Relevance of this Case Study to this Course**

A case study will be used to highlight relevant themes that have particular meaning to the study of human behavior. The case will enrich and expand the study of didactic course material. This will help the student to make connections between the child welfare system and the study of human behavior. The ANNA M. CASE is of particular relevance because of the focus on the safety of the children and caretakers. The vulnerability of the family is related to clarity of the balance between the risks and resources of the family and the environment.

## **C. Specific Learning Objectives Related to Using this Case in this Course**

At the conclusion of the course, students will demonstrate:

- Knowledge of the human condition in an ecological context.
- Knowledge of the impact of domestic violence on the developmental functioning of the person, both children and adults.
- Knowledge of the ecological view of person-in-environment through the study of the family, respective individuals, biological and psychological factors, as well as other socio-cultural factors in human growth and development.
- Understanding the development of the family and the individual across the life cycle.
- Developing an understanding of high risk situations with the ability to identify, report, assess and intervene in situations of domestic violence, child abuse and neglect.
- An understanding of the micro, mezzo and macro systems as they relate to human growth and development, with a particular focus on case issues.

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

1. One specific case example will be used to integrate all didactic HBSE material within the context of service delivery in the Child Welfare System.
2. The course is structured such that the case example is used as the window into the understanding of issues involved in services of the Child Welfare System, identification and evaluation of risks in micro, mezzo and macro systems that necessitate child welfare intervention.

Teaching methods include didactic lectures, small group exercises and written assignments.

Evaluation of students' mastery of the material will include:

1. Student writing a Weekly Reflective Journal, entries will be responded to by the professor weekly. This helps the student to process the material that is being taught and provides for the professor an indication of how well the



material is understood and the opportunity to provide supportive material in weak areas. At the end of the semester the students will review their journal and analyze the development of their knowledge base, their practice skills and professional self.

2. Small Group Exercises and Role Play: Student participation and evidence of their capacity to articulate didactic information from readings and application of same to the case situation.
3. Written Work: Possibly 2 short papers and one in depth Final Paper. Short papers are (a) History of Child Welfare in USA, NYC including identification of basic services to children and families. The second paper might be (b) "Circumstances that Suggest the Need for Child Welfare Involvement" or "The Role of Social Work in Child Welfare" or "Principles Upon Which Child Welfare Practice is Developed".

Final Paper: Students would have to research major themes such as domestic violence, complexity of decision to preserve the family or remove the child, provision of family centered practice interventions in child welfare, evaluating level of risk for children, involuntary service, agency collaboration or evaluation of parental dysfunction in domestic violence situations and the impact on developing children. Then the student would have to explore and analyze the theme as it relates to the specific case situation and develop a treatment intervention plan.

## TEACHING STRATEGIES

### A. Strategy One: Case Study Integration

#### 1. Area/issue of the case study to be highlighted:

This strategy focuses on understanding the various systems of the ecological perspective and development of the individual and the family.

#### 2. Timing within the semester:

The individual case will be used throughout the whole course. Case will be presented to the class at the beginning of the course with the instruction that this case represents an example of how we can understand human development and the relevance to child welfare work.

#### 3. Teaching methods:

- a. Initial lecture on micro, mezzo and macro systems; appropriately identifying and placing the family, extended family, community, school, legal system, child welfare system, community resources, policies, culture and values in each of the respective major systems.

b. Lecture on family development and stages of family development.

c. Individual self in the context of family and environment: students will be given assigned readings and class will discuss normative development using different theoretical perspectives. (See Appendix A.) Faculty will then facilitate a discussion of each individual in the family and their developmental stage at the time of the child welfare involvement. Included in this discussion would be definition and identification of risk factors.

The class will be divided into 2 small groups to discuss the stage of family development in the ANNA M. CASE. One group will focus on the normative developmental risks in the family, i.e. marital relationship, developmental demands of each child, individual pressures on each parent, cultural values and beliefs. The other group will focus on the normative necessary resources needed to meet the demands of a developing family, i.e., capacity of each adult to parents the children, opportunity for each adult to meet own needs in terms of interests and occupation, capacity of each adult to participate in a healthy give-and-take relationship, capacity of each adult to recognize and respond to the developmental needs and safety of each child. Class as a whole will then discuss the ANNA M. CASE in terms of the balance of risks and resources and how this informed the resultant behaviors.

d. Nature of individual self and development: Class will be given assigned readings prior to class session. Class will be divided into 4 small groups; each group will choose a family member in the ANNA M. CASE for whom the group will act as advocate. Each group will present to the rest of the class a history of the case in relation to the specific issues of domestic violence, normative development, child safety, level of child welfare involvement needed, services recommended and needs of the individual. This requires a deep understanding of the person, issues and child welfare.

e. Assessment of self and family in relation to all systems: students will have prior assigned readings before this session. Session will emphasize the structure and process of child welfare involvement. Faculty will facilitate a discussion of the level of assessment needed at each point of contact.

A student will function as narrator describing the child welfare agency and responsibilities, as well as activity and action in the case. Each point of contact and assessment will be presented by student dyads and groups in the form of role play. After each role play, the narrator and faculty will summarize strengths and weaknesses, risk factors in the system, possible impact on normative development and functioning, needs of each

individual and family as informed by the assessment and identify questions and issues that require further assessment.

**4. Materials:**

Materials needed are the copies of the case examples.

**5. Supporting readings:**

See attachments of appendix and references.

**6. Evaluation plan:**

Students will develop an ability to apply the didactic material to case situation, develop role plays and evaluate the experience in writing and a narrative reflective process.

**B. Strategy Two: Domestic Violence and Assessment**

**1. Areas/issues of the case to be highlighted:**

Major issue to be highlighted is domestic violence and evaluation in the child welfare system.

**2. Timing within the semester:**

This strategy might occur in the second half of the semester.

**3. Teaching methods/activities:**

Teaching method will include lecture, discussion and role play.

a. Lecture on assessment in the child welfare system, domestic violence as reaction to developmental stress and poor coping skills, domestic violence as a traumatic experience and the possible impact on development and functioning for all individuals involved.

b. Role play of a mock Family Court Hearing in which each parent presents the case to the judge, the Child Welfare Worker presents the assessment of the situation and a final decision is made about the safety and welfare of the children with recommendations for services for the family.

**3. Materials needed:**

Materials needed are case example and reading materials.

**4. Supported readings:**

Same as Strategy One.

**5. Evaluation plan:**

Same as Strategy One

## CONCLUSION

### A. Recap

Faculty will re-introduce the first lecture with a focus on systems, the family as a basic unit of development and the need for staff in the child welfare system to have such knowledge to assess risk situations and provide needed services. The themes of individual and family development, risk and risk assessment and domestic violence will be discussed by the class.

Class will discuss application of ecological perspective to the ANNA M. CASE. In addition, class will identify needed services and ways to implement use of same for this family.

Finally class will conclude with a brief narrative reflective exercise identifying thoughts and feelings about the involvement of the child welfare system involvement in the case and how such involvement might enhance or impede future family development and resolution of problems.

### B. Suggestions for Future Courses

1. These cases could be used to teach about the impact of traumatic experience on subsequent functioning.
2. These cases could also be used to teach about the role, structure and process of child welfare work.
3. These are excellent cases to use to teach supervision in child welfare. The visualization of the clarity and purpose of the agency, understanding of the human condition and the skill of fitting all into the practice of social work are the foundation pieces of supervision in child welfare work.

## **APPENDIX TO THE TEACHING GUIDE FOR HUMAN BEHAVIOR IN THE SOCIAL ENVIRONMENT**

### **Appendix A: Course Themes**

#### **A. FAMILY DEVELOPMENT ACROSS THE LIFE CYCLE**

1. Definition of the family
2. Ecology of the family
3. Family as a social system
4. Family as the basic unit of development

#### **B. STAGES OF FAMILY DEVELOPMENT**

(Include different roles, goals, crises and conflicts)

1. Joining of individuals in marriage or committed partnership
2. Creating a home together
3. Couple with young children
4. Family with school age children
5. Family with pre-adolescents
6. Family with adolescents
7. Family with unattached young adults
8. Family in later life
9. Family and old age

#### **C. INDIVIDUAL SELF IN THE CONTEXT OF FAMILY, ENVIRONMENT AND SOCIETY**

1. Eriksonian Psychosocial Theory
2. Piagetian Stage Theory
3. Separation and attachment Theory
4. Socialization Process of Development
5. Risk Factors in Human Development

#### **D. NATURE OF INDIVIDUAL SELF AND DEVELOPMENT**

1. Biological base
2. Gender issues
3. Traumatic events (domestic violence)
4. Culture/ diversity and value development
5. Impact of risk factors

## E. SELF IN RELATION TO ALL SYSTEMS

1. Micro system
2. Mezzo system
3. Macro system
4. Person-in-environment perspective
5. Resilience, choice and will
6. Development of Pathology

## F. CHILD WELFARE

1. Historical evolution of child welfare
2. Supporting children from neglect and abuse
3. Involuntary service
4. Family preservation
5. Ethics and advocacy: special issues

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# ***Real Cases Project:*** **Social Welfare Programs and Policies**

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which served as a basis for this Teaching Guide.*

## **INTRODUCTION**

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

Social welfare and social policies are integral components of the social work curriculum at both the BSW and MSW level. Although there is no universal manner to divide this subject matter, it is typically divided into two courses.

In general, the first Social Welfare Programs and Policies course provides students with a historical perspective of the social work profession, social welfare institutions, child welfare, and the formation of social work values. It also serves to enhance understanding about the ways social workers can engage in policy practice to advance social and economic well being and deliver effective services. Commonly, the subsequent Social Welfare Programs and Policies course emphasizes advanced concepts in social policy, and the role of social movements in identifying and responding to social issues. Students are also taught advanced aspects of policy development and analysis.

This guide may be used if the first Social Welfare Programs and Policies course is part of the foundation curriculum and the second is housed in the advanced curriculum of a school of social welfare. However, if this arrangement of courses differs in individual schools, this guide can be easily adapted.

The guide is in keeping with the Council on Social Work Education Educational Policy and Accreditation Standards-2009 that outline the following as the scope of content for policy practice course work offered in accredited schools of social work:

*Educational Policy 2.1.8—Engage in policy practice to advance social and economic well-being and to deliver effective social work services.*

Social work practitioners understand that policy affects service delivery, and they actively engage in policy practice. Social workers know the history and current structures of social policies and services; the role of policy in service delivery; and the role of practice in policy development. Social workers analyze, formulate, and advocate for policies that advance social well-being; and collaborate with colleagues and clients for effective policy action.

(<http://www.cswe.org/NR/rdonlyres/2A81732E-1776-4175-AC42-65974E96BE66/0/2008EducationalPolicyandAccreditationStandards.pdf>)

This guide may be most effective when introduced after students are engaged in their practicum assignments since it is highly likely that irrespective of fields of practice of placement agencies, most will have some involvement with cases known to a child welfare agency. For advanced concentration students, the guide may be used at the discretion of the instructor since content focuses on the process of policy formulation and skills for policy analysis, which is the thrust of the second semester course within most schools of social work.

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

These study cases are taken from the archived records of the Child Stat Program of the Administration for Children's Services (ACS), the city agency with the legal mandate to protect and safeguard the welfare of New York City's dependent, abused, and neglected children.

All three cases are relevant to the Social Welfare Programs and Policies courses as they provide great insight to the importance of advocacy and the role of policy in service delivery. It is hoped that students will take the broader concepts of social programs and policies (i.e. the helper and investigator role, residual and institutional welfare, permanency planning, and policy analysis) and apply them to the three specific case examples.

All three cases used for this guide have come to the attention of ACS since 2001. Two of the cases (Anne M. and Mary S) were first investigated in 2007. While child welfare services have gone through many policy changes over the past 20 years, the policies that govern the investigation and determination of the three cases being studied here were most heavily influenced by the Adoptions and Safe Families Act of 1996. This act endeavored to strengthen prevention and permanency planning services for families, and gave states new authority to expedite the movement of children out of foster care into permanent homes and in some situations made the process of termination of parental rights less cumbersome. Three primary directives from the Adoption and Safe Families Act have provided the framework for all of child welfare services; child safety, child permanence and child well-being.

Current reforms underway in New York City support a neighborhood-based model of care with a vision of child protection as the responsibility of the entire community and supported by a family-focused neighborhood-based system of care that endeavors to keep children safe in their own homes and communities.

**Note to instructors:** *Since the study cases focus primarily on the protective/investigatory role of public child welfare, it may be useful to use guest lecturers such as ACS workers who are knowledgeable about legal mandates to present a more comprehensive view of the range of services provided by the agency.*

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

The learning objectives in this social welfare programs and policy curriculum guide are tied to the learning objectives of the study of social welfare policy. As stated earlier, a common way to divide the course material is to have the first course concentrate on foundation material and the second course concentrate on more advanced topics. The learning objectives related to using these case studies are as follows:

Foundation material:

- Introduce child welfare as a specialized field of social work practice.
- Increase knowledge about the history and current structures of child welfare policy, services, and practices.
- Increase knowledge of policy development and analysis in child welfare.
- Enhance understanding of the legal framework of child welfare services, the role of the judiciary and legislature in child welfare policy formulation process.
- Increase knowledge about the role of practice in policy development in child welfare.
- Enhance understanding of the larger policy context within which child welfare services developed in the United States and the ways social workers can engage in policy practice to advance social and economic well being and deliver effective services.

Advanced material:

- Analyze current policies within the context of historical and contemporary factors.
- Support an understanding of the intent and goals of contemporary child welfare policy development.
- Support skills for analyzing competing values underlying child welfare policy development and assessing policy impact and goal achievement.
- Encourage a willingness to advocate social and economic just policies that are in the best interest of all children and families.

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

This teaching guide addresses professional foundation issues and introduces students to child welfare as a field of social work practice; examines the historical foundation of American child welfare services and residual influences on contemporary policy and practice, and the implications of residual approaches for constraining services and program development for children and families. This guide also builds on this content and examines the legal framework of child welfare services; the underlying values and

intents of contemporary child welfare policy, and supports analytical skills for assessing child welfare policy impact and goal achievement.

This teaching guide gives consideration to the implications of poverty, culture, race, discrimination, oppression, and inequality in the development of child welfare services; identifies opportunities for the integration of content from other curricula areas; and endeavors to strengthen critical thinking skills that are essential for effective social work practice in child welfare settings.

## TEACHING STRATEGIES

### A. Strategy One: Child Welfare as Social Work Practice

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

This strategy focuses on child welfare as a field of social work practice and common issues that are found. It also focuses on the legal framework on the child welfare system. In the case of Andrea R., mental illness and the policies surrounding mental illness will be discussed. Domestic violence is the issue at hand for Anne M's case. This strategy also explores the worker's role as both helper and investigator in the each of the three cases.

#### 2. Structure:

This strategy may be integrated within the first four weeks of class, in course content that presents information about the organizational structure of the institution of child welfare and the unique role of social work among the many helping professions and occupational groups employed in the field of social welfare. This teaching strategy may also be used when addressing content related to the role of the legislature and judiciary in the policy formulation process.

#### 3. Teaching methods/activities: Lecture and class discussion

##### a. Suggested lecture content:

Social work has high visibility among the many helping professions present in the field of social welfare, sometimes referred to as the Health and Human Services. Social work has historically been the anchor profession in the field of child welfare and is the acknowledged discipline with the professional competencies needed for effective child welfare practice.

The National Association of Social Workers defines social work as involving:

*...Professional activities of helping individuals groups and communities to enhance or restore their capacity for social functioning and to create societal conditions favorable to their goals.*

*Social work practice consists of the professional application of social work values, principles, and techniques to one or more of the following ends: helping people obtain tangible services, providing counseling and psychotherapy to individuals, families and groups, helping communities and groups provide or improve social and health services, and participating in relevant legislative processes*

*The practice of social work requires knowledge of human development and behavior, of social, economic and cultural institutions and of the interaction of all of these factors.*

(<http://www.naswdc.org/pubs/code/code.asp>)

A growing number of social workers are opting to work in independent private practice. The largest share of social workers, however, continues to be engaged in agency-based practice. Social welfare agencies employing professionally trained social workers are typically organized to help people who experience the effects of a specific social problem. School social workers assist in the resolution of problems that interfere with the educational process; medical social workers help with the resolution of problems associated with physical illness, and social workers practicing in the criminal justice system help in the resolution of problems that arise from interaction with the legal system.

Child welfare as a field of practice is concerned with the social problem of child abuse and neglect and problems that arise in relationships between parents and children. In the ideal, this field of practice should encompass all of the activities engaged in by society that protect the welfare of children and promote their most optimum level of development. American child welfare services, to the contrary, have evolved as a narrow set of services that are offered to children only after they have been hurt or at risk of abuse and neglect, and when their families have been found to be failing in the parental role. Child welfare services are strictly defined in federal and state legislation; carried out in close collaboration with the Family Court System and organized along a continuum of care that encompasses: child protective services, preventive services, substitute family care, and adoption.

Social workers practicing in child welfare settings need generic knowledge and skills combined with specialized knowledge, expertise, and techniques for assisting families to resolve problems that contribute to family dysfunction and jeopardize the safety and well being of dependent children. In addition, workers must be knowledgeable about child welfare policies and procedures as these are defined by the New York State Family Court Act, the New York State Social Services Law and the Administration for Children's Services administrative and operational procedures.

Among their varied responsibilities in carrying out professional responsibilities in the field of child welfare, social workers endeavor to improve

interpersonal deficiencies within family relationships and those resulting from deficiencies in community resources. Child welfare practice embodies the concept of *parens patriae* wherein, by virtue of the dependent status, the state is seen as the parent of last resort for all children when parents are unwilling or unable to fulfill child caring responsibilities.

Child welfare practitioners have a responsibility for assisting families in the resolution of problems internal to the family system, and for those external to the family resulting from institutional resource deficiencies that prevent parents from meeting material and emotional needs of children. Using the case studies as examples, situations like unstable mental illness (Andrea R.), physical abuse (Mary S.), domestic violence (Anne M.), demonstrate the interplay of individual, family, and community resources.

Early in United States history, children had no rights and were considered the property of their parents, who were free to do whatever they so chose to do in their efforts to rear children to be self-sufficient God-fearing citizens. Gradually, as more was learned about the importance of the period of childhood for future adult development, the absolute power and authority given to parents began to give way to a balancing of the rights of children and parents with parental authority ultimately being defined as encompassing both rights and obligations. Parental authority was no longer exercised in domination of the child, but viewed as a sacred trust invested in the parent to be exercised in the best interest of the child.

This changed ideology and recognition that children had rights separate from those of their parents, paved the way for the state to intervene in the special relationship that exists between parent and child, and led to the development of child welfare legislation and networks of agencies and services to protect and safeguard the well being of children. Child welfare services in the United States exist as a result of various state and federal laws authorizing and funding the operation of these programs. These laws outline the parameters of child welfare practice and define what child welfare organizations and workers, in their role of agents for these agencies, can and cannot do with families.

The legal framework for child welfare services consists of the following primary legislation: the 1974 Child Abuse Prevention and Treatment Act; the 1980 Adoptions Assistance and Child Welfare Reform Act, the 1978 Indian Child Welfare Act, the 1994 Multiethnic Placement Act, the 1997 Adoptions and Safe Families Act, and the 1996 The Personal Responsibility and Work Opportunity Reconciliation Act, which articulates permanency planning requirements and calls for prevention and family preservation.

These laws define the boundaries and parameters of child welfare practice. The various provisions and mandates of these laws reflect the competing values inherent to child welfare practice related to the obligation and duty of the state to

protect and safeguard the welfare of dependent children, and the right of parents to raise their children to their own values and belief without governmental interference. Child welfare workers often are conflicted as they endeavor to integrate the expectations of their *investigative role with their role as helpers of parents* whose behaviors are often the cause and source of the distress of their children. In addition, these competing values and conflicts pose ethical and practice dilemmas for child welfare workers functioning under the residual influences of poor law traditions that require parents to be fit and deserving of the right to raise their children.

**b. Class assignment:**

Balancing the rights of children with those of parents, while at the same time acting as representative of the state for children who have been placed in protective custody can be a daunting task for child welfare practitioners posing many dilemmas as workers endeavor to protect children and preserve families.

In a group setting, review the New York State Child Abuse and Neglect Reporting Procedures. Ask students:

- What are the possible explanations of why the allegations in each report were treated separately and adjudicated as a discrete event in the family's history of involvement with the child welfare system?
- Review each case individually and brainstorm other questions that you would investigate and why

**c. Class discussion:**

It appears that case practice with the families in these case studies families focused predominantly on interpersonal problems that contributed to the failure of the children's parents or caretakers to successfully carry out the parenting roles. Yet contemporary child welfare practice recognizes that in complex modern societies all families are in need of a wide range of community support services to meet normative needs of children. This recognition validates a broad based approach to practice and advocacy as a legitimate role for the social workers practicing in the field of child welfare.

Facilitate a group discussion and ask:

- What are some larger systemic, institutional failures that may have contributed to Anne M., Mary S., and Andrea R. being at increased risk for experiencing the effects of social problems identified in the cases?
- Do you believe that these failures contributed to the forms of neglect identified in the CPS reports?
- How could the CPS worker work to repair or mend the failures that these families have faced?

**4. Materials needed:** None

**5. Suggested readings:**

Bernstein, N. (2001). *The lost children of wilder: the epic struggle to change foster care*. New York: Pantheon Books.

Code of Ethics of the National Association of Social Workers. (2008) Retrieved February 1, 2009, from <http://www.socialworkers.org/pubs/code/code.asp>

Denby, R.W., Alford, K.A. & Curtis, C.M. (2003). Targeting special populations for family preservation: the influence of worker competency and organizational culture. *Family Preservation Journal*, 7, 19-41.

Parent, M. (1998). *Turning stones: my days and nights with children at risk*. New York: The Ballantine Publishing Group.

Pecora, P. J. Whittaker, J.K., Maluccio, A.N. & Barth, R.P. (2000). *The Child Welfare Challenge: Policy, Practice and Research*. New York: Aldine De Gruyter.

**6. Evaluation:**

Schools have different strategies for examinations and assignments. In the case that the instructor has discretion he or she could add a question related to this content to the examination. If this is not possible, this material could be reviewed at the end of the semester to evaluate the extent to which students understand its content.

Some possible evaluation questions are:

- How were children perceived in the 19<sup>th</sup> century?
- The Adoptions and Safe Families Act (1997) is a part of the legal framework of child welfare services. What are the major tenants of this act and how does it affect child welfare?
- Child welfare practitioners have a responsibility for assisting families in the resolution of problems internal to the family system, and for those external to the family resulting from institutional resource deficiencies that prevent parents from meeting material and emotional needs of children. What are some resources that social workers can utilize to assist the family system?

**B. Strategy Two: The Historical Foundation of Child Welfare Services****1. Areas of the case to be highlighted:**

This strategy highlights the history of child welfare services and references the case studies in relation to this history. This strategy also highlights an evaluation of the social problems that increase risk for child abuse and neglect and disparities in health, educational, and social outcomes, as they relate to each of the three families.



**2. Structure:**

This teaching strategy may be used in companion with course content supporting an understanding of the residual and institutional perspectives on the role of social welfare and how these have shaped social welfare policy development in the United States.

**3. Teaching methods/activities:****a. Suggested lecture content:**

American social welfare policy has its most significant identification with the Elizabethan Poor Laws of 1601. In child welfare, this Old World heritage established the practice of “rescue and punishment” based in residual assumptions about the worthiness of poor parents to be entrusted with the task of bringing up the next generation. These and other principles like that of “less eligibility”, which requires that the situation of the dependent poor who are supported at the public expense must be worse than that of the lowest paid gainfully employed worker, fostered the development of an inadequate system of care that favored practices of apprenticeship and farming out of poor children as a means for rescuing them from the influence of inadequate parents and preventing the intergenerational transmission of dependency.

This orientation served as the foundation for the development of child welfare services in the United States. This view continued to hold sway well into the 19<sup>th</sup> century that saw the beginning development of public systems of care for dependent children. For example, early reformers, like Josephine Shaw Lowell, a key player in the New York City Charity Organization Society, supported the position that the honest laborer should not see the children of drunkards enjoy advantages that he could not hope for his own. Charles Loring Brace, considered the founder of the modern foster care movement and the most important child saver of his era, transported hundreds of children of poor white ethnic immigrants to the mid west where they were placed in homes to learn the values of hard work, industry and self reliance.

Children of color were excluded from Brace’s great social experiment and early forms of care. In addition to strong self-help traditions within the African American community, separate facilities were developed for Black children like the Colored Orphan Asylum, founded by two Quaker women in 1836 as the sole alternative for care in the public almshouse. With the ending of legal segregation children of color would be drawn into a system enmeshed in residualist traditions, which also evolved to mirror the racism and discrimination and devaluation of their cultural experiences of the larger society. Today African American and other poor children of color are overrepresented at all levels of the child welfare system.

The residual approach, a by product of Social Darwinism, laissez-faire economic philosophy and capitalistic ideals favoring limited governmental intervention in the

lives of families, has had great staying power in the United States. Consequently, the removal of children from their own homes continued as a preferred child welfare intervention until well into the 20<sup>th</sup> century until the passage of the Adoption Assistance and Child Welfare Reform Act of 1980. Importantly, despite nearly two decades of reform legislation the child welfare system continues to be troubled by residual influences from the past.

As noted in the preceding module social welfare policies and programs do not evolve in a vacuum but reflect the traditions, values, and norms of the host society. Child welfare services in the United States are rooted in a residual perspective, and have evolved as a highly specialized field of practice designed for children whose parents are unable or unwillingly to care for them in a manner consistent with prevailing child-rearing norms. An alternative approach to policy development of children and families, on the other hand, would ascribe to the provision of a comprehensive array of easily accessible family support services that meet the normative everyday needs of all families.

Although child welfare services continue to be defined as highly specialized systems of care, the Adoption Assistance and Child Welfare Reform Act of 1980 broadens the scope of these services to include public services directed towards the accomplishment of the following purposes:

- protecting and promoting the welfare of all children including handicapped, homeless, dependent and neglected children;
- preventing or remedying or assisting in the solution of problems which may result in the neglect, abuse, exploitation or delinquency of children;
- preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems;
- preventing break-up of the family where the prevention of child removal is desirable and possible;
- restoring to their families children who have been removed, by the provision of services to the child and the families;
- placing children in suitable adoptive homes, in cases where preservation to the biological family is not possible or appropriate;
- assuring adequate care of children away from their homes, in cases where the child cannot be returned home or placed for adoption.

The Andrea R. case study highlights the detrimental effects of a residual approach to service development for exacerbating the stresses experienced by families. For example, we learn from the case narrative that Andrea R. is receiving public assistance and food stamps. Both of these are programs based in a residual model, requiring families to meet stringent eligibility standards and legal definitions of poverty. These programs are stigmatizing, inadequate and recipients of these services are required to report periodically for re-certification of continuing eligibility status. Public assistance programs have been criticized for ambiguously endeavoring to help children by changing the behaviors of

parents believed to be the cause of the problems as opposed to ensuring that parents have adequate material resources to adequately care for children.

**b. Video and class discussion: Supporting critical thinking skills:**

The Orphan Trains video makes an effective use of narratives to illuminate the personal impact of policy that shape practice interventions.

Lead the class in a discussion about the Orphan Trains video:

- Ask students what stands out for them as the men and women recall their early childhood experiences as participants on the orphan trains and in the new foster homes. Is there one personal story that has special meaning for you?

**c. Class discussion/assignment:**

The situation of children of color who are overrepresented in the child welfare system today in many aspects is similar to that of white ethnic immigrant children of the 1800's who were removed from their own homes because their parents were too poor to care for them. Similarly, contemporary approaches anchored in a neighborhood based approach mirror efforts of the early Settlement House workers who saw that problems experienced by families were, in most cases, a problem of urban decay and failing community infrastructures.

- Break class into small discussion groups. Discuss policy changes that may be needed to ensure the success of these new neighborhood based approaches in the context of contemporary social problems prevalent in poor, underserved communities of today. Compare and discuss the groups answers.

**d. Class discussion/assignment:**

Although the preponderance of families served by the child welfare system are poor families of color, child abuse and neglect is not solely a problem of the minority poor. Children living in poverty are more likely to come to the attention of the child welfare system, not only because of what we know to be biases in reporting, but because they are more likely to be impacted by social problems that increase risk for child abuse and neglect and disparities in health, educational, and social outcomes, as is the case with the Andrea R. family.

- Ask students to identify the risk factors resulting from poverty that are observed in the Andrea R. case that seem beyond the control of the family. What services might be put in place to mitigate the effects of these on child safety and family well being?

**4. Materials needed:**

Video: Graham, J. (Producer/Director), & Gray, E. (Producer/Director). (1995). American experience: *The orphan trains* [Motion picture]. Alexandria, VA: PBS Home Video.

The Family Preservation Program: Removing risk from children. NYC Administration for Children's Services

### 5. Suggested readings:

Carten, A.J. & Dumpson, J.R. (2004). Family preservation and neighborhood base services: An Africentric perspective. In Everett, J. E., Chipungu, S.P & Leashore, B.R. (Eds), *Child welfare revisited: An Africentric perspective* (pp. 225-242). New Brunswick, NJ: Rutgers University Press.

Hill, R.B. (2004). Institutional racism in child welfare. In Everett, J. E., Chipungu, S.P & Leashore, B.R. (Eds), *Child welfare revisited: An Africentric perspective* (pp. 57-77). New Brunswick, NJ: Rutgers University Press.

Karger, H.J. & Stoesz, D. (2005). *American social welfare policy: A pluralistic approach*. New York: Pearson, Allyn & Bacon. (Chapter 15, Child Welfare Policy).

McSherry, D. (2004). "Which came first, the chicken or the egg? Examining the relationship between child neglect and poverty. *The British Journal of Social Work*, 34(5), 727-733.

Samantrai, K. (2004). *Culturally competent public child welfare practice*. Pacific Grove, CA: Thomson Brooks Cole.

Trattner, W.I. (1999). *From poor law to welfare state: A history of social welfare in America*. Sixth Edition. (Chapter 6, Child Welfare). New York: The Free Press.

### 6. Evaluation:

Assignments or questions that could be used for evaluative purposes are:

- Unlike other industrialized countries, the United States does not have a national family policy. Students are asked to find a country that has a national policy on families in place. See for example, the Scandinavian countries, Japan, France and Israel. Compare child poverty rates and other indicators of child and family well being outcomes in this country and the United States. Consider what accounts for these differences? What national values influence policy development in the US and the comparison country?
- Assume that you are the worker who is assigned the Mary S. case at the time of the SCR report when Jason is allegedly physically abused and threatened by his maternal grandmother/legal guardian. Although the family seems to be stabilized or at least not in crisis, what plan of action would you take with the family at this time?
- What are some residual and institutional concepts of social welfare that can be of assistance to cases of Andrea R., Anne M., and Mary S.?

### **C. Strategy Three: The Purpose and Goals of Contemporary Child Welfare Policy Development**

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

This strategy focuses on permanence planning and how it relates to the three families. The impact of policy on practice will also be discussed. This strategy also looks at the three cases in their entirety to evaluate how changes in policies could have affected the outcome of the cases.

#### **2. Structure:**

This strategy should be utilized towards the end of the semester, allowing for students to clearly understand and be able to apply concepts from various analytical models covered in the class and to conduct an analysis of policy development in the field of child welfare generally or an analysis of one specific policy.

This teaching strategy may be used to assist students as they apply concepts from various analytical models covered in the class to conduct an analysis of policy development in the field of child welfare generally or an analysis of one specific policy identified in Teaching Strategy 1: Child Welfare as Social Work Practice.

#### **3. Teaching methods/activities:**

##### **a. Suggested lecture content:**

The First White House Conference on Children held in 1909 established the principal that no child should be deprived of a home life but for urgent and compelling reasons and never for the reasons of poverty alone. Although this principal has not been fully integrated in child welfare policy development in the early years of program and service development, since the passage of the Adoptions Assistance and Child Welfare Reform Act of 1980 child welfare policy has been firmly rooted in the principal of permanency planning, or the child's basic right to stability in a home, preferably their biological family.

Child welfare legislation requires that permanency planning is central to the service plan developed for each child. In an effort to correct past practices that resulted in the unnecessary removal of children from their own homes, permanency planning assumes that the birth family is essential to the care and rearing of children, since it is here that the child's first attachments are formed and primary sense of belonging is first established.

Translated into practice, permanency planning, as mandated under requirements of the Adoptions Assistance and Child Welfare Reform Act of 1980 and Safe Families Act of 1996 requires the use of case practices that help a child live in a home where caring lifetime relationships are established; the development of a comprehensive service plan developed and delivered in a way that helps secure such a home on behalf of children, and service delivery strategies that help

children live with families that offer continuity of relationships with nurturing parents or substitute caretakers and the opportunity to establish lifetime relationships.

In addition to strengthening permanency planning provisions of the 1980 Act, the Adoptions and Safe Families Act builds in a process of review of the performance of states in the development and implementation of performance standards. Beginning in 2001 the federal government began conducting Child and Family Service Reviews (CFSR) that focus on outcomes of child safety, permanency, and child and family well being. The case of Mary S. is a good example of deciding permanency and weighing what is in the best interest of the child.

Social workers are eclectic in their approach to practice, drawing on many theories to help understand and explain causal relationships in presenting problems of clients and to support the development of effective interventions. Social workers may also be eclectic in the choice of analytical models to evaluate the effectiveness of social policies and programs in solving and ameliorating the social problem that were designed to treat.

The analysis of child welfare policy may be conducted as (1) process, or the consideration of the social, economic and political forces shaping the process of policy formulation over time; (2) performance, or the success of various policies in achieving stated policy goals; and as (3) product, in the examination of how the social problem is being defined, and underlying assumptions about problem causal relationships, and value preferences as reflected in problem solving strategies.

Students may also have the option of conducting an analysis of factors contributing to the outcomes of the study cases and presenting recommendations for alternative approaches that may have changed the final outcome of each of the cases. Students may be given an opportunity to present their work in class discussions.

**b. Class discussion/assignment:**

Case decision making in the Andrea R. case study was firmly grounded in permanency planning principles. Despite five SCR reports, Vincent remained in the care of his mother although there was limited evidence of significant changes in the family's situation to suggest that his mother was able to provide a safe and nurturing home environment for him.

Lead a group discussion in permanency planning.

- Ask students to consider what conditions should exist that would suggest that efforts to maintain permanency with birth families is not in the best interest of the child.

- In the Andrea R. case, were there alternatives that may have preserved family ties while ensuring Vincent experiences that promoted healthy psychosocial growth and development?

#### **4. Materials needed:** None

#### **5. Suggested readings:**

Chambers, D. E. & Wedel, K. R. (2005). *Social policy and social programs: A method for the practical public policy analyst*. New York: Pearson, Allyn & Bacon. (Chapter 10, "An example of social policy and social program analysis: Selected features of federal child welfare legislation of the 1970-1998 era concerned with child abuse").

Finn, J. L. & Jacobson, M. (2003). Just practice: Steps towards a new social work paradigm. *Journal of Social Work Education*, 39(1), 57-79.

Hu, T., Snowden, L.R., Jerrell, J.M. & Nguyen, T.D. (1991). Ethnic populations in public mental health: Service choices and level of use. *American Journal of Public Health*, 18(11), 1429-1434.

Phillips, N. K. & Straussner, S. L. A. (2002). *Urban social work: An introduction to policy and practice in the cities*. New York: Pearson, Allyn & Bacon. (Chapter 10, Knowledge for social work practice: Diversity of urban populations.)

Mechanic, D. (1989). *Mental health and social policy* (3<sup>rd</sup> ed.). Englewood Cliffs: NJ: Prentice-Hall.

Mental health: culture, race and ethnicity, a supplement to mental health: A report to the Surgeon General. (2001). Retrieved on February 1, 2009 from <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.971>

#### **6. Evaluation:**

Students to write an essay on the following:

- Social welfare policies can have both intended and unintended consequences for clients. In a retrospective view of the situation of the three families throughout the history of each of the cases, what can be identified as the impact of policy reforms? Consider those believed to have a positive or negative impact on services outcome for this family, as well as unintended negative consequences.

## CONCLUSION

### A. Recap

This teaching guide helps to introduce students to child welfare as a field of social work practice, examines the historical foundation of American child welfare services and residual influences on contemporary policy and practice, and the implications of residual approaches for constraining services and program development for children and families. In addition, students are encouraged to examine the legal framework of child welfare services and the underlying values and intents of contemporary child welfare policy. The three case studies can be utilized to help teach students analytical skills for assessing the impact of child welfare policy by strengthening critical thinking skills that are essential for effective social work practice in child welfare settings.

### B. Suggestions for Future Courses: Integrating Cross Curriculum Content

#### 1. Practice:

New York City communities with the highest rates of CPS reports are also communities where social problems of poverty, unemployment, and substandard housing are prevalent. Social work's person in the environment approach is anchored in systems theory and the ecological perspective affirming the interrelatedness of individuals, families and communities to larger social systems. This perspective posits that people can neither be understood nor helped in absence of an understanding of the various systems within which they interact. This conceptual approach has a practical application in the development of intervention and service plans that match services to the expressed needs of families. Each of the three families presented with multiple service needs, yet the primary services offered were substance abuse treatment services for the mother. In future courses students could be asked to identify other social welfare services and programs that may have been integrated into the service plan for the family.

Families seen by child welfare system are characteristically receiving services from multiple agencies as is the case with each of the three families. Case management is an effective practice tool for ensuring that at-risk families are engaged in continuous and coordinated systems of care with service providers collaborating to ensure the achievement of agreed upon goals established in consultation with families. Explore the ways in which case management may have been used to improve service delivery and outcomes for each of the three families.

#### 2. Human Behavior in the Social Environment:

The Supplement to the Surgeon General's Report on Mental Health, identifies children in foster care as a population with complex mental health needs, and underserved by the mental health system. Students can be asked to speculate on each child's mental health status and the possible outcomes of the case studies. Students are asked to identify theories that support their conclusions or hypotheses.



The study cases offer scant information that helps us to understand the problems and needs of the family. What missing data is needed to assist in the conducting and development of comprehensive assessment and service plan for the families? What theories may be drawn on to inform hypotheses in the assessment, and the development of a plan of intervention that mitigates the effect of poverty on Alex' development as he matures from early infancy to adolescence.

### **3. Research:**

Pose qualitative and quantitative research questions useful for the design of research studies to contribute to an expanded knowledge base for the provision of mental health services to children and families in need of child welfare services.

Child welfare policy advancement and practice innovations are increasingly supporting policy evidenced-based research. There are a number of seminal research studies that have supported child welfare policy development. For example, the Kempe study conducted in 1962 introduced the term "battered child syndrome" and presented child abuse as an under-reported medical psychiatric problem prevalent among middle and upper income groups. The study led to the enactment of the Child Abuse Prevention and Treatment Act of 1974 that established the National Center on Child Abuse and Neglect as a national entity for the administration of grants to states to conduct research into the causes of child abuse and neglect, its prevalence and ways to prevent it. Mass and Engler (1959) identified what was to become known as "foster care drift", which referred to children being unnecessarily removed from their families and left to linger in foster care until they reached their maturity. Findings from this study were supported by other seminal studies conducted by Fanshel and Shinn (1978) and Mott (1975) paved the way for permanency planning reform and the landmark Adoptions Assistance and Child Welfare Reform Act of 1980. Billingsley & Giovannoni (1972) conducted an historical analysis of the experience of African American children in the child welfare system pioneered in the subsequent proliferation of literature in culturally competent cross cultural child welfare practice.



# ***Real Cases Project***

## **Generalist Social Work Practice**

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### **INTRODUCTION**

#### **A. Overview of this Course within the Social Work Curriculum**

The course(s), Generalist Social Work Practice, are a part of the Foundation Curriculum in social work education programs, on both the baccalaureate and masters level. Depending on the organization of the curriculum, it is one course, or multiple courses. Generalist Practice addresses the common stages of work and skills across levels or methods of practice, as well as across populations and settings.

Overall, the generalist practice model is an integrative approach to practice, which attends to the profession's focus on person in environment. Through this approach, students can learn to see beyond the narrow boundaries of separate cases, and appreciate client troubles (e.g., inadequate income, substance abuse, domestic violence) in the context of public issues (e.g., policy debates on welfare reform and health insurance) and agency regulations (e.g., eligibility criteria, screening procedures). Students learn to move across system levels and among practice methods based on their assessment to improve the adaptive fit between person and environment.

Generalist social work is distinguished by a common base of knowledge (i.e. ecosystems approach & person in environment framework) and common practice principles (i.e. centrality of the client and worker relationship & professional use of self). A solid understanding and use of phases of assessment, planning, contracting, intervention, and evaluation permeate all generalist social work practice, and do so in light of changes in fields of practice, demographic trends, and in the reconfiguration of service delivery systems. This knowledge base is put into practice through the use of common skills (i.e. engagement and contracting) and roles (i.e. advocate and facilitator). Generalist practice skills and roles are those that are easily adapted to use in diverse settings, across client populations, and levels of intervention that include individual, family, group, organization, and community. This orientation serves graduates throughout their professional careers, underpinning the capacity to use their knowledge and skills in serving the needs of clients in a variety of social work venues.

## **B. Relevance of these Case Studies to this Course**

The case studies provide invaluable examples of real practice, in the social work setting of public child welfare. The cases provide enough detail to explore from a range of vantage points, multiple assessment activities, and a range of possible interventions and evaluations. Their vivid details and situations provide the opportunity for students to consider how family members and workers are doing and feeling within a larger organizational and community context.

