

Identifying intervention strategies and meeting reasonable effort requirements

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Why is this important?

- Child neglect is the most common form of child maltreatment reported to public child protective services agencies.
- Even though its consequences are equally, if not more damaging, we know less about the assessment and treatment of neglect than about other forms of child maltreatment.

Why else is this important?

- Many families struggle to meet the basic needs of their children.
- Neglect is difficult to define.
- We need to clearly identify intervention outcomes that will reduce the risk of neglect.



Why else is this important?

- The Adoption & Safe Families Act (ASFA) of 1997, P. L. 105-89 requires timely decision-making for children placed in foster care.
- In order to successfully reunify families where neglect has been a problem, we need to implement the most promising practices available.

Agenda

- Introductions & expectations
- ASFA requirements – implications for neglect intervention
- Practice Principles
- Process of Assessment
- Intervention Strategies

Key ASFA purposes*

- Reaffirms reasonable efforts to reunify families except under specified circumstances.
- Reaffirms reunification as a viable option for children whose families can provide them with a safe, nurturing environment.
- Promotes the timely adoption of children who cannot return safely to their own homes.

*USDHHS, 2000

Important ASFA requirements

- First permanency hearing must be held within 12 months (rather than 18 months)
- TPR proceedings for parents of children who have been in care for 15 of the last 22 months Except in situations in which
 - the child is placed safely with relatives,
 - there is a compelling reason why TPR is not in the child's best interest, or
 - the family has not received the services that were part of the case plan.

Exceptions to reasonable efforts requirements

- If a court determines:
 - The parent has subjected the child to “aggravated circumstances,” as defined in state law (including but not limited to abandonment, torture, chronic abuse, and sexual abuse).
 - The parent has been convicted of murder or voluntary placement of another child.
 - The parent has been convicted of a felony assault that resulted in serious bodily injury to a child.
 - The parental rights of the parent to a sibling have been involuntarily terminated.

Possible barriers to meeting timeframes with neglect

- Short term intervention has usually not proven as effective as longer intervention.
- Link to substance abuse and mental illness – both contributors that can involve the need for longer term treatment.
- Not all families are at the same level of readiness to change the complex conditions so that the basic needs of children will be met.

Principles for Working with Families to Reduce Risk of Neglect

- Attention to basic, emergency, & concrete needs.
- Ecological developmental framework
- Community outreach
- Family assessment & tailored intervention
- Helping alliance with family
- Empowerment/strengths based
- Address readiness to change
- Cultural competence
- Outcome-driven service plans

Why are applying these principles important?

- Not applying these principles can lead to defining disjointed outcomes and interventions.



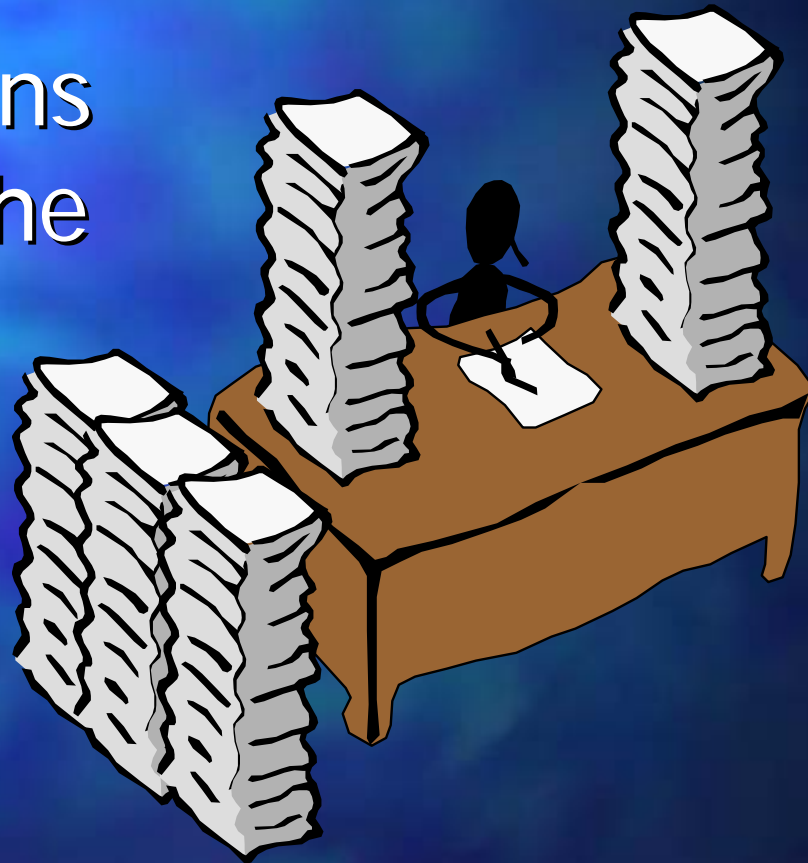
And then what happens?

