



## What Is Child Welfare? A Guide for Behavioral Health/Mental Health Professionals

Behavioral health/mental health (BH/MH) professionals are vital partners in promoting behavioral health<sup>1</sup> and wellness among children, youth, and families involved with child welfare. This guide provides an overview of child welfare, describes how BH/MH professionals and child welfare workers can support one another's efforts, and lists resources for more information.

### What Is Child Welfare?

Each State or locality has a public child welfare agency responsible for receiving and investigating reports of child abuse and neglect and assessing child and family needs. These agencies are governed by State laws that define child protection roles and processes. (See [https://www.childwelfare.gov/systemwide/laws\\_policies/state/can/](https://www.childwelfare.gov/systemwide/laws_policies/state/can/).)

Child welfare comprises an array of services designed to ensure that children are safe and that families have the necessary support to care for their children successfully. Child welfare agencies typically:

- Support or coordinate services to prevent child abuse and neglect
- Receive and investigate reports of possible child abuse and neglect and assess child and family needs, strengths, and resources
- Provide services to families that need help protecting and caring for their children
- Arrange for out-of-home care (foster care, kinship care, or other) when children and youth cannot remain safely at home
- Support the well-being of children living with relatives and foster and adoptive families, including ensuring that their health, mental health, and educational needs are addressed
- Work with children, youth, and families to achieve family reunification, adoption, or other permanent family connections for children and youth leaving out-of-home care

<sup>1</sup> Terminology related to mental health is continually evolving. The term "behavioral health" is increasingly being used by the Substance Abuse and Mental Health Services Administration (SAMHSA) and others to refer to "a state of mental/emotional being and/or choices and actions that affect wellness" and encompasses both mental health and substance use.

Child welfare agencies do not work alone. They often collaborate with other public and private agencies and community organizations to provide families with the services they need, such as supportive child care, parenting programs, in-home family preservation services, domestic violence services, health and BH/MH services, and substance abuse treatment. Child welfare agencies also work with courts, which play a central role in child protection decision-making.

## How Can BH/MH Professionals Assist Child Welfare Professionals?

Psychiatrists, psychologists, clinical social workers, family therapists, substance abuse counselors, and other BH/MH professionals provide vital services that promote the safety, permanency, and well-being of children and families. These services range from the prevention and identification of abuse and neglect through assessment of strengths and needs, clinical consultation, and treatment. BH/MH professionals may work directly with child welfare or, in their practice, they may encounter children, youth, and adults whose symptoms and behaviors reflect the impact of maltreatment (see <https://www.childwelfare.gov/can/impact/>), removal from the home, and/or adoption. The following are some ways that BH/MH professionals may work with child welfare:

- **Supporting parents to improve functioning and prevent child abuse and neglect (or its recurrence).** A variety of factors—including depression and other mental illness, substance use, financial stress, domestic violence, and trauma histories—can impact the quality of parents' care for their children. BH/MH professionals can conduct assessments and provide counseling, substance use treatment, parent-child training, anger management and parenting classes, support groups, and other services to help parents and other caregivers cope effectively and safely care for children. (For more information, see [https://www.childwelfare.gov/supporting/support\\_services/](https://www.childwelfare.gov/supporting/support_services/).)
- **Identifying and reporting child abuse and neglect.** BH/MH professionals are required by laws in all States to report suspected abuse and neglect to the appropriate child welfare agency. (See [https://www.childwelfare.gov/systemwide/laws\\_policies/statutes/manda.cfm](https://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm).) Practitioners should be knowledgeable about the definitions, signs, and symptoms of various types of maltreatment and reporting procedures.
- **Assessing the needs of children and youth in child welfare.** Children and youth involved with child welfare (whether they remain at home or are placed in foster care) have a high risk of emotional issues, social and behavioral challenges, developmental delays, cognitive difficulties, and substance use disorders.<sup>2</sup> Following screening and referral by child welfare workers, BH/MH clinicians conduct more in-depth assessments to further evaluate symptoms, assess their impact on child functioning, and recommend treatment. (For information on assessment tools, see <http://www.cebc4cw.org/assessment-tools/>.)
- **Using trauma-informed approaches.**<sup>3</sup> Research shows that adverse childhood experiences and associated toxic stress can disrupt brain development and impair a child's capacity to cope.<sup>4</sup> This can lead to intense short-term reactions (e.g., withdrawal, aggression) and sometimes to more enduring problems (e.g., psychiatric disorders, addiction and substance use disorders, chronic illnesses, social problems).<sup>5</sup> Skilled professionals can provide trauma-informed services that help address trauma's impact on emotions, behaviors, and relationships. Practitioners also can work with birth, foster, and adoptive parents and relatives to help them understand and respond to a child's behavior in the context of trauma. (Learn more about trauma-informed practices at <http://medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-07-11.pdf> and <http://www.nctsn.org/resources/topics/child-welfare-system>.)