## **B. Specific Learning Objectives Related to Using these Case Studies in this Course**

Three specific learning objectives related to using the three case studies in this course have been developed. They are:

- To deepen self-awareness and build knowledge and skills in preparing for work with clients, families, communities and organizations;
- To develop ability to conduct a multi-faceted psycho-social assessment of clients and their environments, with in partnership with clients;
- To expand capacity to plan multi-level interventions to serve client and community needs, within an organizational context and with an evaluation strategy.

## **D. Overview of What is Included in this Guide**

Included in this teaching guide are three potential strategies for integrating the case studies into a Generalist Social Work Practice course. Each of the following strategies is accompanied by discussion of cases, learning activities, materials needed, suggested readings and a suggested evaluation plan.

- Tuning In to Client, Families, Workers, Community and Organization.
- Multi-Faceted Assessment Strategies
- Planning Multi-Level Interventions and Accountability

# **TEACHING STRATEGIES**

## **A. Strategy One: Tuning In to Client, Families, Workers, Community and Organization**

### **1. Areas/issues of the case studies to be highlighted:**

Since these cases and teaching guide are intended for use by a broad range of students, it is important for all students to read the cases or particular case selected for this exploration of the tuning in process. For some students, these

cases will sound familiar, and for others, they will appear quite unfamiliar. The first area of inquiry in class can be a sharing of reactions, and previous experiences with similar cases. These initial responses may set the stage of the more structured tuning-in process that will deepen students' self-awareness and initial engagement with clients.

Looking at the cases in thinking about the preparatory stage of work will generate discussion about beginnings and the self-awareness of the worker. Faculty members can suggest that students try to put themselves in the role of family members and workers. In addition, students can be asked to identify moments and events depicted in the cases, in which the workers' "professional use of self" could be examined and mobilized.

As discussed in this section, self awareness is critical for all social workers, and generalist practice is often the time when social work students have the opportunity to grapple with their own ability to use themselves as "instruments of change" in their work with other people.

## **2. Timing within the semester:**

This learning strategy can be used in the early stages of the course, following discussion of overall course concepts, and as material to explore the preparatory phase of practice.

## **3. Teaching methods:**

This strategy contains three phases of work, all of which take may place within a single class session, or divided among sessions depending on time constraints.

### Phase One: Open Discussion

This strategy begins with discussion of reactions, feelings, concerns and exposure to social work practice in public child welfare settings. Students with experience in this area should be encouraged to help fellow classmates understand some of the basic case practice and jargon when needed. The instructor should encourage all students to participate and find ways to connect their own experience in previous practice and in field education, with the case studies. The purpose of this stage is to universalize the cases, as valuable learning tools for all students in the class.

### Phase Two: Understanding the Tuning In Process

This strategy continues with a lecturette on the Tuning-In process, as originally developed by William Schwartz, and then further elaborated by Lawrence Shulman and Carol Germain and Alex Gitterman. This process is discussed in highly useful detail in the following sources:

Gitterman, A. & Germain, C.B. (2008). *The life model of social work practice: Advances in theory and practice*, 3<sup>rd</sup> Edition. New York: Columbia University Press

Schwartz, W. (1971). On the use of groups in social work practice. In W. Schwartz & S.R. Zalba (Eds.) *The practice of group work* (pp.3-24), New York: Columbia University Press.

Shulman, L. (2009). *The skills of helping individuals, families, groups, and communities*, 6<sup>th</sup> edition. Belmont, CA: Brooks/Cole.

The key components of the Tuning-In process involve workers and students preparing to meet clients by asking the following questions:

- a. Identification: What are the facts, what do we know?
- b. Incorporation: If I was \_(the client/s)\_, I would feel \_\_\_\_\_.
- c. Reverberation: When something happened to me like what happened to \_(the client/s)\_, I felt \_\_\_\_\_.
- d. Detachment/Analysis: What can we learn from this exercise?
- e. Openness: What do I need to do to be open to this client/s and family?

The detachment and analysis stage is used to inventory the feelings and ideas generated by the questions and to remember that Tuning-In only helps the student understand their own feelings and ideas – not those of the client. Openness is the stage in which the student moves toward a true understanding of the clients' perspectives. This is essentially a self-awareness, or mindfulness exercise that allows students to understand and separate their own feelings (and biases) from the real story of the clients.

### Phase Three: Tuning-In to the Families and Workers Presented in the Case Studies

Students can be divided into three small groups, and given the task to Tune-In to the key family members in each of the three cases, or one case can be used and each group directed to Tune-In to a different family member and worker.

A representative of each group should then share their findings with the larger class group, guided by the instructor. Instructors can use this experience to address broader themes of the strengths perspective, and initial engagement skills and challenges. The issue of vicarious traumatization can be introduced and discussed at this point in the semester.

If instructors wish to extend this activity, they can ask each small group to develop a role play to present to the class, focusing on the initial engagement with the family, focusing a particular moment in the case study. In that event, students can focus on preliminary sessional skills, including those identified by Shulman (2009, pp.116-121) as:

1. Tuning In to the Client's Sense of Urgency
2. Tuning In to the Meaning of the Client's Struggle
3. Tuning In to the Worker's Realities of Time and Stress

#### Phase Four: Tuning In to the Worker's Own Life Experiences

Lastly, as Shulman (2009) points out, "tuning In to the authority theme" is one of the critical factors in building initial relationships with clients. It would be difficult to identify a more compelling instance of this phenomenon in practice. Shulman connects this theme with the importance of understanding the impact of diversity in initial encounters, and the need to develop culturally competent practice. These make fruitful areas of class discussion as students relate the experiences in the case study to the authority theme, cultural competence, and the professional use of self.

#### **4. Materials:**

Other than the case studies, no special materials are needed.

#### **5. Supporting readings:**

In addition to the aforementioned readings, the following are recommended:

Kirst-Ashman, K & Hull, G. H. (2006). *Understanding generalist practice*, 4<sup>th</sup> edition. Belmont, CA: Thomson Higher Education.

Barak, M. E. M. (2000). The inclusive workplace: An ecosystems approach to diversity management. *Social Work*, 45 (4), 339-352.

Bell, H., Kulkarni, S., & Dalton, L. (2003). Organizational prevention of vicarious trauma. *Families in Society*, 84(4), 463-470.

Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work*, 52 (1), 63-70.

Freedberg, S. (2007). Re-examining empathy: A relational-feminist point of view. *Social Work*, 52 (3), 251-259.

Miley, K. K., O'Melia, M.W., & DuBois, B.L. (2007). *Generalist social work practice: An empowering approach*. (5<sup>th</sup> Ed.). Boston: Allyn & Bacon.

Radey, M. (2008). Frontline welfare work: Understanding social work's role. *Families in Society*, 89 (2), 184-192.

Lemieny, C. (2001). The challenge of empowerment in child protective services: A case study of a mother with mental retardation. *Families in Society*, 82 (2), 175-185.

Whitley, D. M., White, K. R., Kelley, S. J., & Yorkes, B. (1999). Strengths-based case management: The application of grandparents raising grandchildren. *Families in Society*, 80 (2), 110-119.

**6. Evaluation plan:**

Instructors may find that this exercise continues to be relevant throughout the course, and so there will be numerous points to evaluate its impact. A full debriefing should take place in class before students move on. Assignments of logs and homework to bring back reports from the field will provide opportunities for students to think about this powerful content further.

**B. Strategy Two: Multi-Faceted Assessment Strategies****1. Areas/issues of the case studies to be highlighted:**

This strategy will use all (although instructors may choose one or two) of the case, and use classic assessment strategies of Genograms and Ecomaps. Following introduction of these strategies, instructors will discuss how they can be used With clients and communities, rather than On clients and communities.

**2. Timing within semester:**

This strategy can fit well at the point that assessment strategies are first introduced and discussed, or later in the course for application to work with families and communities.

**3. Teaching methods:**

Good descriptions of these methods are available in Generalist Practice texts. A classic, clear description of the ecomap and genogram is available as follows: Hartman, A. (1995). Diagrammatic assessment of family relationships. *Families in Society: The Journal of Contemporary Human Services*, 76 (2), 111-122.

Students may be interested to hear that Ann Hartman developed the Ecomap tool for use in child welfare settings. It has since become extraordinary useful across settings and populations, and can be used for work with individuals, families, groups, communities and organizations. It is also used as a research strategy, to depict relationships in micro, mezzo and macro systems.

The Genogram is primarily a family tree, that can also be used for a range of system sizes. Traditionally, when the family is the unit of attention (which is compatible with the *Real Case* studies, students can draw the family relationships over generations that they can glean from the texts. Students can also discuss the relevance and usefulness of using this tool with the families presented in the case studies, and if there are opportunities, how they would proceed to implement the strategy. Role plays would be useful, especially those presenting an assessment partnership approach for the worker and clients.

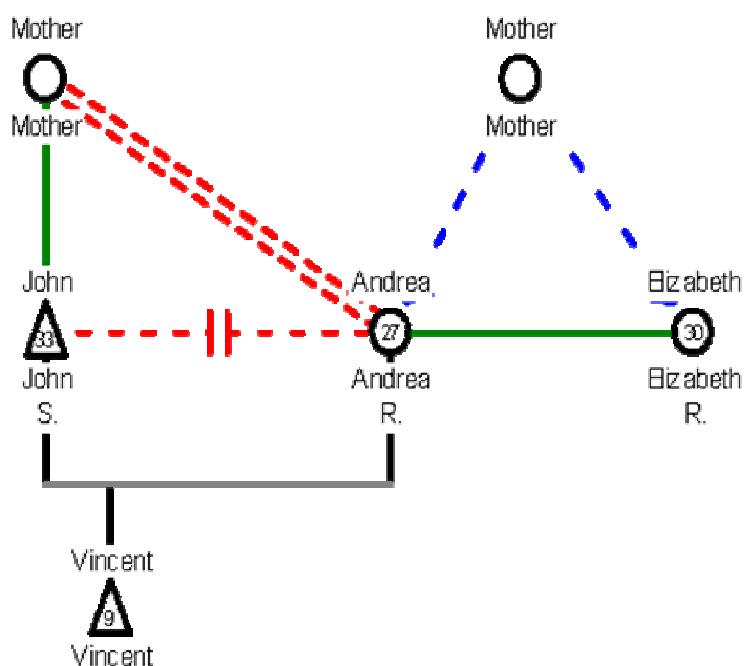
With the Genogram in the center, an Ecomap for each family can be developed. Again, participatory approaches with families are recommended. My experience has been that the development of an Ecomap with clients is among the most potent relationship building and assessment activities. As a snapshot of the family over time, Ecomaps can be saved, re-drawn, and used on an ongoing

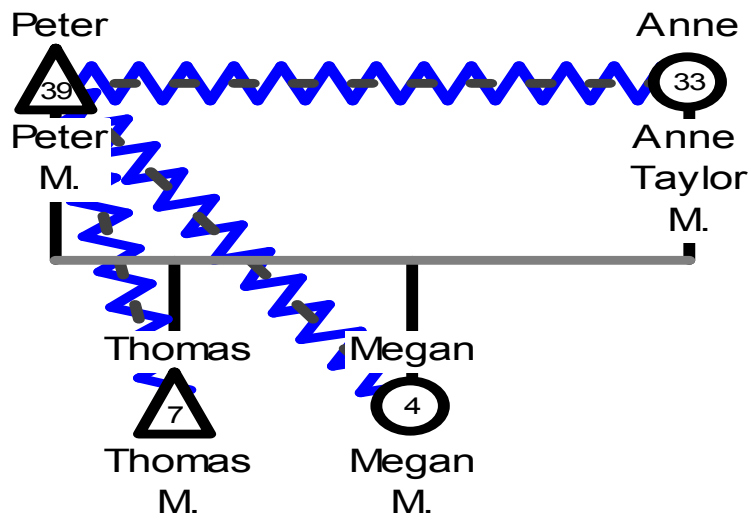
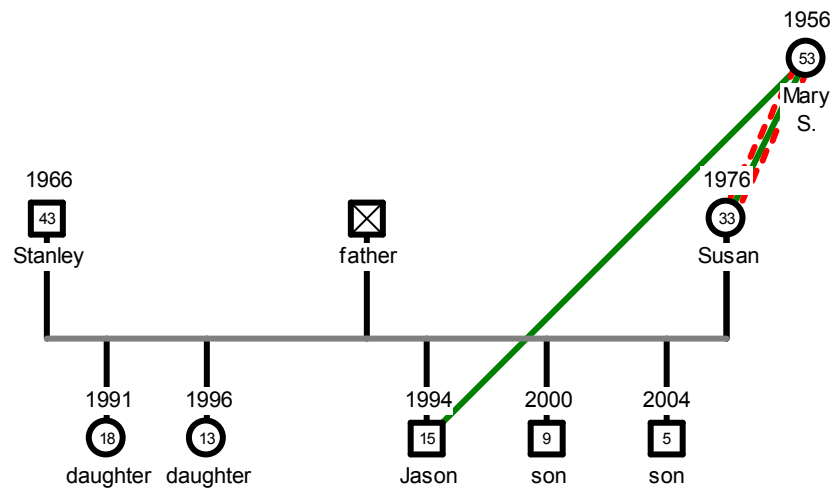


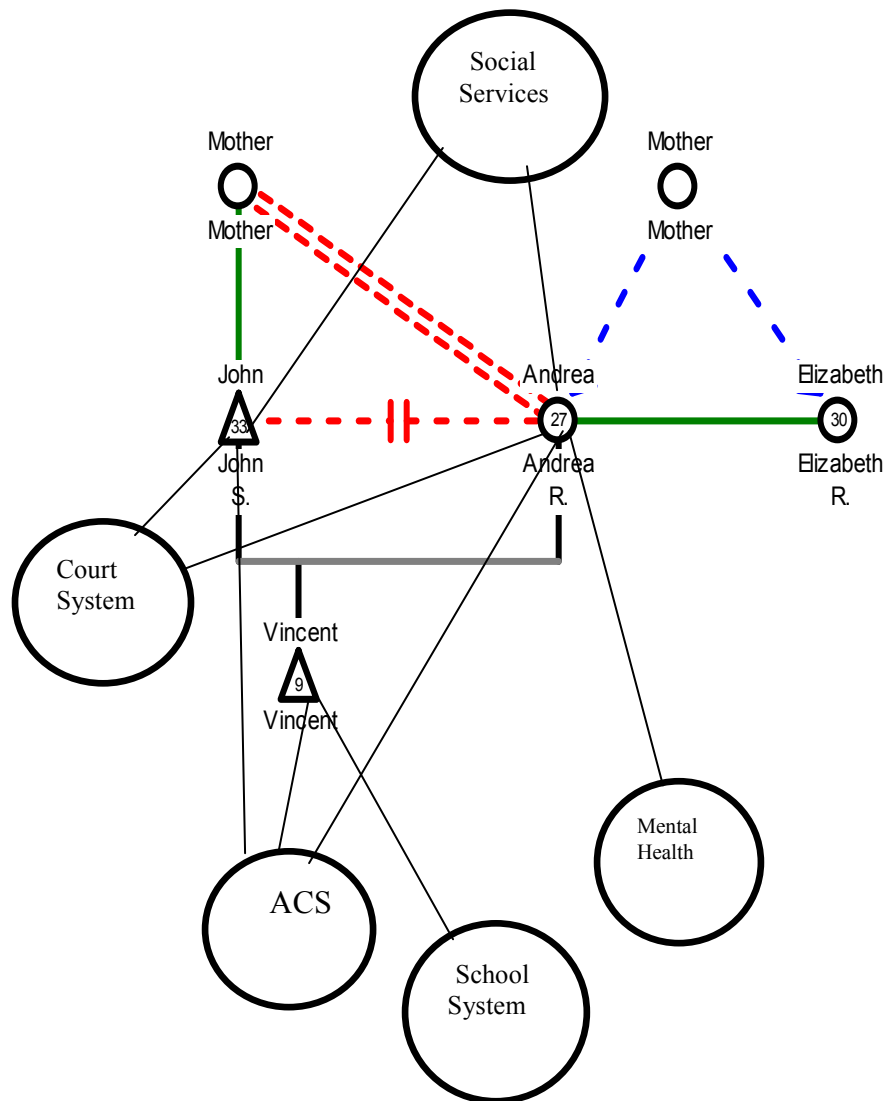
basis as a practice intervention and record. Ecomaps can also be used to depict the relationships of a community or neighborhood with the wider environment.

The following section includes Genograms and Ecomaps drawn by Tara Bulin from the three case studies.

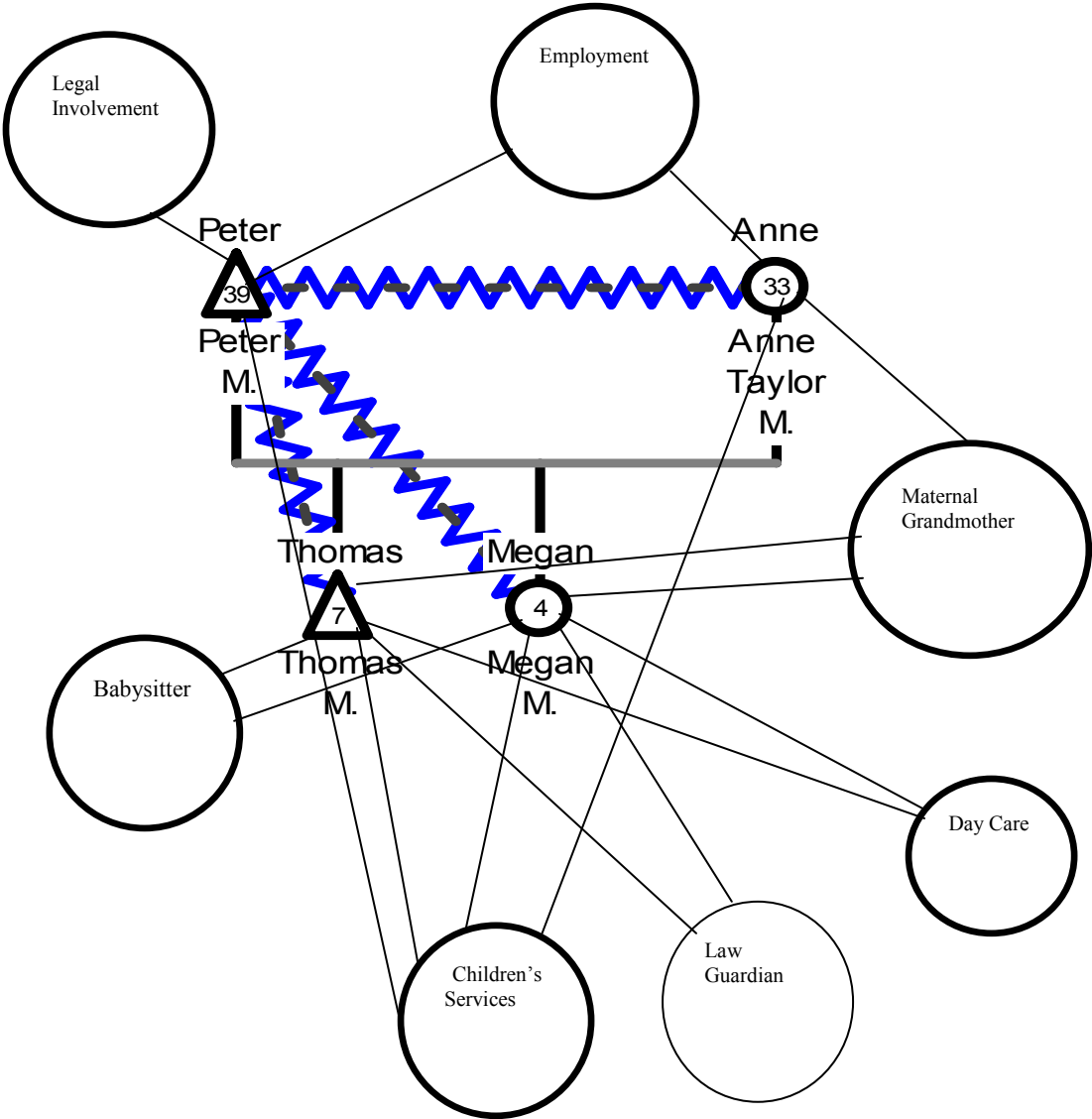
### Andrea R. Case Study Genogram



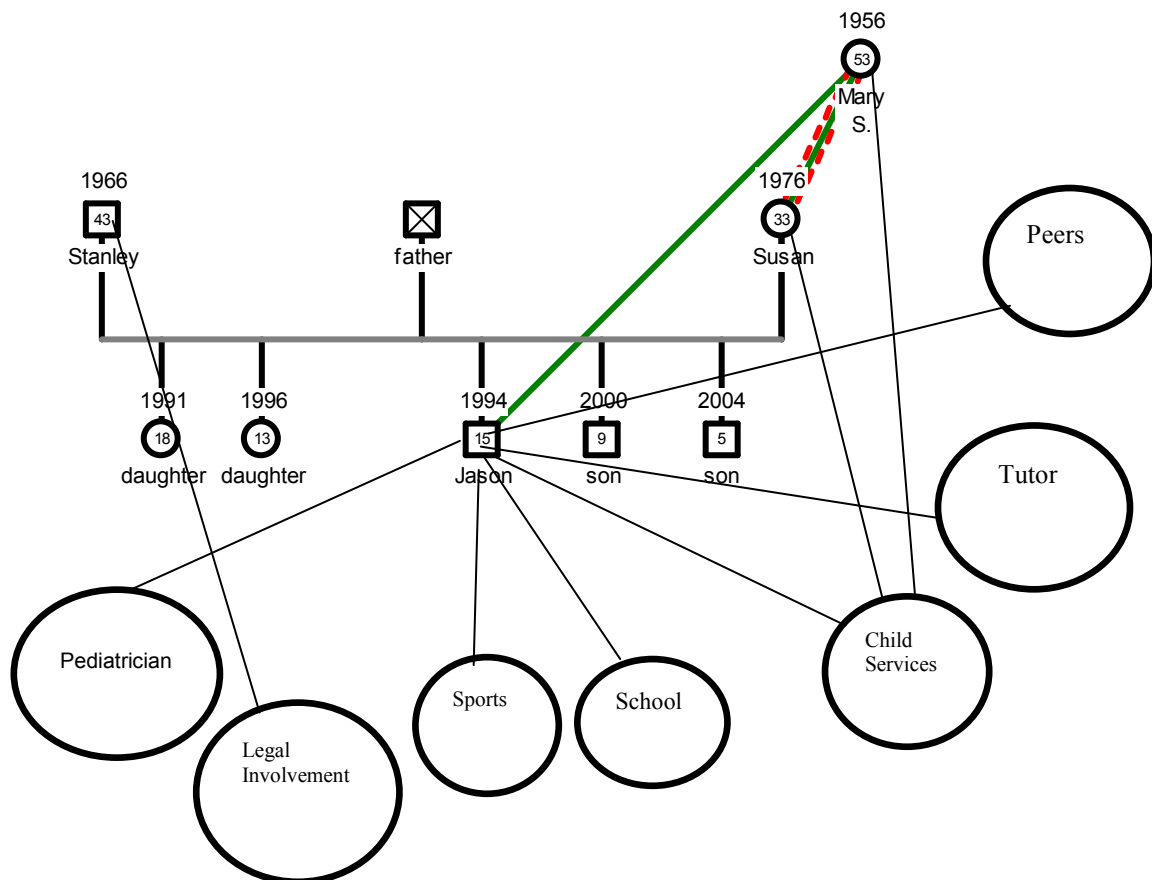
**Ann M. Case Study Genogram****Mary S. Case Study Genogram**

**Andrea R. Case Study Ecomap**

Anne M. Case Study Ecomap



### Mary S. Case Study Ecomap



As the preceding illustrations indicate, there is rich data and a fruitful area for engagement through the process of developing these artifacts.

#### 4. Materials:

Other than the case studies and paper, no special materials are needed. Instructors may want to develop handouts on both assessment strategies.

#### 5. Supporting readings:

In addition to Generalist Practice texts, the following readings are recommended:

Early, T. J. & Glenmeyer, L. F. (2000). Valuing families: Social work practice with families from a strengths perspective. *Social Work*, 45 (2), 118-130.

Gilgun, J. F. (2005). Chapter 2, (pp. 23-65), The ecosystem perspective and the use of knowledge. In B.R. Compton, B. Galoway, and B.R. Cournoyer. *Social Work Processes* (7th Ed.). Pacific Grove, CA: Brooks/Cole.

Hodge, D. R. (2005). Spiritual ecograms: A new assessment instrument for identifying clients' strengths in space and across time. *Families in Society*, 86 (2), 287-296.

Silverstone, B. (2005). Social work with the older people of tomorrow: Restoring the person-in-situation. *Families in Society*, 86 (3), 309-319.

Strier, R. (2008). Client and worker perceptions of poverty: Implications for practice and research. *Families in Society*, 89 (3), 466-475.

Young, D. S. & Smith, C. J. (2000). When moms are incarcerated: The need of children, mothers, and caregivers. *Families in Society*, 81 (2), 130-141.

#### **6. Evaluation plan:**

Generalist Practice courses often have a written assignment related to assessment in the early phase of work. Students can use the Genogram and Ecomap in their own work with clients, and compare that with their experiences in class with these case studies. Alternatively, students without applicable field experiences, can use the case studies and these assessment strategies as the basis for a written assignment or class exam.

### **C. Strategy Three: Planning Multi-Level Interventions and Accountability**

#### **1. Area/issue of the case studies to be highlighted:**

The final strategy contained in this guide focuses on the critical area of planning interventions in Generalist Practice. There is an old saying: "When all you have is a hammer, everything you see is a nail." In social work practice, this relates to the tendency for organizations and agencies to see client problems and service needs in similar ways, leading to mechanized development of service delivery plans. The ChildStat Initiative is a direct antidote to this practice, and this strategy suggests a way for students to first look closely at the planning process in each case study, and then apply a system of inquiry to their own work in the field.

#### **2. Timing within semester:**

This strategy can fit well at various points in the course, as it links with planning and organizational assessment.

#### **3. Teaching methods:**

After reading and generally discussing the case studies, instructors can ask the following questions:

- How does the value and belief system of ACS influence the service delivery responses of staff in each of the cases?
- How do the skills and beliefs of workers influence service delivery?
- To what extent are family members partners in developing plans for service delivery?

Jumping off from this discussion, instructors can introduce a guide to assessing worker, agency, and client needs to be used in a multi-level planning process.

This activity is primarily informed by the Chapter on Agency Context in Wayne, J. & Cohen, C.S. (2001). *Group work education in the field*. Alexandria, VA: Council on Social Work Education. At Adelphi University School of Social Work, we adapted this exploration/planning guide for use in expanding assessment, planning and implementation of macro practice interventions.

**The handout is contained in the Appendix to this guide.** It is important to note that the handout was developed to specifically focus on community and organizational interventions within a generalist practice framework. It has also been used successfully when focused on work with individuals, families and groups. This handout can be used in class or by students in their field placement of work settings. Alternatively, it can be used as an analysis tool regarding the service delivery to the families in the case studies.

**4. Materials:** Handouts and case studies are the only materials needed.

**5. Supporting readings:**

In addition to readings in Generalist Social Work Practice Texts, the following readings are recommended:

Barak, M. E. M. (2000). The inclusive workplace: An ecosystems approach to diversity management. *Social Work*, 45 (4), 339-352.

Cohen, C. S. (1995). Making it happen: From great idea to successful support group program. *Social Work with Groups*. 18 (1). 67-80.

Shulman, L., (2008). Supervision. In Mizrahi, T. & Davis, L. (Eds.), *Encyclopedia of social work*, Vol. 4 (pp. 186-190). Washington, DC: NASW.

**6. Evaluation plan**

As in the case with Strategy Two, this activity lends itself for a paper or log assignment, as well as an in-class activity. Instructors can engage students in comparing service delivery planning among the cases and between a case study and their experience in the field.

## **CONCLUSION**

### **A. Recap**

This guide has presented three teaching strategies, building on the Generalist Social Work Practice framework, of multi-level, multi-population and multi-settings approaches to work with clients and communities.

### **B. Suggestions for Future Courses**

There is no question that Generalist Social Work Practice is a basic building block of social work education. Horizontally, the use of the cases in this course leads to connections with Human Behavior and the Social Environment, Social Welfare Policy, and Social Work Research. Some programs also link with courses in Oppression and Social Justice, and these cases and teaching strategies address these key themes. Vertically in moving into advanced concentrations, Generalist Practice prepares students to go deeper into generalist approaches, as well as focus more intensively in direct or indirect practice, and/or in social work practice with individuals, or groups, or families, or communities, or organizations.



## **APPENDIX TO THE TEACHING GUIDE GENERALIST SOCIAL WORK PRACTICE HANDOUT; PRE PLANNING GENERALIST PRACTICE INTERVENTIONS WITH ORGANIZATIONS AND COMMUNITIES**

\*Adapted From: Wayne, J. & Cohen, C.S. (2001). *Group work education in the field*. Alexandria, VA: CSWE  
These focusing questions guide social work students, workers and supervisors in identifying readiness for working with organizations and communities, assessing the agency environment as the context for social work practice, and understanding client, agency and community needs in relation to agency capacities.

### ***Phase One: Self Assessment***

A. How do I feel about planning and implementing community and organizational interventions?

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B. What experience and knowledge about social work practice with organizations and communities can I bring to this process?

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C. What experience and knowledge about social work practice in general can I draw on?

---

D. What do I need to do to prepare myself to plan and implement community and organizational interventions?

---

### ***Phase Two: Identification of Past and Present Agency Experience***

A. Is there an agency ideology on organizational and community practice strategies?

---

B. What has been the agency experience these types of interventions?

---

C. Do certain groups of staff have a monopoly on working organizationally and with communities?

---

D. If agency staff does not work in these areas, what can be the reason(s)?

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### ***Phase Three: Assessment of Client Needs and Agency Capacities***

A. Are there unmet client and staff needs in this agency which can be appropriately met through the use of organizational and community interventions and strategies?

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B. In what ways will agency policies, procedures, and informal organization enhance and/or complicate such work?

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C: How will we proceed to develop and implement an organizational or community intervention?

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# ***Real Cases Project:*** **Social Work Practice with Communities/Community Organization**

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## **INTRODUCTION**

This teaching guide is designed for use across programs and schools of social work to show that content in the three case studies can be integrated into courses (single semester, dual semester, elective semester, and others) to study Social Work Practice with Communities/ Community Organization.

Although social work students and teachers work with diverse populations, communities of vulnerable children are of major concern to those engaged in social work practice with communities/community organization. Given that the three case studies are drawn from the ChildStat initiative, and contain similarities to other real life social work encounters, they challenge teachers and their students to identify, discuss, study, and work on broad practice issues regarding traumatized children and sometimes immobilizing child welfare systems.

In bounded and risk-limited classroom environments, teachers can create curricula space for the study of social work practice with communities/community organization, and students can discover their child welfare practice voices in various social work courses. In these various social work education settings, students can also learn to envision helping children using a continua of practice actions, appropriately processed, analyzed, and designed. The three case studies, along with the conceptual, theoretical, and skills-building materials which underpin the course, can help students keep vulnerable children in mind over the length of courses.

Presented below is an overview of a social work practice with communities/community organization curriculum; the relevance of the three case studies; selected learning

objectives; a summary of the content included in this guide, strategies for integrating the Cases into the courses, and a conclusion.

### **E. Overview of this Course within the Social Work Curriculum**

It is important to maintain the understanding that social work students originate from diverse communities. They attend social work courses that vary by school/university, and are placed in fieldwork organizations that vary by age, location, size, program, mission, staff, auspice, and interest. Practice with children is a venue for some, but not all, students. Moreover, because neglected and abused children must interact with various and oftentimes harmful systems, social work practice with communities and community organization courses can be flexible enough to entertain attention to other populations who although themselves oppressed, discriminated, victimized, or denied social justice, may be exacting harm to a child or to children.

Some attention to children and other groups can flow from conceptual, applied, and theoretical materials contained in scholarly materials such as books, journals, web sites, newspapers, and references devoted to community organization, community planning, development, and policy, etc. Moreover, some attention can be transferred to classrooms from fieldwork settings, where students practice in experiential and applied roles with segments of children's communities, and other populations.

Uniquely, the three case studies can help fill gaps in the availability or accessibility of case materials with which students can identify and share affects, particularly at the beginning of semesters where many students have no assigned case material, and have to spend downtime concentrating on other than practice activities. Therefore, early in semesters, the case studies can be distributed in classrooms to students to read thoroughly so they can begin to build competencies, skills, knowledge, and learning associated with problems that each of the families face from the perspective of the best interest of the individual and within the frameworks of child welfare interest groups, community based institutions, child-rearing communities, and larger societies.

At early class sessions, students and teachers might spend adequate time formulating baselines regarding rules of inclusion, agreements on practice principles, teacher-and-student roles, sessions structures, and other rules that will place the case studies content most efficiently and uniquely.

### **F. Relevance of Case Studies to Course**

In the process of developing this teaching guide, a group of community organization students were asked to read a previously developed child welfare case, and then to participate one week later in a classroom discussion. As this case included some particularly challenging features, the students were disturbed with some of the content presented in this case. Every one of the students shared feelings, perceptions and knowledge about the case, and they offered observations related to the various players depicted in the case. Students who had worked with similar cases suggested that the

case depicts how child welfare systems had worked for a long time and, for some, the ways they continue to work. One student shared increased emotions, having left a direct practice setting working one-on-one with children to pursue community organization studies.

It is important to note that as arrangements were made to submit the remaining pages of the case to the students, they voiced strong views that they, Community Organizers, could use this “real” case in class to pursue practice skills, knowledge, competencies, and learning.

The students in this pilot use of a case study were advanced-year Community Organizers, pursuing a Master’s Degree in Social Work. Although these students study theoretical, strategic, and tactical community organization for two specialized semesters that are linked to customized applied practicum settings, for other students the case studies can be integrated into one semester, two semester, elective semester courses or in courses designed around other time frames to accommodate foundation year, bachelor-level, elective, auditing, matriculated, or non-matriculated students.

### **G. Specific Learning Objectives Related to using these Cases in this Course**

At the conclusion of semesters, students should be able to:

- Demonstrate abilities to organize and structure Case Study Teams;
- Utilize appropriate content of the three case studies and assigned scholarly materials to explore how to begin community organization practice.
- Discuss specific themes within a case study in submitted assignments such as essays, practice papers, presentations, and others crafted by teachers.
- Demonstrate abilities to understand the primary practice tasks related to organizing a child-focused community needs assessment related to the assessment content contained in the case studies.
- Demonstrate abilities to organize theoretical projects containing elements of action, youth participation, and training, as treatment interventions with planned positive outcomes benefiting children.

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

Identification, extraction, and implementation of themes contained in each of the three case studies can be useful to structuring courses. Each instructor can make decisions regarding which themes will be focused on and how they are integrated into courses.

For example, a teacher extracted three strategic themes (see below) from content in the case studies and integrated them into the courses mentioned above. These three

themes underpinned development of the course objectives, assignment of course sessions, allocation of time spent on the case content during a school year, and crafting appropriate student assignments. The discussion below is organized around course structures, teaching methods, supportive materials, and a conclusion.

## TEACHING STRATEGIES

### A. Strategy One: Entry Point Organizing

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

In the complex ecology in which child welfare problems exist, students of community organization are highly concerned about where, when, and how to begin practice. For example, should practice begin at the point of learning, as announced on the first page of the Ann M. Case: “Social worker from the hospital that treated Ms M. for injuries resulting from the beatings inflicted on her by her husband during their vacation in Jamaica is concerned about mother’s capacity to care for and protect children. Children were present during father’s attacks on their mother.”

Selecting the theme of entry point organizing can help students struggle with finding an appropriate, feasible, and efficient place for social work practice with communities/community organization and the best intervention for use with the children.

#### 2. Teaching methods:

Since the continuum of social work practice involves beginnings, middles, and ends, and because students are concerned early in semesters with engagement with client systems, it would be logical to place entry point organizing early in a semester around the topic of “engagement”. Teaching methods could include brief lectures, student group discussions, class reports, debriefings, oral presentations, and others with or without the support of assigned readings, audio visual aides, or other venues.

However, it is essential that students be required to read the three case studies. Teachers can use their personal preferences regarding whether to assign supportive reading material as preparation for session activities in classrooms. During the pilot for this guide, one teacher required that students visit at least one government’s child welfare web site, one child welfare organization’s web site, and the Association for Community Organization and Social Administration’s (ACOSA) web site ([www.acosa.org](http://www.acosa.org)) to gather relevant information that promotes better understanding of points of entry options that might be feasible and possible, and then report their findings in a large group discussion during a session.

Sample syllabi are available for the courses mentioned briefly in this guide. If teachers choose to do so, students can be referred to selected primary literature regarding children, organizing, and child welfare found in *The Journal of Community Practice*, the *Journal of Social Problems*, and others. One very good article for the point of entry strategy is Austin. S. (2005.) Community-building principles: Implications for professional development. *Child Welfare*, 84, 2, 105-18.

## **B. Strategy Two: Community Resource-Needs Assessment**

### **1. Areas of the case to be highlighted:**

Assessment is a highlighted issue for discussion in each of the three cases. To varying degrees, interest was reflected in linkage to community resources. This strategy looks at the role of this assessment process.

Community resource-needs assessment related to the case studies can fit well in the study of social work practice with communities/community organization courses. Community resource-needs assessment is taught for a limited amount of time in one course utilizing teaching methods that include a mini-lecture, one group task discussion, one group class report, and an instructor-led debriefing activity.

### **2. Teaching methods:**

Students should be encouraged to read the cases and read any ancillary course session readings, look at sample community assessment tools, and find relevant articles on assessment contained in a scholarly journal.

These are the types of articles that students might find enriching:

Kerman, J. B., et.al. (2003). Seriously emotionally disturbed youth: A needs assessment. *Community Mental Health Journal*, 39, (6), 475

Taylor, K.I. (2005). Understanding communities today: Using matching needs and services to assess community needs and design community-based services. *Child Welfare*, 84, 2, 251-65, or many others that exist in a myriad of sources.

## **C. Strategy Three: Participatory Training Handbook Project**

### **1. Areas of the case to be highlighted:**

The case studies content highlights problems of children, including those particular to adolescents. They address issues of neglect and abuse, and a range of economic conditions. The issue of child abandonment (when children are virtually on their own without resources and support), raises the question of how these vulnerable people can be strengthened collectively using community practice options.

## **2. Teaching methods:**

An example of engaging youth in a participatory training handbook project is a theme that can fit within the social work practice with communities/community organization courses.

For example, this theme was taught for a restricted time period in several course sessions structured in the middle of a semester so that students could understand some prevailing sustainment issues found in social work practice with communities/community organization interactions with client systems.

Given individual teacher styles for course delivery, one teaching method used consisted of a lecture-discussion on how to plan and organize a community organization project where students were then allotted time to work in Case Study Task Teams toward the strategy of assembling a participatory youth handbook. Instructor-led debriefings were held at points in time where it was deemed important to integrate the primary knowledge attained by each team into teaching moments on topics related to “youth recruiting”, and “motivating traumatized youth to participate in a project activity”, and “youth training”. Later in the semester, a whole-class activity was used to summarize all activities undertaken to understand this theme.

Project planning and development literature can be very helpful as students gain knowledge related to conceptually defining “project” and then operationalizing project-related Case Study teams from the perspective of social work practice with communities/community organization around the idea that vulnerable children have useful attributes (knowledge, experiences, suggestions, and skills) that can be shaped into assets that benefit themselves and external child communities.

Rather than the teacher feeding material to students, this course required that students became competent in identifying issues as they arose in groups, processed these issues as individuals, discussed these individual processes with members of the Case Study Task Teams, and harvested information on the issues from relevant literature, and finally made decisions for issue-resolution for the sole best interest of the children.

## **CONCLUSION**

This teaching guide demonstrates that schools of social work can integrate social work practice with communities/community organization study into curricula having the three case studies as the foundation for learning, knowledge, skill, and competency. Themes can be extracted from the case studies and utilized to formulate course objectives, arrange course structures and content, organize teaching methods, and produce child focused activities that students can find useful as they practice with child communities



and other community systems. Examples were offered to show that one school of social work used the case studies with the urgings of community organization students.

Although several themes were extracted from the case Studies, a myriad of themes/issues exist in them that could be useful to the development of community social work students' knowledge, skills, and competences in child welfare. Some additional social work practice with communities/community organization themes suggested by the case studies include problem formulation, population, community, neighborhood, child participation, coordination, collaboration, coalition, organizer role(s), intervention, program, project, service, accountability, professional competence, social justice, advocacy, empowerment, and many more.

Building these new themes into existing, collective social work practice with communities/community organization curricula for fixed periods of time, say five years, continually evaluating, revising, and applying them so that significant numbers of youth benefit can encourage more innovation, creativity, and help. Best practice themes could continue to be discussed in papers, manuals, newsletters, web sites, and others by faculty, students, family members, and children together with professionals and lay communities. Organized practice should focus on goals that place child participation in the vanguard of these activities where the survival of and the best interest of the child prevail.



# ***Real Cases Project:*** **Social Work Practice with Organizations/Administration**

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## **INTRODUCTION**

### **A. Overview of this Course within the Social Work Curriculum**

The course, Social Work Practice with Organizations, focuses on preparing students for direct social work practice with children, adolescents, and their families in an organizational context. Emphasis is placed on administrative issues which promote continuous quality improvement and management strategies, particularly as they pertain to special problems related to life conditions and events that affect children, youth, and families. In addition, the social and practice context which frames the service delivery systems for children is explored.

The course is typically offered as an elective practice course during advanced study at the MSW level. Material delivered as part of this course builds on that which the students have acquired in their foundation curriculum. In particular, it builds upon theoretical knowledge from Human Behavior and the Social Environment core courses and practice principles from Social Work Practice sequence courses.