- Clients can be lead in the wrong direction.



What does this mean?

- All service plans tend to look the same.



What are the consequences?

- Precious time is lost toward achieving the right outcomes and reducing risk.



How do clients feel?

- Clients are very confused and may appear “resistant” to intervention.



How does this affect children?

- Children may be extremely vulnerable and unsafe.



Help is empowering if the help-giver:

- Is both positive and proactive.
- Offers, rather than waits for help to be requested.
- Engages in help-giving acts in which locus of decision making clearly rests with the help-seeker, including decisions about the need or goal, the options for carrying out the intentions, and whether or not to accept or reject help that is offered.

*Dunst & Trivette, 1994, p. 167.

.. empowering if help giver:

- Offers aid and assistance that is normative in terms of the help-seeker's own culture.
- Offers aid and assistance that is congruent with the help-seeker's appraisal of his or her problem or need.
- Offers aid and assistance in which the costs of seeking and acceptance of help do not outweigh the benefits.

*Dunst & Trivette, 1994, p. 168.

.. empowering if help giver:

- Offers help that can be reciprocated and sanctions the possibility of “repaying” the help-giver.
- Bolsters the self-esteem of the recipient, and helps the individual experience immediate success in solving a problem or meeting a need.
- Promotes the help-seeker’s use of natural support networks and neither replaces nor supplants them with professional services.

*Dunst & Trivette, 1994, p. 168.

.. empowering if help-giver:

- Conveys a sense of cooperation and joint responsibility (partnership) for meeting needs and solving problems.
- Promotes the acquisition of effective behavior that decreases the need for help, thus making the person more capable and competent.
- Helps the recipient to view self as an active, responsible agent who played a significant role in solving problems, meeting needs, and improving his or her own life.

*Dunst & Trivette, 1994, p. 168.

Important Assumptions

- Helping is strongly influenced by cultural biases.
- Helping relationships are multicultural since our identity is complicated by differences in socio-economic status, age, ethnicity, gender, life-style, etc. of the helper or client.
- The culturally competent helper will mediate effectively between different cultural perspectives and communicate meaning effectively.

Family Assessment

- A time when we join with the family to understand their strengths and needs.
- This process helps us arrive at specific intervention outcomes and service plans that will empower families to strengthen their capacity to meet the basic needs of their children.

Family Assessment Outline

- Demographics
- Family's view of needs & problems
- Risks & strengths - children
- Risks & strengths - caregiver(s)
- Risks & strengths - family
- Risks & strengths - community

Refer to conceptual framework in resource book

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Defining KEY individualized outcomes

- Importance of prioritizing
- Match to enduring risks
- Define methods of measurement
- Evaluate changes over time

Connection between program outcomes and client outcomes

- Achievement of client level outcomes should increase achievement of program level outcomes
- For example, improved family functioning & increased social support should increase child safety as measured by recurrences of child maltreatment.