<sup>2</sup> Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families. (2013). *Child well-being spotlight: Children placed outside the home and children who remain in-home after a maltreatment investigation have similar and extensive service needs*. Retrieved from [http://www.acf.hhs.gov/sites/default/files/opre/children\\_placed\\_outside\\_spotlight\\_2\\_final.pdf](http://www.acf.hhs.gov/sites/default/files/opre/children_placed_outside_spotlight_2_final.pdf)

<sup>3</sup> See SAMHSA webpage for more information: <http://www.samhsa.gov/traumajustice/traumadefinition/approach.aspx>

<sup>4</sup> See [http://developingchild.harvard.edu/topics/science\\_of\\_early\\_childhood/](http://developingchild.harvard.edu/topics/science_of_early_childhood/).

<sup>5</sup> For more information on outcomes resulting from adverse childhood experiences (ACE), see <http://www.cdc.gov/ace/findings.htm>.

- **Fostering emotional and social well-being among children and youth who have experienced maltreatment.** BH/MH professionals are encouraged to draw from evidence-based/evidence-informed interventions. (See examples in the California Evidence-Based Clearinghouse for Child Welfare at <http://www.cebc4cw.org/> and the National Registry of Evidence-Based Programs and Practices at <http://www.nrepp.samhsa.gov/>.) Given the vulnerability of very young children in child welfare, it is particularly vital to provide timely services that promote their healthy socio-emotional development.<sup>6</sup> Federal regulations require that child welfare agencies refer children under the age of 3 in substantiated cases of abuse and neglect to early intervention services.
- **Monitoring the use of psychotropic medication.** Studies reveal that children and youth in child welfare are prescribed psychotropic medication (and multiple medications) at disproportionately high rates.<sup>7</sup> These drugs have complex side effects and have not been tested extensively among children and youth. Practitioners should prescribe and monitor such medication with care and promote informed consent. (For more information, see <https://www.childwelfare.gov/systemwide/mentalhealth/effectiveness/psychotropic.cfm> and <http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-08-24-12.pdf>.)
- **Being a resource for child welfare agencies.** At the agency level, BH/MH professionals may be asked to provide input into State plans and participate in multidisciplinary initiatives. At the case level, BH/MH professionals may be called on to write reports or testify in court and to provide child welfare workers with input for case plans. Care should be taken to separate the roles of consultant and therapist and to ensure that appropriate confidentiality and consent protocols are followed.