The specialization creates the opportunity to expand overall child welfare knowledge and analytic skills through an in-depth examination of the needs of children, youth, and families or the dynamics of the child welfare policy arena; to identify and assess a range of analytical and ideological, administration frameworks, to identify and use specialized knowledge for policy and program development; and to develop a more sophisticated understanding of diversity, oppression and the processes of social change. Students advance their capacity to understand, analyze, and modify social administration and services develop specialized policy knowledge related to their long-term professional interests and goals; and learn to generalize what they have learned to other issues and population.

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

The case studies presented as the central learning source for this project have a great deal of relevance for this course. The cases provided for students, illustrate the importance of sound management practices in assessing good child and family assessment, appropriate intervention strategies, case coordination, use of culturally competent practice, and knowledge and use of self in treatment. The cases also permit students to abstract further to examine the critical importance of continuous quality improvement in child welfare cases.

## **C. Learning Objectives for Using the Case Studies in this Course**

Three specific learning objectives related to using the case studies in this course have been developed. They are:

- To build advanced knowledge of administration in a social service agency.
- To develop a repertoire of fundamental management strategies related to social work with children and their families, and to appreciate the importance of strategic planning and continuous quality improvement of those interventions.
- To deepen self-awareness as a manager in considering personal values, experiences, ethnic, cultural, social and economic factors as they relate to the social work relationship in administrative practice with children and their families.

## **D. Overview of What is Included in this Guide**

Included in this teaching guide are four potential strategies for integrating the three case studies into a course such as Social Work Practice with Organizations. They are:

1. Help students to understand the importance of supervision in managing a child welfare case.
2. Assist students in critically analyzing the philosophy of management by objectives in child welfare cases.
3. Work with students to develop self-awareness about decision-making in child welfare
4. Ensure students understand the importance of leadership in social service systems coordination in cases like the *Alex Bell* case, highlighting examples of where leadership could have assisted in moving this case to a positive more outcome.

## TEACHING STRATEGIES

### A. Strategy One: Brainstorming about Supervision

#### 1. Area/issues of the case study to be highlighted:

Help students to understand the opportunities the workers and their supervisors in these cases had to intervene with children and their families, suggest opportunities that were missed, and how, ideally, would a worker have intervened, and what the implications may have been utilized to promote a positive outcome.

#### 2. Timing within semester:

To implement this strategy, instructors will need to spend approximately 1 hour of one class session near the beginning of the course, when administration principles and practices are usually covered.

#### 3. Teaching methods:

Using the case summaries, instructors will ask students to break into three small groups and brainstorm (recording on newsprint paper) about the three areas of supervision from Alfred Kadushin:

*Administrative* - the promotion and maintenance of good standards of work, co-ordination of practice with policies of administration, the assurance of an efficient and smooth-running office;

*Educational* - the educational development of each individual worker on the staff in a manner calculated to evoke her fully to realize her possibilities of usefulness; and

*Supportive* - the maintenance of harmonious working relationships, the cultivation of esprit de corps. (Kadushin, 2002)

#### Instructor Overview of Supervision

The instructor must provide an outline of these three areas for the students, what follows is an example:

It is helpful to think of the three elements as interlinked (or as overlapping). They flow one into another. If we are to remove one element then the process becomes potentially less satisfying to both the immediate parties - and less effective. It is easy to simply identify managerial supervision with administrative supervision

### Administration

Kadushin presents his understanding of the three elements in terms of the primary problem and the primary goal. In **administrative supervision** the primary problem is concerned with the correct, effective and appropriate implementation of agency policies and procedures. The primary goal is to ensure adherence to policy and procedure (Kadushin 2002: 20). The supervisor has been given authority by the agency to oversee the work of the supervisee. This carries the responsibility to *ensure* that agency policy is implemented - which implies a controlling function - and a parallel responsibility to *enable* supervisees to work to the best of their ability.

It also entails a responsibility not to lose touch with the rationale for the agency - 'to provide a first-class service for people who need it (or in some cases are required to have it, in order that they or others may be protected from harm)

### Education

In **educational supervision** the primary problem for Kadushin (2002: 20) is worker ignorance and/or ineptitude regarding the knowledge, attitude and skills required to do the job. The primary goal is to dispel ignorance and upgrade skill. The classic process involved with this task is to encourage reflection on, and exploration of the work. Supervisees may be helped to:

- Understand the client better;
- Become more aware of their own reactions and responses to the client;
- Understand the dynamics of how they and their client are interacting;
- Look at how they intervened and the consequences of their interventions;
- Explore other ways of working with this and other similar client situations

### Support

In **supportive supervision** the primary problem is worker morale and job satisfaction. The primary goal is to improve morale and job satisfaction (Kadushin 2002: 20). Workers are seen as facing a variety of job-related stresses which, unless they have help to deal with them, could seriously affect their work and lead to a less than satisfactory service to clients. For the worker there is ultimately the problem of 'burnout'.

Kadushin argues that the other two forms of supervision focus on instrumental needs, whereas supportive supervision is concerned with expressive needs.

[T]he supervisor seeks to prevent the development of potentially stressful situations, removes the worker from stress, reduces stress impinging on the worker, and helps her adjust to stress. The supervisor is available and approachable, communicates confidence in the worker, provides perspective, excuses failure when appropriate, sanctions and shares responsibility for different decisions, provides opportunities for independent functioning and for probable success in task achievement. (Kadushin 2002: 292)

### Exercise

After a careful assessment of the three case studies, the groups will discuss each point in time where there appears to be a critical intervention or systemic breakdown

Once compiled (allow 30 minutes), the groups will post so the entire class can view. In the full class discussion (allow 30 minutes), look for points of agreement and themes. The instructor will reinforce examples from each of the three areas of supervision. Each of the three supervisory functions, administrative, educational, and supportive could be reviewed in this context and viewed from the perspective of the worker and the supervisor.

Students can explore alternative styles of supervision and growth through continuous education by reading the Weinbach reading.

#### 4. Materials:

Newsprint, markers, case studies

#### 5. Supporting readings:

Kadushin, A. & Harkness, D. (2002). *Supervision in social work*. New York: Columbia University Press, introduction, chapters 1-3.

Weinbach, R. (1998). *The social worker as manager*. Boston: Allyn & Bacon, Chapter 6, pp. 152-175.

#### 6. Evaluation plan for strategy one:

At the end of the course, add two Likert Scale items regarding the specifically identified teaching / learning strategy to the overall course evaluations:

How much did the use of the supervision brainstorming exercise on the three cases impact your learning in this course?

Strongly

Somewhat

Not Much

Not at All

How well prepared are you to appropriately make use of supervision in your practice with children, youth, and families?

by Very Prepared      Somewhat Prepared      Ill Prepared      Not at All

## B. Strategy Two: Discussion about Management by Objectives

*Management by objective works - if you know the objectives. Ninety percent of the time you don't.* - Peter F. Drucker

### 1. Area/issues of the case studies to be highlighted:

This strategy involves focusing on each section of the case studies and analyzing each their objectives.

### 2. Timing within semester:

It is suggested that this strategy be used toward the end of the semester.

### 3. Teaching methods:

Assist students in critically analyzing the repertoire of objectives that were present in the case studies.

Utilizing the guide from the overview, ask students to evaluate their style of setting objectives.

## Overview of Management By Objectives

Management by objectives (MBO) is a systematic and organized approach that allows management to focus on achievable goals and to attain the best possible results from available resources. It aims to increase organizational performance by aligning goals and subordinate objectives throughout the organization. Ideally, employees get strong input to identify their objectives, time lines for completion.

MBO includes ongoing tracking and [feedback](#) in the process to reach objectives.

### Core Concepts

According to Drucker (1990) managers should "avoid the activity trap", getting so involved in their day to day activities that they forget their main purpose or objective. Instead of just a few top-managers, all managers should:

- participate in the strategic planning process, in order to improve the implementability of the plan, and
- implement a range of performance systems, designed to help the organization stay on the right track.



### Managerial Focus

MBO managers focus on the result, not the activity. They delegate tasks by "negotiating a contract of goals" with their subordinates without dictating a detailed roadmap for implementation. MBO is about setting yourself objectives and then breaking these down into more specific goals or key results.

### Main Principle

The principle behind MBO is to make sure that everybody within the organization has a clear understanding of the aims, or objectives, of that organization, as well as awareness of their own roles and responsibilities in achieving those aims. The complete MBO system is to get managers and empowered employees acting to implement and achieve their plans, which automatically achieve those of the organization.

### Where to Use MBO

The MBO style is appropriate for knowledge-based enterprises – such as a child welfare agency when staff is competent. It is appropriate in situations where one wish to build employees' management and self-leadership skills and tap their creativity, tacit knowledge and initiative.

### Setting Objectives

In MBO systems, objectives are written down for each level of the organization, and individuals are given specific aims and targets. "The principle behind this is to ensure that people know what the organization is trying to achieve, what their part of the organization must do to meet those aims, and how, as individuals, they are expected to help. This presupposes that organization's programs and methods have been fully considered. If they have not, start by constructing team objectives and ask team members to share in the process.

For MBO to be effective, individual managers must understand the specific objectives of their job and how those objectives fit in with the overall company objectives set by the board of directors. A manager's job should be based on a task to be performed in order to attain the company's objectives... the manager should be directed and controlled by the objectives of performance rather than by his or her supervisor.

Here are some ways to think about becoming effective:

1. Get very clear about your intention. Actions are meaningless if you don't know what your client wants... Work on getting extremely

clear on what your intention is. The clearer you are with your intentions, the more engaged you are with your client(s) the more powerful your actions will be.

2. Start with the end in mind. Develop a clear picture of what you want to achieve & plan backwards – from future to present. Articulate in as much detail as possible what it is you want.
3. Write it down! The act of writing makes the intention more real, and supports your commitment to it. The process of writing makes the intention more real.
4. Develop a plan with measurable objectives, milestones and target dates. Work from the future to the present when designing your plan. Strategize actions that will be effective, and that leverage your strengths and talents.
5. Have others support you. Let others know what you're doing, co-workers and especially supervisors, so they can support you. The more communicative you are about your goals and plans, the more likely you'll achieve them. Letting others know what you're up to both reinforces your commitment, and creates synergy as now other people are enrolled in the possibility of your intentions/actions.
6. Design a strategy and give it enough time to have it work. Be flexible enough however, to know when to use alternate approaches and strategies for achievement.
7. Create systems to monitor your progress, and be consistent with them. This doesn't mean that daily or hourly monitoring is necessary – it does mean that creating a feedback loop, even if you're the only one participating in the feedback loop, is vitally important. Make time available on a regular basis for self or project review.
8. Utilize your support system, and identify a "co-worker coach" who is committed to your success. Develop a structure to ensure that your co-worker coach and you will communicate on a regular basis. The accountability factor is significant in helping you to stay on track.
9. Appreciate all that you're doing to stay on track, and celebrate your progress along the way! Express gratitude to those who are supporting you, as well as to yourself.
10. Protect yourself from people or things that don't support you. You want to surround yourself with people and things that are going to nourish you and propel you closer to the realization of your objectives with your clients.

The exercise should take between 30 minutes and one hour to complete. The instructor should have a full knowledge of the NYS CONNECTIONS system to discuss with students how management by objectives could be reinforced using this computer based child welfare case management

system. A review of the FASP – Family Assessment Service Plan should also be an integral part of this discussion.

#### 4. Materials:

None

#### 5. Supporting readings:

Mordock, J.B. (2002). *Managing for outcomes: A basic guide to the evaluation of best practices in the human services*. Washington, DC: CWLA, Chaps. 1 & 4.

CONNECTIONS materials for review.

#### 6. Evaluation plan for Strategy Two:

At the end of the course, add two Likert Scale items regarding the specifically identified teaching / learning strategy to the overall course evaluations:

How much did the use of the discussion of management by objectives on the case studies impact your learning in this course?

Strongly	Somewhat	Not Much	Not at All
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How well prepared are you to appropriately utilize the management by objectives approach for your children, youth, and families in practice?

Very Prepared	Somewhat Prepared	Ill-Prepared	Not at All
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### C. Strategy Three: Management is About Making Good Decisions

*Making good decisions is a crucial skill at every level.* - Peter F. Drucker

#### 1. Area/issue of the case studies to be highlighted:

Work with students to develop self-awareness of their decision-making ability by highlighting the dynamics and issues in the three cases that they most identify with, supporting them in their critical analysis of such, and reinforce the important knowledge and use of self in professional decision-making practice with children, youth, and families.

#### 2. Timing within semester:

This strategy can be used at any point in the semester in this course, and is designed to be flexible to the needs of the instructor.

### 3. Teaching methods:

If instructor wishes, this decision-making self-awareness exercise can be used as a small group or paired 15-30 minute discussion. If he/she wishes, this decision-making self-awareness exercise can also be made into a short written paper assignment.

Students will be asked to reflect on the following questions as they relate to the case studies.

- What are the five critical decisions that you think should have been made in these cases?
- What are the five best decisions that were made in these cases?
- What were the five worst decisions that were made in these cases?
- How clear are you in reading these cases that you would have made different decisions than were made in these cases?
- Do you think your supervisor would have provided you with better guidance than the worker in these cases?
- Have you ever been less than properly supervised?
- Have you had experiences when you felt less than adequately supported in your position?
- How did that feel?
- How might your own experiences of class, culture, race, gender impact on your decision-making with these families?
- How might your own experiences of family / parenting / your own rearing and/or adolescence help or hinder your work with these families?

### 4. Materials:

None

### 5. Supporting readings:

Depanfilis, D. (2005). Child protective services. In G. Mallon and P. Hess (Eds.) *Child welfare for the twenty-first century: A handbook of practices, policies, and programs* (pp. 290-301). New York: Columbia University Press.

Shlonsky, A., & Gambrill, E. (2005). Risk assessment in child welfare. In G. Mallon and P. Hess (Eds.) *Child welfare for the twenty-first century: A handbook of practices, policies, and programs* (pp. 302-318). New York: Columbia University Press.

### 6. Evaluation plan:

At the end of the course, add two Likert Scale items regarding the specifically identified teaching / learning strategy to the overall course evaluations:

How much did the use of the self-awareness decision-making exercise on the cases impact your learning in this course?

Strongly

Somewhat

Not Much

Not at All

How well prepared are you to appropriately know and use decision-making as a tool in practice with children, youth, and their families?

Very Prepared

Somewhat Prepared

III-Prepared

Not at All

#### **D. Strategy Four: Role of Leadership in Case Planning**

*Management is doing things right; leadership is doing the right things.* - Peter F. Drucker

##### **1. Area/issues of the case studies to be highlighted:**

Ensure students understand the importance of leadership in social service systems coordination in cases like the three cases, highlighting examples from the case studies where the communication and follow-through between mental health providers and community agencies may have placed the children and their families at greater risk, and emphasizing the leadership role social workers often play in intervention coordination.

##### **2. Timing within semester:**

This strategy might best be used at the end of the course, after students have had substantial content regarding the dynamics of children, youth, and families in systems of care.

##### **3. Teaching methods:**

Personal energy is an important component of personal and social service productivity. Most people cycle between positive and negative energy states during the work week. But the percentage of time spent in positive and negative moods varies significantly. Some people seem to be overwhelmingly negative, while others in similar circumstances can remain much more positive. Increasing the time spent in positive states will improve personal productivity.

The following ten tips suggest ways to facilitate a more positive leadership.

##### **1. Work first on your relationships.**

Relationships are both our best sources of happiness and our biggest sources of problems and frustrations. Developing good relationships and improving or ending the poor relationships in your life will increase your personal energy.

An effective tactic to start improving your relationships is to develop better personal boundaries and standards and work on reducing tolerations.

##### **2. Develop a routine to start every day in a positive mental state.**

It is very helpful to start the day with a routine that creates positive energy. Many people find activities like an early morning walk, exercise, meditation, quiet time, etc., effective in getting their day off to a positive start. It is easier to stay positive, if you can start with a positive attitude.

3. Learn how to monitor your current mental state and changes to it.

This is a complex area, but if you can link negative mood changes to a source or cause, then you are frequently in a position to quickly change back. The important point here is once you are in a negative state, get the message or value from the situation, and then take some action to return to a positive state. This is discussed more in #6 below.

4. Create an energizing physical environment.

Invest some time and money to make your personal surroundings pleasing and energizing to you. Some small items may make a big difference to how your personal space affects your moods.

Poor lighting can lower your mental state, especially in the winter. Some people report a big improvement in their mood just by cleaning up their bedroom and making the bed before leaving for work. Clutter is de-energizing to many people. A sink full of dirty dishes is de-energizing to some.

5. Carefully monitor your self-talk.

Negative self talk is a common source of low moods. When you are hearing negative self talk, be alert to the unrealistic, overly negative messages. Focus on getting any truthful message, then shifting out of overly self-defeating criticism. It is true that we are usually our own worst critic.

6. Develop methods of shifting yourself to a more positive state.

Once you are aware of your negative moods, and have developed your own method of getting the value out of the bad mood, then craft methods of moving back to a positive mood. These methods can include positive self talk, taking action towards a desirable goal, and interacting with another person.

7. Deal with problems effectively.

Problems are a part of life. Few people enjoy problems; but in many cases we can learn from them. It may help to ask yourself several questions, such as:

- What am I contributing to this problem?
- What Life Lesson have I been missing here?
- What is the worst that can happen and how can I improve on that?
- What am I doing right?
- What am I going to do differently?

Getting into a habit of using problems as learning experiences can help us avoid becoming de-energized when they occur.

8. Focus your energy on attracting more of what you want.

Time and energy spent dwelling on problems is frequently better spent pursuing desirable goals. It helps to examine your own contribution to any difficulties and understand how you may need to change. Then be sure to ask others directly for what you want from them; don't fall into the trap of under communicating.

In this way, you are always making course corrections and moving forward. I have found it helpful to print out a list of goals and my theme for the week first thing Monday morning. This seems to help me get started on a positive note.

9. Be a positive energy source with others.

Negative energy seems to attract negative results. Keeping your own mood positive can encourage positive moods and suppress negative behavior in others.

10. Avoid using negative energy as an energy source

Many people have a shortage of positive energy in their lives and use negative energy as their energy source. They create busyness, use deadlines, crises, and problems to keep them going. In many cases, their motivation patterns shift completely from seeking pleasure to avoiding pain. In most cases, serious burnout is the eventual result of becoming dependent on negative energy sources.

A select group of students will be asked to take on the roles of the worker in these cases and his or her two supervisors, one of whom is a Commissioner level person., in relation to the cases in a live

class presentation of an Emergency Case Conference. The goal of the emergency case conference is to ensure the safety and well-being of the children, but also for the students to learn about positive and negative leadership styles in supporting positive outcomes for families. The following roles are to be represented: Social Worker; Social Worker's Supervisor; Commissioner.

After the simulated emergency case conference (allow approximately 15 minutes), students who played roles are asked to give feedback about how they viewed both the processes and potential outcomes of the conference. Then, under facilitation of the instructor, the discussion is open to the entire class. This discussion can last for 30 minutes. The instructor should then summarize critical feedback given.

#### 4. Materials:

None

#### 5. Supporting readings:

Drucker, P.F. (1990). *Managing the non-profit organization*. NY: HarperCollins, p. 9-27.

Kluger, M.P., & Baker, W. (1994). *Innovative leadership in the nonprofit organization: Strategies for change*. Washington, DC: CWLA, chapter 2.

Milner, J., Mitchell, L., & Hornsby, W. (2005). Child and family services reviews. In G. Mallon and P. Hess (Eds.) *Child welfare for the twenty-first century: A handbook of practices, policies, and programs* (pp. 707-718). New York: Columbia University Press.

#### 6. Evaluation plan:

At the end of the course, add two Likert Scale items regarding the specifically identified teaching / learning strategy to the overall course evaluations:

How much did the use of the role play on systems coordination and leadership regarding the cases impact your learning in this course?

Strongly	Somewhat	Not Much	Not at All
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How well prepared are you to utilize your own leadership with regards the needs of children, youth and their families?

Very Prepared	Somewhat Prepared	Ill-Prepared	Not at All
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## CONCLUSION

### A. Recap

The case studies present numerous learning possibilities for a course like Social Work Practice with Organizations. Nearly every learning objective typically developed for a course such as this one could be achieved through a strategy linked to the use of these case studies. Objectives regarding the use of supervision, management by objectives, the use of self in relationship to decision-making, and the role of leadership in case planning are only some of the themes addressed in this teaching guide.

### B. Suggestions for Future Courses

Future courses could build on the strategies presented here. Active learning techniques such as role playing, debates, small or large group discussions as well as in depth reading assignments and reflective paper assignments are offered here as effective tools to aid in the learning and teaching process. Instructor creativity with and adaptation of these and other techniques are encouraged with regard to any number of other learning objectives for this or any other course.



# ***Real Cases Project:*** **Social Work with Groups**

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## **INTRODUCTION**

### **A. Overview of this Course within the Social work Curriculum**

This course is designed to increase students' knowledge and skill in social work practice with groups. Covered are the generic knowledge and skills that social workers require to work in groups with vulnerable populations. An aim of the course is to assist students in recognizing the efficacy of practice with groups in a variety of clinical and community settings. Emphasis is on the necessary skills for influencing individual change through small groups. Special issues include values and ethics in group work practice and social justice concerns. This is an elective course that builds upon the knowledge and skills acquired in the first year Foundations of Practice courses.

### **A. Relevance of these Case Studies to this Course**

Each of the three case studies will be used on many levels in this course. For example, aspects of each case will illustrate the need/opportunities for various types of groups such as socialization groups, therapy and counseling groups, support and self help groups, and task groups. The relevance of each of these types of groups will be discussed and explored in detail, specific to the cases; how group work can be helpful to the family members and staff involved in these cases. These cases will show how specific types of groups are indicated with problems such as abuse/neglect, mental illness addiction, depression, physical illness, parenting, and social isolation, and other key issues presented in the cases.

The cases will be used to teach social group work concepts including: agency context, need, purpose, composition, structure, content, pre-group contact, and evaluation. Problems present in these cases where social group work may be indicated as an intervention include: Andrea's history with mental illness and subsequent feelings of isolation, Vincent's experiences of having a mentally ill mother, Anne M's history of domestic violence and the associated feelings of isolation, shame, and self blame, and Jason's experiences having an abusive grandmother and unstable home environment.

Social workers working with each of these three cases could benefit from support groups as well to help manage the emotional stress of their jobs.

### **B. Specific Learning Objectives Related to Using the Cases in this Course**

- Through careful discussion of the cases, students will gain an understanding of the roots of social group work, particularly its emphasis on work with poor and oppressed populations, for example children, adolescents, people struggling with mental illness, people experiencing trauma, people who are in foster care, homeless, and people with health problems.
- Students will learn about various client needs and how group work can meet some of these needs, for example mental illness, domestic violence, child abuse and neglect, isolation, addiction, foster care, homelessness, lack of social support, and depression,.
- Students will develop an ability to articulate the potential benefits of a group experience and when the group is the preferred modality in social work practice.
- Students will be learn about different types of groups, for example socialization groups, therapy and counseling groups, support and self help groups, and task groups and will generate group examples from each of the three cases.
- Students will learn specific group work dynamics, including all elements of the mutual aid process, and will become practiced in various group work skills, particularly those pertaining to latency aged children, cases of abuse/neglect, mental illness and domestic violence, isolation, depression, autism, and other issues.

### **C. Overview of What is Included in this Guide**

This Teaching Guide includes an overview of the course, Social Work with Groups, the learning objectives for incorporating the three cases into the course, a discussion of how the cases will be used as a semester-long centerpiece to teach many core group work concepts and skills, and a discussion also about how the cases can be used in a single class session to more deeply illustrate group work concepts “in action.” Suggested readings are also included.

## **TEACHING STRATEGIES**

### **A. Strategy One: Course-Long Integration of Cases**

The three cases will be the centerpiece of this course. Various group work concepts, theories, skills, and ideas will be illustrated through a discussion and careful examination of the cases. Specific course-long themes include: The Process of Forming a Group Within an Agency; Planning: Composition, Structure, Content; The

Dynamics of Mutual Aid; The Beginning Stage of Group Development; Power and Control; Mutuality and Work; Separation, Termination, Transition.

**1. Area/issue of the case studies to be highlighted:**

Students will be asked to identify the problems in the cases and identify missed opportunities for group work intervention. Students will be asked to identify client needs and go through the planning of various groups for these cases. Students will explore these questions: What is the client need? How does it fit into the agency context? How can group work be helpful? What type of groups are indicated and for whom? What are the barriers or obstacles to the development of groups in these cases? How will the obstacles be overcome? What is the group's purpose? What are the recruitment, composition, leadership and evaluation strategies?

Students will be asked to select a client from one of the case studies, for example, Andrea, Vincent, Anne, Mary or Jason, and to identify ways that group work could have been implemented into the service plan. Problems that could have been addressed through a group work approach include: Andrea's long history with untreated mental illness and subsequent feelings of isolation, failure, and low self esteem, Vincent's feelings of isolation associated with being the child of a mentally ill mother; Vincent's experiences with autism and his need to connect with others with similar diagnoses and experiences; Anne's experiences with domestic violence perpetrated against her by her husband and the associated feelings of pain and her desire to protect her children from harm; and Jason's experiences with an unstable and abusive grandmother and his need to connect with others in similar circumstances.

Students will also have opportunities to explore reasons why groups were not initiated into the cases. One area of focus will be the stress associated with child protection work and the possible need for staff groups on Vicarious Traumatization as a way of providing staff with emotional supports to allow them to be as effective and responsive as possible in these (and all) cases.

**2. Timing within semester:**

Each of the three cases will be used as a centerpiece throughout the whole 14-week course. It will also be used in more detail for one or two class sessions, for example a class devoted to Dynamics of Mutual Aid and a class on group work with populations including children and adolescents and domestic violence

**3. Teaching methods:**

This course will use multiple teaching methods including short lectures, small group discussions, role play writing and performing, class discussions; the course itself will be run as a group as a way of modeling, through the parallel process, group work in action. For example, at the beginning of the class, careful attention will be paid to atmosphere in the class. The teacher will model core group work skills such as engagement, contracting, encouraging a safe, open

exchange of ideas where everyone's voice is valued, much like what would occur in a social work group. The teacher will pay close attention to both the process and the content elements of the class, and will encourage students to help each other through their learning process by directing them to speak to each other not just to the teacher. Confidentiality, mutual respect, cultural sensitivity, and demand for work are examples of what will be carefully emphasized in the class, as model for the students to see good group work in action.

#### **4. Materials:**

Multiple Copies of the cases; dry erase board, flip chart with paper, chairs that can be moved into a circle. For every class, the chairs will be arranged in a circle or semi circle to allow maximum eye contact and communication among the students and teacher. At the beginning of the semester, the three case studies will be distributed to students along with the syllabus. During various class sessions, the dry erase board (or flip chart) will be used to help students record answers to questions asked of them during various in-class exercises: such as: What is the client need? How does it fit into the agency context? How can group work be helpful? What type of groups are indicated and for whom? At various points in the semester, the students will use the dry erase board and/or flip chart to generate lists that will then spring board to larger class discussions.

#### **5. Supporting readings:**

- a. On Group Work/Mutual Aid: [These provide an excellent overview of social group work, group stages, group formation and the mutual aid process.]

Northen, H. & Kurland, R. (2001). *Social work with groups, 3<sup>rd</sup> Edition*. New York: Columbia University Press.

Shulman, L. (1999). *The skills of helping individuals, families, groups, and communities*. Itasca, IL: F.E. Peacock.

Steinberg, D.M. (2004). *The mutual aid approach to working with groups*. New York: Haworth Press.

- b. On Groups with Teens: [These build on a group work foundation and provide an understanding of the unique needs/tasks of the adolescent and pre-teen in group and for the group leader.]

Abrams, B. (2000). Finding common ground in a conflict resolution group for boys. *Social Work with Groups*, 23(1), 55-68.

Malekoff, A. (2002). The power of group work with kids: Lessons learned. *Social Work with Groups*, 25 (1/2), 73-86.

c. On Addictions and Women:

Sauliner, C.F. (2003). Goal setting process: Supporting choice in a feminist group for women with alcohol problems. *Social Work with Groups*, 26(1), 47-68.

d. On Trauma and Abuse: [This is a classic in the field of trauma and will provide students with a solid framework for understanding a range of human traumas.]

Herman, J. (1997). *Trauma and recovery*. New York: Basic Books.

e. On Worker Stress and Vicarious Traumatization: [This is a relatively new area of study where the effects of the work on workers are given careful attention. Group workers and workers in child protective fields need to be educated in this area.]

**6. Evaluation plan:**

The course will be evaluated at two points in the semester: the mid-point and the last class. Students will be asked to provide anonymous, written feedback on the course, specifically the integration of the cases into the course and their experiences with achieving the stated learning objectives. At the midpoint and the end point in the semester, students will be given a Mid-semester Feedback Form and a Final Feedback Form. After the forms are handed out, the student will be asked to take a few minutes to provide written feedback on the course. After a few quiet minutes of writing, the students will then be asked to also provide verbal feedback on their experiences in the class. This is an important component particularly in a class on group work. Student feedback is often elicited and is woven into the overall class experiences. These forms will be distributed at the end of the 7<sup>th</sup> class and at the end of the 14<sup>th</sup> class. A sample of the form is attached.

**B. Strategy Two: Elements of Mutual Aid and Group Formation**

**1. Areas/issues of the cases to be highlighted:**

Using one of the cases as a backdrop, students will be asked to create a group that could have been implemented in this case. For example, Anne M. could have joined a group for women survivors of interpersonal violence battered women where she will begin to explore her feelings associated with her relationship and the violence in her home. Through talking openly with other women in similar circumstances, she will learn that she is not alone and that others share her feelings of fear, pain, and isolation. Through sharing these feelings, she is mobilized to grow and change.

Through the creation of a hypothetical group, students will learn about dynamics of mutual aid that would have informed a group with Anne (or any other family member). These dynamics are:

- 1) sharing data: the power of introductions, sharing basic facts about ourselves and our lives in a group setting;
- 2) discussing taboo areas, where group members explore topics such as authority or substance abuse that they perceive as forbidden in the outside world; the “all in the same boat” phenomenon, experienced when group members sense that they are not alone in their feelings;
- 3) developing a universal perspective, is especially relevant with oppressed and less powerful populations, is likened to consciousness raising and involves replacing self blame with a broader understanding of societal forces contributing to one’s circumstances;
- 4) mutual support, where members are encouraged to openly express their feelings and demonstrate genuine empathy for each other;
- 5) mutual demand, where members pay attention to and are invested in the growth and accomplishments of individuals and members of the group as a whole.

Students will learn about these concepts, will learn how these specific mutual aid dynamics would be particularly relevant to each of the families and how they would play out in group. For example, isolation seems to be a relevant theme in Vincent’s life. A group, based on a mutual aid approach, would be instrumental in reducing isolation. The mutual aid dynamics can be applied to Vincent in the following ways:

- 1) All in the same boat: Vincent would feel a sense of collectivity when joining a group with others in similar abusive/neglectful circumstances. He may begin to realize he is not alone;
- 2) discussing taboos areas: Vincent’s mother is mentally ill who has been unsuccessful in her attempts to get treatment. Vincent is seriously negatively affected by his mother’s mental illness. He, likely, has no one to talk to about this, as children of mentally ill parents experience shame, self-blame, and isolation. Being with others in similar circumstances will help him open up and talk about his feelings about his mother’s mental illness and how it affects him;
- 3) mutual support and mutual demand: Vincent can receive support from the other group members and he will also be able to offer support to the others. This reciprocal process is the hallmark of mutual aid.

[Note: The above uses Vincent as the primary client. Any family member could be used to illustrate these Group Work concepts.]



Students will learn specific social group work skills needed to foster a successful mutual aid group. These skills include: engagement, demand for work, endings and transitions. Each skill area will be broken down into smaller parts for example, students will learn to be clear about purpose, to establish a caring, supportive, non-judgmental group atmosphere, to create group rules with an expectation of confidentiality, to attend to “two clients”: Vincent and the group as a whole; to allow silence, to scan the non-verbal forms of communication among the members; to encourage members to talk to each other (not only to the worker), to lend a vision, where worker shares hopes of the groups possibilities and capabilities, to foster group mending, group confrontation, and taking stock, which allows for successful termination and transitions.

**2. Structure:**

This unit (on the Dynamics of Mutual Aid) will cover 1 to 2 class sessions in a 14-week semester.

**3. Teaching methods/activities:**

This unit will include a brief lecture on mutual aid dynamics, how they are defined, what they look like. Students will be asked to write/create a Scripted Role Play exercise where one of the individuals in one of the three cases joins a Mutual Aid group. The Role Play script will need to show purpose, composition, and mutual aid dynamics. Class members will be asked to play various roles and the script will be read aloud and discussed as a class in reference to two specific areas: mutual aid dynamics observed and worker skill.

**4. Materials needed:**

Black board, copies of the cases

**5. Supporting readings:**

(Readings previously listed under Strategy 1, including the following Sections:

- a. On Group Work/Mutual Aid
- b. On Groups with Teens
- c. On Trauma and Abuse
- d. On Worker Stress and Vicarious Traumatization

In addition, for this section the following reading is also recommended:

On Mental illness: [This reading uses gender as a lens for conceptualizing group work. This may be specifically relevant to a discussion of any of the mothers in the case studies.]

Sherman, D.M. (2006). *I am not alone: A teen's guide to living with a parent who has a mental illness*. Edina, M.N.: Beavers Pond Press.

**7. Evaluation plan:**

The Mutual Aid unit will be evaluated at the end the two-session module. A one page Feedback Form will be distributed to students where they will be asked to provide feedback on their experiences with the 2-week Mutual Aid unit. Feedback

will be both written and verbal. After the forms are handed out, the student will be asked to take a few minutes to provide written feedback on the course. After a few quiet minutes of writing, the students will be asked to also provide verbal feedback on their experiences in the class. This is an important component particularly in a class on group work. Student feedback is often elicited and is woven into the overall class experiences.

## **CONCLUSION**

### **A. Recap**

This Teaching Guide shows various ways that each of the three cases can be woven into a Social Work with Groups course, specifically how there are missed opportunities for group work, how group work is often the best practice approach, how problems such as abuse/neglect, isolation, mental illness, domestic violence, health problems and parental stress can be addressed through a Mutual Aid group.

This Teaching Guide uses three cases to illustrate the dynamics of mutual aid and provides an assignment for students to envision, create, and evaluate a group for one or more of the family members in each of the three cases OR in one of the cases. The Guide outlines core group dynamics as well as worker skills.

### **B. Suggestions for Future Courses**

Future courses, such as Foundations of Social Work Practice and Social Work with Trauma and Interpersonal Violence could also use these cases to highlight intervention theories and approaches to practice that are grounded in the reality of a specific case.

## APPENDIX TO TEACHING GUIDE FOR SOCIAL WORK WITH GROUPS

### Sample Final Feedback Form

Wurzweiler School of Social Work  
Yeshiva University

Social Work with Groups  
Final Feedback Form

Directions: Please take a few moments to provide feedback on your particular experiences in this class. Your feedback will be used to plan future classes. Thank you.

- A specific example of something that was particularly meaningful or important to me about this class...
  
  
  
  
  
  
  
  
  
- A specific example of something that was less meaningful or less important to me about this class...
  
  
  
  
  
  
  
  
  
- My experiences of the use of the three cases throughout the semester...
  
  
  
  
  
  
  
  
  
- A suggestion I would make for improving this course...
  
  
  
  
  
  
  
  
  

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- Please add a few comments on the following class components:
  - Textbooks and other readings:
  - Written assignments:
  - Class climate/atmosphere:
  - In class exercises, including the three case examples:
  
  
  
  
  
  
  
  
  
- Anything else you'd like to add...



# ***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.



# ***Real Cases Project:*** **Child Welfare Policy and Program Analysis**

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## **INTRODUCTION**

### **A. Overview of this Course within the Social Work Curriculum**

Child Welfare Policy and Program Analysis can be considered a one semester elective course that builds on the policy foundation provided by the social welfare policy sequence 1 and 2 courses.

The course will provide social work students with the assessment tools needed to both recognize and think critically about the following:

- Child welfare policy within the larger milieu of social welfare policy.
- The social conditions and unmet needs that have typically precipitated child welfare policy.
- The ideological debates informing child welfare policy.
- The historical precedents that shape contemporary child welfare policy.
- The impact of child welfare policy on traditionally marginalized groups.
- Similarities and differences between child welfare policies of different eras.
- Strengths and weaknesses of child welfare policy.
- The components needed to formulate effective child welfare policy.

### **B. Relevance of these Case Studies to this Course**

All three case studies appear to have policy themes that have been at the core of much of America's contemporary child welfare policy: placement prevention/family preservation, foster care, and education. These policy themes will provide a frame of reference for an historical and contemporary analysis of child welfare policy and programs in the United States. Special attention will be paid to those child welfare policies and programs that shape and inform contemporary preventive/family preservation services, foster care and public education.

An historical overview and understanding of child welfare policy and programs is necessary for social work students as it alerts them to the following:

- Social conditions and unmet needs that have typically precipitated the need for policy.
- Ideological debates for and against policy.
- Evolution of policy over time.
- Similarities and differences between policies of different eras.
- Past approaches and strategies for policy formulation.
- Strengths and weaknesses of past policy.

This in turn allows social work students to not only bring a broader range of understanding to their analysis of contemporary child welfare policy and programs, but also to the components needed to formulate policy.

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

The specific learning objectives related to using the three case studies in this course are as follows:

- To provide a frame of reference for identifying the various policy themes and programs present in a typical child welfare case.
- To provide a frame of reference for tracking contemporary child welfare policy and programs back to their origins, with specific attention being paid to social conditions and unmet needs that precipitated the policy, ideological debates for and against the policy, constituents served by the policy, evolution of the policy over time, and the strength and weaknesses of the policy.
- To provide a frame of reference for understanding the impact of child welfare policy and programs on traditionally marginalized groups: families of color, immigrants, women, the economically disadvantaged, substance abusers, gays, lesbians, transgendered youth and adults, the chemically addicted, and individuals with mental and physical impairments.
- To provide a frame of reference for critiquing the strengths and weaknesses of child welfare policy and programs, most particularly as they relate to the cases.

To provide a frame of reference from which students can begin to formulate new policy based on the strengths and weaknesses present in contemporary child welfare policies.

### **D. Overview**

The following is a description of what is included in this teaching guide:

- 1) A description of the overall strategy for integrating the three case studies into the course.
- 2) A description of the strategy for analyzing the policy themes germane to the case studies. This description will include the structure of the course, teaching methods to be utilized, materials needed, supporting readings/handouts, and evaluation plan for assessing students' achievement of strategy objectives.



## TEACHING STRATEGIES

### A. Strategy One: Case Study Integration

#### 1. Area/issue of the case study to be highlighted:

The three case studies will each be integrated throughout the Child Welfare Policy and Programs Analysis course as a framework for identifying and analyzing the policy themes and accompanying programs that comprise an actual child welfare case. For example, the Andrea R. case highlights specific educational concerns, which will provide the framework for exploring the role of education and foster care within the larger milieu of past and current child welfare policy. Similarly, the Andrea R. case highlights mental illness, while the Anne M. case highlights complications related to domestic violence. Both of these cases will provide the framework for exploring child protection and placement prevention/family preservation policy within the context of past and present child welfare policy. Finally, the absence of coordination between the educational, mental health professionals, preventive, and foster care programs involved in the three case studies provide a framework for exploring the weaknesses of current child welfare policy.

#### 2. Timing within the semester:

Each of the aforementioned policy themes will be divided into individual units for class analysis. Each unit will be explored over four class room sessions (see strategy two for timing of the units within the course).

#### 3. Teaching methods:

Lecture, interactive and small group discussion, and presentations will be the teaching methods throughout the course (See strategy two for specific description).

#### 4. Materials:

No specific technical materials or supplies will be needed to teach this course.

#### 5. Supporting readings:

See strategy two for specific readings and handouts to be used in the course.

#### 6. Evaluation plan:

See strategy two for evaluation plan for assessing achievement of course objectives.

## B. Strategy Two: Analysis of Policy Themes Germane to the Case Studies

### 1. Areas/issues of the case to be highlighted:

This strategy covers the beginning stage and ongoing development of the course. In classes 1-4, the overview will examine the historical, social, ideological, and political factors that have brought about preventive/family preservation policy as a means of augmenting the functioning of families whose children are at risk for some form of out-of-home placement. In classes 5-8, the overview will examine from an historical, social, ideological, and political perspective, factors that have brought about foster care as the principle out-of-home-placement for children removed from their families. In classes 9-12, the overview will examine the historical, social, ideological, and political factors that have brought about the system of compulsory formal education for America's children. The remaining classes will be devoted to individual presentations.

### 2. Timing within the semester:

The timing of the units within the course is as follows:

**Classes 1- 4** will provide an overview and analysis of the **Preventive services/family preservation policy themes** identified in the three case studies. Special attention will be paid to specific preventive/family preservation policy and accompanying programs that have shaped contemporary preventive service/family preservation programs and practice. These policies are as follows:

1. The **Child Abuse Prevention and Treatment Act of 1974 and its subsequent amendments of 1978, 1988, 1996 & 2003**, which established the National Center for Child Abuse and Neglect within the Department of Health & Human Services and provided a model statute for state child protective programs. The act also established a standard definition of child abuse and neglect, methods for reporting and investigating abuse and neglect, immunity for those reporting suspected injuries inflicted on children, and prevention and public education efforts to reduce incidents of abuse and neglect
2. The **1993-Family Preservation and Family Support (FP/FS) Services**, which is a title IV-B, subpart 2 of the Social Security Act. The FP/FS provides federal funding specifically dedicated to child welfare preventive services.
3. The **1997 Family Preservation and Family Support Services, which was expanded and reauthorized as the Promoting Safe and Stable Families (PSSF) program**. The PSSF program promotes the view that the welfare and safety of children and of all family members should be maintained while strengthening and preserving the family. For this to happen the family as a whole has to

receive services, which identify and enhance its strengths while meeting individual and family needs. Services should be easily accessible, often delivered in the home or in community-based settings, and they should respect cultural and community differences. In addition, they should be flexible, responsive to real family needs, and linked to other supports and services outside the child welfare system. Services should involve community organizations and residents, including parents, in their design and delivery. They should be intensive enough to keep children safe and meet family needs, varying between preventive and crisis services.