Defining Outcomes at the Client Level

- Constructs within a broader outcome
- Could be focused on changes in attitudes, behavior, perceptions, conditions, mental health status, skills, functioning
- Related to program outcomes but more precise
- Need to match to specific risks

Sample Outcomes - Child Safety

■ Risk/Problem

- Condemned housing (e.g., no heat or running water, children diagnosed with lead poisoning, safety hazards for young children)

■ Possible Outcomes

- household safety
- financial management skills
- problem solving skills

Sample Outcomes - Child Well Being

- Risk/Problem
 - Acting out behavior (e.g., refusing to listen, throwing temper tantrums, fights with peers)
- Possible Client Outcomes
 - behavioral control
 - social skills
 - impulse control

Sample Outcomes - Family Well Being

- Risk/Problem
 - Communication problems or conflict (e.g., domestic violence, parent/child conflict)
- Possible Client Outcomes
 - conflict management skills
 - decision making skills
 - impulse control

Sample Outcomes - Permanency

- Risk/Problem
 - Frequent moves, in and out of placement, numerous schools, numerous caregivers
- Possible Client Outcomes
 - Recovery from addiction
 - Financial management
 - Problem solving skills

Contrast of Indicators

■ Program level

- % of children without recurrence of maltreatment within one year of case closure
- % of children reunified without a new placement within 12 months

■ Client level

- Improvement of family functioning
- Increased social support
- Improvement in child behavior
- Increased problem solving skills

Contrast of measures

■ Program level

- Numeric counts
- Rely on existing data
- Use of information systems
- Consistent data across all cases

■ Client level

- Self report clinical assessment instruments
- Observational measures
- Integration of new data collection with practice
- May have different data across cases dependent on assessment

Process of measurement at client level

- Define key needs, risks, problems
- Define key outcomes
- Consider alternative measures as indicators of outcomes
- Select assessment measures
- Apply measures at beginning, intervals, and at closure
- Develop plans that include goals as steps toward achievement of outcomes

Intervention Planning - Principles:

- Maximum involvement of family members in development
- Short term, measurable, achievable goals (linked to outcomes) with positive feedback (SMART GOALS)
- Selection of interventions that help families achieve outcomes

Intervention

- How will your intervention help the individual or family achieve the outcomes?
- Need to prioritize outcomes
- Select outcomes that you have the capacity to influence?
- Consider short term and long term outcomes

Selecting Interventions

- Concrete resources
- Social support
- Developmental focus
- Cognitive/behavioral
- Individual focus
- Family system focus

Concrete Resources

- Housing assistance
- Emergency financial, food, clothing, household items, etc..
- Hands on assistance to increase safety and sanitation of home
- Transportation
- Quality child and health care

Social Support

- Individual (parent aide, volunteer)
- Social support groups
- Social networking
- Recreation programs
- Mentoring programs
- Cultural festivals/activities
- Connections to religious groups

Developmental

- Therapeutic day care
- Individual assistance with role achievement, e.g., parenting
- Home visiting, public health nurse
- Peer groups geared to developmental tasks
- Mentors for nurturing, recreation

Cognitive/Behavioral

- Social skills training
- Communication skill building
- Home management, meal preparation, parent-child interaction training
- Teaching new thought processes regarding childhood history
- Financial management counseling, problem solving training