## How Can Child Welfare Professionals Assist BH/MH Professionals?

Child welfare workers can help BH/MH professionals provide assistance to children and families in a number of ways:

- **Conducting universal screenings of behavioral health needs.** Soon after an initial contact with child welfare, child welfare workers should screen for behavioral health symptoms and refer children, youth, and caregivers, as needed, to qualified professionals for indepth assessment. Workers should follow up with periodic screenings and monitor the functioning of children, youth, and parents receiving child welfare services. Given that many families in child welfare are affected by substance use, particular attention should be paid to screening for substance use disorders and assessing its impact on child safety.
- **Helping children, youth, and families access BH/MH services as part of a service array.** Child welfare workers can help match children, youth, and families with evidence-informed and culturally responsive programs that meet their specific needs. They also can work with youth transitioning out of foster care to empower them to access and manage needed services.
- **Sharing information with BH/MH professionals.** While following agency confidentiality policies, child welfare workers can provide information that may affect the treatment of children, youth, and family members (e.g., child and family history, assessments, prior testing). In particular, workers should alert service providers when there are changes that might create stress for children or parents (e.g., a new permanency goal, new placement, court date, change in visitation).

Working together, BH/MH and child welfare professionals can make sure that children, youth, and families receive appropriate services that promote healthy functioning and well-being.

<sup>6</sup> National Scientific Council on the Developing Child. (2012). *Establishing a level foundation for life: Mental health begins in early childhood: Working paper 6*. Retrieved from <http://developingchild.harvard.edu/>

<sup>7</sup> See, for example, Stambaugh, L. F., Leslie, L. K., Ringeisen, H., Smith, K., & Hodgkin, D. (2012). *Psychotropic medication use by children in child welfare*. Washington, DC: OPRE. Retrieved from [http://www.acf.hhs.gov/sites/default/files/opre/psych\\_med.pdf](http://www.acf.hhs.gov/sites/default/files/opre/psych_med.pdf)

## Resources

- *Child Exposure to Trauma: Comparative Effectiveness of Interventions Addressing Maltreatment* (Agency for Healthcare Research and Quality)  
<http://effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=1422>
- Child Well-Being, Including Psychotropic Medication Oversight for Children in Foster Care [webpage] (National Child Welfare Resource Center for Tribes)  
[http://www.nrc4tribes.org/Psychotropic\\_Medication\\_Oversight\\_for\\_Children\\_in\\_Foster\\_Care.cfm](http://www.nrc4tribes.org/Psychotropic_Medication_Oversight_for_Children_in_Foster_Care.cfm)
- *Desk Guide on Trauma-Informed Child Welfare for Mental Health Practitioners* (Chadwick Center for Children & Families and National Child Traumatic Stress Network)  
<http://www.surveygizmo.com/s3/1211760/Access-to-the-Trauma-Informed-Child-Welfare-Practice-Toolkit>
- *Identifying Mental Health and Substance Use Problems of Children and Adolescents: A Guide for Child-Serving Organizations* (Center for Mental Health Services, SAMHSA)  
<http://store.samhsa.gov/product/Identifying-Mental-Health-and-Substance-Use-Problems-of-Children-and-Adolescents-A-Guide-for-Child-Serving-Organizations/SMA12-4700>
- *Information Memorandum: Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services* (Children's Bureau)  
<http://www.acf.hhs.gov/sites/default/files/cb/im1204.pdf>
- *Long-Term Consequences of Child Abuse and Neglect* (Child Welfare Information Gateway)  
[https://www.childwelfare.gov/pubs/factsheets/long\\_term\\_consequences.cfm](https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.cfm)
- *Mental Health Practices in Child Welfare: Guidelines Toolkit* (Casey Family Programs, Reach Institute, and Annie E. Casey Foundation)  
<http://www.casey.org/Resources/Publications/MentalHealthPractices.htm>

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The Children's Bureau, within the Administration for Children and Families, U.S. Department of Health and Human Services, is the Federal agency with primary responsibility for administering Federal child welfare programs. The Children's Bureau works with State and local agencies to develop programs that focus on strengthening families, protecting children from abuse and neglect, and finding permanent families for those who cannot safely return to their homes. <http://www.acf.hhs.gov/programs/cb/index.htm>

The Children's Bureau's information clearinghouse, Child Welfare Information Gateway, links professionals to thousands of child welfare resources (<https://www.childwelfare.gov>), including items on BH/MH and wellness (<https://www.childwelfare.gov/systemwide/mentalhealth/>).



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