**Classes 5 - 8** will provide an overview and analysis of the **foster care policy themes** identified in the Mary S. and Andrea R. case studies. Special attention will be paid to the policies, court rulings and accompanying programs that have shaped contemporary foster care services at the national and local level (New York). These policies and court rulings are as follows:

1. The **Indian Child Welfare Act of 1978**, which came into law as a result of Native American children being placed in non tribal home; and as a result not having access to their cultural heritage. The act established tribes, rather than state courts, as the governing bodies responsible for Native American foster children.
2. The **Multiethnic Placement Act of 1994**, which prohibited state agencies and other entities that receive federal funding and were involved in foster care or adoption placements from delaying, denying or otherwise discriminating when making a foster care or adoption placement decision on the basis of the parent or child's race, color or national origin.
3. The **Adoption and Safe Families Act of 1997**, which is the most comprehensive federal legislation pertaining to foster care. It covers an array of foster care services and provides the framework for all foster care and adoption practice in the United States.
4. The **Foster Care Independence Act of 1999**, which allows states to use Medicaid dollars to provide health insurance coverage to former foster children until age 21 and allows youth to have assets worth up to \$10,000 without losing benefits. It also doubles the money for Independent Living programs (from \$70 million to \$140 million) and allows this money to be spent on such activities as life skills training, substance abuse prevention, and preventive health skills.
5. The **Wilder lawsuit of 1973**. The suit was filed by Attorney Marcia Lowry on behalf of Shirley Wilder and five other children who had suffered in the New York City foster care system because of their

ethnicity and religion. After litigating the case for fifteen years, Lowry won a court decree establishing the principle that every child, no matter what their race or creed, should have an equal opportunity to receive the best services the New York City foster care system had to offer.

6. The **Eugene F. vs. Gross lawsuit of 1986**. The suit was filed on behalf of African American foster children in New York City who were placed in either non-African-American homes or left with relatives who had little in the way of resources to care for them. The *Eugene F. v. Gross* ruling established that, in emergencies, children must be placed with relatives immediately, without the usual investigation to assess whether those relatives could provide a suitable home. In 1989, the New York State Legislature made this no-questions-asked “emergency” policy the norm where relatives are concerned. Moreover, it required that child welfare agencies actively search for relatives to care for children who need foster care rather than place them with strangers
7. The **Marisol vs. Giuliani lawsuit of 1995**. The suit was filed on behalf of Marisol, a child who almost starved to death in a closet while she was in the city's child-protection system. The suit sought the takeover of the New York City child-welfare system by a receiver. The rationale for this action was that the Child Welfare Administration as it was then called did not do enough to protect children in foster care. The settlement of the lawsuit opened the city's Administration for Children's Services to intense independent scrutiny by a panel of experts over two years. It also set a moratorium on new class-action lawsuits during that period. In the process, the agreement dissolved the Wilder Settlement, the decree in a lawsuit originally filed in 1973, which was supposed to ensure that all children in need of foster care were placed fairly and according to their needs.
8. The **Joel A. vs. Giuliani lawsuit of 1995**. This lawsuit, which was brought by the Urban Justice Center, a nonprofit advocacy organization for the homeless, and lawyers at Paul, Weiss, Rifkind, Wharton & Garrison, working pro bono, charged that because the plaintiffs are gay, lesbian, bi-sexual or transgendered, they are routinely subjected to physical abuse by peers and child-welfare staff members. The lawsuit was dismissed, however, because the judge ruled that needs of this group would be covered by the Marisol vs. Giuliani settlement. The judge did stipulate, though, that the plaintiffs could bring individual law suits against the city.

**Classes 9 - 12** will provide an overview and analysis of the **Public Education policy themes** identified in the Andrea R. case study. Special attention will be

paid to the symbiotic relationship between formal education and child welfare policy. Special attention will also be paid to the **2000 No Child Left Behind Act**, which is the most comprehensive federal legislation pertaining to the public education of America's children.

**Classes 13 -15** will be allocated for individual presentations.

### **3. Teaching methods/activities:**

Lecture, interactive and small group discussion will be the teaching methods throughout the course. The lectures, which will be a feature of each class, will provide students with an historical and contemporary overview of the policy themes and accompanying programs germane to the three case studies.

The interactive class discussions, which will be a feature of each class, will provide the students with an opportunity to share their thoughts, ideas, observations and reactions to the course readings and/or the policy theme(s) covered in the lecture. These interactive class discussions will be prompted by questions from the lecturer; whose specific goal is to stimulate the individual and group learning process by having students share with each other their analysis of the course readings and/or the policy theme(s) and accompanying programs that were covered in the lecture.

The small group discussions, which will be scheduled for classes 4, 8 & 12, will have the students split into groups of four (or other configurations as instructor sees fit), with the express purpose of each group critically analyzing individual components of the policies covered in the previous three classes of the respective unit. For example, one group will critically analyze the ideological framework and debates related to the policies. One group will critically analyze the social conditions and unmet needs that precipitated the formulation of the policies. One group will critically analyze the strengths and weaknesses of the policies. One group will critically analyze the impact of the policies on the each of the families. The groups will then reconvene and present their analysis to the whole class.

The goal of the small group discussions and presentation is to enhance the student's ability, both as an individual and as part of a group, to both recognize and critically analyze the individual components that comprise child welfare policy.

### **3. Materials needed:**

Handouts aside, no specific technical materials or supplies are needed to teach this course.

#### 4. Supporting readings:

Unless otherwise specified, related articles will be made available for students to read for discussion in class. See below for a list of the related articles, which are divided by policy theme unit. Please note that the readings have been selected because they provide the student with one or more of the following: an historical overview of policy, an analysis of policy/ program, an analysis of the impact of policy on a marginalized group or groups, ideological debates about policy, on-going debates about policy, implications and unintended consequences of policy.

#### **Preventive services/ Family preservation Unit (Weeks 1-4)**

Bagdasaryan, S. (2005). Evaluating family preservation services: Reframing the question of effectiveness. *Children & Youth Services Review*, 27 (6), 615-635.

Carten, A.J. & Dumpson, J.R. (1997). Introduction- The status of American children. Protecting children from substance abuse (p159-179). In *Removing risk from children: Shifting the paradigm*. Beckham House Pub. Silver Spring, MD.

Carten, A.J. & Dumpson, J.R. (2004). Family Preservation and neighborhood-based services: An Africentric Perspective. In Everett, J.E., Chipungu, S.P., & Leashore, B.R. (Eds), *Child welfare revisited: An Africentric perspective* (pp.225-242). New Brunswick, NJ: Rutgers University Press.

Davidson, C. (1993). Dependent children and their families: a historical survey of United States policies, (Chapter 3). In *More than kissing babies: Current child policy in the United States*, Jacobs, F. & Davies, M. (ed), Auburn House, Connecticut.

Downs, S, et al (2004). *Child welfare and family services: Policies and practice* (7<sup>th</sup> ed): Chapter 3- Services to Prevent Maltreatment and Support Families (pp77-118); Chapter 8 - Family Preservation Services (pp286-315).New York: Pearson Education, Inc.

Hill, R.B. (2004). Institutional racism in child welfare. In Everett, J.E., Chipungu, S.P., & Leashore, B.R. (Eds), *Child welfare revisited: An Africentric perspective* (pp.55-77). New Brunswick, NJ: Rutgers University Press.

Jacobs, F. & Jacobs. F. (2005). *More than kissing babies*: Chapter 1 – Child and Family Policy: Framing the issues, Chapter 10 – Considering race, class and gender in child and family policy, Chapter11–On the eve of a new millennium. Auburn House, Connecticut.

Lind, A. (2004). Legislating the family: Heterosexists bias in social welfare policy frameworks, *Journal of Sociology and Social Welfare*, 31 (4):21-35.

Smith, E.P. & Merkel-Holguin, L.A. (1996). *A history of child welfare*: Chapter 4- An Outrage to Common Decency: Historical Perspective on Child Neglect (pp61-82). New Brunswick. Transaction

### **Foster Care Unit (weeks 5- 8)**

Ahuja, S., Bowles, J., Courtney, J., Faber, P. & Thrush, G. (2000). *Too fast for families*. Center for an urban future (pp1-26). (Handout)

Barbell, K. & Freundlich, M. (2001). *Foster care today*. Washington, DC: Casey Family Programs. <[http://www.casey.org/NR/rdonlyres/89981DE1-D4B8-4136-82DDDD1C8FDEF7CE/79/casey\\_foster\\_care\\_today.pdf](http://www.casey.org/NR/rdonlyres/89981DE1-D4B8-4136-82DDDD1C8FDEF7CE/79/casey_foster_care_today.pdf)>

Davidson-Arad, B. (2005). Fifteen-month follow up of children at risk: Comparison of quality of life of children removed from and children remaining at home. *Children and Youth Services Review*, 27(1), 1-20.

Downs, S, et al (2004). *Child welfare and family services: Policies and practice* (7<sup>th</sup> ed): Chapter 9: Foster Care for Children and Their Families (pp319-356). New York: Pearson Education, Inc.

The future of Children (2005). *The cost of child protection in the context of welfare reform*. (Class Handout)

McGowan, B.G. (2005). Historical evolution of child welfare services. In *Child welfare for the Twenty-First Century: A handbook of practices, policies, and programs*. G. Mallon and P. Hess, eds. New York: Columbia University Press, 2005.

National Clearinghouse on Child Abuse and Neglect Information (2003). *Major Federal Legislation Concerned with Child Protection, Child Welfare & Adoption*.

Smith, E.P. & Merkel-Holguin, L.A. (1996). *A history of child welfare*: Chapter 8 - From Indenture to Family Foster Care: A brief History of Child placing (pp155-174); Chapter 9 - A History of Placing out: The Orphan Trains (pp175-192). New Brunswick. Transaction.

Wexler, R. (2006). *Foster care vs. Family Preservation* (Class Handout).

### **Education Unit (Weeks 9-12)**

Katz, M.B. (1986). Child saving, *History of education quarterly*. 26: 413-24

United States Department of Education (2005) *No Child Left Behind Policy Report*. (Class Handout).

Smith, E.P. & Merkel-Holguin, L.A. (1996). *A history of child welfare*: Chapter 2 - The Dilemma in Saving Children From Child Labor: Reform and Casework At Odds With Families' Needs (1900-1938) (pp21-44); Chapter 7: Janie Porter Barrett and the Virginia Industrial School for Colored Girls: Community Response to the needs of African-American Children (pp135-154). New Brunswick. Transaction

### **5. Evaluation plan:**

To evaluate whether or not the Child Welfare Policy and Programs Analysis course objectives are met, students will be required to complete a mid-term and final assignment, as well as an oral, class presentation. The mid-term assignment (see Appendix A for actual assignment outline) will require students to complete an 8-10 page paper that identifies an existing child welfare problem that is not currently addressed by policy. In writing the paper, the student will have to provide the following information: a description of the problem; a description of how long the problem has existed; statistical evidence of the problem; current knowledge about the problem (e.g. scientific, theoretical, sociological, psychological etc.); current ideological debates about the problem; and a concluding statement making an argument for a policy to be formulated to address the identified problem.

To successfully complete their mid-term assignment, students will demonstrate the ability to think about, and integrate, key concepts learned in the course into their paper. That is, they will have to be able to think critically about the social conditions that have led to their identified problem, they will have to be able to evaluate the ideological debates about the identified problem, and they will have to be able to assess the current knowledge about the identified problem, all of which are prerequisites to analyzing and formulating policy.

The final assignment (see Appendix B for actual assignment outline) will build on the mid-term assignment by having students devise a policy based on the problem identified in their mid-term paper. This paper, which will be 8-10 pages in length, will require the students to provide following information: the name of the policy; the area of children welfare the policy addresses; a summary of the unmet need(s) that precipitated policy; constituents to be served by policy; ideological framework of the policy; an overview of the policy; how the policy will be funded; organization(s) that will be responsible for administering the policy; potential strengths and weaknesses of policy; and potential unintended consequences of the policy.

To successfully complete their final paper, students will demonstrate the ability to think critically about, and integrate, the course's key concepts into their policy formulation. That is, they will be able to recognize and understand the importance of assessing concepts such as social conditions and unmet needs, ideological framework/debates, strengths, weaknesses, unintended consequences, and funding when analyzing or formulating child welfare policy.



The last assignment for the students is to give an oral presentation of their policy to the class. This assignment allows the students to share their policy with the class, as well as receive comments and feedback.

## CONCLUSION

### A. Recap

This teaching guide provides instructors with tools that will allow them to provide students with a frame of reference for identifying the various policy themes and programs that are present in a typical child welfare case. In addition, students will be guided in their efforts to track contemporary child welfare policy and programs back to their origins. Specific attention is paid to social conditions and unmet needs that precipitate policies, the ideological debates for and against the policies, the constituents served by the policies, the evolution of policies over time, and the strengths and weaknesses of those policies.

Students will understand the impact of child welfare policy and programs on traditionally marginalized groups including: families of color, immigrants, women, the economically disadvantaged, substance abusers, gays, lesbians, transgendered youth and adults, the chemically addicted, and individuals with mental and physical impairments. Finally, students will learn to critique the strengths and weaknesses of child welfare policy and programs, most particularly as they relate to the three case studies and begin to formulate new policy based on the strengths and weaknesses present in contemporary child welfare policies.

### B. Suggestions for Future Courses

The three case studies are rich in themes related to child welfare. As a result, it can be viewed through a variety of conceptual lenses: policy, practice, program, etc. Given the multidimensionality of the case studies, it is strongly recommended that future courses utilize a multidisciplinary lens - a combination of policy, programs and practice – to analyze the myriad of child welfare themes embedded in the case studies. This allows students to have a greater understanding of the interaction between child welfare policy, programs and practice.

## **APPENDIX FOR GUIDE FOR CHILD WELFARE POLICY AND PROGRAM ANALYSIS**

### **Appendix A**

#### **MID-TERM ASSIGNMENT**

##### **Policy Paper 1 - The Identification of a Social Problem**

Formulating policy starts with the identification of a problem. For your mid-term assignment you will be required to identify an existing problem in the child welfare field. The identified problem cannot be one that is currently addressed by policy.

#### **Policy Paper Guide**

##### **Section 1: Description of problem**

Give a concise, but specific description of the problem. In your description be sure to identify those groups or individuals most affected by the problem. Also make some mention of the groups' or individuals' social standing in society, i.e. marginalized, privileged, etc.

##### **Section 2: How long has problem existed**

Describe how long the problem has been present in society. Also make mention of how and when the problem first came to the public's attention.

##### **Section 3: Statistical evidence of the problem**

Give statistical evidence of a problem, i.e., its prevalence in terms of percentage of people affected by problem.

##### **Section 4: Current knowledge about problem**

Identify the currently accepted knowledge about the problem, i.e., theories related to the problem. These theories can come from the field of psychology, medicine, social work, sociology, education, science or other related areas.

##### **Section 5: Current ideological debates about problem**

Identify the current debates about the problem? These debates can be between politicians, social scientists, or social activists.

##### **Section 6: Conclusion**

In your conclusion, make an argument for the formulation of a policy that will address your identified problem. In support of your argument, be sure to utilize information from the body of your paper.

**FORMAT.** Paper should be 8-10 pages, double-spaced, plus reference page.

**REFERENCES.** All sources of information should be appropriately cited in your paper and reference page following the APA format.

## **Appendix B**

### **FINAL PAPER ASSIGNMENT**

#### **Policy Paper II - Creating a Policy**

For your final paper assignment you will be required to devise a policy based on the problem identified in your mid-term assignment.

#### **Policy Paper Guide**

Section 1: Name of the Policy.

Section 2: Area of children & family practice that policy addresses.

Section 3: Summary of the unmet need(s) that precipitated policy.

Section 4: Constituents to be served by policy.

Section 5: Ideological framework of the policy.

Section 6: Overview of the policy.

Section 7: How the policy will be funded.

Section 8: Organization(s) that will be responsible for administering the policy.

Section 9: Identify potential strengths and weaknesses of policy.

Section 10: Potential unintended consequences of the policy.

**Format: Paper should be 8-10 pages, double spaced, plus reference sheet. Please include the aforementioned section headings in your paper.**

**References: all sources of information and reference sheet should be appropriately cited following the APA format.**



# ***Real Cases Project:*** **Social Work Ethics**

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## **INTRODUCTION**

### **A. Overview of this Course within the Social Work Curriculum**

Social work values and ethics have long been an integral part of social work practice and education. Over fifty years ago Muriel Pumphrey wrote about the importance of educating students about values and ethics (Pumphrey, 1959.) The Council on Social Work Education (CSWE) in the most recent Educational Policy Accreditation Standards (2003) emphasizes that curriculum should help students understand their own values, teach them about professional values and standards as described in the NASW Code of Ethics, recognize ethical dilemmas, and apply models of ethical decision making.

How have social work schools sought to teach about social work values and ethics? A CSWE publication *Teaching social work values and ethics: A curriculum resource* (Black, Congress, and Gottfried, 2009) provides both separate course outlines on ethics, as well as modules that can be used in Human Behavior, Policy, Research, and Practice classes. Some schools have offered a discrete course, while others have chosen only to integrate content on ethics throughout the curriculum. The number of schools that offer a separate course on ethics has increased over the years. A study conducted 15 years ago indicated that 10% of schools include a separate course (Black, Hartley, Whelley, and Kirk-Sharp 1989), while a more recent study found that up to 50% of MSW schools had either a required or elective course on ethics (Congress, 2001).

Almost all social work schools (98%) report that content on social work values and ethics are integrated throughout the curriculum (Congress, 2001.) Those who advocate for a discrete course have argued that a required course insures that all students receive content on ethics, while an elective course may lead only to those particularly interested (and knowledgeable) about ethics taking the course. Those who propose only an integrative model stress that this approach is in keeping with the CSWE standards and ensures that ethics content is included in every part of social work education. An ongoing concern, however, is that social work educators may vary in the degree to which ethics content is integrated into different courses.

There is value in offering a separate course as presented in this outline and it is recommended that a separate course on ethics be offered at the mid point or toward the end of MSW program (Reamer, 2001).

### **B. Relevance of these Case Studies to this Course**

Social work students may be initially reluctant to take a social work ethics course, as they fear that the course might be similar to very abstract Philosophy 101 required courses from their undergraduate days. An important principle for adult learners is that content must be linked to actual practice experience; thus the use of case vignettes is very useful in teaching about social work ethics. The three case studies are particularly helpful in a course on social work values and ethics. The examples raise many ethical issues, value conflicts, and dilemmas that can be discussed in an ethics course. Some of the major themes revolve around confidentiality with issues of cultural differences in child rearing in the Anne case and confidentiality and rights to receive treatment in mental health in the Andrea case. For example, Peter and Anne are from a different culture. Do they have different beliefs about child rearing than what is considered appropriate in American culture and by the Children Services? Anne was abused by her spouse. Should she be blamed for the fact that Peter abused the children, especially as she has complied with the service plan developed by Children Services.? In terms of the Andrea case what are the rights of a mother with mental illness? With her mental illness she has periods of health - Should she be deprived forever of the right to raise her child? What if child welfare laws and agency policy of returning children to birth parents unless there is clear evidence of the possibility of abuse conflicts with the caseworker's belief that the parent is not ready to assume responsibility for the child? Additional themes are what role should the caseworker have in facilitating interdisciplinary collaboration? How should the caseworker relate to school personnel, to mental health professionals?

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

Social work students taking this course with the integration of the three case studies will:

- Learn to identify personal, cultural, societal, agency, client and professional values
- Understand the NASW Code of Ethics and its use in ethical decision-making
- Identify ethical issues and dilemmas in professional child practice
- Gain awareness of relevant laws and agency policy that affect ethical decision-making in child welfare
- Develop skills in understanding and resolving ethical dilemmas

## D. Overview of What is Included in this Guide

- I. Introduction
  - A. Overview of role of social work ethics in social work curriculum
  - B. Themes for integration of **each of the three case studies** into ethics course
  - C. Learning objectives for this ethics course using the **three case studies**
- II. Strategy One – Course long integration of three case studies
  - A. Areas of the case studies to be highlighted each week
  - B. Structure – Weekly classes
  - C. Teaching activities – Lecture, Discussion, Role Play – Andrea R. family, Anne M. family, and Mary S. family.
  - D. Readings from books, articles, and handouts related to values, ethical issues, and decision making in child welfare
  - F. Evaluation Plan – course evaluation, paper, exam and pre and post test
- III. Strategy Two –Class I on Values - Areas of Case Studies to be highlighted
  - A. Exploration of personal, cultural, societal, agency, client, and professional values in relation to the three case studies
  - B. Structure – beginning at the beginning with students own values
  - C. Teaching Methods
    - Lecture – Value definition and examples of different sets of values
    - Discussion – Identification of different values
    - Case studies - Identification of value conflicts within case
  - D. Readings on values, moral continuum example, child welfare case vignettes, role play values conflict
  - E. Evaluation Plan for Class I – Class discussion
- IV. Conclusion
  - A. Summary of key themes
  - B. Plans for future courses
    - Law and Ethics in Child Welfare
    - Development of Modules for different courses

## TEACHING STRATEGIES

### A. Strategy One: Integrating the Case Studies throughout the Course

#### 1. Areas/Issues of the case study to be highlighted:

The three case studies can be integrated throughout this course. The first three classes, Class I on values, Class II on the Codes of Ethics and Laws, and Class III on ethical dilemmas and decision making constitute the foundation in the study of social work values and ethics within the child welfare field. Lesson I focuses primarily on values, which is described in greater detail under Strategy Two. Lesson two looks at law and the Codes of Ethics. Using the case examples,

students will be asked to identify relevant laws and policies that impact on the caseworker's work with all three families. Some relevant laws include the Adoption and Safe Families Act (1997), the Violence Against Women Act (1998), the Immigration Act of 1990, and the Health Insurance Portability and Accountability Act of 1996. (HIPPA.) Students also should identify what parts of the Code of Ethics are relevant to each of the three cases. Standards on confidentiality especially in regard to social work with different family members, interdisciplinary collaboration, and responsibility to oppressed populations are particularly relevant. Students should be asked to look at potential areas of conflict between law and social work ethics.

In Class III students should gain some understanding of the philosophical basis for social work ethics. They should learn to identify what might be a deontological (absolutist) approach in working with these families and what would be teleological (consequential). Students should be asked to look for ethical dilemmas in the case studies. After an exploration of dilemmas, students should be introduced to models of ethical decision-making that might be helpful in resolving these dilemmas. A short, five step ETHIC model of decision making (Congress, 1999) may be helpful in resolving ethical dilemmas especially for caseworkers who are very pressed for time, but still want to consider thoroughly relevant ethical issues. Students could be asked to select an ethical dilemma from one of the three cases, as for example confidentiality issues in working with the client and the family and follow through these five steps:

**E**xamine relevant values

**T**hink about relevant laws, policies, regulations, and code provisions

**H**ypothesize about different consequences

**I**dentify who will be helped and harmed in terms of the most vulnerable

**C**onsult with supervisors and other colleagues.

The first step students have covered in the first class and the second step is covered in the second class. The third step involves hypothesizing about different consequences. Sometimes it is helpful to ask students to develop different scenarios based on following different courses of action. The fourth step involves looking at vulnerability. Students can become more aware of social justice issues impacting on these families. What discrimination and oppression have the families encountered in their community, in the school systems, in the social service agencies where they have gone for help? Who are the most vulnerable in these cases? The fifth step requests that students look to supervisors and others to discuss ethical issues, dilemmas, and decision-making presented by these cases.

Classes 4-15 continue to demonstrate the integration of these case studies into teaching and learning about social work ethics. Each case provides the opportunity to highlight a specific ethical issue. The fourth class looks at social justice issues in child welfare in general and with the Andrea, Anne, and Mary's



families specifically. The fifth class focuses on confidentiality issues regarding technology in child welfare as well as within Mary case and each of the families. Class VI looks at issues of self-determination with Jason and Mary.

Class VII examines child welfare issues such as divided professional loyalties and interdisciplinary work. Class VIII examines ethical issues in mental health, such as the rights of parents with mental health issues such as Andrea to raise her son.. Class XI looks at issues within the child welfare bureaucracy and its impact on work with Andrea, Anne, and Mary families, while Class XII examines whistle blowing, media, and recording for risk management, all relevant issues for a discussion about these families. Class XIII focuses on the appropriate role for the caseworker and how to identify and take action when faced by incompetent work by colleagues. Class XIV examines the role of the supervisor with Andrea, Anne and Mary families and also the issue of burn out in working with multi-problem families. The last class deals with research and a discussion of ethical issues in research with families in the child welfare system. Also the use of an ethics committee is presented as a method to improve ethical practice with the families. In summary, each of the three family case studies can be integrated throughout this course on social work values and ethics.

The following course outline illustrates how the three case studies can be integrated throughout a course on values and ethics.

- I. Overview of the course
  - A. Use of case studies
  - B. Value base of social work
  - C. Values
    1. Personal
    2. Societal
    3. Agency
    4. Client
    5. Professional values
- II. Social work ethics
  - A. Relationship to Law
  - B. Professional Codes of Ethics
    1. NASW Code of Ethics
      - a. Relevant part of Code in **each of the three case studies**
  - C. Laws affecting caseworker in **the three case studies**
  - D. Agency policy affecting **each of the families**
- III. Ethical Decision Making
  - A. Deontological and Teleological Approaches
  - B. Identification of Dilemmas – **In each of the three case studies**
    1. Self determination of parent and need for child protection
    2. Confidentiality of parent and adolescent child

- 3. Definition of social work role and interdisciplinary work
- C. Social Work Models of Ethical Decision-Making
  - 1. ETHIC model
    - a. Application to **each case study**
- IV. Social Justice/Conflict of Interest
  - A. Distributive Justice/ Scarce Resources
    - 1. Social economic differences in child welfare
    - 2. Social justice issues as applied to **each of the three families**
  - B. Policy and Direct Practice Issues – Application to **the three cases**
    - 1. Self-Determination -
    - 2. Informed consent
    - 3. Competency
    - 4. Paternalism and vulnerable populations
- V. Confidentiality
  - A. Limits on Confidentiality
  - B. Privileged communication - Legal system
  - C. Technology - CONNECTIONS network in child welfare
  - D. Family and group work – conflicts in **the Mary S. family**
  - E. Laws (HIPPA Regulations)
- VI. Ethical Issues in Child Welfare
  - A. Divided Professional Loyalties – **Andrea R. Case**
    - 1. Responsibility to agency and client
    - 2. Responsibility to child and family – Anne M. Case
  - B. Interdisciplinary work
    - 1. Relationship with lawyers
    - 2. Relationship with other agencies
- VII. Ethical Issues in the Mental Health/Substance Abuse
  - A. Duty to warn - Tarasoff decision
  - B. Interdisciplinary work
    - 1. Role of caseworker with mental health issues – Andrea R. Case
    - 2. Suicide or homicide risk – Andrea R. Case
  - C. Right to treatment/Right to refuse treatment
    - 1. Substance abuse – **Andrea R. Case**
- VIII. Ethical Issues in Health Care
  - A. Treatment decisions in substance abuse
  - B. Discharge planning/Outpatient care
  - C. Long term care
    - 1. Right to die - Living wills/Health Care proxies
- IX. Social Work Ethics and AIDS
  - A. Role of caseworker in AIDS prevention
  - B. AIDS mandatory testing
  - C. Confidentiality and duty to warn
  - D. Treatment issues
- X. Social Work Ethics in Administration
  - A. Social work ethics/bureaucracy
    - 1. Professional/bureaucratic conflicts

- 2. Relationship with community
- B. Review of case records – **three case studies**
- XI Social Work Ethics in Administration (2)
  - A. Whistle blowing
  - B. Role of media
  - C. Recording/Risk management
- XII. Ethics and Professional Issues
  - A. Appropriate professional role
  - B. Relationships with colleagues
    - 1. Impaired or incompetent colleagues – Andrea R. case
    - 2. Dual relationships
- XIII. Ethics in Social Work Supervision and Education
  - A. Role of supervisor
    - 1. Administrative
    - 2. Educational (need for education on substance abuse, mental health)
    - 3. Supportive
    - 4. Burnout – Chronicity of Andrea R.'s mental health problems
- XIV. Social Work Ethics and Research
  - A. Research Issues and Dilemmas
    - 1. Research questions that arise in each of the three case studies
    - 2. Evaluation of effectiveness in child welfare
      - a. Evidence based practice
    - 3. Confidentiality and informed consent
    - 4. Incentive to participate in Research
    - 5. Dissemination of Findings
  - B. Ethics committee
    - 1. Institutional Review Board (IRB)
    - 2. Interdisciplinary committees – intragency and interagency
      - a. Andrea R. family, Anne M. family, and Mary S. family
- XV The Future of Social Work Ethics
  - A. Privitization
  - B. Non social work management
  - C. Technology
  - D. Cultural diversity
  - E. International

## 2. Timing within semester:

Each class builds upon knowledge learned through readings, class lectures and discussions, role-plays, videos, and other exercises. First, class 1 provides a foundation on social work values. This class is described more fully under Strategy 2. Then Class 2 looks at ethical issues and dilemmas. Class 3 focuses on ethical decision-making. Class 4 on social justice and conflict of interest and Class 5 on confidentiality introduce major ethical issues and dilemmas. The remaining chapters introduce different fields of practice, beginning with child welfare but then looking at ethical issues and dilemmas that arise in other fields of practice where families in the child welfare system interface, mental health,

health, substance abuse. Also professional issues such as dual relationships and impaired colleagues conflicts, as well as issues around administration, education, and research are addressed.

### **3. Teaching methods:**

There is a multi-modal approach to teaching and learning about ethics. It is assumed that each student will do required reading before each class session. Each class will begin with a PowerPoint lecture followed by discussion of a related theme from each of the case studies. The use of role plays and other class exercises like the Moral Continuum and debate, as well as related videos will supplement learning about ethics.

### **4. Materials:**

Students should receive PowerPoint handouts of all lectures. This is useful for all teaching, but especially helpful when one uses a specific case example from each of the three case studies. The use of PowerPoint helps students move from specific case examples (Andrea R. family, Anne M. family, and Mary S. family) to more general principles about ethical social work practice. The three families are from different social economic backgrounds. The Andrea family has limited income as both parents receive SSI and other public benefits, while the Anne family comes from a middle class background as the father is an insurance agent. The third family is headed by Mary who has worked as a corrections officer. Students can be asked to discuss attitudes toward members of different classes and how this relates to child welfare practice. Issues of racism and xenophobia could be discussed with students in terms of Mary, Susan, and Jason who are African American and Anne, Peter and Thomas in the Anne case who are from Jamaica..

### **5. Supporting readings:**

The following readings are divided according to the session under discussion. This list is very comprehensive. Current readings on new cutting edge issues in social work ethics, as well as older classic materials are included. From this extensive list divided into different topics the instructor can select which readings he/she prefers to use in teaching about social work ethics and are most appropriate to the students in the class. An additional resource is the online journal: *Journal of Social Work Values and Ethics*, which often has timely relevant articles.

### **Session One: Social Work Values**

Abramson, M. (1996). Reflections on knowing oneself ethically: Toward a working framework for social work practice. *Families in Society*, 77(4), 77.

Brennan, S. (1999). Recent work in feminist ethics. *Ethics*, 109 (4), 858-893.

Congress, E. (1999). *Social work values and ethics: Identifying and resolving professional dilemmas*. Belmont, CA: Wadsworth., chapter 3..

Congress, E. (2000). What social workers should know about ethics: Understanding and resolving practice dilemmas. *Advances in Social Work* 1 (1), 1-25.

Freedberg, S. (1993). The feminine ethic of care and the professionalization of social work. *Social Work*, 38(5), 535-540.

Horner, W. & Whitbeck, L. (1991). Personal versus professional values in social work: A methodological note. *Journal of Social Service Review*, 14(1/2), 21-43.

Levy, C. S. (1993). *Social work ethics on the line*. New York: New York. Haworth Press.

Noble, D. & King, J. (1981). Values: Passing on the torch without burning the runner. *Social Casework*, 62(10), 579-584.

Noble, J.H. Jr, [Bailey-Etta, B.](#), [Reed, A.H.](#) & [Zogby, J.A.](#) (2003). Measuring and interpreting expressed affect toward affirmative action policy: an exploratory analysis. [\*Journal of Teaching in Social Work\*](#), 23(1/2), 87-104.

Manning, S. (1997). The social worker as moral citizen: Ethics in action. *Social Work*, 42(3), 223.

McGowen, B. & Mattison, M. (1998). Professional values and ethics. In M. Mattaini, C. Lowery, C. Meyer, (Eds.) *The foundations of social work practice: A graduate text* (2nd ed.). Washington, DC: NASW Press.

.Perlman, H. (1975). Self determination: Reality or illusion? In. F. McDermott (Ed.), *Self determination in social work*. (pp. 65-89). London: Routledge and Paul Kegan.

Rothman, J. (1989). Client self determination: Untying the knot. *Social Service Review*, 63, 598-612.

Saleebey, D. (2005). *The strengths perspective*. New York: Longman.

Wells, C. C., & Masch, M. K. (1986). *Social work ethics: Day to day*. Prospect Hts., IL: Waveland.

Webb, S. (1996). Forgetting ourselves? Social work values, liberal education, and modernity. *Studies in the Education of Adults*, 28(2), 224-241.

Witkin, S.L. (2000). Ethics-R-Us. *Social Work*, 45 (3), 197.

## Session Two: Social Work Ethics and Codes of Ethics

American Psychological Association (1992). *Ethical Principles of Psychologists and Code of Conduct*. <http://www.apa.org/ethics/code.html>.

Clinical Social Work Federation (1997). *Code of ethics*. Retrieved June 21, 2001 from <http://www.cswf.org/ethframe.htm>.

Congress, E. (1999). *Social work values and ethics: Identifying and resolving professional dilemmas*. Belmont, CA: Wadsworth. Chapter 2.

Kopels, S. (1997). Is the NASW Code of Ethics an effective guide for practitioners? In E. Gambrill, & R. Prueger *Controversial Issues in Social Work Ethics, Values and Obligations* (pp. 120-125). Needham, MA: Allyn & Bacon.

Kutchins, H. (1991). The fiduciary relationship: The legal basis for social work responsibilities to clients. *Social Work*, 36(2), 106-113

National Association of Black Social Workers. (n.d.). *Code of Ethics* Retrieved June 21, 2001 from <http://ssw.unc.edu/professional/NABSW.html>.

National Association of Social Workers. (1999). *Code of ethics*. Washington, DC: NASW.

National Association of Social Workers. (1998). *Current controversies in social work ethics: Case examples*. Washington, D.C.: NASW Press.

Jayartne, S; Croxton, T. & Mattison, D. (1997). Social work professional standards: An exploratory study. *Social Work*, 42(2), 187-199.

Kopels, S. (1997). Is the NASW Code of Ethics an effective guide for practitioners? In E. Gambrill, & R. Prueger *Controversial Issues in Social Work Ethics, Values and Obligations* (pp. 120-125). Needham, MA: Allyn & Bacon.

Miller, I. J. (1996). Ethical and liability issues concerning invisible rationing. *Professional Psychology: Research and Practice*, 27(6), 583-587.

McCann, C. W., & Cutler, J. P. (1979). Ethics and the alleged unethical. *Social Work*, 24, 5-8.

Miller, I. J. (1996). Ethical and liability issues concerning invisible rationing. *Professional Psychology: Research and Practice*, 27(6), 583-587.

Reamer, F. (1998 ). *Ethical standards in social work: A critical review of the NASW Code of Ethics*. Washington D.C.: NASW Press.

Strom-Gottfried, K. J. (2002). Ensuring ethical practice: An examination of NASW Code violations, 1986-1997. *Social Work*.

### **Session Three: Ethical Decision Making**

Congress, E. (1999). *Social work values and ethics: Identifying and resolving professional dilemmas*. Belmont, CA: Wadsworth. Chapter 4.

Crigger, B. (1996). Where do moral decisions come from? *Hastings Center Report*, 26(1), 33-39.

Gambril, E., & Pruger, R. (1996). *Controversial issues in social work ethics, values, and obligations*. Boston: Allyn Bacon.

Hill, M., Glaser, K. & Harden, J. (1998). A feminist model for ethical decision making. *Women and Therapy*, 21 (3), 101-121.

Hugman, R. (2003, March). Professional ethics in social work: living with the legacy. *Australian-Social-Work*, 56 (1), 5-15.

Lewis, H. (1984). Ethical assessment. *Social Casework*, 65(4), 203-211.

Lowenberg, F. & Dolgoff, R. (2000). *Ethical decisions in social work practice*. Itasca, Ill: Peacock.

Mattison, M. (2000). Ethical decision making: The person in the process. *Social Work*, 45 (3), 201-212.

Reamer, F. (1995). Malpractice claims against social workers: First facts. *Social Work*, 40(5), 595-601.

Rothman, J. (1998). *From the front lines: Student cases in social work ethics*. Needham Heights, MA: Allyn & Bacon.

Walden, T., Wolock, I. & Demone, H. (1990). Ethical decision making in human services. *Families in Society*, 71(2), 67-75.

### **Session Four: Social Justice/Conflict of Interest**

Berkman, C. & Zinberg, G. (1997). Homophobia and heterosexism in social workers. *Social Work*, 42(4), 319-332.

Congress, E. (1999). *Social work values and ethics: Identifying and resolving professional dilemmas*. Belmont, CA: Wadsworth. Chapter 1..

Hartman, A., & Laird, J. (1998). Moral and ethical issues in working with lesbians and gay men. *Families in Society*, 79 (3), 263-276.

Miller, I. J. (1996). Ethical and liability issues concerning invisible rationing. *Professional Psychology: Research and Practice*, 27(6), 583-587.

National Association of Social Workers (2000). *Social work speaks: NASW Policy Statement 2000-2003* (5<sup>th</sup> ed.). Washington, DC: NASW Press.

Orme, J. (2002, Sept). Social work: gender, care and justice.

Specht, H. & Courtney, M. (1994). *Unfaithful angels: How social work has abandoned its mission*. New York: Free Press.

Swenson, C. (1998). Clinical social work's contribution to a social justice perspective. *Social Work*, 43(6), 527-538.

Van Wormer, K. (2004). Restorative justice: a model for personal and societal empowerment. *Journal of Religion and Spirituality in Social Work*, 23(4), 103-120.

## **Session Five**

### **Confidentiality**

Alexander, Jr., R. (1997). Social workers and privileged communication in the federal legal system. *Social Work*, 42, 387-391.

Dickson, D. T. (1998). *Confidentiality and Privacy in Social Work: A Guide to the Law for Practitioners and Students*. New York: The Free Press.

Davidson, J. R., & Davidson, T. (1996). Confidentiality and managed care: Ethical and legal concerns. *Health and Social Work*, 21(3), 208-215.

Gelman, S., Pollack, D., Weiner, A. (1999). Confidentiality of social work records in the computer age. *Social Work*, 44 (3), 243-251.

Kane, M.N., Houston-Vega, M.K. & Nuehring, E.M. (2002). Documentation in managed care: challenges for social work education. *Journal of Teaching in Social Work*, 22(1/2), 199-212.

Kopels, S., & Kogle, J. D. (1994). Teaching confidentiality breaches as a form of discrimination. *Arete*, 19(1), 1-9.



Millstein, K. (2000). Confidentiality in direct social-work practice: Inevitable challenges and ethical dilemmas. *Families in Society*, 81 (3), 270-282. (Available on Proquest).

Rock, B. & Congress, E. (1998). The new confidentiality for the 21st century. *Social Work*, 44(3), 253-262.

Scarf, M. (1996, June 16). Keeping secrets. *The New York Times Magazine*, pp. 38-42.

Schick, I. C. (1996). Personal privacy and confidentiality in an electronic environment. In Bioethics Forum *Managed care* (pp. 25-30). Kansas City, MO: Midwest Bioethics Center.

Vandecreek, L., Knapp, S., & Herzog, C. (1988). Privileged communication for social workers. *Social Casework*, 69, 28-34.

Wilson, S. (1978). *Confidentiality*. New York: The Free Press.

### **Session Six: Ethical Issues in Child Welfare**

Berman-Rossi, T. & Rossi, P. (1990). Confidentiality and informed consent in school social work. *Social Work in Education*, 12(3), 195-207.

Carten, A. & Dumpson, J.R. (2004). Family preservation and neighborhood based services: An Africentric perspective. In J. Everett & B. R. Leashore (Eds.) *Child welfare revisited: An Africentric perspective* (pp. 225-245). New Brunswick, NJ: Rutgers University Press.

Congress, E. (1999). *Social work values and ethics: Identifying and resolving professional dilemmas*. Belmont, CA: Wadsworth., chapter 6.

Congress, E. & Lynn, M. (1994). Group work programs in public schools: Ethical dilemmas and cultural diversity. *Social Work in Education*, 16(2), 107-114.

Kagle, J. & Kopels, S. (1994). Confidentiality after Tarasoff. *Health and Social Work*, 19(3), 217-222.

Kopels, S. and Kagle, J.D. (1993). Do social workers have a duty to warn? *Social Service Review*, 67(1), 101-126.

Pine, B. (1987). Strategies for more ethical decision making in child welfare practice. *Child Welfare*, 66(4), 315-326.