Individual focus

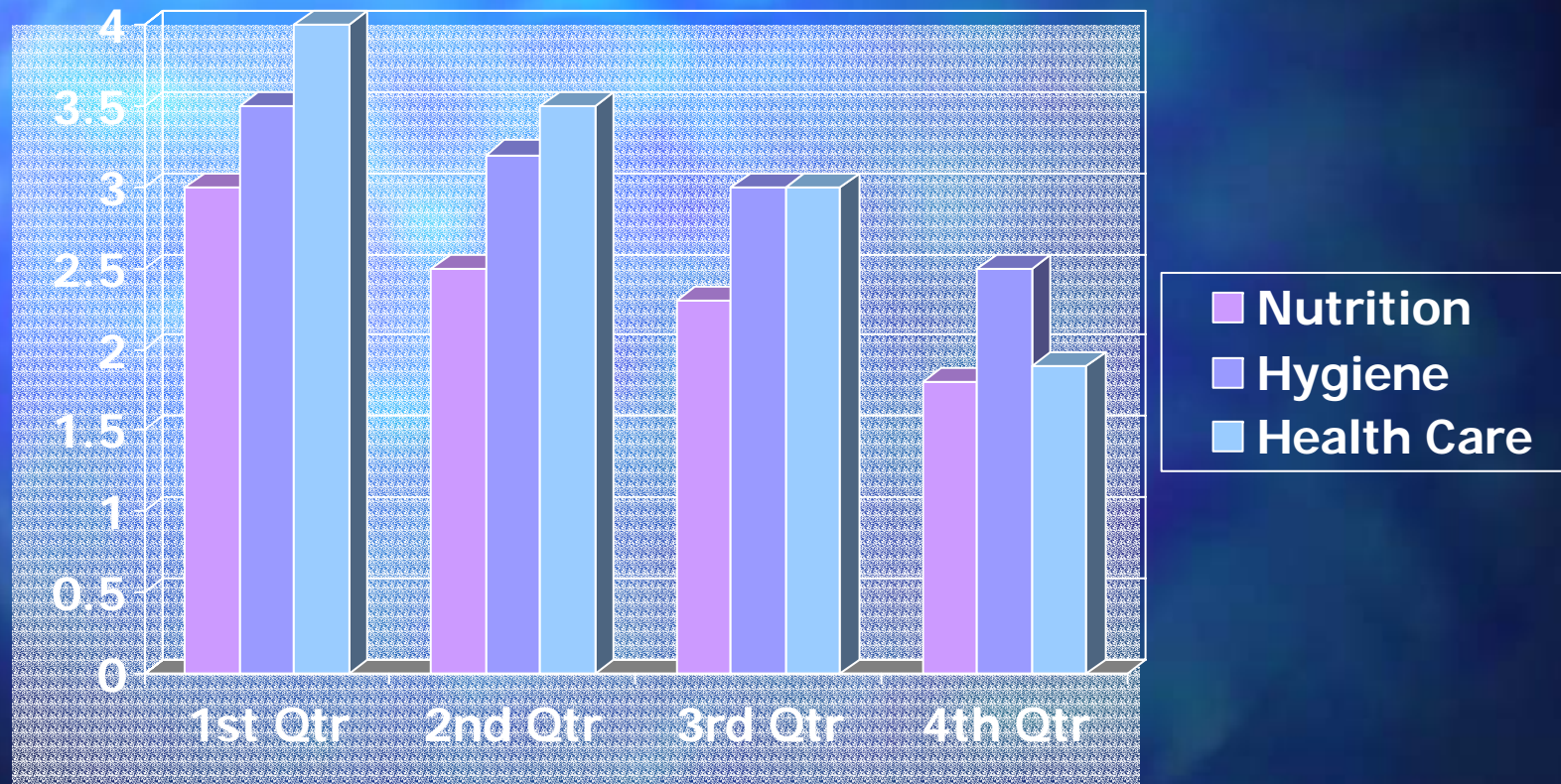
- AOD in-patient and out-patient counseling
- 12 Step programs
- Mental health counseling
- Crisis intervention
- Stress management
- Play therapy

Family System

- Home based family centered counseling regarding family functioning, communication skills, home management, roles & responsibilities
- Center based family therapy
- Nurturing family camps
- Modeling positive caregiving behaviors

Achievement of Outcomes

Family Maintenance & Safety



Evaluation and Closure

- Risk reduction
- Increased evidence of strengths
- Achievement of outcomes



Copies of slides

- Copies of these slides will be available on <http://family.umaryland.edu>
- -click on service and then powerpoint files.