Russel, R. (1988). Role perceptions of attorneys and caseworkers in child abuse cases in juvenile court. *Child Welfare*, 67(3), 205-216.

Sarnoff, S. (2004, Fall). Social workers and the witness role: ethics, laws, and roles. [\*Journal of Social Work Values and Ethics\*, 1\(1\)](#), Online.

Stein, T. (1991). *Child welfare and the law*. New York: Longman.

Watson, K., Seader, M. & Walsh, E. (1995). Should adoption records be open? In E. Gambriel & T. Stein, *Controversial issues in child welfare*. Boston: Allyn & Bacon.

### **Session Seven: Ethical Issues in Mental Health/Substance Abuse**

Appelbaum, P. S. (1993). Legal liability and managed care. *American Psychologist*, 48(3), 251-257.

Cocoran, K. & Winslade, W. (1990). Eavesdropping on the 50 minute hour: Managed mental health care and confidentiality. *Behavioral Science and the Law*, 12(2), 351-365.

Congress, E. (1999). *Social work values and ethics: Identifying and resolving professional dilemmas*. Belmont, CA: Wadsworth., chapter5..

Cornos, F. (1989). Involuntary medication and the case of Joyce Brown. *Hospital and Community Psychiatry*, 40, 730-740.

Greenhouse, L. (1996, June 14). Justices recognize confidential privilege between therapist and patient. *The New York Times*.  
(<http://www.nytimes.com.96/14/6/front/scotus/privilege.html>)

Furman, R., Downey, E.P & Jackson, R.L. (2004, June). Exploring the ethics of treatments for depression: the ethics of care perspective. *Smith College Studies in Social Work*, 74(3), 525-538.

Houston-Vega, M. K., Nuehring, E. M., & Daguio, E. R. (1997). *Prudent practice: A guide for managing malpractice risk*. Washington, D.C.: NASW Press.

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Kaslow, F. (1998). Ethical problems in mental health practice. *Journal of Family Psychotherapy* (9) 2, 41-64.

Kelley, P., Alexander, P., & Cullinane, M. A. (1987). Ethical issues in private practice. *Journal of Independent Social Work*, 1(2), 5-17.

Kirk, S. & Kutchins, H. (1992). *The selling of DSM IV*. New York: Aldine de Gruyere

Munson, C. (1996). Autonomy and managed care in clinical social work practice. *Smith College Studies in Social Work*, 66(3), 241-259.

National Association of Social Workers. (1998). *Social work role in managed care: Policy statement*. New York: NASW.

Polowy, C. & Gilbertson, J. (1997, June/July). Social workers and subpoenas. *Currents*. New York: NASW.

Reamer, F. (1997). Managing ethics under managed care. *Families in Society*, 78(1), 96-106.

Rosenthal, E. (1993, April 7). Who will turn violent: Hospitals have to guess. *The New York Times*, A1, C12.

Tarasoff v. Board of Regents of University of California (1976). 17 Cal 3d 425.

Thompson, R. (1990). *Ethical dilemmas in psychotherapy*. New York: The Free Press.

Strom, K. J. (1994). The impact of third party reimbursement on services by social workers in private practice. *Psychotherapy in Private Practice*, 13(3), 1-22.

Strom, K. J. (1992). Reimbursement demands and treatment decisions: A growing dilemma for social workers. *Social Work*, 37(5), 398-405.

Strom-Gottfried, K. J. (1998). Is "ethical managed care" an oxymoron? *Families in Society*, 79(3), 297-307.

Wineburgh, M. (1998). Ethics, managed care, and outpatient psychotherapy. *Clinical Social Work Journal*, 26(4), 433-443.

Wolfson, E. R. (1999). The fee in social work: Ethical dilemmas for practitioners. *Social Work*, 44(3), 269-273.

### **Session Eight: Ethical Issues in Health Care**

Biblo, J. D., Christopher, M. J., Johnson, L., & Potter, R. L. (1996). Ethical Issues in managed care: Guidelines for clinicians and recommendations to accrediting organizations. In *Bioethics Forum Managed Care* (p. MC/1-MC/24). Kansas City, MO: Midwest Bioethics Center.

Congress, E. (1999). *Social work values and ethics: Identifying and resolving professional dilemmas*. Belmont, CA: Wadsworth., chapter 7.

Gibelman, M., & Whiting, L. (1999). Negotiating and contracting in a managed care environment: Considerations for practitioners. *Health & Social Work, 24* (3), 180-190.

Greene, R.R. & Sullivan, W.P. (2004). Putting social work values into action: use of the ecological perspective with older adults in the managed care arena. *Journal of Gerontological Social Work, 42*(3/4), 131-150.

Manning, S. & Gaul, C. (1997). The ethics of informed consent: A critical variable in the self determination of health and mental health clients. *Social Work in Health Care, 25*(3), 103-117.

Strom-Gottfried, K. J. (1998). Informed consent meets managed care. *Health and Social Work, 23*(1), 25-33.

Zoloth-Dorfman, L., & Rubin, S. (1995). The patient as commodity: Managed care and the question of ethics. *The Journal of Clinical Ethics, 6*(4), 339-357.

### **Session Nine: Ethical Issues and AIDS**

Abramson, M. (1990). Keeping secrets: Social workers and AIDS. *Social Work, 35*(2), 169-173.

Ainslie, D.C. (1999). Questioning bioethics: AIDS, sexual ethics, and the duty to warn. *The Hastings Center Report, 29* (5), 26-35.

Anonymous, Mack, J. & Emery, A. (1992). Staff reactions to AIDS in the workplace. *Families in Society, 73*(11), 559-567.

Childress, J. (1991). Mandatory HIV screening and testing. In. F. Reamer (Ed.), *AIDS and ethics*. (pp. 50-76). New York: Columbia University Press.

Cohen, E. D. (1990). Confidentiality, counseling, and clients who have AIDS: Ethical foundations of a model rule. *Journal of Counseling and Development 68*(3), 282-286.

Congress, E. (1999). *Social work values and ethics: Identifying and resolving professional dilemmas*. Belmont, CA: Wadsworth., chapter 12.

Dao, J. (1995, October 10). AIDS test data under accord. *The New York Times*, pp. A1, B4.

Field, M. (1990). Testing for AIDS: Uses and abuses. *American Journal of Law and Medicine, 16*(2), 33-106.

Herman, D. (1991). AIDS and the law. In F. Reamer, *AIDS and ethics*. New York: Columbia University Press.

Kaplan, M. S. & Long, L. K. (1993). AIDS, health policy & ethics. *Affilia*, 8(20), 157-170.

National Association of Social Workers. (2002). *HIV/AIDS Policy Statement*. Silver Springs, MD: NASW.

Reamer, F. G. (1991). AIDS, social work and the "duty to protect". *Social Work*, 36(1), 56-60.

Reamer, F. (1991). AIDS: The relevance of ethics. In F. Reamer, *AIDS and ethics*. (pp. 1-25). New York: Columbia University Press.

Reamer, F.G. (Ed.). (1991). *Aids and ethics*. New York: Columbia University Press.

Rhame, F. & Maki, D. (1989). The case for wider use of testing for HIV infection. *The New England Journal of Medicine*, 320(19), 1242-1253.

Richardson, L. (1997, August 21). Program on AIDS brings movement for early detection and less secrecy. *The New York Times*, A1, B4.

Ryan, C. & Rowe, M. (1988). AIDS: Legal and ethical issues. *Social Casework*, 69(6), 324-333.

Turnock, B. & Kelly, C. (1989, June 16). Mandatory premarital testing for HIV: The Illinois experience. *JAMA*, 261(23), 3415-3418.

### **Session Ten: Social Work Ethics in Administration (1)**

Congress, E. (1999). *Social work values and ethics: Identifying and resolving professional dilemmas*. Belmont, CA: Wadsworth., chapter 11.

Congress, E. & Gummer, B. (1996). Is the Code of Ethics as applicable to agency administrators as direct service providers? In E. Gambril and R. Pruger, *Controversial issues in social work ethics, values, and obligations* (pp.137-150.) Boston: Allyn Bacon.

Conrad, A.P. (1989). Developing an ethics review process in a social service agency. *Social Thought*, 15 (3-4), 102-115.

Cooper, T. (1990). *The responsible administrator: An approach to ethics for the administrative role* (3rd Ed.). San Francisco: Jossey Bass.

Congress, E. and Sealy, Y. (2001). The role of social work ethics in empowering clients and communities In Rosa Perez-Koenig and Barry Rock, Editors. *Social work in the era of devolution: Toward a just practice*. (pp. 305-330). New York: Fordham University Press.

Joseph, V. (1983). The ethics of organizations: Shifting values and ethical dilemmas. *Administration in Social Work*, 7(3/4), 47-57.

Levy, C. (1979). The ethics of management. *Administration in Social Work*, 3(3), 277-289.

### **Session Eleven: Social Work Ethics in Administration (2)**

Congress, E. (1999). *Social work values and ethics: Identifying and resolving professional dilemmas*. Belmont, CA: Wadsworth., chapter 13.

Lewis, H. (1972). Morality and the politics of practice. *Social Casework* 5(3), 404-417.

Lewis, H. (1988). Ethics and the management of service effectiveness in social welfare. *Social Work in Administration*, 11(3/4), 272-284.

O, Neil, M. (1992). Ethical dimensions of non profit administration. *Nonprofit Management and Leadership*, 3(2), 199-213

Reamer, F.G. (2001). *The social work ethics audit: A risk management tool*. Washington DC: NASW Press.

Reisch, M. & Taylor, C. (1983). Ethical guidelines for cutback management: A preliminary approach. *Administration in Social Work*, 7(3/4), 59-72.

Strom-Gottfried, K.J. (1999). When colleague accuses colleague: Adjudicating personnel matters through the filing of ethics complaints. *Administration in Social Work*, 23(2), 1-6.

### **Session Twelve: Ethics and Professional Issues**

Association of State Social Work Boards. (1995) *Social work laws and board regulations: A state comparison study*. (Current laws available at: [www.aswb.org](http://www.aswb.org))

Berkman, C.; Turner, S.; Cooper, M.; Polnerow, D.; Swarz, M. (2000). Sexual contact with clients: Assessment of social workers' attitudes and educational preparation. *Social Work*, 45 (3), 223-236.

Berliner, A. K. (1989). Misconduct in social work practice. *Social Work*, 34(1), 69-72.

- Bonosky, N. (1995). Boundary violations in social work supervision: Clinical education and legal implications. *Clinical Supervisor*, 13(2), 79-95.
- Borys, D. & Pope, K. (1989). Dual relationships between therapist and client: A national study of psychologists, psychiatrists, and social workers. *Professional Psychology: Research and Practice*, 20(5), 283-293.
- Brownlee, K. (1996). Ethics in community mental health care: The ethics of non-sexual dual relationships: A dilemma for the rural mental health professional. *Community Mental Health Journal*, 32 (5), 497-503.
- Bullis, R. K. (1995). *Clinical social worker misconduct*. Chicago, IL: Nelson-Hall Publishers.
- Congress, E. (1999). *Social work values and ethics: Identifying and resolving professional dilemmas*. Belmont, CA: Wadsworth., chapter 10.
- Duran, A. G, Williams C.J. & Akin, J. (2004, Fall). A comparative study of practitioners and students in the understanding of sexual ethics. *Journal of Social Work Values and Ethics*, 1(1), Online.
- Edelwich, J. & Brodsky, A. (1991). *Sexual dilemmas for the helping professionals*. New York: Bruner Mazel.
- Epstein, R. S., Simon, R. I., & Kay, G. G. (1992). Assessing boundary violations in psychotherapy: Survey results with the Exploitation Index. *Bulletin of the Menninger Foundation*, 56(2), 150-166.
- Fisher, D. (1987). Problems for social work in a strike situation: Professional, ethical, and value considerations. *Social Work*, 32, 252-254.
- Gabbard, G. O. (1996). Lessons to be learned from the study of sexual boundary violations. *American Journal of Psychotherapy*, 50(3), 311-322.
- Gabbard, G. O. (1989). *Sexual exploitation in professional relationships*. Washington DC: American Psychiatric Press.
- Gechtman, L. (1989). Sexual contact between social workers and their clients. In G. Gabbard (Ed.), *Sexual exploitation in professional relationships* (pp. 27-38). Washington, DC: American Psychiatric Press.
- Hardman, D. (1975). Not with my daughter you don't. *Social Work*, 20(4), 278-285.
- Houston-Vega, M. K., Nuehring, E. M., & Daguio, E. R. (1997). *Prudent practice: A guide for managing malpractice risk*. Washington, D.C.: NASW Press.

Kagle, J. & Giebelhausen, P. (1994). Dual relationships and professional boundaries. *Social Work*, 31(2), 213-220.

Mittendorf, S.H. & Schroeder, J. (2004, Fall). Boundaries in social work: the ethical dilemma of social worker-client sexual relationships. *Journal of Social Work Values and Ethics*, 1(1), Online

.Peterson, M. R. (1992). *At personal risk: Boundary violations in professional-client relationships*. New York: W.W. Norton & Company.

Pope, K. (1988). How clients are harmed by sexual contact with mental health professionals: The syndrome and its prevalence. *Journal of Counseling and Development*, 67, 222-226

Pope, K. S., & Bouhoutsos, J. (1986). *Sexual intimacy between therapists and patients*. New York: Praeger.

Reamer, F.G. (1992). The impaired social worker. *Social Work*, 37 165-170.

Rhodes, M. (1992). Social work challenges: The boundaries of ethics. *Families in Society*, 73(1), 40-47.

Salisbury, W. A., & Kinnier, R. T. (1996). Posttermination friendship between counselors and clients. *Journal of Counseling and Development*, 74, 495-500.  
Schoener, G., Milgrom, J. H., Gonsoriek, J. C., Luepker, E. T., & Conroe,

R. M. (1989). *Psychotherapists' Sexual Involvement With Clients: Intervention and Prevention*. Minneapolis, MN: Walk-in Counseling Center.

Strom-Gottfried, K. J. (1999). Professional boundaries: An analysis of violations by social workers. *Families in Society: The Journal of Contemporary Human Services*, 80(5), 439-449.

Vasquez, M. J., & Eldridge, N. S. (1994). Bringing ethics alive: Training practitioners about gender, ethnicity, and sexual orientation issues. *Women & Therapy*, 15(1), 1-16.

### **Session Thirteen: Ethics in Supervision and Education**

Apgar, D. and Congress, E. (2005). Authorship credit: A national study of social work educators' beliefs. *Journal of Social Work Education* 41(1), 101-112..

Burkemper, E.M. (2004). Informed consent in social work ethics education: guiding student education with an informed consent template. *Journal of Teaching in Social-Work*, 24(1/2), 141-160.



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Callahan, D. (1982). *Should there be an academic code of ethics?* *Journal of Higher Education*, 53(3), 335-344.

Cobb, N. H. (1994). Court-recommended guidelines for managing unethical students and working with university lawyers. *Journal of Social Work Education*, 30(1), 18-31.

Cobb, N. H., & Jordan, C. (1989). Students with questionable values or threatening behavior: Precedent and policy from discipline to dismissal. *Journal of Social Work Education*, 25(2), 87-97.

Cohen, B. (1987). The ethics of social work supervision revisited. *Social Work*, 32(3), 194-196.

Cole, B. S., & Lewis, R. G. (1993). Gatekeeping through termination of unsuitable social work students: Legal issues and guidelines. *Journal of Social Work Education*, 29(2), 150-159.

Congress, E. (1992). Ethical decision making of social work supervisors. *The Clinical Supervisor* 10(1), 157-169.

Congress, E. (1993). Teaching ethical decision making to a diverse community of students: Bringing practice into the classroom. *Journal of Teaching in Social Work*, 7(2), 23-36.

Congress, E. (1996). Dual relationships in academia: Dilemmas for social work educators. *Journal of Social Work Education*, 32(3), 329-338.

Congress, E. (1997). Value dilemmas of faculty advising: Significant issues in a Code of Ethics for faculty advisors. *Journal of Teaching in Social Work*, 14(2), 89-110.

Congress, E. (2001). Dual relationships in social work education: Results of a national survey. *Journal of Social Work Education* 37(2), 255-266.

Dziech, B. & Weiner, L. (1990). *The lecherous professor: Sexual harassment on campus* (2nd Ed.). Urbana, IL: University of Illinois Press.

Gibelman, M., & Gelman, S. R. (1999). *Who's the author? Ethical issues in publishing*. Arete, 23(1), 77-88.

Joseph, V. (1991). Standing for values and ethical action: Teaching social work ethics. *Journal of Social Work Education*, 5(2), 95-109.

Levy, C. (1973). The ethics of supervision. *Social Work*, 18(3), 14-21. Levy, C. (1973). The ethics of supervision. *Social Work*, 18(3), 14-21.

Lewis, H. (1987). *Teaching ethics through ethical teaching*. *Journal of Teaching in Social Work*, 1(1), 3-14

Markie, P. J. (1994). *A professor's duties: Ethical issues in college teaching*. Lanham, MD: Rowman & Littlefield.

Payne, S. L., & Charnov, B. H. (1987). *Ethical dilemmas for academic professionals*. Springfield, IL: Charles C. Thomas.

Pescosolido, B. A., & Miller, E. (1999). Of nerds, ardent suitors, and lecherous professors. In B. A. Pescosolido, & R. Aminzade (Eds.), *The social worlds of higher education* (pp. 404-417). Thousand Oaks, CA: Pine Forge Press.

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### **6. Evaluation plan:**

Students are asked to complete evaluations at the end of the course with questions about the amount of learning, the quality of teaching, and possible recommendations for changes. It is also helpful to do a pretest and posttest measurement. One way to conduct a pre- post test measurement is as follows: Students are asked to write the last four numbers of their social security number on a short multiple choice examination administered at the beginning of the course and then repeated at the end, so individual as well as group learning can be measured (See Appendix A).

The use of case examples is also a powerful way to assess student understanding of course content. The exam case example will focus on a family facing similar problems with those in each of the three case studies.

## **B. Strategy Two: Introduction to Values in Social Work**

### **1. Areas/Issues of the case studies to be highlighted:**

The first class focuses on values, as it is essential to have this content at the beginning of the course. An initial issue is an examination of the student's personal values. This investigation is crucial for beginning social work professionals so they need to understand their own values to prevent imposing these personal values on clients. This exercise may be even more important for more mature students who have had many years of life and work experiences.

An examination of student's values begins even before admission to MSW programs when students are evaluated in terms of possessing values appropriate for professional social work. Measuring values or beliefs is extremely difficult, primarily because of a social desirability bias. (Those in the social work field and many others like to think of themselves as espousing a sense of fair play, promoting social justice for all.) Little literature exists in this area, but a recent article suggests that MSW students have values to the left of middle class and working class clients (Hodge, 2003).

The three case studies are particularly useful in looking at value differences, including personal, societal, as well as client, agency, and professional values. Cultural values are part of one's own personal values, as well as those of one's clients.

It is difficult to study values in the abstract and students should be asked in the beginning of this ethics course to discuss their values in respect to the client and the family in the case study. What does a student feel about parents who have substance abuse problems? Should there be universal health care so the families can have better access to needed health and social services? Who is the primary client in a family known to child welfare, the identified client/patient, his/her parents, or the family as a whole? Does a family in the child welfare system deal with health and social problems differently than in the student's own family? What is the cultural background of the student and how does this affect his/her values? What is the racial/ethnic background of each of the three families and how might this relate to their being identified as in need of services, as well as their access and utilization of public child welfare and other social services?

A challenge that beginning students often encounter is when the problem resonates with similar issues they have encountered in their own families. For example, a student with a history of mental illness in his/her family may have differing beliefs about the Andrea R. family. Sometimes the student might think that as mental illness is such a central issue in this family, the caseworker should be more active in requiring that Andrea R. receives treatment for her mental health problem. Others might be more supportive and connected to Andrea R.'s child because he is the child in a family with mental health issues.

In studying values as related to these case studies, it is important to look at relevant agency's values, both the values of the public child welfare agency, as well as other agencies that the child and families encounter. Does the school have different values than the public child welfare agency? What impact if any does this have on the three families?

The student must look at client values evident in the case studies. These values may be very different from the worker and within the same family there may be major differences between child and his/her parents' values, which is elucidated in the Mary S. case.

Finally, the student must develop a growing awareness of what professional values are pertinent in this case. The values or principles as laid out in the Code of Ethics are all helpful here, service, social justice, dignity and worth of person, importance of human relations, integrity, and competence. The student has to learn the importance of providing service to each of the families, that there be need for involvement with all family members and that child welfare, substance abuse, and school services need to be coordinated.

The social worker needs to advocate against social injustice and realize the oppression and discrimination that may have contributed to unemployment, substance abuse, mental illness, and child neglect in this family. In all his/her contact with the child and other family members, the social worker needs to treat

clients with respect and dignity. This may be challenging if the social worker is critical of the parents' behavior and blame them for the child's problems. An important social work value reinforces human relations. The social worker has a responsibility to strengthen the child's relationship with his/her family. With the value of integrity social workers need to be trustworthy in their contacts with all family members. This may not always have been apparent in the worker's contact with each of the families because the nature of confidentiality was not discussed and there seem to have been a major turnover of caseworkers with this family. There is also a possibility that the caseworker was not regarded as trustworthy by child or his/her parents. A social worker assigned to this very complicated, challenging case needs to espouse the value of competence and enhance his/her skills if necessary. Expertise in substance abuse, family therapy, and mental health assessment are clearly necessary in order to provide competent services.

**2. Timing within the semester:**

This class will be taught at the beginning of the semester course on Social Work Ethics.

**3. Teaching methods:**

The class will begin with a lecture about values and then move into a discussion about personal, social, agency, client and professional values relevant to each of the families.

Content about values can be conveyed in several ways. First, the class can begin with a short lecture about what values are and what type of values are important to consider, and when values conflict. Also the values (principles) in the Code of Ethics should be included in the lecture. There also should be discussion, especially about personal values and value conflicts. The teacher needs to create a safe environment so students feel comfortable in sharing their own values within the classroom.

Three specific exercises may be helpful in examining values – one a more general model, the second specific for child welfare, and the third especially tailored for this course. The first exercise called the Moral Continuum uses a visual method to make students more aware of their own value differences (McAuliffe, 2002). The teacher continually adds and changes the original story to illustrate to students how their own values may differ. For example, this following case study could be used in that way. Should Jason stay with his grandmother or be returned to his mother? The teacher could ask students who agreed 100% with having Jason stay with his grandmother to stay on one end while those who felt 100% that Jason should be returned to his mother should stay on the other end, while students who had conflicting opinions have the option to stand in different locations. This could set the groundwork for a discussion about the conflict between respecting the self-determination of diverse clients.

Another value exercise looks at social justice issues in regard to child welfare reporting (Congress, 1999). The class is divided into two groups, one group is given the case of a middle class woman with the possibility of child abuse, the other the case of a poor family suspected of child abuse. Each group is asked to say whether they would file a report with the Central Registry. The purpose of this exercise is to demonstrate that often poorer families are more likely to be referred for child abuse services. This exercise can be used as a departure point to discuss factors of oppression and discrimination that may have influenced each of the families. This exercise can also be used in Class IV on social justice. A final value exercise involves role-play. Students are asked to participate in role-play interviews with diverse family members at different points in this case study. For example, having a role-play of the two interviews that took place with the Mary S. case, one with Mary S. and the other with Jason might have been fruitful in learning more about the values that influence each of them.

#### **4. Materials needed:**

Materials needed include handouts about values, also copies of the Code of Ethics, and case vignettes demonstrating social justice issues. A copy of each of the case examples should also be distributed. Students also need a bibliography with relevant articles and books on values. A white strip laid out across the classroom is helpful in using the moral continuum exercise. Sometimes a video can be used to demonstrate value conflicts.

#### **5. Supporting readings:**

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#### **6. Evaluation plan:**

There can be several types of evaluation, testing about knowledge of values and satisfaction with how the content is conveyed. In terms of objective measurement, students can be given a short answer test or asked to identify values in this or other case vignettes. Students can also be asked to evaluate this teaching method, to ascertain if looking at values through the case study

made them more aware of their own values, client values, agency values, and professional values.

## CONCLUSION

### A. Recap

This guide uses the three case studies to discuss values, relevant laws, the Code of Ethics, ethical issues, dilemmas, and ethical decision making. This material is discussed in the context of child welfare and other related fields. Students also look at the case examples through multiple lenses, as a caseworker, a supervisor, a policy maker, an administrator, and a researcher.

### B. Suggestions for Future Courses

A more specific course can be developed based on these case examples that focuses on Legal and Ethical Issues in Child Welfare: Areas of Concordance and Difference. Also these case studies can be introduced in modules that are part of different courses, such as HBSE, practice, policy and research. Teachers in HBSE can look at issues of oppression and discrimination with each of the families, practice classes can look at how the case workers could have acted differently to facilitate work with the families, policy classes can study how policy and legal issues impact on the families, and research classes could think of some the researchable questions raised by the families, as well as ethical issues in conducting research with the families.

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**APPENDIX FOR TEACHING GUIDE FOR SOCIAL WORK ETHICS**

**PRE POST TEST** – This 70 question test on social work ethics should be administered at the beginning and end of the class to evaluate how much students have learned.

1. The NASW Code of Ethics provides answers to all social work ethical dilemmas  
Yes                      No
2. There is one right answer for ethical dilemmas in social work.  
Yes                      No
3. Which of the following statement is true?
  - A. Ethical dilemmas are easily resolved.
  - B. Social workers usually agree on their resolution.
  - C. A conflict in values may lead to an ethical dilemma.
  - D. An understanding of one's values is not necessary for ethical decision making.
4. Most social workers resolve ethical dilemmas quickly.  
Yes                      No
5. Ethical decision making
  - A. Should involve the Code of Ethics
  - B. Consideration of values
  - C. Attention to the most vulnerable
  - D. All of the above
6. The current Code of Ethics states that confidentiality should be protected except for compelling professional reasons.  
True    or    False
7. The two principal philosophical principles for resolving ethical dilemmas are
  - A. Right and Wrong
  - B. Beneficence and Malfeasance
  - C. Beneficence and Non-maleficence
  - D. Beneficence and Wrong
8. Deontological thinkers favor
  - A. Absolute principles
  - B. Consequential arguments
  - C. Beneficence
  - D. Non-maleficence
9. A person who always thinks in terms of consequences is using a  
\_\_\_\_\_ approach.
  - A. Deontological
  - B. Absolutist
  - C. Rule based
  - D. Teleological

10. Social workers usually use a combination of deontological and teleological approaches in resolving ethical dilemmas.  
True                      False
11. The Code of Ethics provides absolute answers to ethical dilemmas.  
True                      False
12. Assessing one's values is \_\_\_\_\_ in ethical decision making.  
A. A final step  
B. Of minimal importance  
C. The most important  
D. A first step
13. Which of the following statements is false  
A. One should mainly consider relevant laws in ethical decision making.  
B. The NASW Code of Ethics, laws, and regulations should be part of ethical decision making.  
C. Laws and the NASW Code of Ethics may conflict.  
D. One should consider the NASW Code of Ethics in ethical decision making.
14. Which of these situations constitutes an ethical dilemma?  
A. A client shares with you that he is HIV positive but does not want you to tell his wife  
B. A child very much wants to return to live with his birth mother, but you know there has been a history of drug abuse  
C. A managed care company calls and insists that you fax a client's record immediately.  
D. All of the above.
15. What is the main advantage of developing different scenarios in the process of resolving ethical dilemmas?  
A. It will provide answers to ethical dilemmas  
B. It makes ethical decision making more interesting.  
C. It helps the social worker anticipate different consequences.  
D. It speeds up ethical decision making.

16. Why would a social worker want to identify who is the most vulnerable client?
- A. Social work has a professional commitment to the most vulnerable.
  - B. It is required by law.
  - C. The Code of Ethics makes it mandatory to do this.
  - D. It is part of a psycho social assessment
17. Most social workers use a lengthy process of ethical decision making.
- True                      False
18. Which of the following can a social worker consult with in making an ethical decision?
- A. Supervisor
  - B. Psychologist
  - C. Social Work Colleague
  - D. Any of the above
19. In terms of ethical decision-making which of those listed below should the social worker consult with first.
- A. Supervisor
  - B. Psychologist
  - C. Social Work Colleague
  - D. Administrator
20. The following statement about ethical decision making is true:
- A. A social worker should consult a professional as a first step in ethical decision making..
  - B. Hypothesizing only about negative consequences is important
  - C. Consideration of values is not important in ethical decision making
  - D. The ETHIC model of decision making can be helpful in resolving ethical dilemmas.
21. Ethical issues have not changed in the last thirty years.
- True                      False
22. The following technological advances present ethical challenges:
- A. Case recording on computers
  - B. Faxed case reports
  - C. On line therapy
  - D. All of the above
23. Which of the following statement about bioethics is true?
- A. Euthanasia is the only ethical concern.
  - B. Organ transplants do not present ethical dilemmas
  - C. Self determination is a key ethical concern in end of life decisions.
  - D. "Slippery slope" refers to a change in hospital locations.
24. Child welfare
- A. has the same ethical concerns as always.
  - B. experts insist that adoptive records be sealed.
  - C. presents ethical dilemmas about who is the client
  - D. favors the rights of the birth parent

25. Ethical dilemmas can occur in the following interdisciplinary settings:
- A. Hospitals
  - B. Child welfare agencies
  - C. Schools
  - D. All of the above
26. Ways of safeguarding confidentiality have changed over the years.
- True                      False
27. A major ethical concern in regard to online counseling is
- A. Clients will not pay for services.
  - B. State credentials of therapist may not be available.
  - C. Sessions will be shorter.
  - D. Disabled people will not have access.
28. Which issue presents new ethical challenges for the social worker:
- A. People live longer.
  - B. New born babies have lower birth weight.
  - C. There is a limited supply of vital organs for transplants.
  - D. All of the above
29. Which statement is correct:
- A. It is easy to provide cultural competent services.
  - B. Social work services must be provided in the language of the client.
  - C. Clients must know in great detail cultural characteristics of their clients.
  - D. Social workers should strive to know about their clients' cultures.
30. Ethical challenges in terms of cultural diversity occur in the following areas:
- A. Child welfare
  - B. Mental health
  - C. Health care
  - D. All of the above
31. Which statement best describes how social workers should handle confidentiality:
- A. Confidentiality is impossible in modern times.
  - B. The safety and security of the client can affect confidentiality decisions.
  - C. The main ethical problem with diagnostic assessment is confidentiality.
  - D. Social workers should not provide on line therapy.
32. Interdisciplinary consultation can threaten confidentiality.
- True                      False
33. Social workers
- A. are more concerned about hard data than doctors.
  - B. share the same concept of client as lawyers do.
  - C. often have a different concept of client than lawyers.
  - D. may not be able to work collaboratively with other disciplines.

34. The most challenging issue in terms of cultural diversity is:
- A. Deciding when to accept cultural practices that are very different.
  - B. Attending agency cultural diversity sessions.
  - C. Working to assimilate culturally diverse clients.
  - D. Maintaining a cultural melting pot
35. As the field of ethics is always changing, social workers can best .
- A. Study ethics in school
  - B. Consult agency doctrines
  - C. Take continuing education on ethics
  - D. Use their own judgment
36. The NASW Code of Ethics
- A. was first developed over 100 years ago when the profession developed.
  - B. has remained relatively unchanged since the beginning
  - C. applies to all professionals
  - D. originally had only 14 principles.
37. The reason(s) why professional organizations have Codes of Ethics are
- A. Help practitioners resolve ethical dilemmas
  - B. Protect the public from incompetent practitioners
  - C. Provide self regulation of members
  - D. All of the above
38. The NASW Code of Ethics began to resemble the current Code in
- A. 1902
  - B. 1955
  - C. 1979
  - D. 1996
39. The following provisions were first added in 1993
- A. informed consent and confidentiality
  - B. dual relationships and impaired colleagues
  - C. bartering and dual relationships
  - D. technology and group work
40. The following issue has the most provisions in the current Code
- A. Self-determination
  - B. Cultural competency
  - C. Research
  - D. Confidentiality
41. An ethical concern about managed care is
- A. Limits to service
  - B. Confidentiality
  - C. Reliance on technology
  - D. All of the above

42. Which of the following statements is true?
- A. Social workers do not know how to use DSMIV
  - B. Social workers should never use DSMIV
  - C. Social workers always use DSMIV accurately
  - D. Social workers may over diagnose or under diagnose.
43. Technology may pose a threat to maintaining confidentiality
- True                      False
44. Confidentiality should be violated when
- A. A client threatens to kill herself
  - B. A client threatens to kill herself
  - C. A client speaks of abusing her child
  - D. All of the above
45. Suicidal risk
- A. Is easy for the clinician to assess
  - B. Is not covered in the NASW Code of Ethics
  - C. Overrides confidentiality
  - D. Is related to limitation in service
46. In a managed care environment
- A. Fees are higher
  - B. Confidentiality may be compromised
  - C. Visits are restricted to six sessions
  - D. Clinician can make all treatment decisions.
47. Technology
- A. Provides new challenges in protecting confidentiality
  - B. Is incompatible with ethical practice
  - C. Is not an issue for a direct service clinician
  - D. Refers mainly to computers
48. It is easy for the skilled clinician to assess homicidal risk.
- True                      False
49. The Tarasoff decision
- A. Refers to privileged communication
  - B. Has the same effect in all states
  - C. Established a precedent in duty to warn
  - D. Upholds confidentiality
50. In working with a client with suicidal or homicidal risk the first thing a social worker should do is
- A. Refer to the Tarasoff Decision
  - B. Make a careful assessment
  - C. Call the police
  - D. Refer to one's supervisor

51. In applying the Tarasoff decision in work with clients social workers should
- A. Call the client's relatives
  - B. Find out state laws and interpretations of the Tarasoff decision
  - C. Disregard the Tarasoff decision unless one lives in California
  - D. Refer to another social worker
52. Privileged communication refers to an ethical principle.  
True                      False
53. Privileged communication originally applied only to
- A. Clergy person and parishioner
  - B. Husband and wife
  - C. Lawyer and client
  - D. All of the above
54. The Supreme Court Decision around privileged communication
- A. Did not apply to social workers
  - B. Acknowledged privileged communication in only a few instances
  - C. Recognized as privileged the communication between social worker and clients
  - D. Supported privileged communication in law suits regarding social workers
55. All of the following circumstances can negate privileged communication except for:
- A. The client is dangerous to himself and others
  - B. The judge rules that the social worker's testimony is essential to the case
  - C. There is suspicion of child abuse or neglect.
  - D. The social worker does not like to appear in court.
56. The Code of Ethics has always focused on impaired colleagues and dual relationships.  
True                      False
57. Which statement about impaired colleagues is correct?
- A. Impairment only refers to alcohol abuse..
  - B. Social workers should not talk to colleagues about a substance abuse problem.
  - C. Social workers should first talk to a colleague about a substance abuse problem.
  - D. NASW should never be contacted about a substance abuse problem.
58. Some of the signs of impairment might be:
- A. Monday absenteeism.
  - B. Irritability.
  - C. Smell of alcohol.
  - D. All of the above.
59. Social workers never have problems with both impairment and dual relationships.  
True                      False
60. Dual relationships refers only to sexual contact.  
True                      False



61. Substance abuse in a social worker can be an agency secret.  
True                      False
62. Which statement is true about impaired colleagues?  
A. Denial is not often a first response to confrontation about a substance abuse problem.  
B. Social workers should go to employers after talking to a colleague if there is no action taken.  
C. Licensing agencies should not be involved with impaired colleagues.  
D. Social workers should call NASW first.
63. Dual relationships refers to  
A. Sexual relationships.  
B. Business relationships.  
C. Social relationships.  
D. All of the above.
64. There is less controversy about the following ethical principle:  
A. Social workers should avoid sexual relationships with current clients.  
B. Social workers should not engage in dual relationships with former clients  
C. Social workers should not have a social relationship with current clients.  
D. Social workers should avoid sexual relationships with former clients.
65. In assessing the possibility of a dual relationship with a former client the social worker should look at  
A. The length of time that has elapsed since the social work relationship.  
B. The type of social work relationship.  
C. The diagnosis of the client.  
D. All of the above.
66. Social workers should be sensitive to cultural differences in considering dual relationships.  
True                      False
67. A key issue to consider in dual relationships is  
A. If social worker wants it.  
B. If client requests it.  
C. Risk of exploitation and harm to client.  
D. Degree it will help client.
68. The following group of social workers have been particularly concerned about dual relationships:  
A. School social workers  
B. Hospital social workers  
C. Rural social workers  
D. Substance abuse social workers

69. The main argument that has been made in support of dual relationships with previous clients is:
- A. A client is always more vulnerable.
  - B. Clients can grow and change
  - C. There is continued risk of exploitation
  - D. Dual relationships can help former clients.
70. Dual relationships can be a problem area in supervision.
- True                      False

# ***Real Cases Project:*** **Law and Social Welfare**

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## **INTRODUCTION**

### **A. Overview of this Course within the Social Work Curriculum**

This course, “Law and Social Welfare Policy,” is an elective. It is generally taken after students have completed the foundation curriculum, and are studying in the advanced level of the MSW. The purpose of this course is to provide students with a basic understanding of how law affects social work practice. It begins with a background on basic legal concepts and a social workers’ potential role in the legal process. Then, it reviews the impact of the law on child welfare, domestic violence, adoption practices and policies, treatment of the elderly, public assistance, immigration and mental health. Students are given the opportunity to examine the impact of the law on other areas in which they have an interest for a final paper. Students are not expected to become lawyers, but rather to be able to understand their role or potential roles in the court, to understand generally what is happening and to be able to identify issues about which they should consult an attorney.

This course relies heavily on two primary text books, both of which provide an introduction to Law for Social Work students.

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

The case studies will be used both to explain key legal concepts and to help students understand the impact of law on child welfare specifically. Specifically, the cases will address the following themes.

- a) The basics of the court processes and the courts’ structure
- b) The social worker’s role in the court process.
- c) The use of evidence in court:  
We will discuss the basic rules of evidence especially the exclusion of hearsay and the exceptions to this rule.

Social work investigation and creating evidence for trial: We will discuss the way in which evidence was and may be used and which types of evidence would have been admissible or inadmissible during the each of the three cases. We will also discuss the limitations of these policies for obtaining information to help prove an instance of abuse or neglect.

d) Civil rights of the parents and the child: Freedom from unnecessary government intervention and protection from violence:

We will discuss the cases in light of basic Constitutional rights that grant parents the right to parent their children without unnecessary government intervention. We will also discuss the reasons that this right is limited when parents are found guilty of abusing or neglecting their children.

e) The right to due process:

This is the right to a fair trial before the government can take away basic rights (such as the right to parent). We will discuss the reason for these rights and their affects on child welfare law in light of each of the three cases.

f) The best interests of the child standard:

This standard requires courts to decide child related cases with the child's best interest in mind. We will discuss the implications of this standard for child welfare cases in each of the three cases.

g) State interests in child welfare:

We will discuss a state's interest in protecting children and how it fits with the Constitutional protections afforded to parents and children.

h) We will discuss the basic laws that apply to child welfare cases (e.g. state and federal law) especially guidelines for investigations and the legal definitions of abuse and neglect (ASFA, etc.), termination of parental rights and foster care options.

i) We will also use the three cases as examples when discussing the basic legal processes e.g. where the case is filed, by whom and how.

We will discuss agency and worker liability issues

A brief overview of the issues highlighted in each case follows:

#### Andrea R. Case Study

- Court processes and procedures
- The role of the social worker in court
- Child welfare laws e.g ASFA, Article X report
- The rights of the child, the rights of the parents and the obligation of the state

- Non responsiveness to court mandated treatment
- Potential agency and worker legal responsibility

#### Anne M. Case Study

- Court processes and procedures
- The role of the social worker in court
- Child welfare laws e.g. ASFA, Article X report, and domestic violence laws e.g. order of protection
- The rights of the child, the rights of the parents and the obligation of the state
- Court jurisdiction
- Potential agency and worker liability

#### Mary S. Case Study

- Court processes and procedures
- The role of the social worker in court
- Child welfare laws e.g. ASFA, Article X report
- The rights of the child, the rights of the parents and the obligation of the state
- Potential agency and worker liability
- The conflict between parents and custodial grandparents rights

### **C. Specific Learning Objectives Related to Using Case Studies in this Course**

- Students will learn how laws and the practice of law can effects child welfare practice and their potential roles in the legal process
- Students will develop an understanding of the basic rules of evidence and its implications for social work practice.
- Students will learn the basic principles of Constitutional law e.g. the rights to liberty, property, due process, equal protection and the right to privacy as well as the impact of these rights on both social work practice and court decisions.

### **D. Overview of What is Included in this Guide**

This guide will include a description of the issues related to the case studies which will be highlighted. It will provide examples of 3 strategies in which the cases may be included in a semester long elective course on the law and social work. It will explain the teaching methods to be used and the suggested readings It will provide a tool to evaluate student learning.

## TEACHING STRATEGIES

These cases could be used in one session or for a percentage of the class (approximately 1/4<sup>th</sup>). As this course must cover many areas of law, it would not make sense to use these cases in a course long, integrated manner. If however, the course title and content was changed to Child Welfare and the Law, the cases could be used to integrate a full semester course. This guide will not address that option.

### A. Strategy One: The Three Case Studies for Review of US Law

#### 1. Areas/issues of the case studies to be highlighted:

Issues that are addressed in the first 4 sessions of the class will be reviewed. These include the basic structure of the court and basic legal processes, the role of a social worker in court, the use of evidence in court, social work investigation and creating evidence for trial, the civil rights of the parents and the child: freedom from unnecessary government intervention and protection from violence, the right to due process, the best interests of the child standard, the state's interest in child welfare, as well as basic NY and federal laws that apply to child welfare cases.

We will also use each of the three cases as an example when discussing the basic legal processes e.g. where the case is filed, by whom and how.

#### 2. Timing within the semester:

The cases will be introduced in the fifth class session. In the first four classes, the students will be taught to understand how law affects U.S. governance, the role of the courts, the difference between state and federal law, the actual process of filing a court case, and basic Constitutional principles. In this session, those concepts will be reviewed using components of the three cases as examples.

#### 3. Teaching methods:

Students will be assigned to either read these cases at home or read them at the beginning of the class session (depending upon whether the professor has the time in class) and think about it in light of what they learned in the first four sessions. Lecture and class discussion will focus on the highlighted areas (as described in Section B, parts a-h of the introduction to this teaching guide). For example, when discussing the cases generally, we will discuss the types of things that could be used as evidence in court hearings and the basic NY laws for child protection. We will discuss how the parental mental health, domestic violence, and addiction issues may have affected the mother and father's ability to care for the child and the extent to which these factors provide evidence for abuse and/or neglect. We will consider the due process rights of the parents as well as the child's rights and the state's obligations to care for at risk children. We will discuss the mandatory reporting requirements that may lead to an initial investigation. Finally, we will discuss issues of agency liability for failure to protect the child. Lastly, the discussion will be open

to other issues that the students raise in relation to the law and the facts of these three cases.

#### **4. Materials:**

A copy of each of the three case studies

#### **5. Supporting readings:**

Students should review the readings for classes 1-4 which should include:

a) Salzman, A. and Furman, D (1999). *Law in social welfare practice*. Belmont, CA: Wadsworth Group. Review chapter 1-5 and read chapter 8.

b) Alexander, R. (2003). *Understanding legal concepts that influence social welfare policy and practice*. Pacific Grove, CA: Thomson, Brooks Cole. Review chapter 1 and 2, read chapters 3 and 4.

Students should read:

c) Smiles, J. (2003). A Child's due process right to legal counsel in abuse and neglect dependency proceedings. *Family Law Quarterly*, 37, 485.

d) Foster, S. and Machetto, (1999). Providing safe havens: The challenge to family courts in cases of child abuse and neglect by substance abusing parents. *Journal of Health Care Law*, 3, 44.

#### **6. Evaluation plan**

Students will be given an exam, containing both multiple choice and essay questions concerning the highlighted topics (see Appendix).

### **B. Strategy Two: Starting Point for Introducing Basic Legal Concepts**

#### **1. Areas/issues of the case studies to be highlighted:**

These include the use of evidence in court, social work investigation and creating evidence for trial, the civil rights of the parents and the child: freedom from unnecessary government intervention and protection from violence, the right to due process, the best interests of the child standard, the state's interest in child welfare, as well as basic NY and federal laws that apply to child welfare cases.

#### **2. Timing within the semester:**

Begin the second class with a discussion of the case studies. During the first sessions of this class, refer to each of the three cases when discussing civil liberties, children's rights, parents' rights, due process, the interests of the state, how and why laws are passed and by whom, the creation and presentation of evidence that can be used at trial when working with a child.

#### **3. Teaching methods:**

Lecture and discussion

### Class 2: Understanding the Courts: How does the legal system play into the governance of the United States?

In the second class, the lecture and discussion will focus on the understanding the influence of the courts in the American political system. We will discuss how the courts work, the differences between duties and privileges, uses of evidence, and the different material that makes up law in the United States. We will also talk about how the courts can be used to change and interpret policy. The development of the Adoption and Safe Families Act will be included in this discussion as an example of a relevant law.

#### Readings:

Foster, S. and Machetto, (1999). Providing safe havens: The challenge to family courts in cases of child abuse and neglect by substance abusing parents. *Journal of Health Care Law*, 3, 44.

Salzman, A. and Furman, D. (1999). Chapters 1 and 2

### Class 3: State v. Federal Law and the Process

In this class, we will discuss the separation of state and federal power as well as some basic Constitutional rights. These rights include equal protection, due process and freedom from unnecessary government intervention. We will also discuss the mechanics of the hearing process and how these rights affect client at hearings. We will discuss how the hearing processes occurred or may occur in relation to these case studies, and what affect their Constitutional rights had on the process.

#### Readings:

Salzman, A. and Furman, D. (1999). Chapters 1, 2 and 5

Smiles, J. (2003). A Child's due process right to legal counsel in abuse and neglect dependency proceedings. *Family Law Quarterly*, 37, 485.

The U.S. Constitution

### Class 4: Basics of the Law

This class will continue with a discussion of where law comes from as well as the discussion of Constitutional rights. We will highlight court cases and their influence on the development of law and social welfare practice. We will discuss the difference between Constitutional, Administrative, and Statutory laws. We will also discuss basic legal terminology such as parens patrie, privilege, immunity, liberty, property. The three cases will be included in the discussions and used as an example.

#### Readings:

Alexander, pp. 1-42



Salzman, A. and Furman, D. Chapters 6, 7

Class 5: Child Protection and Adoption

In this class, we will discuss the specific guidelines of the Adoption and Safe Families Act and NY State law regarding child protection. We will include the definitions of abuse, mandatory reporting requirements and the law's description of the time frame for hearings. We will discuss different instances that cause parents to be considered for and/or found guilty of child abuse such as child weight, physical and mental health, parent substance abuse, poor household cleanliness. We will discuss the balance between states', parents', and children's rights and how the decisions in other cases may affect each of the families. We will also discuss issues of children who witness parental abuse as well as how cases guide us to determine the best interests of a child.

Readings:

Alexander, pp. 43-80

Salzman, A. and Furman, D. Chapter 8

Ramsey, S. (2005). Fixing foster care or reducing child poverty: The Pew Commission recommendations and the transracial adoption debate. *Montana Law Review*, 66, 21-49.

**4. Materials:**

The three case studies

**5. Supporting readings:**

a) Salzman, A. and Furman, D (1999). *Law in social welfare practice*. Belmont, CA: Wadsworth Group. Chapters 1-5 and 8.

b) Alexander, R. (2003). *Understanding legal concepts that influence social welfare policy and practice*. Pacific Grove, CA: Thomson, Brooks Cole. Chapters 1-4

c) Smiles, J. (2003). A child's due process right to legal counsel in abuse and neglect dependency proceedings. *Family Law Quarterly*, 37, 485.

d) Foster, S. and Machetto, (1999). Providing safe havens: The challenge to family courts in cases of child abuse and neglect by substance abusing parents. *Journal of Health Care Law*, 3, 44.

e) Ramsey, S. (2005). Fixing foster care or reducing child poverty: The Pew Commission recommendations and the transracial adoption debate. *Montana Law Review*, 66, 21-49.

**6. Evaluation plan:**

Students will be given an exam at the end of the first 5 sessions which includes multiple choice and essay questions specifically related to the highlighted areas

**C. Strategy Three: The Three Cases as Paper Assignment****1. Areas/issues of the case studies to be highlighted:**

Students will be expected to highlight issues that are addressed in the first 4 sessions of the class will be reviewed. These include the use of evidence in court, social work investigation and creating evidence for trial, the civil rights of the parents and the child: freedom from unnecessary government intervention and protection from violence, the right to due process, the best interests of the child standard, the state's interest in child welfare, as well as basic NY and federal laws that apply to child welfare cases.

**2. Timing within the semester:**

These cases will be used in the fifth class session. In the first four classes, the students will be taught to understand how the law affects U.S. governance, to understand the difference between state and federal law, the actual process of passing a law and of filing a court case as well as basic Constitutional principles. In this session, those concepts will be reviewed using these cases as an example.

**3. Teaching methods:**

Students will be asked to read the cases at home and write an essay in which they find the legal issues that are raised in the cases e.g. what are the parents' rights, the child's rights, the state interests, the laws which govern, the court in which these cases would have been heard, the law which governed, and the role of the attorneys and social workers in these cases.

**4. Materials:**

The three case studies

**5. Supporting readings:**

a) Salzman, A. and Furman, D (1999). *Law in social welfare practice*. Belmont, CA: Wadsworth Group. Review chapter 1-5 and 8.

b) Alexander, R. (2003). *Understanding legal concepts that influence social welfare policy and practice*. Pacific Grove, CA: Thomson, Brooks Cole. Review chapters 1 through 4.

c) Smiles, J. (2003). A child's due process right to legal counsel in abuse and neglect dependency proceedings. *Family Law Quarterly*, 37, 485.

d) Foster, S. and Machetto, (1999). Providing safe havens: The challenge to family courts in cases of child abuse and neglect by substance abusing

parents. *Journal of Health Care Law*, 3, 44.

e) Ramsey, S. (2005). Fixing foster care or reducing child poverty: The Pew Commission recommendations and the transracial adoption debate. *Montana Law Review*, 66, 21-49.

### **6. Evaluation plan:**

Students will be asked to write a paper in which they explain how these cases relate to the key concepts that have been discussed in the previous classes. The papers should be graded based on student ability to identify and present the legal issues as well as their ability to communicate their knowledge in writing. Students will submit papers in class and will be graded on their organization and writing skill as well as the inclusion of the above mentioned content areas including the Constitutional protections available to the family and child, which court would listen to the review each of the 1 cases, what factors they would consider (using ASFA and NY law), what types of evidence could be used to help determine what happened, how the social worker would be able to contribute to this evidence, and the standards that would be used when making a determination to terminate parental rights or provide additional services to the family.

## **CONCLUSION**

### **A. Recap**

The key themes addressed in this practice guide are 1) Constitutional rights -e.g. privacy, equal protection and due process, 2) children's v. parents' rights, 3) the basics of legal processes, 4) the role of the social worker in collecting and presenting evidence in court, 5) the development and implementation of law, 6) the impact of law on social work practice particularly related to child welfare, 7) ASFA and state guidelines for the protection of children regarding definitions of abuse/neglect, timelines for investigations and guidelines for foster care placements.

### **B. Suggestions for Future Courses**

Future courses could evaluate the practice and policy implications of these cases considering the lack of communication between and within agencies, the way in which agency practices limited the provision of services to the families, and the need for the children in these cases and other similar children to receive clinical interventions. Future courses might provide details about interventions and policy (including court practices) changes that may have changed the outcome of these cases.

## **APPENDIX TO TEACHING GUIDE FOR LAW AND SOCIAL WELFARE**

### **Exam Questions related to Student Learning in Law and Social Work**

Name \_\_\_\_\_

Essay questions (10 points each)

1. What is the difference between cases which are heard in a civil court and cases which are heard in criminal courts? Who brings which type of case? What are the implications of this for your practice as a social worker?
2. What is hearsay? What are some exceptions to hearsay rules?
3. What must you consider, as a social worker, when you are testifying in court? Does this depend on your role and if so, how?
4. What rights are granted in the 14<sup>th</sup> Amendment? What are the 2 key constitutional principals are found in the 14<sup>th</sup> amendment? Describe them.
5. What are the different standards of proof which are used by courts and under what circumstances are they used? What are the implications for social work practice?
6. Explain how the three branches of government work together. How do they work to create and implement new laws? Where does the Department of Health and Human Services fit? What impact does it have on the development of policy?
7. Explain the following terms
  - a. Standing
  - b. Ripeness
  - c. Jurisdiction—subject matter and personal
8. Describe the differences between the perspective on cases taken by lawyers and those taken by social workers. What are the similarities?

Multiple choice questions (2 points each)

1. The Constitution gives all citizens and legal residents of the U.S.A with which of the following rights (circle all that apply):
  - a. The right to raise your own child without undue government intervention
  - b. Due process
  - c. The right to a trial when accused of a crime
  - d. The right to vote

2. Due process is
  - a. A procedural right
  - b. A substantive right
  - c. Both a procedural and a substantive right
3. Federal law mandates that if a child has been placed in foster care for 15 of 22 months, the child welfare agency should:
  - a. Work to reunify the child with their parent
  - b. Begin the process of terminating parental rights
  - c. Place the child in a permanent foster family
4. A state child welfare agency need not work to reunify a child with his or her parents if: (circle all that apply)
  - a. The parent murdered the child's sibling
  - b. The child does not want to be reunified with his or her parent
  - c. The child has been in care for 12 months
  - d. The parent suffers from mental retardation
5. When determining whether or not to place a child in foster care, the court should assess which of the following factors (circle all that apply):
  - a. Parents' level of education
  - b. Whether the parent has been a victim of domestic violence
  - c. Current and future threat of the child being harmed
  - d. The quantity and quality of the evidence that social workers present regarding whether the child has been abused or neglected
6. Substantive due process means that
  - a. You cannot be denied basic rights without a trial
  - b. The government must make reasonable rules
  - c. Different citizens are entitled to different rights based on historic discrimination
7. Circle the one that is not one of the different standards that courts apply:
  - a. Preponderance of the evidence
  - b. Clear and convincing evidence
  - c. Prima facie evidence
  - d. Beyond a reasonable doubt

Which standard is used in termination of parental rights' cases?

Which standard is used in criminal proceedings against parents for behaviors associated with extreme abuse or neglect?

8. Which piece of evidence would be admissible in court?
  - a. Evidence presented by a child who does not seem to be able to distinguish right from wrong
  - b. Non-hearsay evidence presented by a parent who is developmentally delayed
  - c. A social worker testifying about something she or he learned in a conversation that he or she had with a parent about something that the child had told the parent about something another sibling saw.
  - d. Non-material facts
9. The Supreme law of the land is
  - a. ASFA
  - b. Federal law
  - c. The Constitution
  - d. State law
10. All of the following except one are basic rights and protections that were not specifically addressed by the Constitution but have been interpreted into the Constitution by cases:
  - a. Due process
  - b. Privacy
  - c. The Least Restrictive Alternative
  - d. The right to a hearing before being denied federal benefits

# ***Real Cases Project:*** **Social Work with Children**

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## **INTRODUCTION**

### **A. Overview of this Course within the Social Work Curriculum**

The course, Social Work with Children, usually focuses on preparing students for direct social work practice with children, adolescents, and their families. Emphasis is placed on assessment and intervention strategies, particularly as they pertain to special problems related to life conditions and events that affect children. In addition, the social and organizational context which frames the service delivery systems for children is generally explored.

The course is typically offered as an elective practice course during the advanced year of study at the MSW level. Material delivered as part of this course builds on that which the students have acquired in their foundation year. In particular, it builds upon theoretical knowledge from Human Behavior and the Social Environment core courses and practice principles from Social Work Practice sequence courses.

### **B. Relevance of these Case Studies to this Course**

The case studies presented as the central learning source for this project has much relevance for this course. In these cases, illustrations of the importance of good child and family assessment, appropriate intervention strategies, case coordination, use of culturally competent practice, and knowledge and use of self in treatment abound.

### **C. Specific Learning Objectives Related to Using these Case Studies in this Course**

Three specific learning objectives related to using the three case studies in this course have been developed. They are:

- To build advanced generalist knowledge of assessment and to learn assessment techniques specific to practice with children.

- To develop a repertoire of fundamental intervention strategies related to social work with children and their families, and to appreciate the importance of dose and timing of those interventions.
- To deepen self-awareness in considering personal values, experiences, ethnic, cultural, social and economic factors as they relate to the social work relationship in direct practice with children and their families.

#### **D. Overview of What is Included in this Guide**

Included in this teaching guide are three potential strategies for integrating the three case studies into a course such as Social Work with Children. They are:

1. Help students to understand the opportunities the workers in these cases had to assess and treat the needs of the children and their families; how many were missed; how, ideally, a better assessment of these children and their families could have been done; and what the implications of better assessments may have been.
2. Assist students in suggesting and critically analyzing a variety of potential treatment interventions that may be useful in work with these cases.
3. Work with students to develop self-awareness by highlighting the dynamics and issues in the each of the three cases that they most identify with, supporting them in their critical analysis of such, and reinforce the important knowledge and use of self in professional practice with children.

### **TEACHING STRATEGIES**

For each strategy suggested, a clear summary of the particular issue to be addressed is highlighted. Suggestions as to when and how the teaching / learning strategy should be employed are included, as are the materials and resources to support its implementation. Finally, an evaluation plan as to whether or not the learning objective has been realized is presented.

#### **A. Strategy One: Brainstorm / Discussion on Assessment**

##### **1. Areas/issues of the case studies to be highlighted:**

Help students to understand the opportunities the workers in each of the cases had to assess the needs of children and their families, how many were missed, how, possibly, a better assessment of the children and their families could have been done, and what the implications of a better assessment may have been.

##### **2. Timing within the semester:**

To implement this strategy, instructors will need to spend approximately 1 hour of one class session near the beginning of the course, when assessment principles and practices are usually covered.



### 3. Teaching methods:

Using one or more of the case summaries, instructors will ask students to break into small groups and brainstorm (recording on newsprint) at least five questions the social worker should have asked while doing a careful assessment of the child and family's situation.

Once compiled (allow 30 minutes), post so the entire class can view. In the full class discussion (allow 30 minutes), look for points of convergence; reinforce the importance of open-ended, thoughtful assessment techniques; strategize about what information may have been gained and how that could have helped in thinking of appropriate interventions. Urging students to think about and articulate what their *verbatim* questions might have been had they been the caseworker of record simulates the kind of theory-driven, real-world practice we hope they will be capable of soon. How and what kind of useful information might have been gained? What might have been the consequences (both intended and unintended) of asking these assessment questions? What might have been some possible avenues of intervention had the worker not asked these questions?

### 4. Materials:

Case Studies; Newsprint; Markers; Tape

### 5. Supporting readings:

Readings from the following list may be selected by faculty based on the educational level of students in the class, the level of student proficiency expected by the instructor from the exercise, the relative weight given the exercise by the instructor within the context of the entire course, the interests / expertise of the instructor, and the particular clinical emphasis desired.

Fraser, M., & Terzian, M.W.. (2005). Risk and resilience in child development: Principles and strategies of practice. In Mallon, G., & Hess, P. (Eds.) *Child Welfare for the Twenty-First Century: A handbook of practices, policies and programs*. NY: Columbia.

Cohen, E., Hornsby, D.T., and Priester, S.. (2005). Assessment of children, youth, and families in the child welfare system. In Mallon, G., & Hess, P. (Eds.) *Child Welfare for the Twenty-First Century: A handbook of practices, policies and programs*. NY: Columbia.

Weaver, C.J., Keller, D.W., and Loyek, A.H. (2005). Children with disabilities in the child welfare system. In Mallon, G., & Hess, P. (Eds.) *Child Welfare for the Twenty-First Century: A handbook of practices, policies and programs*. NY: Columbia.

Fenster, J. (2005). Substance abuse issues in the family. In Mallon, G., & Hess, P. (Eds.) *Child Welfare for the Twenty-First Century: A handbook of practices, policies and programs*. NY: Columbia.

Hegar, R.L., & Scannapieco, M. (2005). Kinship Care: Preservation of the extended family. In Mallon, G., & Hess, P. (Eds.) *Child Welfare for the Twenty-First Century: A handbook of practices, policies and programs*. NY: Columbia.

Postmus, J.L. (2005). Domestic violence in child welfare. In Mallon, G., & Hess, P. (Eds.) *Child Welfare for the Twenty-First Century: A handbook of practices, policies and programs*. NY: Columbia.

Webb, N. B. (2003). *Social Work Practice with Children*, 2<sup>nd</sup> edition. New York: Guilford. Children's problems and needs (pp. 3-16). Children in substance-abusing families (pp. 287-315).

Hazen, A., Connelly, C., Kelleher, K., Landsverk, J., and Barth, R. (2004). Intimate partner violence among female caregivers of children reported for child maltreatment. *Child Abuse and Neglect*, 28, 3, 301-319.

Jonson Reid, M., Kim, J., Barolak, M., Citerman, B., Laudel, C., Essma, A., Fezzi, N., Green, D., Kontak, D., Mueller, N., and Thomas, C. (2007). Maltreated children in schools: the interface of school social work and child welfare. *Children and Schools*, 29(3), 182-191.

Smith, B.D., & Mogro Wilson, C. (2007). Multi-level influences on the practice of inter-agency collaboration in child welfare and substance abuse treatment. *Children and Youth Services Review*, 29(5), 545-556.

Hazen, A.L., Connelly, C.D., Edleson, J.L., Kelleher, K.J., Landverk, J.A., Coben, J.H., Barth, R.P., McGeehan, J., Rolls, J.A., and Nuzskowski, M.A. (2007). Assessment of intimate partner violence by child welfare services. *Children and Youth Services Review*, 29(4), 490-500.

Green, B.L., Rockhill, A., and Furrer, C. (2007). Does substance abuse treatment make a difference for child welfare case outcomes? A statewide longitudinal analysis. *Children and Youth Services Review*, 29(4), 460-473.

DiLauro, M. (2004). Psychosocial factors associated with types of child maltreatment. *Child Welfare*, 83, 1, 69-98.

**6. Evaluation plan:**

At the end of the course, add two Likert Scale items regarding the specifically identified teaching / learning strategy to the overall course evaluations:

How much did the use of the case study-based assessment brainstorming exercise impact your learning in this course?

Strongly                      Somewhat                      Not Much                      Not at All

How well prepared are you to appropriately assess the needs of children in practice?

Very Prepared                      Somewhat Prepared                      Ill Prepared                      Not at All

**B. Strategy Two: Possible, Probable and Successful Interventions****1. Areas/issues of the case studies to be highlighted:**

Assist students in discovering, developing, critically analyzing, and evaluating the likely outcomes of a range of potential interventions that could have been offered to the children and their families in the case study examples.

**2. Timing within the semester:**

It is suggested that this strategy be used toward the end of the semester, after a range of interventive techniques have been introduced and explored with the class.

**3. Teaching methods:**

This strategy could be offered as an exercise in critical thinking and evidence-based practice technique. Given what students have assessed as the needs and strengths of the child(ren) and/or families of one or more of the case studies, this strategy is designed for them to enhance their capacity to suggest and craft appropriate interventions. Students will be asked to form groups (possibly the same as may have been used in Strategy One) and choose one of the case scenarios to focus on. Next, they will be asked to draft a list of ideas of all the possible intervention strategies they know that could be helpful to this child or rationales on paper prior to presenting their arguments orally. Discuss the pros and cons of too much / not enough intervention in general, and what might have been the appropriate dose and timing of some interventions in each of the cases, specifically.

The exercise should take between 30 minutes and one hour to complete.

**4. Materials:**

Case studies.

### 5. Supporting readings:

Readings from the following list may be selected by faculty based on the educational level of students in the class, the level of student proficiency expected by the instructor from the exercise, the relative weight given the exercise by the instructor within the context of the entire course, the interests / expertise of the instructor, and the particular clinical emphasis desired.

Kazdin, A. E. & Weisz, J. R. (2003). *Evidence-Based Psychotherapies for Children and Adolescents*. New York: Guilford.

Webb, N. B. (2003). *Social Work Practice with Children*, 2<sup>nd</sup> edition. New York: Guilford. Contracting, planning interventions, and tracking progress (pp. 100-118). Working with the family (pp. 119-142). School-based interventions (pp. 190-214).

Smokowski, P. R. (1998). Prevention and intervention strategies for promoting resilience in disadvantaged children. *Social Service Review*, 72(3),

Ficaro, R. C. (1999). The many losses of children in substance-disordered families: Individual and group interventions (pp. 294-317). In N. B. Webb (Ed.), *Play Therapy with Children in Crisis*, 2<sup>nd</sup> edition. New York: Guilford.

Dore, M. M., Nelson-Zlupko, L., & Kaufman, E. (1999). "Friends in Need": Designing and implementing a psychoeducational group for school children from drug-involved families. *Social Work*, 44, 179-190.

Allen-Meares, P. (1995). *Social work with children and adolescents*. New York: Longman Publishers. Chapter 3, Developmental considerations: Assessing and intervening, pp. 45-60. Chapter 7, Abused, neglected, and sexually victimized children and adolescents, pp. 117-142. Chapter 8, School failure and special populations, pp. 143-164.

O'Neil, G.S. (1997). Focusing on strengths in a special education class: a primary prevention, *Social Work in Education*, 19 (4) 279-284.

Corcoran, J. (2000). Family interventions with child physical abuse and neglect: a critical review. *Children and Youth Services Review*, 22 (7), 563-591.

Chaffin, M & Friedrich, B. (2004). Evidence based treatment in child abuse and neglect. *Children and Youth Services Review*, 26, 11, 1097-1114.

Grogan Kaylor, A., Ruffolo, M.C., Ortega, R.M., and Clarke J. (2008). Behaviors of youth involved in the child welfare system. *Child Abuse and Neglect*, 32, 1, 35-49.

Littell, J., & Girvin, H. (2004). Ready or not: Uses of the stages of change model in child welfare. *Child Welfare*, 83, 4, 341-366.

Carlson B.E. (2006). Best practices in the treatment of substance-abusing women in the child welfare. *Journal of Social Work Practice in the Addictions*. 6(3), 97-115.

Sternberg, K.J., Lamb, M.E., Guterman, E., and Abbott, C.B. (2006). Effects of early and later family violence on children's behavior problems and depression: A longitudinal, multi-informant perspective. *Child Abuse and Neglect*, 30, 283-306.

Perkins, D., & Jones, K. (2004). Risk behaviors and resiliency within physically abused adolescents. *Child Abuse and Neglect*, 28, 5, 547-563.

Staudt, M. (2003). Mental health services utilization by maltreated children: Research findings and recommendations. *Child Maltreatment*, 8, 3, 195-203.

Taussig, H., & Talmi, A. (2001). Ethnic differences in risk behaviors and related psychosocial variables among a cohort of maltreated adolescents in foster care. *Child Maltreatment*, 6, 2, 180-192.

Clausen, J.M., Landsverk, J., Granger, W., Chadwick, D., and Litrownik, A. (1998). Mental health problems of children in foster care. *Journal of Child and Family Studies*, 7 (3), 283-296.

Leathers, S.J. (2006). Placement disruption and negative placement outcomes among adolescents in long-term foster care: The role of behavior problems. *Child Abuse and Neglect*, 30, 307-324.

Waldrop, D. (2003). Caregiving issues for grandmothers raising their grandchildren. *Journal of Human Behavior in the Social Environment*, 7, 3, 201-223.

Murphy, S.Y., Hunter, A.G., and Johnson D.J. (2008). Transforming caregiving: African American custodial grandmothers and the child welfare system. *Journal of Sociology and Social Welfare*, 35(2), 67-89.

Folsom, W., Christensen, M., Avery, L., and Moore, C. (2003). The co-occurrence of child abuse and domestic violence: An issue of service delivery for social service professionals. *Child and Adolescent Social Work Journal*, 20, 5, 375-387.

Renner, L.M., & Shook Slack, K. (2006) Intimate partner violence and child maltreatment: Understanding intra- and intergenerational connections. *Child Abuse and Neglect*, 30, 599-617.

Postmus, J.L., & Ortega, D. (2005). Serving two masters: when domestic violence and child abuse overlap. *Families in Society*, 86, 4, 483-490.

Kohl, P.L., Edleson, J.L., English, D.J., and Barth, R.P. (2005). Domestic violence and pathways into child welfare services: findings from the National Survey of Child and Adolescent Well-Being. *Children and Youth Services Review*, 27(11), 1167-1182.

Kohl, P.L., Barth, R.P., Hazen, A.L., and Landsverk, J.A. (2005). Child welfare as a gateway to domestic violence services. *Children and Youth Services Review*, 27(11), 1203-1221.

Shim, W.S., & Haight, W.L. (2006). Supporting battered women and their children: perspectives of battered mothers and child welfare professionals. *Children and Youth Services Review*. 28(6), 620-637.

### **6. Evaluation plan:**

At the end of the course, add two Likert Scale items regarding the specifically identified teaching / learning strategy to the overall course evaluations:

How much did the use of the case study-based “possible, probable and successful” intervention exercise impact your learning in this course?

Strongly                      Somewhat                      Not Much                      Not at All

How well prepared are you to appropriately plan for the intervention needs of children in practice?

Very Prepared              Somewhat Prepared              Ill-Prepared              Not at All

## **C. Strategy Three: Self-Awareness Exercise**

### **1. Areas/issues of the case studies to be highlighted:**

Work with students to develop self-awareness by highlighting the dynamics and issues in each of the three cases that they most identify with, supporting them in their critical analysis of such, and reinforce the important knowledge and use of self in professional practice with children.

### **2. Timing within the semester:**

This strategy can be used at any point in the semester in this course, and is designed to be flexible to the needs of the instructor. If he/she wishes, this self-awareness exercise can be used as a small group or paired 15-30 minute discussion. If he/she wishes, this self-awareness exercise can be made into a short written paper assignment.

**3. Teaching methods / activities:**

Students will be asked to reflect on the following questions as they relate to the case studies.

- Who cares about these children? How do you know?
- What feelings does this promote in you as a parent / citizen / social worker to be?
- How would it feel to be this alone / unsupervised / scared / not cared for?
- Have you ever been less than properly supervised? How did it feel?
- Have you had experiences when you felt less than adequately supported at home? At work? At school?
- What was that like?
- What did you do?
- How did that feel?
- How might it have felt to the children in the case examples?
- How do you feel toward the parents / caretakers here?
- How responsible do you think parents / society should be held with regard to their children's well-being?
- How might your own experiences of family / parenting / your own rearing and/or childhood / adolescence help or hinder your work with these families?

**4. Materials:**

Case studies; Reflective Question List

**5. Supporting readings:**

Barth, R.P., Lloyd, E.C., Christ, S.L., Chapman, M.V., and Dickinson, N.S. (2008). Child welfare worker characteristics and job satisfaction: a national study. *Social Work*. 53(3), 199-209.

Stalker, C.A., Mandell, D., Frensch, K.M., Harvey, C., and Wright M. (2007)/ Child welfare workers who are exhausted yet satisfied with their jobs: how do they do it? *Child & Family Social Work*. 12(2), 182-191.

de Boer C., & Coady, N. (2007). Good helping relationships in child welfare: learning from stories of success. *Child & Family Social Work*, 12(1), 32-42.

Whitaker, T., & Clark, E.J. (2006). Social workers in child welfare: ready for duty. *Research on Social Work Practice*. 16(4), 412-413.

Peters, J. (2005). True ambivalence: child welfare workers' thoughts, feelings, and beliefs about kinship foster care. *Children and Youth Services Review*. 27(6), 595-614.

Kondrat, M.E.(1999). Who is the "self" in self-aware: professional self-awareness from a critical theory perspective. *Social Service Review*. 73(4), 451-477.

Harris, M.S. (1997). Developing self-awareness/racial identity with graduate social work students. *Smith College Studies in Social Work*, 67(3), 587-607.

Skrypek, M.M., Wells, S.J., Bauerkemper, K., Koranda, L., & Link, A. (2008). Developing a case typology for children in out-of-home care: child welfare worker perspectives. *Families in Society*. 89(2), 302-311.

Aiello, T. (1999). *Child and Adolescent Treatment for Social Work Practice: A Relational Perspective for Beginning Clinicians*. NY: Free Press.

## 6. Evaluation plan:

At the end of the course, add two Likert Scale items regarding the specifically identified teaching / learning strategy to the overall course evaluations:

How much did the use of the self-awareness exercise on the three case studies impact your learning in this course?

Strongly	Somewhat	Not Much	Not at All
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How well prepared are you to appropriately know and use yourself as a tool in practice with children and their families?

Very Prepared	Somewhat Prepared	Ill-Prepared	Not at All
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# CONCLUSION

## A. Recap

The three case studies present numerous learning possibilities for a course like Social Work with Children. Nearly every learning objective typically developed for a course such as this one could be achieved through a strategy linked to the use of these case studies. Objectives regarding child and family assessment, appropriate intervention strategies, case coordination, use of culturally competent practice, and knowledge and use of self in treatment are only some of the themes addressed in this teaching guide.

## B. Suggestions for Future Courses

Future courses could build on the strategies presented here. Active learning techniques such as role playing, debates, small or large group discussions as well as in depth reading assignments and reflective paper assignments are offered here as effective tools to aid in the learning and teaching process. Instructor creativity with and adaptation of these and other techniques are encouraged with regard to any number of other learning objectives for this or any other course.



# ***Real Cases Project:*** **Social Work Supervision**

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## **INTRODUCTION**

### **A. Overview of this Course within the Social Work Curriculum**

As part of the overall curriculum, the supervisory component is going to be examined in three sections outlined. Supervision is rarely mentioned in the case notes themselves, and we must wonder what role the supervisor played each time the case was returned for service. By examining the different aspects of supervision as well as some of the interactional constructs, we will try to determine how supervision could have been used to help these children and families.

We will do this using the three case studies as the basis for examining supervisory principles. The significance of supervision in social work goes back to the idea that we are an organizationally based practice and within that context workers have to be socialized and supported in the practices and values of the agency. It is one of the few professions that examines supervision in an organized fashion because of the importance of the role. Distinctive aspects of the profession, as demonstrated by these cases, warrant strong supervisory practice. Students will be asked to be self reflective about their own supervisory experience and its impact on practice.

### **B. Relevance of these Case Studies to this Course**

The three case studies demonstrate the importance of supervisory interventions to guide and direct the worker. The primary principle of protecting the client exceeds all other demands on us as social workers. When we look at the case studies, we see the failure of the three dimensions of supervision, as discussed by Kadushin, administrative, supportive and educational, to affect the work by the caseworker and unit on behalf of the family. While we do not know much about the worker and the supervisor(s) who had responsibility for the cases, the interaction of worker and supervisor are effected by similarities and differences between the two. Questions of how they work together to prioritize service to clients will be critical to the success of the cases involved. The

critical issues in supervision outline what makes supervision work on behalf of clients and what can go wrong.

As we review the case material, each time the case is closed, there are unresolved issues. Big question in these cases are who is responsible? and how can and should the issues be resolved?

### **C. Specific Learning Objectives Related to Using Cases in This Course**

- To define and explain the purpose and function of supervision within the social work profession.
- To examine the supervisory relationship in the context of power, authority and parallel process with a focus on the impact on learning and teaching.
- To examine the role of the supervisor in the organizational context.
- To define how social workers use themselves to address issues of professional responsibilities and diversity in supervisory roles.

### **D. Overview of what is included in this guide**

This module of the overall curriculum will examine the following areas in regards to the impact of supervision on the outcome of the cases.

- Outline some of the general principles of supervision
- Examine the impact of similarities and differences between workers and supervisors
- Detail critical components of supervision that must be addressed for social work success including relational issues and burnout.

## **TEACHING STRATEGIES**

### **A. Strategy One: General Principles of Supervision**

#### **1. Area/issue of the case studies to be highlighted:**

In each of the three cases there are opportunities for supervisory interventions on multiple levels. With the exception of the “supervisory review”, there is no mention of the on-going supervision and impact of supervisory input. Let’s look at each case in terms of why do we need supervisory control. *Suggestion – break class into small groups and have them make this determination.*

#### **2. Timing within the semester:**

This strategy can be utilized at the beginning of the semester when the class is reviewing the goals and principles of supervision and can be spread out over several class periods depending on the instructor’s needs/desires.

### 3. Teaching methods:

This strategy will incorporate multiple teaching methods including brainstorming, small group work, and lecture.

**Brainstorming** What are supervisory controls? Which ones are pertinent in the each of the three case studies?

***Lecturette (using the answers elicited and adding those missing and expanding on where necessary)***

1. Accountability to the larger community:  
*(The function of the agency is the protection of children. When instances of abuse occur that result in death or serious harm, frequently there is an outcry and a new resolution by the agency to correct the deficiencies. Ex Nizxmary, Izquierda etc.)*
2. Accountability for implementing social policy:  
*(The expectation that ACS will protect children and will provide families with service to overcome their complex issues)*
3. The complexity of the tasks - help the worker with consistency in an unpredictable world:  
*(The caseworker in the Andrea R case faced the unpredictability of mental illness and its impact on the family. What should the anticipatory guidance be to help the worker when in the field?)*
4. Since the tasks take place in the field, it is critical to develop methods of reporting that can protect the worker:  
*(Protection is both on a safety basis and a legal basis.)*
5. Protection of clients!  
*(The crux of the agency work is the protection of clients. In the Mary S case, should the supervisor be involved to help ferret out what the real issues are to insure the protection of Jason? In the Andrea R case, how should the supervisor be assisting in the understanding of mental illness and the parentification issues experienced by Vincent? In the Anne M case, how should the supervisor assist the worker in the engagement issues with Peter T?)*
6. Enhance shared decision making:  
*(Modeling: Had the worker and supervisor discussed these cases in detail, anticipated different interventions and outcome, it would have served as a model for work with clients.)*

7. The nature of if the issues make support desirable:  
*(The complexity of dealing with domestic violence, mental illness and inadequate guardianship as well as other issues pertinent to these cases, make it all the more important to have a shared decision process. This does occur when there are the 72 hour meetings and the supervisory review.) However, should this be occurring on amore regular basis and how should it take place?*
8. Tarasoff – there needs to be an explanation and discussion of vicarious liability:

**Brainstorming: Ask class about their experience in supervision. On a scale of one to ten, one being dreadful and 10 being extraordinary, where is their supervisor? What makes it good/bad? Have they felt protected? Which of the above characteristics is part of their supervisory experience?**

Put questions on board for class to review.

1. What are the different types of supervision?
2. What are the goals and objectives of the different types of supervision?
3. What are the supervisory tasks that each method employs?

**Lecturette (using the answers elicited and adding those missing)**

#### Administrative supervision

- Goals
  - Overall, the long-term objective is to provide a systemic coordination of effort by providing a set of rules that are applied equally to all staff
- Short term objective
  - provide worker the information necessary to work effectively
- TASKS
  - Work planning
  - Work delegation.
  - Monitoring
  - Evaluation
  - Communication
  - Advocacy
  - Administrative buffer
  - Change agent

### Educational supervision

- Goals
  - this is about teaching the worker what needs to be known in order to perform the job and includes the skills, knowledge and approach to the work.
- Short term objective
  - improve workers capacity to do an effective job
- TASKS
  - Initial indoctrination –creating a common frame of reference
  - Evaluating the absorption of information- allowing a diminishment of administrative controls
  - Content areas regarding the clients, agency, process, problems/issues and personnel
  - Purposeful and conscious use of self through self-reflection

### Supportive supervision

- Goals
  - according to NASW this provides the “management of work related stress and assistance to staff in coping with work related issues.” The importance of a workers psychological well-being cannot be underestimated.
- Short-term objective
  - if the worker can be positive about the issues being faced; the work product will be improved.
- TASKS
  - Reassurance
  - Encouragement
  - Recognition of achievement
  - Constructive criticism
  - Realistic appraisals
  - Ventilation
  - Universalization
  - Desensitizing
  - Attentive listening

### **Brainstorming: What should supervision look like? When does it work? What makes it work?**

Break class up into groups so that you have one/two for each specific method of supervision. The group should answer the following questions depending on their focus. Using giant post-it sheets or a blackboard have groups report conclusions and have the class come to consensus. By the end of this segment the class

should be able to differentiate how to use aspects of supervision and identify within the case studies at least 3 to 4 instances where such supervision may have been effective.

***Where should the supervisor have used administrative controls and supervision in each of the three cases?*** (These are clearly outlined in the case presentations and come up as undone and unattended-to tasks)

***Where should the supervisor have used educational supervision in each of the three cases?*** (The educational supervision in these cases is on mental illness, autism, domestic violence and family triangulation as well as the developmental issues of both latency age children and adolescence. This will assist the caseworker in her engagement and contracting with the families.)

***Where should the supervisor have used supportive supervision in each of the three cases?*** (*In the Andrea R and Mary S cases, assessing the critical issues can be frustrating and supportive supervision becomes essential. In the Anne M case, a caseworker may need supportive supervision around the issues of domestic violence.*) *In each of these cases the support is critical for the on-going work on the part of the caseworker.*

### ***Lecturette***

#### PROCESS (of Supervision)

- Individual – principal; group for common tasks
- Time is scarce
- Preparation by both parties
- Opportunity for guided self reflection
- Techniques
- Modeling – especially as we begin to talk about parallel process
- Progression of learning – i.e. information to knowledge, knowledge to understanding, understanding to changes in behavior
- Peers and boundaries
- Styles
- Feedback

Constructive criticism is a critical component of all supervision. *What does constructive criticism consist of?*

#### How To Provide Constructive Criticism

- As soon as possible
- Specific
- Objectifiable
- Descriptive rather than judgmental
- Highlight the effect of a good performance
- Focused on the behavior not the person

- Offered tentatively for consideration
- Focus on what the supervisee needs
- Shared ideas and alternative
- Can be effectively absorbed
- Closure`

#### **4. Materials:**

Post-it sheets and markers or a blackboard with chalk for each group

#### **5. Supporting readings:**

Cohen, B.Z. (1999). *Intervention and supervision in strengths-based social work practice*. Families in Society, 80(5), 460-466.

Kadushin, Alfred, Supervision in Social Work, 3<sup>rd</sup> Edition, Columbia university Press, 1992, Chapters 2,3,4

Kurland, R. & Salmon, R. (1992). *When problems seem overwhelming: Emphases in teaching, supervision, and consultation*. Social Work, 37(3), 240-244.

Weinbach, Robert W. The Social Worker as Manager, Longman, 1990, Chapt. 6.

Young, T.M. (1994). *Collaboration of a public child welfare agency and a school of social work: A clinical group supervision project*. Child Welfare, 73(6), 659-669.

#### **6. Evaluation plan:**

A short paper assignment can be utilized to evaluate student learning. Students are asked to use the class discussions to determine what each of the case study supervisors might have done and how he or she could provide constructive criticism to the worker to provide guidance.

### **B. Strategy Two: Similarities and Differences**

#### **1. Area/issue of the case study to be highlighted:**

As in the previous strategy, the utilization of supervision during each of the three case studies will be highlighted in this strategy.

#### **2. Timing within semester:**

This strategy can be utilized at any point during the semester when the instructor chooses to discuss learning styles as they relate to supervision.

#### **3. Teaching methods**

This strategy will utilize small groups, assessment, lecture, and brainstorming.

### Style and the Learning Cycle

Each of us has a built-in way of learning that may dominate how we do things. We are going to examine what your style is, the impact on learning and practicing and the impact on the supervisory relationship.

#### ***Exercise (see appendix)***

Administer Learning Style Questionnaire (students are to compete each field, going across with 4 being the closest to who they are and 1 being the least similar)

When the questionnaire is completed, following the number pattern on the bottom of the sheet, they add up the columns. Meanwhile make four columns on the blackboard, CE, RO, AC and AE. Have the students call out their scores while you record on the board. Now provide them with the characteristics of Learning Style sheet. (CE=feelings, RO= watching, AC= thinking, AE=doing)

Discuss the four learning styles as designed by Kolb, et.al

Distribute copy of Kolb's Experiential Learning Model (see appendix- Figure 1) Discuss learning as on a continuum using this model. This should lead into a discussion about the student experience with their supervisors. There may be "aha" moments.

#### ***Lecturette***

As outlined in Kolb, learning styles and their impact on work. (Figure 2)

Converger – dominant styles are AC and AE. Greatest strength "lies in practical application of work." Because of how knowledge is organized, focus is on problem solving especially project driven material.

Diverger – dominant styles are CE and RO. Very imaginative and creative; able to see problems in a holistic manner. Greatest interests are in people and creating responses from a "generation of ideas".

Assimilator – dominant styles are AC and RO. Able to create theoretical models. Able to take disparate ideas and put them into a one construct. Is happy as long as the theory is "sound and logical".

Accommodator – dominant styles are CE and AE. These are risk takers who enjoy carrying out new plans and experiments. Excels in those situations where the learner must accommodate to the situation. Action- oriented

Figure 3 – Problem solving based on who we are and how we learn.



**Brainstorming:** From what we know in the cases, what kind of supervision was used in each of the three cases? What kind should have been used? What are the gaps in learning? How would each of you approach the cases based on your learning style?

### **Exercise**

Break up into small groups and have each group construct a brief supervisory session on one of the three cases, using a particular reoccurrence, to address the issues missed. As each group reports back have them discuss what the differences were in examining the issue at hand.

Cultural Competency (optional but a brief discussion may be valuable)

In addition to the style issues that face each supervisory dyad, the differences and similarities that are brought to the table must be discussed. How these issues are dealt with will parallel the worker-client experience. Have the class discuss one dimension of difference that is similar and one that is dissimilar with their supervisors. How has that impacted on the supervisory relationship? Has it been discussed or is it an “elephant on the table”? What does this mean when workers have clients who are either similar or different from them on multiple dimensions of difference? In both the Anne M and Mary S cases we have information on the ethnicity and race of the clients. In the Anne M case, consideration must be given to culture. It is always important to have an awareness of the impact of these issues on the context of the relationship and therefore the unfolding of the case content.

### **4. Materials needed:**

Learning Style Questionnaire and supporting materials (provided in Appendix)

### **5. Supporting readings:**

Kaiser, Tamara, *Supervisory Relationships; Exploring the Human Element*, Pacific Grove, Ca. Brooks/Cole Publishing, 1997, Chapters 4 and 5

Kolb, David A. *Learning and problem solving: On management and the learning process*, from Kolb, David A; Rubin, Irwin and McIntyre, James M., ed. *Organizational Psychology: A Book of Readings*. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1974.

OR

Kolb, David, *Experiential learning: Experience as the source of learning and development*. Englewood Cliffs, NJ; Prentice Hall, 1984

Leung, P., Cheung, K.M., Stevenson, K., (1994) A strength based approach to ethnically sensitive practice for child protective workers, *Child Welfare*, 73, 707-724.

MacEachron, A.E. (1994). Supervision in tribal and state child welfare agencies: Professionalization, responsibilities, training needs, and satisfaction. Child Welfare, 73(2), 117-126

### C. Strategy Three: Relational Issues

#### 1. Area/issue of the case study to be highlighted:

As in the previous strategies, the utilization of supervision during the case studies will be highlighted here.

#### 2. Timing within semester:

This strategy can be utilized at any point of the semester.

#### 3. Teaching methods:

**Brainstorming:** Elicit student perceptions of quality of their supervisory relationship or past supervisory relationship. Again, what made it work.

#### **Lecturette**

Kaiser presents us with a model where the supervisor relationship is paramount.

- Shared meaning- what is this and how does it impact on the relationship. What happens if there are disparate perceptions? How does shared meaning develop? What happens if dual relationships impinge on the supervision?
- Cultural differences – discussion of the dimensions of difference and the impact on relationship
- Trust is a critical variable in the supervisory relationship. What happens if that trust is violated?

**Brainstorming:** From what we know, or assume, in the cases, what can you identify in the supervisory relationship that influenced the practice events. Can we make any assumptions about the issue of trust and its influence in the relationship?

### PARALLEL PROCESS

#### **Lecturette**

- What is parallel process?
- How does it develop?
- The role it plays in the supervisory relationship?
- How does supervisor foster it?
- The five levels of the supervisory relationship (Fox)
  1. intellectual learning

2. imitation
3. introjection
4. identification
5. idealizing and mirroring

**Brainstorming:** Have the class identify instances of parallel process in the each of the three case studies.

## POWER AND AUTHORITY

Begin with Power and Privilege exercise – purpose to develop a self awareness regarding how we experience these. Write HIGH on one end of the blackboard and LOW on the other end. Explain that Power and Privilege have different meaning in different contexts. Each student is asked to consider themselves on the continuum but they do not have to share their own definitions. Have the students stand up and place themselves on a continuum from high to low first in relation to Power in their everyday lives. You can use dimensions of difference like economic status, educational status, race, language, religion, sexual orientation, ability/disability, age, biological sex, etc. The effect should be a moving 3-D depending on the dispersion of the participants. Repeat using Privilege. With each change have the students look around; notice where they have placed themselves and where their colleagues are. Discussion post exercise should focus on an exploration of student thoughts and feelings about these two words.

How does Power play out in the Supervisory relationship. How does Privilege play out?

## **Lecturette**

Power and Authority is the crux of the supervisory relationship - to implement administrative supervision one must have the authority -otherwise, the metaphor is that it's building bricks without straw. The more the authority is perceived as legitimate, the better the voluntary compliance. Authority has to be exercised in an impartial manner. What happens to the person in authority if they violate this rule?

The interpretation of rules and regulations in a uniform manner can help decrease role ambiguity and increase role clarification. Workers may feel protected from personalized decisions by the rules necessary for organizationally based practice. Non-compliance must be dealt with equally among all workers.

As a result, behavior is purposive.

- What causes non-compliance and/or contradictory rules?
- Are there conflicts between demands?
- Is there an over-identification creating a more or less satisfying experience?

- Why do workers become self-protective?
- Do we look at this as psychological; or a real act of hostility?
- What is delegate authority? How can a supervisor effectively delegate?

Power is the ability to implement authority. Where does a Supervisor get Power? There is both functional power and formal power. Functional power relates to what the supervisor knows, is and can do. Formal power related to title and authority vested in that title. Kadushin delineates five different power bases inherent in the supervisory relationship.

1. Reward power - can control tangible rewards
2. Coercive power - control punishment
3. Legitimate or positional power-we accept the power by virtue of being socialized to it- sense of moral obligation or social duty
4. Referent power- the desire to be liked or approved of by the Supv. Supv is seen as a model
5. Expert power - the power of professional competence - Information/knowledge is power as opposed to referent where supervisee is looking for approval this has to do with expertise in content area.

### **What is the prevailing kind of supervision in your experience this year?**

What Is the Countervailing Power of a Supervisee while the supervisor may assign work; she is dependent on the supervisee willingness and readiness to actually do the work. What about the supervisees acting as a group in trying to control the situation or the supervisor? What if the supervisor has the need to be liked by the group?

### **Power and authority play a major role in the relationships not only with supervisors but in the parallel process with clients.**

**Break out groups:** Using the cases, where are each of the families in terms of these issues? How does it play out in each of the cases? Do the workers use power and authority effectively? What is the legitimate power of the agency? How do each of the families see the power differential with the agency? What kind of power might have been effective? What would you do in each of these situations?

### **4. Materials needed:** No special materials required

### **5. Supporting readings:**

Fox, Raymond, Relationship: the Cornerstone of Clinical Supervision, *Social Casework: The Journal of Contemporary Social Work*, 1989, Family Service Association of America

Kadushin, A., Games People Play in Supervision, *Social Work*, 13, 1968

Kaiser, Tamara, *Supervisory Relationships; Exploring the Human Element*, 1997, Pacific Grove, CA. Brooks Cole Publishing, Chapters 1, 2 & 5

Kahn, Eva M., *The Parallel Process in Social Work Treatment and Supervision*, Social Casework: The Journal of Contemporary Social Work, 1979, Family Service Association of America

## **D. Strategy Four: Burnout**

### **1. Area/issue of the case studies, timing within semester, and teaching methods:**

Begin with Burnout Inventory and discussion of individuals in class to their self-assessment.

#### ***Lecturette***

Let's look at concept of burn-out, the frustrations, the passive-aggressive components, the disengagement, the depression and the other complex emotional experiences in that process. At one end we may have overly rigid compliance while at the other end is a total inattention to the work and the clients. In between, there can be many facets of behavior that can be defined as burnout.

#### **Burnout Definitions (Maslach and Leiter)**

Definition #1: "a state of fatigue or frustration brought about by devotion to a cause, way of life, or relationship that failed to produce the expected reward"

Definition #2: "A process in which a previously committed professional disengages from his or her work in response to stress and strain experienced in the job."

#### **Symptoms of Burnout:**

- A feeling of lack of control over commitments
- An incorrect belief that you are accomplishing less
- A growing tendency to think negatively
- Loss of sense of purpose and energy
- Increasing detachment
- Difference between burnout and having a bad week is that burnout is persistent and symptoms increase in severity.

### **In each of the three cases where can we see burnout impinging on the worker?**

Who is a candidate for burnout?

- Those in the helping profession "compassion fatigue"

- Young social workers- idealized goal
- People who are habitually anxious or depressed
- Lack of self esteem
- Low tolerance for frustration

Burnout and Alienation: Feelings that social workers may adapt to the pressures of their job and feeling of burnout (William Powell)

Five aspects of alienation:

- Powerlessness: the sense that one can control neither the conditions of work nor the purposes of one's labor
- Meaninglessness- life is devoid of meaning
- Normlessness- no overarching rules that guide all of us
- Isolation- each individual struggles alone
- Self-estrangement: the sense that one's labors have no relationship to one's sense of self

Burnout and the Organization: Costs of burnout in the organization  
Burnout for the organization results in inefficient workers, low morale, absenteeism, high turnover.

*Making organizations supportive settings that mediate stress can be cost-effective for both the organizations and society.*

Four reasons for burnout in the work setting:

- The workers perceived lack of autonomy and influence of funding source
- The workers perception the workload is too much
- Lack of clarity in workers rights, responsibility, goals, status, methods, accountability, and role in which the practitioner experiences conflict, inconsistency, incompatibility, or inappropriate demands
- Relationship between co-worker and supervisor to learn new skills, evaluate effectiveness, develop competence in position, and understand the purpose of the agency has been compromised.

What should be done about burnout and social workers in workplace-?

- Improve staff communication,
- Review agency policies
- If the requirements of an agency interfere with helping relationship
- Establish good work boundaries
- Define work objectives
- Provide clear job requirements
- Give adequate training
- Offer freedom in client work and studies
- Provide a supportive environment

- Offer regular group meetings with the colleges
- Encourage employees to pursue interests outside of agency (self-worth not on your job)
- Good teamwork between co-workers
- Provide understanding from senior colleagues
- Recognize need for independence, self-esteem, acceptance, and support.
- Create low work pressure and increase job security, do not use threats
- Provide supervisory training
- Supervisor should help to cultivate self-awareness, expectation for self & client (written statement), issues of power to control client, set reasonable goals.
- Attempt to increase financial resources- Ex: Restart
- Offer opportunities to increase knowledge base

### Burnout in the Supervisor/ Individual

Three outcomes to burnout

1. Emotional exhaustion
2. Depersonalization
3. Loss of personal accomplishment

Ways to deal with burn-out by supervisors when working with supervisees. This is paralleled for workers and needs to be modeled by supervisors.

Increase knowledge base to better understand clients, supervisees. An increase in knowledge creates a more effective respond to work

- In-services
- Conferences

Learn to set realistic goals- obtainable, measurable, contracting, not lofty ideals. Focus on the client's strengths, abilities and resources allows a look at the positive aspects of the situation which can be less overwhelming

Self awareness:

- Set reasonable goals
- Know that work can not fulfill all of needs
- See when transference is playing a role

Seek feedback from clients, co-workers and supervisors

- Advice
- Constructive criticism

Build a social support system at work

- Group supervision
- Colleague lunches

Set boundaries

- Leave work on time

Utilize vacation time  
Learn to say "No"

## 2. Supporting readings:

Arches, J. (1991). Social structure, burnout, and job satisfaction. *Social Work*, 16, 202-206.

Harrison, W. (1980) Role strain in child protective service workers. *Social Service Review*, 54, 31-44

Maslach, Christina and Leiter, Michael, *The Truth About Burnout*, Jossey Bass, 1997.

Rauktis, M.E., & Koeske, G.F. (1994). Maintaining social work morale: When supportive supervision is not enough. *Administration in Social Work*, 18(1), 39-60.

Soderfeldt, M, Soderfeldt, B., Wang, L., Burnout in social work, *Social Work*, 1995

## 3. Evaluation plan:

Burnout in the case studies: Knowing what we know now about burnout, what would each of you see as ways of intervening with the caseworker? (Can do as brainstorming or in small groups)

# CONCLUSION

## A. Recap

Reviewing the case studies demonstrates multiple principles in supervision that apply to all aspects of practice. In each of these cases we see a caseworker faced with complex problems working to view the client(s) in a holistic manner. The complexity of the issues create challenges to developing solutions. Since there is limited discussion of supervisory input, we are unclear as to how the supervisor may have assisted or how the supervisor might have been able to enhance the caseworker interventions. The educational issues of mental illness in the Andrea R case or the domestic violence issues in the Anne M case, require particular knowledge bases that can enhance the casework process. The structural family issues in the Mary S case could thwart a worker who has limited understanding of issues such as triangulation. In every case, supportive supervision allows the caseworker the opportunity to test out theories and ideas that will allow for superior engagement and contracting with each member of the families. As always the administrative supervision in each case provides for the protection of the client and insuring that all procedures are followed including the 72



hour conference and involvement of collaterals. In the Andrea R case the collaterals are able to provide critical information about the client that helped with the understanding of the issues at hand.

The parallel process components of the social work process cannot be underestimated. Issues of power and authority are inherent in the work of anyone in child welfare especially in the protective cases. New perspectives provide a more collaborative approach to this kind of work. Each of these caseworkers sustains a focus on the critical protective issues and provides opportunities for each member to have a voice in the process. While we do not know what the supervisory input was, we may be able to assume that the administrative function of protection was carried out in response to this process. Hopefully as we see focused purposeful casework, supervision is fulfilling the three functions outlined in this curriculum.

## **B. Suggestions for Future Courses**

Because these issues are so prevalent in child welfare, additional thought should be paid to the concept of vicarious trauma and what that does to the “burn-out” process. There are multiple perspectives on supervision, including Munson and Shulman and others, which can further enrich any social worker’s development in this arena. Those working in child welfare need a constant renewal of skills and enrichment. The burnout so evident in the case studies demonstrates the importance of on-going and supportive clinical supervision.

Munson, Carlton E. (2002). *Handbook of Clinical Social Work Supervision*. Binghamton, NY: Haworth Press.

Shulman, L. (1993). *Interactional Supervision*. Alexandria, VA: NASW Press

## APPENDIX to TEACHING GUIDE FOR SOCIAL WORK SUPERVISION

### Appendix A: Burnout Potential Inventory

How often do these situations bother you at work? Use the scale below to rate how often you are bothered by each situation described in the quiz. Then add up your points when you're done.

(Rarely) 1 -2- 3 -4- 5-6-7 - 8-9(Constantly)

#### Powerlessness

1. I can't solve the problems assigned to me
2. I am trapped in my job with no options.
3. I am unable to influence decisions that affect me.
4. I may be laid off and this is nothing I can do.

#### No Information

5. I am unclear about the responsibilities of my job.
6. I don't have information I need to perform well.
7. People I work with don't understand my role.
8. I don't understand the purpose of my work.

#### Conflict

9. I am caught in the middle.
10. I must satisfy conflicting demands.
11. I disagree with people at work.
12. I must violate procedures to get my job done.

#### Poor Team Work

13. Co-workers undermine me.
14. Management displays favoritism.
15. Office politics interfere with my doing my job.
16. People compete instead of cooperate.

#### Overload

17. My job interferes with my personal life.
18. I have too much to do into little time.
19. I must work on my own time.
20. My workload is overwhelming.

#### Boredom

21. I have too little to do.
22. I am overqualified for the work I actually do.
23. My work is not challenging.

24. The majority of my time is spent on routine tasks.

#### Poor Feedback

25. I don't know what I'm doing right or wrong.
26. My supervisor doesn't give feedback on my work.
27. I get information too late to act on it.
28. I don't see the results of my work.

#### Punishment

29. My supervisor is critical.
30. Someone else gets credit for my work.
31. My work is unappreciated-
32. I get blamed for others' mistakes.

#### Alienation

33. I am isolated from others.
34. I am just a cog in the organizational wheel.
35. I have little in common with people I work with.
36. I avoid telling people where I work or what I do.

#### Ambiguity

37. The rules are constantly changing.
38. I don't know what is expected of me.
39. There is no relationship between performance and success.
40. Priorities I must meet are unclear.

#### Unrewarding

41. My work is not satisfying.
42. I have few real successes.
43. My career progress is not what I'd hoped.
44. I don't get respect.

#### Values Conflict

45. I must compromise my values.
46. People disapprove of what I do.
47. I don't believe in the company.
48. My heart is not in my work.

Scoring: Your Risk of Burnout –see page after “Are You Burning Out”

## ARE YOU BURNING OUT?

Have you noticed changes in yourself over the past 6 months? Assign a number from 1 (for no or little change) to 5 (for a great deal of change).

- \_\_\_ 1. Do you tire more easily? Feel fatigued rather than energetic?
- \_\_\_ 2. Are people annoying you by telling you, "You don't look so good lately"?
- \_\_\_ 3. Are you working harder and harder and accomplishing less and less?
- \_\_\_ 4. Are you increasingly cynical and disenchanted?
- \_\_\_ 5. Are you often invaded by a sadness you can't explain?
- \_\_\_ 6. Are you forgetting" (appointments, deadlines, personal possessions)
- \_\_\_ 7. Are you increasingly irritable? More short-tempered? More disappointed in the people around you?
- \_\_\_ 8. Are you seeing close friends and family members less frequently?
- \_\_\_ 9. Are you too busy to do even routine things like make phone calls or read reports or send out Christmas cards?
- \_\_\_ 10. Are you suffering from physical complaints? (aches, pains, headaches, a lingering cold)
- \_\_\_ 11. Do you feel disoriented when the activity of the day comes to a halt?
- \_\_\_ 12. Is joy elusive?
- \_\_\_ 13. Are you unable to laugh at a joke about yourself?
- \_\_\_ 14. Does sex seem like more trouble than it's worth?
- \_\_\_ 15. Do you have very little to say to people?

TOTAL: \_\_\_\_\_

Don't let a high total alarm you, but pay attention to it. Burnout is reversible, no matter how far along it is. The sooner you start being kinder to yourself, the better.

**Scoring for First Test**

48 - 168 Low. Take preventive action.

169 - 312 Moderate. Develop a plan to correct problem areas.

313 - 432 High. Corrective action is vital.

**Scoring for Second Test**

0-25 Fine 26-35 There are things you should be watching 36-50 You're a candidate

51 -65 You are burning out Over 65 You're in a dangerous situation, threatening to  
your physical and mental well-being

### Appendix B: What kind of learner am I?? i.e. do I have a primary learning style??

This inventory is designed to assess your preferred learning method. As you respond to the questions, give a high rank to those words which best characterize the way you learn and a low rank to those words which least characterize your learning style. The purpose is to discover how you learn, not to evaluate how well you learn. There are no right or wrong answers.

#### Instructions

Below are nine sets of four words. Rank order each set of four words by assigning a "4" to the word which best characterizes your learning style, a "3" to the word which next best characterizes your style of learning, a "2" to the next most characteristic word, and a "1" to the word which is least characteristic of your method of learning. Be certain to assign a different number to each of the four words in each set. Do not make ties or leave any blanks.

1 __discriminating	__tentative	__involved	__practical
2 __receptive	__relevant	__analytical	__impartial
3 __feeling	__watching	__thinking	__doing
4 __accepting	__risk-taking	__evaluative	__aware
5 __intuitive	__productive	__logical	__questioning
6 __abstract	__observing	__concrete	__active
7 __present oriented	__reflecting	__future-oriented	__pragmatic
8 __experiencing	__observing	__conceptual	__experimenting
9 __intense	__reserved	__rational	__responsible

#### For Scoring Only

CE \_\_\_\_\_ RO \_\_\_\_\_ AC \_\_\_\_\_ AE \_\_\_\_\_  
234578      136789      234589      136789

For scoring, add up the rank order numbers you gave to the items specified below the line. Your score will indicate how much you rely in your learning on Concrete Experience (CE), Reflective Observation (RO), Abstract Conceptualization (AC) and Active Experimentation (AE)

### CHARACTERISTICS OF THE LEARNING STYLE

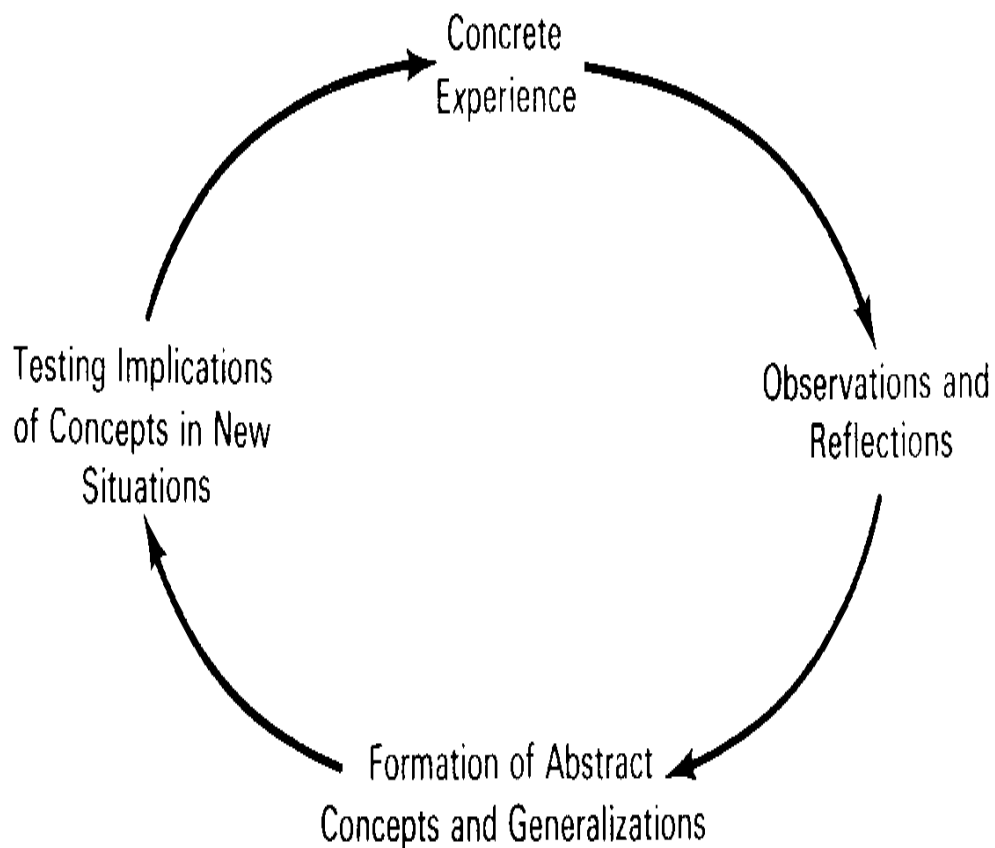
Although everyone learns in each of the four ways, individuals tend to prefer one style over the other three. The characteristic approach to learning is noted below for each of the four styles.

Characteristic Learning Style	Approach to Learning	Relying Heavily on	Learn Best From
<b>CE</b> (Concrete Experience)	<b>Receptive Experience Based</b>	<b>Feeling based judgements</b>	<b>Specific examples Involvement Discussion</b>
<b>RO</b> (Reflective Observer)	<b>Tentative Impartial Reflective</b>	<b>Careful observation</b>	<b>Situations that allow impartial observation</b>
<b>AC</b> (Abstract Conceptualization)	<b>Analytical Conceptual</b>	<b>Logical thinking Rational evaluation</b>	<b>Direction from an authority Impersonal learning situations Theory presentations</b>
<b>AE</b> (Active Experimentation)	<b>Active Doing</b>	<b>Experimenting</b>	<b>Projects Homework Discussions</b>

Kolb, David A. "Learning and Problem Solving: On Management and the Learning Process," from Kolb, David A; Rubin, Irwin and McIntyre, James M., ed.. Organizational Psychology: A Book of Readings. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1974.

Kolb, David A., and Fry, Ronal. "Towards an Applied Theory of Experiential Learning," from Cooper, Cary L., ed. Theories of Group Processes. London: John Wiley & Sons, 1975.

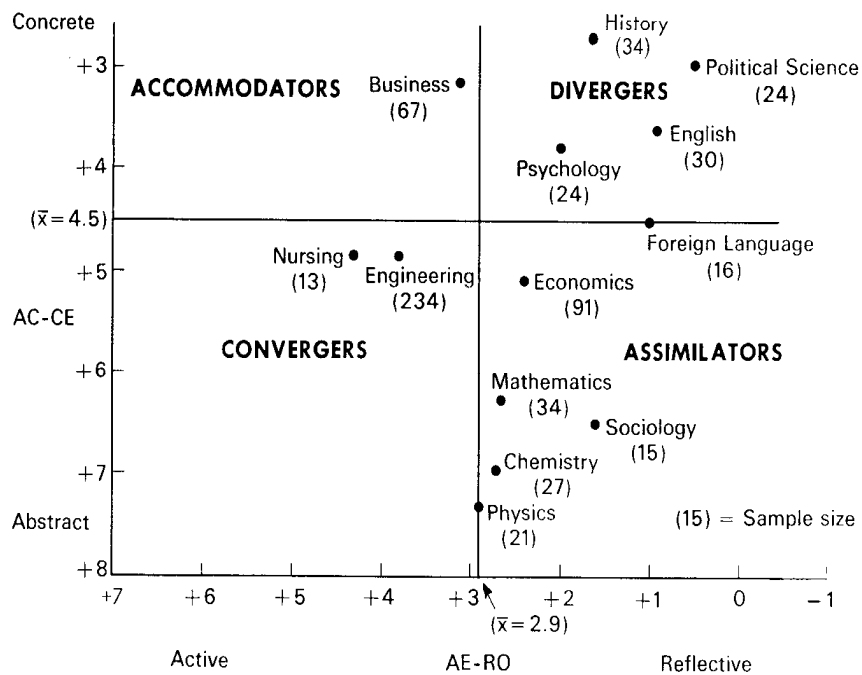
Kolb, David A. Learning Style Inventory. Boston: McBer and Company, 1976.

**FIGURE 1**

### The Experiential Learning Model

**Appendix C:**

Kolb, David A. "Learning and Problem Solving: On Management and the Learning Process," from Kolb, David A; Rubin, Irwin and McIntyre, James M., ed.. Organizational Psychology: A Book of Readings. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1974.

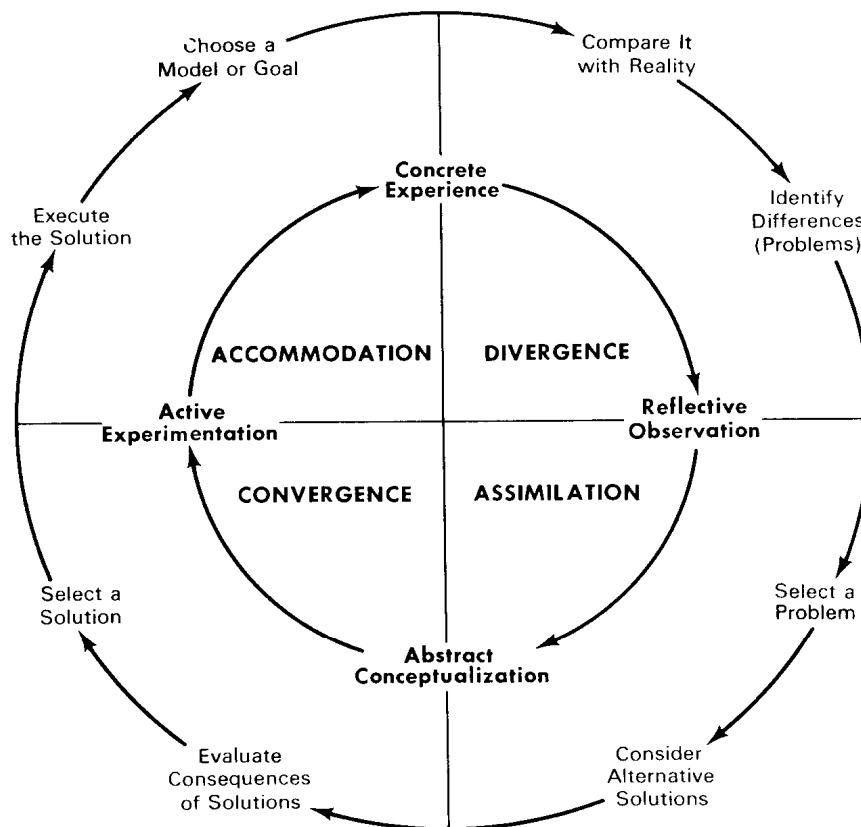


**FIGURE 2**  
Average LSI Scores on Active Reflective (AE-RO)  
and Abstract/Concrete (AC-CE) by Undergraduate College Major

### Appendix D:

Kolb, David A. "Learning and Problem Solving: On Management and the Learning Process," from Kolb, David A; Rubin, Irwin and McIntyre, James M., ed.. Organizational Psychology: A Book of Readings. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1974.





**FIGURE 3**  
Comparison of the Experiential Learning Model  
with a Typical Model of  
the Problem-Solving Process (after Pounds, 1965)

## Appendix E:

Kolb, David A. "Learning and Problem Solving: On Management and the Learning Process," from Kolb, David A; Rubin, Irwin and McIntyre, James M., ed.. Organizational Psychology: A Book of Readings. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1974.



# ***Real Cases:*** **Integrating Child Welfare Practice Across the Social Work Curriculum**

<b>PROJECT EVALUATION</b>
---------------------------

Introduction to the Evaluation, *Carol S. Cohen*

Faculty Feedback Survey

Student Feedback Survey



# ***The Real Cases Project:*** **Introduction to the Evaluation**

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Evaluation is a critical component of any educational innovation, and we believe that this evaluation will yield important findings to guide the future development of the *Real Cases Project*. We have developed both formal and informal systems to collect feedback about how the Real Cases and Teaching Guides are used. We will be looking at the impact, evolution, relevance, and need for adaptation of the *Project* to curricular interventions in Child Welfare and other fields of social work. Through a combination of evaluation approaches, we anticipate conducting ongoing and rigorous study of the *Project* in relation to its process, outcomes and contribution.

Evaluation updates, forms and feedback will be available at:  
<http://web.adelphi.edu/socialwork/realcases/>

## **FORMAL EVALUATION**

Faculty members are asked to voluntarily participate in the *Real Cases Project* evaluation, and encourage their students to participate in the evaluation as well. Faculty members are free to use *Project* materials in their classes without permission, and the evaluation will not interfere with this process. Faculty and students are asked to complete and submit Feedback Surveys on their experience. There are no consequences to non-participation in the evaluation, and it is not possible to identify who do not participate in the evaluation.

Faculty Feedback Surveys include questions regarding the degree to which the use of the cases and teaching guide helped achieve objectives of the *Real Cases Project*. Next, faculty members are asked to rate and explain the helpfulness of the guide they used. In addition, faculty members are asked to rate and explain the level of difficulty in integrating the case studies, and strategies and activities that worked and did not work in the class. The last question asks for additional narrative feedback, and permission to post feedback on the web.

Faculty members are asked to engage their students in the evaluation process, by asking them to complete voluntary Student Feedback Survey, either on-line or in hard copy. Student Feedback Surveys parallel those completed by faculty, with questions regarding the degree to which objectives of the *Real Case Project* have been achieved, and the degree to which course learning was enhanced by the use of the case studies.

Students are also asked for narrative suggestions and feedback, whether they have heard about the cases in any other courses, and whether they agree to have their feedback posted on the web. It is anticipated that it will take respondents between 5 and 20 minutes to complete the faculty or student survey.

Electronic survey forms for faculty and students will be available at:

<http://socialwork.adelphi.edu/realcases/>. These forms can be completed and submitted electronically, or can be downloaded and mailed. Electronic submission is preferred. Survey forms are also presented in hard copy as part of this document. These forms can be duplicated and submitted by mail, as indicated on the form.

Faculty members are asked to voluntarily identify themselves with their feedback. Anonymity of student responses is limited to the extent that respondents will be asked which social work education program they are from, and in which course they experienced elements of the *Real Cases Project*. When using paper documents, Student Feedback Surveys can be mailed together in a single envelope, with or separate from the Faculty Feedback Survey.

Evaluation survey responses will be held confidential, in that only Dr. Carol Cohen and designated evaluation assistants will have access to the feedback sheets in the event they are mailed or submitted electronically. All responses will be held securely, in a locked file and the use of encrypted electronic storage. Consent to participate in the evaluation is signified by submission of a Feedback Survey.

There is a limit to the confidentiality that can be guaranteed due to the technology itself when participants choose to respond through the website. Specifically, although the risk is small, no guarantees can be made regarding the interception of data sent via the Internet by any third parties.

We will construct a digest of quantitative and qualitative responses, and work with *Real Cases Project* Committee members in the analysis of quantitative data and themes in the qualitative responses. Findings and themes will be shared with members of the Social Work Education Consortium of New York and teaching guide authors to gather their thoughts about the feedback from faculty and student users.

We anticipate that the feedback and experience of respondents will be valuable to faculty members as they formulate their own plans to use the *Real Cases Project* in their classes. Therefore, all respondents (faculty and students) will be asked if they would like to have their feedback posted on the *Project* website. If respondents select

the option to post open feedback on the website, their feedback will be grouped and identified only by course in which the material was used.

The formal evaluation's purposes and research methods were reviewed by an Institutional Review Board for the protection of human subjects. The evaluation was found to have "exempt status", since it focuses on understanding the impact and gathering feedback on instructional strategies incorporated into established social work education classes.

In summary, this evaluation is part of an educational process to gather voluntary feedback from social work faculty and students about the infusion of child welfare content across social work courses. As such, there are minimal risks to participation. Students and faculty are encouraged to contact Dr. Cohen at [cohen5@adelphi.edu](mailto:cohen5@adelphi.edu), regarding any questions they have about the evaluation. Faculty participants are welcome to discuss the *Real Cases Project* with many persons who are ready to answer questions about the *Real Cases Project*, including Dr. Cohen, members of the Social Work Education Consortium, authors of teaching guides, and administrators in the New York City Administration of Children's Services.

## INFORMAL EVALUATION

Informally, representatives of the member social work programs in the Social Work Education Consortium participate in ongoing meetings, at which they share feedback about the utilization and evaluation of Real Cases and Teaching Guides in their home institutions. We expect this discussion loop to continue, focusing on all aspects of the *Real Cases Project* and its future evolution.

Through the process of developing the teaching guides, many of the authors used the cases in their classroom, to pilot teaching strategies and activities. Reports on this pilot testing have enriched the guides, and have provided critical early feedback on the overall *Real Cases Project*. Preliminary reports suggest that students can apply the cases to learn course content through the use of thoughtful learning strategies. We will explore ways to further encourage community dialogue, including the feasibility of a bulletin board posting function through the *Real Cases Project* website in the future.





## **Real Cases Project: Integrating Child Welfare Content Across the Social Work Curriculum**

### **FACULTY FEEDBACK SURVEY**

Dear Social Work Faculty Member,

Thank you for your interest and use of a Teaching Guide, Resource Materials, and/or Real Cases in your course this semester. As noted in these materials, by incorporating suggested teaching strategies in your class, we are hopeful that you will agree to evaluate their use. Your voluntary responses will help the Social Work Education Consortium of NY to further develop this educational effort. Our evaluation plan includes two instruments. The first is this Faculty Feedback Survey and the second is the Student Feedback Survey, which should be submitted by students through our website or duplicated and distributed to all students at the end of this semester, and then mailed as instructed.

All Surveys can be submitted through the Real Cases Project website: <http://socialwork.adelphi.edu/realcases>, or mailed to: Carol S. Cohen, Adelphi University School of Social Work, One South Avenue, Garden City, New York 11530. Please feel free to call (516/877-4427) or email ([cohen5@adelphi.edu](mailto:cohen5@adelphi.edu)) with any questions or concerns. Submission of this feedback sheet serves as your consent to participate in the evaluation.

Thank you for your participation – Carol S. Cohen, Real Cases Project Chair

Faculty Member: \_\_\_\_\_ School: \_\_\_\_\_

Course: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

1. Please circle the answer that best indicates the degree to which the use of the cases and teaching guide helped achieve the following objectives:

Understand the dynamics of a large public organization, and how external and internal systems affect practice.	Very Much	Somewhat	A Little	Not At All
Ability to implement and adapt direct and indirect practice strategies to changing organizational conditions.	Very Much	Somewhat	A Little	Not At All
Identify innovative practice models for use in public child welfare, which can be incorporated into work in other fields of practice.	Very Much	Somewhat	A Little	Not At All
Enhance ability to connect classroom and field learning environments, particularly for students involved in public child welfare as well as those without experience in this field of practice.	Very Much	Somewhat	A Little	Not At All
Expand student learning of the curriculum of this particular course.	Very Much	Somewhat	A Little	Not At All

2. Please circle the answer that best indicates the degree to which the teaching guide was helpful:

Very Much

Somewhat

A Little

Not At All

3. Why was that?

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4. How difficult did you find it to integrate the case studies into this particular course? (Please circle one)

Very Much

Somewhat

## A Little

Not At All

## 5. Why was that?

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6. What strategies/activities worked best in your class?

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7. What strategies/activities did you find did not work when your tried them?

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8. Please describe if, and/or how you used the cases in the classroom; how might you have used it differently if you were planning now? (Please feel free to attach another page if needed, and/or any documents used in class)

[illegible]

9. Are you willing to have your answers posted as part of the teaching guide on the web? Please note that your feedback will be posted without your Name and Institution, but will indicate the course identified.

Yes \_\_\_\_\_

No \_\_\_\_\_

## **Real Cases Project: Integrating Child Welfare Content Across the Social Work Curriculum**

### **STUDENT FEEDBACK SURVEY**

*Dear Social Work Student,*

*Thank you for taking the time to complete this brief survey. We are interested in your feedback about the use of the Real Cases Project materials in this course this semester. Your responses will help the Social Work Education Consortium of New York to further develop this educational effort. You do not have to provide your name. We ask you to provide your course's name and your educational program/school. Your professor will collect these feedback surveys and send them to us, so anonymity and confidentiality is limited. Alternatively, you can complete the feedback survey at: <http://socialwork.adelphi.edu/realcases>. Your participation is voluntary, and there are no consequences to deciding not to participate. You can choose not to complete the feedback survey, and can choose to answer some questions and not others.*

*Please feel free to contact Carol S. Cohen, Adelphi University School of Social Work at 516/877-4427 or at [cohen5@adelphi.edu](mailto:cohen5@adelphi.edu) with any questions or concerns. Submission of this feedback sheet serves as your consent to participate in the evaluation. Thank you for your participation – Carol S. Cohen, Real Cases Project Chair*

School: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Course: \_\_\_\_\_

1. Please circle the answer that best indicates the degree to which the use of the case studies and related activities helped achieve the following objectives:

Understand the dynamics of a large public organization, and how external and internal systems affect practice.	Very Much	Somewhat	A Little	Not At All
Ability to implement and adapt direct and indirect practice strategies to changing organizational conditions.	Very Much	Somewhat	A Little	Not At All
Identify innovative practice models for use in public child welfare, which can be incorporated into work in other fields of practice.	Very Much	Somewhat	A Little	Not At All
Enhance ability to connect classroom and field learning environments, particularly for students involved in public child welfare as well as those without experience in this field of practice.	Very Much	Somewhat	A Little	Not At All

2. Please circle the answer that best indicates the degree to which learning was enhanced by the use of the case studies in this class:

Very Much

Somewhat

A Little

Not At All

3. Why was that?

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4. What are your suggestions regarding how the case studies could be used in this course in the future?

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5. Have you heard about any of the cases in any other courses?

Yes \_\_\_\_\_

No \_\_\_\_\_

If Yes, in which course(s)?

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6. Are you willing to have your answers posted as part of the teaching guide on the web? Please note that your feedback will be posted without your Name and Institution, but will indicate the course identified.

Yes \_\_\_\_\_

No \_\_\_\_\_

# ***Real Cases:*** **Integrating Child Welfare Practice Across the Social Work Curriculum**

<b>APPENDICES &amp; RESOURCES</b>
-----------------------------------

*Ervine Kimerling, Heide Gersh Rosner & Selina Higgins*

Contributors

New York City Administration for Children's Services

Five Key Commitments of the Administration for Children's  
Services

Description of the ChildStat Initiative

Children's Services Domestic Violence Protocol

Creating a Domestic Violence Safety Plan

Children's Services Domestic Violence Screening Tool

Working with Parents Experiencing Domestic Violence

Finding the Best Placements for Our Youth

Children's Services' Policy Regarding Kinship Care

Legal Issues: Removal Flow Chart

A Trip through Family Court



## OUR *Five* KEY COMMITMENTS

### AS A CHILD CARING AGENCY ARE:

1

*No child we come into contact with will be left to struggle alone with abuse or neglect.*

2

*No family who needs and wants help to keep their children safe will be left without the help it needs.*

3

*Every child we come into contact with will get the help she/he needs to be healthy and achieve her/his full educational and developmental potential.*

4

*No child in our care will leave us without a caring, committed, permanent family.*

5

*Every team member at Children's Services and each of our partner agencies can expect guidance, respect and emotional support to achieve our goals. Every child, family, community member and foster parent we come into contact with will be treated with concern and respect.*





**John B. Mattingly**  
Commissioner

**Valerie Russo**  
Deputy Commissioner

**Ervine Kimerling**  
Executive Director

**Division of Quality  
Assurance**  
**James Satterwhite**  
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646-935-1583 fax

## **Description of the ChildStat Initiative**

ChildStat is the Children's Services staff accountability initiative introduced in July 2006 to continuously monitor child protection cases and performance data from those families that are the subjects of abuse and/or neglect allegations. Key indicators are tracked relating to staff performance, outcomes for children and families and decisions made. The goal is to improve agency and staff performance on decision making and practice to keep children safe.

ChildStat occurs on a weekly basis with senior management from across Children's Services in attendance. Child Protective staff (Borough Commissioners, Child Protective Managers, Child Protective Specialist Supervisors II) present a case chosen according to agreed upon criteria by Quality Improvement. The purpose is to review case practice, learn what areas need to be strengthened and hold agency leaders accountable for making necessary changes.

During each ChildStat session the ACS commissioner, Deputy Commissioner for the Division of Child Protection and Associate Commissioner for Child Protection pose questions to the team responsible for the case, who respond along with their key managers. Follow-up actions are then specified based on observations and assessments of strengths and weakness, as well as the need for interventions either at a systemic or individual level.

The weekly session focuses on two general areas: (1) a review of data and indicators for two geographic zones; (2) a review of two cases that are open for investigation from those zones. Cases may be pulled from any of the twenty Child Protection Borough Zones or from the Office of Special Investigations(OSI) which investigates abuse/neglect allegations in foster care and for ACS staff. Emergency Children's Services (ECS) participates in the discussion when they have been involved in some aspect of a case.

The data indicators convey information that allows managers to understand staffing and caseload patterns in the zone. Data also conveys information concerning case practice and profiles which focus on how well safety is assessed for each child, the quality of engagement and practice with families and level of compliance with mandatory regulations and tasks. The case samples allow the senior child protection team to delve more deeply into actual case practice, to highlight strengths and weaknesses and provide a learning laboratory to improve case practice in the agency.





## **CHILDREN'S SERVICES DOMESTIC VIOLENCE PROTOCOL**



**Every family with Children's Services involvement must be assessed for domestic violence in accordance with Children's Services policy and standards. In addition, this protocol must be completed whenever there are allegations of domestic violence on a child abuse and neglect report or whenever domestic violence is identified or suspected during a CPS investigation.**

**Domestic Violence** is a pattern of coercive tactics, including physical, sexual, emotional, economic, and/or verbal abuse, and/or using the children to gain control over the adult victim with the goal of maintaining power and control over the victim.

- ♦ Domestic violence occurs among all class, race, religious, socioeconomic groups and in adolescent and same sex relationships.
- ♦ As many as 324,000 women each year experience intimate partner violence during their pregnancy. For 30% of the women who experience abuse, the first incident occurs during pregnancy.
- ♦ Studies suggest that in 30-60% of cases where women are being battered, their children also suffer from abuse. One study found that 49% of abusive partners physically abuse children and that severely violent abusive partners physically abuse children at 10 times the rate that non –abusive caregivers do.
- ♦ Studies suggest that children exposed to domestic violence are at an increased risk for emotional or behavioral problems. Children's responses vary from no symptoms to symptoms including: anxiety, withdrawal, sleep disturbances, eating disorders, learning problems, hyperactivity, aggression and other disruptive behavior.

### **GUIDING PRINCIPLES**

- ♦ The preferred way to enhance children's safety after the detection of domestic violence in their homes is to support and help the victim protect themselves and their children while engaging abusive partners in services and holding them responsible and accountable for their actions.
- ♦ The primary need of domestic violence victims and their children is safety.
- ♦ All members of the household should be interviewed separately. Do not confront the abusive partner with the allegations in front of the victim or children.
- ♦ Contact the Domestic Violence Police Officer (DVPO) in the precinct serving the case address to determine if the police have responded to prior reports of domestic violence or child abuse/neglect.
- ♦ Intervention should focus on safety planning for the victim and the children and holding the abusive partner accountable. A thorough assessment must be conducted in each case and options must be explored with the victim that would ensure the safety of the victim and the children including the removal of the abusive partner. (Information about safety planning and community resources is provided in the Casework Practice Guide, page 22-23 & Appendix F).
- ♦ Services must be offered to family members whether they choose to remain in the household or separate.
- ♦ Consult the Supervisor, Domestic Violence Specialists and Family Court Legal Services for additional guidance.

**Referrals for emergency shelter, services and information are provided through the following hotline numbers:**

NYC Domestic Violence 24-Hour Hotline (Safe Horizon)	(800) 621-HOPE (4673)
NYC Domestic Violence 24-Hour Hotline (Safe Horizon)	(800) 810-7444-TDD (For the Hearing Impaired)
NYS Domestic Violence 24-Hour Hot Line	(800) 942-6906 (English) (800) 942-6908 (Spanish)
NYC Gay and Lesbian Anti-Violence Project	(212) 714-1141 (24 hours)
Crime Victims Hotline (Safe Horizon)	(212) 577-7777 (24 hours)

Due to the high volume of victims needing emergency domestic violence shelter, there may be no vacancies. Families may then be referred to the Department of Homeless Services (DHS) Prevention Assistance for Temporary Housing (PATH) and / or Project NOVA (No Violence Again). PATH/NOVA only serves families with children and pregnant women. Services are provided on site at:

**PATH/NOVA (24 HOURS)  
(917) 521-3000 or (917) 521-3965  
346 Powers Avenue  
Bronx, NY 10454-1613**



**Part I of III**

**INTERVIEWING THE VICTIM**

- ♦ Conduct interview privately and provide appropriate language interpreter.
- ♦ Do not share victim's responses with suspected batterer or other family members.
- ♦ The victim and children may be afraid to disclose the abuse because of fear of the abusive partner or of removal of the children.
- ♦ Reassure the victim that they have a right not to be hurt, they are not alone, they are not to blame and the caseworkers will assist in safety planning and obtaining other needed services.

**A. IDENTIFYING DOMESTIC VIOLENCE**

1. What is the relationship of the victim to the abusive partner? \_\_\_\_\_
2. Has your partner prevented you from going to work, school or place of worship? ☐ Yes ☐ No
3. Has your partner destroyed your possessions or things of value to you? ☐ Yes ☐ No
4. Has your partner controlled your money, monitored your activities, tracked your whereabouts or constantly called or paged you? ☐ Yes ☐ No
5. Has your partner accused you of being unfaithful, acted jealous or followed you? ☐ Yes ☐ No
6. Has your partner ever made you feel unsafe or afraid? ☐ Yes ☐ No
7. Has your partner threatened to injure/kill you, him/herself or other family members? ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_
8. Has your partner ever:  
☐ Hit you                      ☐ Slapped you                      ☐ Punched you                      ☐ Kicked you  
☐ Choked you                      ☐ Burned you                      ☐ Attacked you with a weapon or object  
☐ Forced or pressured you to have sex against your will                      ☐ Other

Describe: \_\_\_\_\_

9. Has the abuse become more frequent or more severe in recent weeks/months? ☐ Yes ☐ No
10. Does your partner use drugs and/or alcohol? ☐ Yes ☐ No
11. Does your partner have a mental health problem? ☐ Yes ☐ No

**B. ASSESSMENT OF SAFETY / RISK TO THE CHILD(REN)**

1. Has your partner threatened to hurt, kill you or the child or remove the child from the home? ☐ Yes ☐ No
2. Have the children witnessed your partner hurting you ☐ Yes ☐ No
3. Has your partner hit the child with belts, straps, hand or other objects leaving marks, bruises, welts, or other serious injuries? ☐ Yes ☐ No
4. Has your partner assaulted you while you were holding the child? ☐ Yes ☐ No
5. Has your partner touched the child in a way that made you or the child uncomfortable? ☐ Yes ☐ No
6. Is your partner the father/mother of the child? ☐ Yes ☐ No
7. Is your partner employed? ☐ Yes ☐ No



8. Has your child exhibited physical, emotional, behavioral problems at home, school or daycare? ☐ Yes ☐ No

9. Do you find you have to use physical punishment to get your child to behave? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

10. Has your child ever threatened or tried to hurt him/herself, pets, or destroy possessions? ☐ Yes ☐ No

11. Is your child anxious and fearful of leaving you? ☐ Yes ☐ No

12. Have you noticed other changes in your child's behavior (*sleeping, eating, playing, phobias, withdrawal*) ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

## C. VICTIM'S HELP-SEEKING AND SUPPORTIVE RESOURCES

2. What has worked in the past to protect you and the child/ren?

Describe: \_\_\_\_\_

2. Have you ever left home to protect yourself and the child/ren? ☐ Yes ☐ No

(Where did you go? Were you able to take the children? How did the abusive partner react?)

Describe: \_\_\_\_\_

3. Have you ever thought about asking the abusive partner to leave home? ☐ Yes ☐ No

4. Who have you asked for help? (*Family, Friends, Police, Social Worker, Court, Clergy, Other*)

Describe: \_\_\_\_\_

5. What other actions have you taken? (*Counseling for yourself/children, pressed charges, Order of Protection, moved, shelter*) What was the result?

Describe: \_\_\_\_\_

6. You know your situation best, is there anything you think might be a workable plan for your and the child's safety now? (Document in CPRS and highlight as sensitive, do not disclose) ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

7. Do you want assistance from Children's Services in seeking counseling services, an Order of Protection, emergency residence or other services for you and the child? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

8. Are there economic concerns regarding leaving the abusive partner, staying with a friend or family member temporarily or seeking temporary shelter?

Describe: \_\_\_\_\_



## D. SAFETY PLANNING

A Safety Plan is an immediate response to ensure safety for the victim and children. The worker will assist the victim in developing a safety plan. It is vital to consider the victim's past experience with help-seeking, and to acknowledge that **ending the relationship or setting limits with the abuser may Increase Danger** in the short-term. It may be unsafe for the victim to write down the safety plan if she lives with the abuser; if so, the victim should memorize the plan. **The CPS must document the Safety Plan in the CPRS and highlight as sensitive information.**

### Important Factors to Explore

- ♦ Cues that precipitated past domestic violence incidents (*alcohol, drugs, stress, arguments, weekends, nights, etc.*) Discuss with the victim, the abusive partner's work schedule and location, social network and patterns.
- ♦ Discuss the safest way to contact the family for future visits?
- ♦ Discuss what s/he will say if the abusive partner suspects that the victim may be leaving or getting support regarding the domestic violence.
- ♦ Help identify who the victim can call or go to for help in an emergency (*number, address*)
- ♦ Help identify where the victim can go for help if there is an emergency, including NYPD and hospitals (*number, address*) and provide the 1-800-621-HOPE (4673) 24-hour DV Hotline number.
- ♦ Discuss what can be done legally (*Orders of Protection, calling police and or parole/probation officer, meeting with District Attorney if charges are pending*).
- ♦ If there is a current Order of Protection, make sure school, day care, neighbors, baby-sitters are aware/have a copy. Ask neighbors to call police if the abusive partner is seen; contact local D.V. P.O. to discuss other strategies.
- ♦ Access to important items for victim and children (keys, birth certificates, social security, medication, money, etc.)
- ♦ Offer to help victim obtain a cell-phone programmed to dial 911 (*contact the Deputy Director of Administration for your field office*).
- ♦ Discuss available services (*Family Violence Prevention Program, PPRS, Alternatives to Shelter Program, Non-Residential DV Programs, Community, Shelters, etc.*) (*Refer to Case Practice Guide, Appendix F*).

**Complete Part II (separately from Part I** to ensure that the alleged abusive partner does not see the victim and children's responses). **(Refer to the specific directions at the top of each section).**

After the interviews are completed the entire document must be combined and maintained in the case record.



**Part II of III**

**SUSPECTED ABUSIVE PARTNER'S INTERVIEW**

- ♦ Conduct interview privately.
- ♦ Do not share victim's responses with suspected batterer or other family members.
- ♦ If suspected perpetrator poses immediate danger to victim or child(ren), delay interview until safe to do so.
- ♦ If suspected perpetrator is a potential danger to worker, consult supervisor and domestic violence specialist regarding worker safety prior to conducting interview. Arrange to interview at Children's Services office and/or with police at a precinct.

1. Tell me about your relationship: \_\_\_\_\_

\_\_\_\_\_

2. How long have you been together? \_\_\_\_\_

\_\_\_\_\_

3. How does your family handle conflict? What do you usually argue about? \_\_\_\_\_

\_\_\_\_\_

4. What do you do when you are angry at your partner? \_\_\_\_\_

\_\_\_\_\_

5. What kinds of things do you expect from your partner? From your children? \_\_\_\_\_

\_\_\_\_\_

6. What do you do when they don't meet your expectations? \_\_\_\_\_

\_\_\_\_\_

7. Have you ever hurt anyone in your family?

☐ Yes ☐ No

In what way? \_\_\_\_\_

8. Have you ever been told your temper or behavior is a problem?

☐ Yes ☐ No

By whom? \_\_\_\_\_

9. Have the police ever been called to your home during an argument?

☐ Yes ☐ No

Describe: \_\_\_\_\_

10. Has anyone ever sought an order of protection against you? (*Current or former partner*)

☐ Yes ☐ No

Issuing court: Effective date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

11. Have you sought an order of protection against anyone?

☐ Yes ☐ No

Describe \_\_\_\_\_

12. Are you currently on probation or parole?

☐ Yes ☐ No

Explain: \_\_\_\_\_

13. Has your partner ever left home or asked you to leave following an argument?

☐ Yes ☐ No

Describe: \_\_\_\_\_

14. Do you believe you have a problem with abusive behavior?

☐ Yes ☐ No

15. Are you willing to attend an educational program for abusive men (*women*)?

☐ Yes ☐ No



## Part III of III

### A. OVERALL CASE ASSESSMENT

- ♦ A strong correlation exists between domestic violence, substance abuse and mental health.  
An integrated assessment is necessary (*refer to the Case Practice Guide*)

1. The children may be unsafe or at risk if the victim answers "YES" to any of the following questions:  
**Part I, Section A, questions 7, 8, and/or Part I, Section B, questions 1, 3, 4.**

**Actions:** Assess immediate danger to the children and adult victim. Consider severity of violence, extreme imbalance of power, isolation, pattern of escalation, use of or access to weapons, nature of threats of harm to victim and children, suicidality, substance abuse, mental health of batterer and obsessive control. If the victim and children are in immediate danger from the batterer, inform and assist the victim in developing a safety plan, such as family supports, emergency shelter, legal services etc. **If the parent/caretaker is not ready or unable to accept necessary services to protect the children or is responsible for abusing the children, or the offender's behavior renders services insufficient to protect children from immediate danger: Consult with your supervisor and arrange for appropriate interventions to protect the children.**

2. If the allegations are substantiated and the victim and children are not in immediate danger of physical injuries but would benefit from support services:

**Actions:** Discuss your observations and assessment with the victim and explore available options. Most importantly, discuss safety planning, and inform the victim about appropriate community resources. If the victim is **reluctant**, reiterate your concern for her/his safety and the safety of the children and continue to inform parent about available options and services. Consider the victims' cultural context, religious beliefs, and prior experiences with help-seeking in developing the service plan. Also assess for and address any substance abuse or mental health difficulties the victim may be experiencing (*i.e. depression, severe anxiety*). Consult your Supervisor, Domestic Violence Specialist, Family Violence Prevention Program and PPRS Liaison for appropriate resources and service planning. If parent/caretaker refuses needed services for children: **Request case conference with supervisor, clinical consultation team/domestic violence specialist, and/or DLS consult.**

3. If the allegations of domestic violence and/or risk to the child(ren) are not clear because you believe the victim and/or family members are denying or minimizing the abuse:

**Actions:** Request case conference with supervisor, consult clinical consultation team/domestic violence Specialist, FVPP/ PPRS Resource Consultant/Liaison

### B. ACTIONS TAKEN (*Reminder: On all cases, contact DVPO for additional information, if available*).

Based on your assessment, what actions have you taken?

- ☐ Supervisory case conference and/or DLS consult
- ☐ Consulted Domestic Violence Specialist and or Clinical Consultant Team
- ☐ Referred to FVPP-PPRS Resource - Consultant \ Liaison
- ☐ Referred to hotline for community based services and Alternatives to Shelter Programs (*excluding PPRS*)
- ☐ Assistance with family and/or criminal court order to remove the batterer
- ☐ Contacted police, parole, probation and/or district attorney's office
- ☐ Referred to battered women's residence
- ☐ Referred abusive partner to batterer's intervention program
- ☐ Emergency removal of child(ren)
- ☐ Other services (*specify*): \_\_\_\_\_

Caseworker: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Supervisor II: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Creating a Domestic Violence Safety Plan

Safety planning is about helping the victim to identify her options to minimize the danger to herself and her children.

It is an “immediate response” that will ensure safety for the victim and the children.

This handout contains basic information that you need to gather and explore with the adult survivor in domestic violence cases to create a plan for her safety and to promote the safety of the children.

1. Identify any cues that precipitated past domestic violence incidents (e.g., alcohol, drugs, stress, arguments, weekends, nights, etc.)

**Example:** Worker identifies with the survivor that most incidents of physical abuse occur on the weekends when her partner is under the influence of drugs or alcohol.

2. Discuss with the survivor the abusive partner's work schedule and location, her work schedule and location, his social network, her social network, and any identified patterns of interaction between his employment, her employment or their social networks that might contribute to her safety

**Example:** Worker and survivor identify that her abusive partner, whom she is currently separated from, knows the usual route she takes home from work. They identify an alternate route to promote her safety, as he has stalked her in the past.

3. Assess with the survivor what has worked in the past to protect her and the children.

**Example:** In the past, she has left him and went into hiding in a shelter. This worked until he found her after a relative she disclosed her location to then disclosed it to him.

4. Discuss the safest way to contact the family for future visits

**Example:** The worker and survivor agree that the worker should only contact her via phone at her place of employment, and not at the survivor's home.

5. Help identify who the survivor can call or go to for help in an emergency (i.e., number, address).

**Example:** The worker and survivor identify her sister who lives out of state as a resource she can go to if necessary. They also identify a crisis intervention hotline.

## Creating a Domestic Violence Safety Plan

6. Help identify where the survivor can go for help if there is an emergency.

**Example:** The worker and survivor identify that she can contact the NYPD and also go to a local hospital if necessary. The worker provides her with the numbers and addresses for these resources and they discuss how she will get there (such as having money set aside for a taxi or calling for a police escort or an ambulance).

7. Discuss what can be done legally to protect the survivor and children from violence.

**Example:** The worker provides the survivor with information about gaining an Order of Protection, calling police and or the abusive partner's parole/probation officer, meeting with District Attorney, if charges are pending).

8. Discuss with the survivor the need to share the existence of or even a copy of any current Order of Protection with the children's school, day care, neighbors, babysitters, etc. are aware/have a copy. Have the survivor ask neighbors to call police if the abusive partner is seen. Also suggest that the survivor contact the local Domestic Violence Prevention Office to discuss other strategies to promote her safety and that of her children.

9. Discuss the survivor's access to important items for herself and the children (keys, birth certificates, social security, medication, money, etc.). Plan with the survivor to hide a bag with these important items in it in case she needs to leave urgently.

10. Offer to help the survivor obtain a cell-phone programmed to dial 911.

**Example:** The worker contacts the Deputy Director of Administration for his field office to obtain a phone for the survivor.

11. Discuss available services for the survivor.

**Example:** The worker discusses the Family Violence Prevention Program, PPRS, Alternatives to Shelter Program, Non-Residential DV Programs, community shelters, etc., with the survivor and assesses her readiness to utilize these services.

### ***1-800-621-HOPE***



## CHILDREN'S SERVICES DOMESTIC VIOLENCE SCREENING TOOL

Domestic Violence screening is required for all families with Children's Services involvement, regardless of allegations. If the answer is yes to any of the questions below, complete the DV Protocol. Interview household members separately. The suspected batter should not be confronted in front of the victim or children. The safety of the victim and children is paramount. Engage victim in safety planning and explore options on how to hold the batterer accountable. Consult with Supervisor, DV Specialist and the appropriate Children's Services or agency legal staff.

Check the left-hand box if any of the conditions apply. Document on the right the name of the person being interviewed and any other comments.

**Check here if none of the conditions apply:** ☐

Would you describe your partner (Paramour, Significant Other) as?

- ☐ Jealous
- ☐ Controlling

Has your partner...?

- ☐ Made you feel unsafe
- ☐ Made you feel afraid
- ☐ Interfered with you ability to parent
- ☐ Threatened you
- ☐ Hit you
- ☐ Hurt you

Child Protective Specialist observation of the household that may suggest domestic violence:

History of Domestic Violence:

- ☐ Parent reports incident of Domestic Violence
- ☐ Police Involvement
- ☐ Prior or Current Order of Protection
- ☐ Prior CPS Reports with allegations of Domestic Violence
- ☐ Information from other sources, *i.e.* Medical, Community Service Provider, DV Provider, etc.

***If domestic violence is present, complete the Children's Services Domestic Violence Protocol and summarize safety plan and course of action.***



# Child Safety Alert

From Commissioner John B. Mattingly  
and Executive Deputy Commissioner Zeinab Chahine

#12 REISSUE  
June 12, 2006

## Working with Parents Experiencing Domestic Violence: Child Safety Depends on Careful Assessment and Intervention

***(Please note that this is a reissue of Child Safety Alert #12. The original version included attachments that contained serious errors.)***

When child abuse or neglect occurs in a family, domestic violence is a factor 30 to 50% of the time, according to national research. Domestic violence poses particular challenges for child welfare staff, and requires diligent assessment, safety planning and service delivery. Collaboration with clinical consultants and domestic violence service providers is essential. This safety alert provides a review of case practice expectations in the area of domestic violence. For further guidance, child protective staff is urged to refer to the Domestic Violence Protocol, appropriate sections of the Casework Practice Guide and domestic violence training materials distributed by Satterwhite Academy and the Office of Domestic Violence Policy and Planning, attached. Domestic Violence Consultants in the field offices are an important resource for this work, and should be consulted on cases involving allegations of domestic violence.

### Assess for Safety and Risk in Domestic Violence Cases

- Child protective specialists are expected to conduct **universal domestic violence screening** for all CPS investigations regardless of allegations, as described in the *Case Practice Recording Template*. **Domestic violence screening should be conducted in private – never in the presence of the caregiver's partner or other family members. Assessment for domestic violence or other safety factors must be ongoing and not limited to the initial investigation.**
- If screening suggests that domestic violence may be present, or if domestic violence is alleged or suspected, the **Domestic Violence Protocol** should be used as an interviewing tool with both the suspected victim and the suspected abuser. It is important to complete all sections of the protocol including *Part 1: Interviewing the Survivor; Part 2: History of Survivor's Help-Seeking Behaviors; Part 3: Suspected Abusive Partner (Suspected Batterer's) Interview*. Always interview family members separately.
- When interviewing abusive partners, it is important to plan ahead regarding the victim's safety. The victim's statements should not be revealed to the abuser, and there should be a safety plan in place for the victim and children prior to the abusive partner's interview.
- When interviewing clients with limited English proficiency regarding domestic violence, as in all child welfare work, it is important to use qualified, professional interpreters. Family members, friends or other members of the family's network should never be used to interpret child welfare interviews.
- Exposure to domestic violence does not, in and of itself, constitute abuse or neglect. Rather, we must assess and document whether domestic violence in the home has led to actual harm or specific risk of harm to the child(ren). For more, see Frequently Asked Questions, attached.

- In assessing safety and risk, the following behaviors by abusive partners should be considered indicators of heightened risk to both the adult victim and the child(ren):
  - Use of or threats with a weapon
  - Access to or possession of a gun
  - Threats to kill the survivor or children
  - Stalking behavior including following the victim(s), telephone harassment, pursuit or surveillance.
  - Control of most or all of the survivor's daily activities
  - Unemployment (*While unemployment is unlikely to cause abuse in someone who was not previously abusive, it may make a batterer more dangerous because he/she has less to lose.*)
  - Causing serious physical injury
  - Choking or strangling the survivor, or attempting to do so
  - Sexual assault
  - Drug use
  - Frequent and/or heavy drinking
  - Abuse during pregnancy
  - Violent or extreme jealousy
  - Suicide threats or attempts
  - Violence outside the home
  - Injuries to children
  - Serious acts of violence in front of child(ren)

**In Addition, the Impact of Domestic Violence on the Children Must Be Assessed:**

- Are the children showing signs of serious emotional distress that appear to be connected to domestic violence? For example, did symptoms such as bedwetting or behavioral problems begin or escalate following a violent incident?
- Has domestic violence contributed to neglect of the child by either parent (e.g., missing school, lack of supervision, inadequate food or clothing, etc.)?
- ***As part of the assessment, be sure to obtain any Domestic Incident Reports from the NYPD, and obtain copies of any Orders of Protection from the survivor.***

**Engage the Survivor and the Abusive Partner**

- Focus on engaging the survivor as well as the abusive partner and work collaboratively with each partner to keep the children safe.
- Create (an) individualized safety plan(s) for survivor(s). Remember, new safety planning is required when there is a change in danger and/or risk. *Please note that survivors face increased danger of harm and retaliation when leaving an abusive relationship.*
- **Elevated Risk Conferences are an important tool for establishing appropriate safety interventions for the family. Always hold separate Family Team Conferences for the survivor and abusive partner when domestic violence is suspected or identified. Domestic violence consultants are available to assist in preparation for such conferences, as well as to participate in the conferences directly.**

**Focus on Batterer Accountability**

- **Engage the abusive partner in services**, as he/she must be held responsible for violent

behavior. Reinforce that the abusive partner's behavior has a significant impact on children's well-being, and only he/she can stop the violence.

- **Send a clear message to abusive partners** that they are responsible for their violent behavior and that such behavior can place children at risk. Reinforce that violence against family members is unacceptable and wrong. Seek to hold the batterer accountable through the Family Court, and through collaboration with the police and District Attorneys' offices wherever possible and appropriate.
- **Refer abusive partners to batterer intervention programs.** Referrals to anger management, mediation or couples counseling will not address abusive partners' violent and coercive tactics and are therefore inappropriate. While some abusive partners may need mental health treatment, this is not a substitute for an accountability-oriented batterer intervention program, but may be provided in conjunction with such a program. Domestic violence consultants can be helpful in making appropriate referrals.
- **Precisely document who is responsible for the violence in the home, and any resulting harm to children.** Name the specific coercive, controlling behaviors that the abusive partner has exhibited, and describe how these actions have affected the children. Document any specific and present danger(s) to children that may result from the domestic violence. Indication decisions and narratives should reflect an emphasis on batterer accountability; the victim must not be held accountable for the abuser's behavior.
- **Preserve the victim's confidentiality.** Use the utmost care to avoid revealing information that may endanger the victim, such as a domestic violence shelter location or other confidential addresses, details of his or her safety plan, timing of child visits or the identity of the victim's domestic violence advocate/counselor. When such information is requested in court proceedings, work with the Family Court attorney to inform the Court that revealing such information may pose a threat to the victim and/or children. When confidential information must be included in the case record make sure to identify it as such by writing clearly in the record "Confidential Information Due to Domestic Violence – Do Not Share."
- **Explore the continuum of safety interventions to increase safety.** There are many different resources available to assist survivors of domestic violence and their children, including services that help protect families in their own homes. Always consult with supervisor(s). In domestic violence cases involving one or more of the risk factors listed above, seek a domestic violence consultation for assistance with safety and service planning for all members of the family.


#### Collaborate with:

- **Clinical Consultation Teams** and **Family Court Legal Services** when appropriate.
- The Children's Services **Office of Domestic Violence Policy and Planning (212/341-0408 or 0409)** for additional support including access to the **Domestic Violence Emergency Fund** and/or assistance in finding **immediate shelter** for families.
- **Instant Response Team Coordinators** and the **NYPD Domestic Violence Prevention Officers**, to obtain Domestic Incident Reports and address safety needs of the family.
- **The 24 hour Domestic Violence Hotline: 800/621-HOPE (4673).**

**Remember – if the survivor, children and/or you are in immediate danger, always call 911.**

**For additional guidance, refer to the attached Domestic Violence Guiding Principles and Frequently Asked Questions and to the appropriate sections of the Casework Practice Guides.**

You can also find the attached files at: <http://10.239.3.195:8080/docushare/dsweb/View/Collection-774>





# Child Safety Alert

From Executive Deputy Commissioner Zeinab Chahine

# 9

March 30, 2006

## Finding the Best Placements for Our Youth

During the course of a CPS investigation, parents/caretakers may make arrangements with family members or friends to provide a temporary, short-term safe home for the children. These informal arrangements must not be considered long-term or permanent solutions to address the safety or risk to the children.

A relative or family friend's willingness to file for custody of a child who is the subject of a child protective investigation should not be the determining factor for CPS or FCLS when they are deciding whether to file an abuse or neglect petition in Family Court. If CPS learns during a child protective investigation that family members or friends have already stepped in or are willing to step in to care for the children, CPS should consider whether the relative or friend may be an appropriate kinship foster parent.

**Encouraging family members or friends to file a custody petition instead of filing a neglect petition is an appropriate option for CPS staff to recommend only in exceptional circumstances.** Custody should not be recommended when the family member or friend would not qualify as a foster parent due to a child abuse, neglect or criminal history. Exceptional circumstances may exist if all of the following conditions are present: (i) there are no child protective concerns regarding the relatives or friends who are seeking custody; (ii) it is determined after review with an FCLS consulting attorney that there is no basis to file an abuse or neglect petition against the parent or caretaker; and (iii) the parents and relatives or friends agree to the custody arrangement. Exceptional circumstances may also exist if the abuse and neglect allegations are unfounded against the parents. In these circumstances, the relatives' or friends' service needs must always be identified and addressed.

**CPS staff may not recommend that a relative or family friend file for custody during the course of a child protective investigation without obtaining the expressed approval of their Child Protective Manager.** Prior to granting such approval, the CPM will ensure that the CPS and their Supervisor II reviewed the decision to make the custody recommendation with an FCLS consulting attorney.

While relatives and family friends may intend to protect the child(ren) in their temporary care, CPS must consider in each case whether the children have been neglected or abused by their parent(s), who are legally required to care for them safely. If either parent/caretaker has demonstrated an inability to care for their child(ren) safely, it is Children's Services' obligation to determine whether the child(ren)'s parent(s)/caretaker(s) could benefit from the provision of services and whether Family Court intervention is necessary.

Unless the underlying neglect or abuse is addressed, child(ren) may remain at risk while in the custody of a relative or family friend. Children's Services must take all available steps to eliminate this risk to children. Parents may demand that a relative or family friend return their child(ren), and the relative or friend may feel that they have to return the child even though they have a court order

that gives them legal custody. A relative or family friend may become unable or unwilling to continue caring for the child(ren). In either case, children may be returned to their parents without the parents having received necessary services because Children's Services failed to pursue a neglect or abuse case. It is critical to the safety of the children that this be avoided. Once ACS files a neglect or abuse case, the Family Court retains the option to release the children to their parents with ACS supervision or to release the children to the custody of a relative or family friend with ACS supervision.

Staff should consult with their supervisor and manager when considering whether to recommend that a relative or family friend file for custody of a child during a child protective investigation. Thank you for your cooperation.

# Child Safety Alert

. From Commissioner John B. Mattingly

#15

June 26, 2006

## Children's Services' Policy Regarding Kinship Care

### Finding the Best Placements for Our Youth

Children's Services is committed to ensuring that when children need out-of-home care, every effort is made to place them with kinship resources, including relatives and other adults who already have a significant relationship with the child or family. Of course, all caregivers – including relatives – must be willing and able to keep the children safe.

The Kinship Guidelines update Children's Services' policy regarding kinship care. Note that ACS and its partner agencies now have expanded responsibilities under New York law to identify and seek appropriate kinship caregivers.

It is Children's Services' responsibility, with the help of our child welfare partners, to keep children connected with their families and communities. As you know, kinship placements can reduce the trauma experienced by children entering foster care and offer permanency options for children moving from residential or group care into a family setting.

When children enter care, it is particularly important that Child Protective Services (CPS) staff interview all family members including the child in order to identify adults with whom the child has a significant relationship and who may be able to serve as a kinship placement resource. It is imperative for CPS staff to seek to identify appropriate kinship caregivers and to immediately conduct emergency home studies to initially place children with caregivers with whom they are already connected.

In addition, foster care providers must continue to make every effort to identify appropriate kinship placement resources at the time of placement and at any appropriate time during the child's out of home placement.

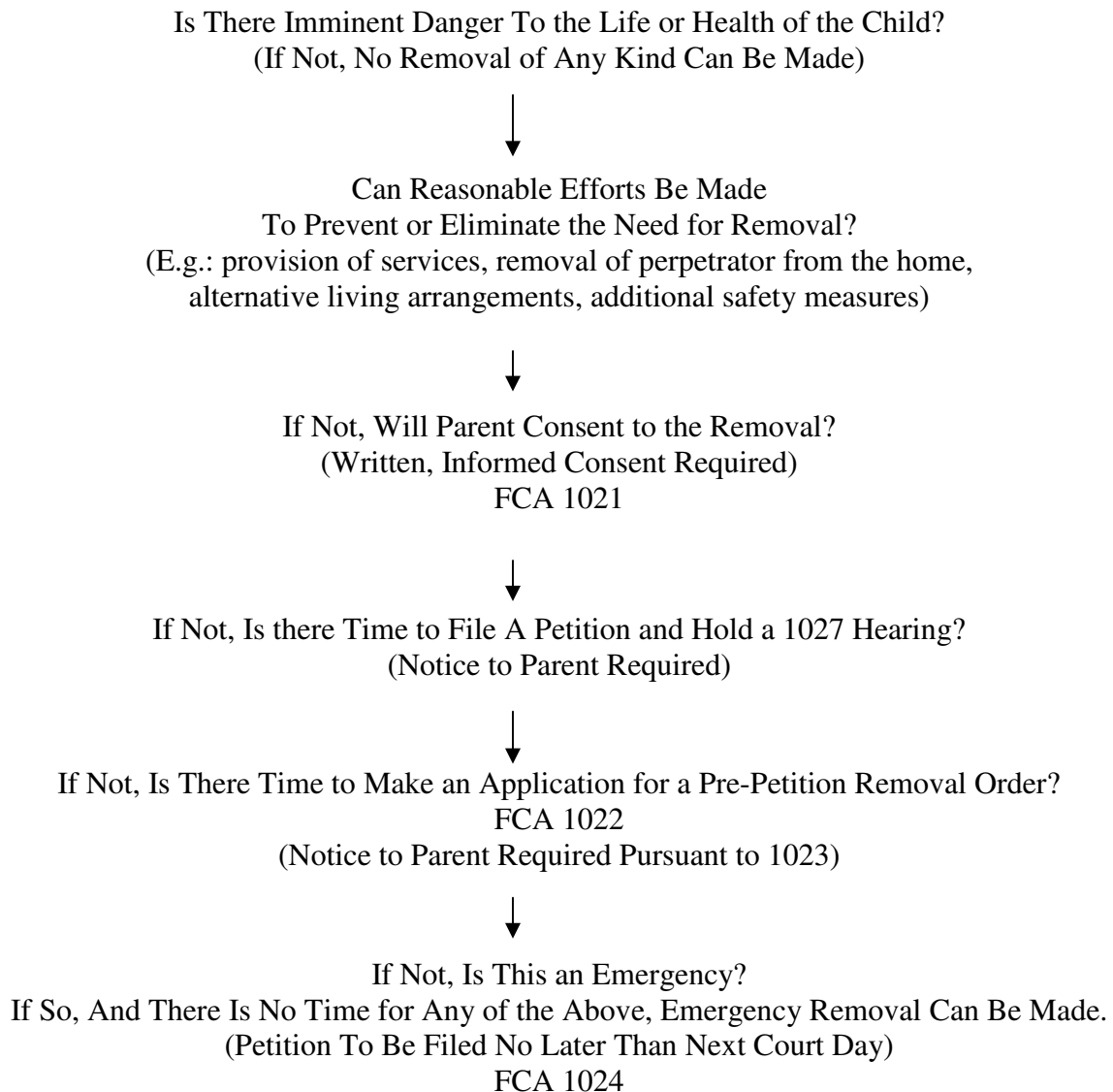
The guidelines are available on the intranet at <http://nycacs>. Click on "News" then "Child Safety Alert Newsletters."



# Legal Issues

## REMOVAL FLOWCHART

The Constitution of the United States of America and the law of the State of New York prohibit the interference with parental rights absent the consent of the parents or a court order except in exigent circumstances. When considering whether it is appropriate to remove a child from his or her home, a child protective agency must employ the following analysis:



(Note: Children's Services must keep in mind that, in every case, the court must determine whether a removal, even if justified, would be in the best interests of the child, balancing the protective need against any trauma the child might suffer as a consequence of the removal. See NY Court of Appeals decision in *Nicholson*.) Chris Guardo/ACS





### **A TRIP THROUGH FAMILY COURT**

#### **INSTRUCTIONS:**

You are a caseworker who has been asked by a judge to explain how a case travels through Family Court. To do so, you must rank in sequence the following events. Place number 1 by the first event, number 2 by the second event, and so on until all the items are in order. You have already told the judge that you consulted with the Supervisor II prior to going on the field investigation visit. You will have 10 minutes to complete this phase of the exercise.

2 Consultations with Supervisor II

5 701B to Parent/Parents

12 Fact-Finding Hearing

3 Reasonable Efforts to prevent the Need for Removal

10 Remand Hearing

4 Emergency Removal

7 Develop Petition with DLS

9 Case Docketed

14 Court Placement

6 Complete W-865D

13 Dispositional Hearing

1 Imminent Danger to Child/Children

11 1028 Hearing

8 File Petition with Family Court Clerk



## DO'S

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- 1.** Be respectful of the judge. Say “Your Honor”. Know the judge’s name.
- 2.** Get pictures or arrange for pictures to be taken. They may be needed as evidence.
- 3.** Know your case. Be completely familiar with the case record.
- 4.** Get names, titles, badge numbers and phone numbers of other agency personnel. You just might need to contact them again.
- 5.** Have a plan for your case. Remember your good case management skills.
- 6.** Use free time in the waiting area to go over your case records and notes and recall details relating to the case.
- 7.** Discuss the case with your lawyer before you enter the courtroom and or testify.
- 8.** Stick to the facts. Testify to what you saw, smelled, heard, touched or tasted.
- 9.** Testify to what you know, not what you believe.
- 10.** Tell the truth.
- 11.** Bring the case record unless otherwise instructed by the Judge or your attorney. You may need it to refresh your recollection or to submit the record as evidence.
- 12.** Bring your date/calendar book. You’ll need it to schedule your next court appearance.
- 13.** Speak clearly during the hearing. Speak louder than you normally speak.
- 14.** Project an image of objectivity.
- 15.** If you give a wrong or unclear answer, correct it immediately.
- 16.** Stop speaking when the Judge interrupts you or when another attorney objects to what you are saying.
- 17.** Know why you are in court, the goals you are trying to achieve, and the purpose of the specific court hearing.
- 18.** Be respectful to other court personnel. They can make your job a lot easier.
- 19.** Read these Do’s and Don’ts again.



## HANDOUT



# DON'Ts

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1. Miss a court date. The only exception might be a catastrophic emergency, such as an earthquake.
2. Tell the judge you won't answer a question.
3. Talk back to the Judge.
4. Act 'holier' than your clients.
5. Memorize exactly what you are going to say. It will look staged if you do.
6. Answer a question you don't understand. Have the question repeated if necessary.
7. Say "I think" and "I believe". If you haven't been qualified as an expert witness, then don't say "In my opinion".
8. Guess an answer to a question or be evasive. If you don't understand a question or don't know an answer, say so.
9. Volunteer additional information when you testify. If an attorney wants more information, let him/her ask for it.
10. Lie on the witness stand.
11. Exaggerate facts to make your case look better.
12. Personalize these proceedings. Don't take things personally.
13. Dress like a 'slob'.
14. Forget your body language.
15. Act in an undignified manner, such as using loud laughter or foul language before entering the courtroom.
16. Smoke or chew gum in the courtroom.



# ***Real Cases:*** **Integrating Child Welfare Practice Across the Social Work Curriculum**

<b>USEFUL LINKS</b>
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NYC Administration for Children's Services:

<http://www.nyc.gov/html/acs/html/home/home.shtml>

NY State Social Work Education Consortium:

<http://www.ocfs.state.ny.us/ohrd/swec>

Council on Social Work Education: [www.cswe.org](http://www.cswe.org)

Youth Success NYC: <http://www.youthsuccessnyc.org/>

New York State Mandated Training Related to Child Abuse:

<http://www.op.nysed.gov/training/camemo.htm>



# ***Real Cases:*** **Integrating Child Welfare Practice Across the Social Work Curriculum**

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