

Early, Assessment & Follow-up to Help Children and Families Reported to Protective Services
Funded by Hasbro Children's Foundation

Description of the Program

The University of Michigan Family Assessment Clinic and Child Protection Team have received funding from the Hasbro Children's Foundation for a program to demonstrate the efficacy of early and careful assessment and ongoing consultation on cases involving children seven and under and their families, who are first time substantiated referrals to Child Protective Services. To assure these are cases that warrant an in-depth assessment, we will target cases which are categorized as I (court referral required) and II (Protective Services required).

The assessments will consist of medical exams on every child, developmental assessments of every child, screening children for trauma and behavior problems, interviews with every child, interviews of every caretaker, and screening of all caretakers for substance abuse, domestic violence, and mental health problems. These assessments will include the use of psychological testing, if indicated, and collateral contacts with professionals (e.g. teachers, providers of supportive services, and therapists) working with the child and family.

Medical exams will be conducted through University of Michigan Health Systems Child Protection Team (founded in 1971). The medical exam process will start with careful review of all the available medical records for each child in the family being studied, looking for red flags of prior abuse or neglect, including failure to thrive. The medical examination may include laboratory and/or radiological studies as indicated, to eliminate any medical conditions that might mimic abuse, or to add evidence that it indeed has occurred. In cases of suspected sexual abuse, colposcopy will be used for genital and anal examinations. Photodocumentation will be provided if appropriate. Treatment and medical follow up will be arranged when necessary. Medical specialists, such as pediatric radiologists, orthopedists, surgeons, and neurosurgeons will be consulted if indicated.

Child and parent psychosocial assessments and psychological testing will be conducted by social workers and psychologists at the Family Assessment Clinic (founded in 1985). The child and caretaker assessments and testing will employ standardized instruments (e.g. the Child Behavior Checklist, the Child Sexual Behavior Inventory, the Trauma Symptom Checklist for Young Children, the Teacher Report Survey, WAIS-R, Rorschach, TAT, MMPI-II), screening measures for substance abuse, domestic violence, and mental health problems which have been designed for individuals in denial about their problems, and interview techniques developed for gathering information from involuntary clients.

The program will make use of the Family Assessment Clinic's team of Consultants who hold appointments in the Medical School, the School of Social Work, the Law School, the Department of Psychology, the Department of Psychiatry, and the School of Education. These Consultants all have expertise in child welfare and are easily accessible. The medical consultant is the Medical Director of the Child Protection Team.

Once all the information on a case has been gathered through examinations, interviews, testing, and collateral contacts, the staff and faculty involved in the assessment will meet with the Consultants and community professionals working with the family. Together the group of professionals will develop a plan for the family, which takes into account what local resources are available. Some of these services will be available within programs at the University of Michigan, and some will be community based. For example, the Family Assessment Clinic offers several types of groups for victims of child abuse. Community-based services include Wraparound, which coordinates services provided by the public child welfare agency, the school system, and Community Mental Health on behalf of one family. In addition, Parent Aids, Intensive Family

Preservation Services, daycare, etc. are available in the communities. Cases that are substantiated by Child Protective Services are eligible for these services without charge.

The plan is communicated to the family by the Child Protection worker (or another frontline worker) and one of the staff who conducted the assessment to assure the family’s understanding of the plan and willingness to follow through. With or without the family’s expressed willingness to cooperate, Juvenile Court intervention may be needed to effect an appropriate intervention plan.

Ongoing consultation is a necessary component of the program in order to facilitate the implementation of recommendations and to help frontline workers problem-solve about new issues that inevitably arise. Sometimes interventions are unsuccessful and new plans must be devised. In addition, families that are reported to Child Protective Services often experience repeated crises that require new interventions. These consultations will occur quarterly, but may occur as frequently as monthly, depending upon the needs of the case.

Evaluation Component

Sponsor: Hasbro Children’s Foundation (Hasbro Toys)

Agencies: University of Michigan Family Assessment Clinic and Child Protection Team

Sample characteristics:

- 1) Categories 1 (Court petition required) & 2 (Protective Services intervention required) in level of risk
- 2) Families with children 7 & under
- 3) First time substantiated referral to CPS

Counties involved: Washtenaw, Lenawee, & Monroe Counties

Design: Waiting list comparison group (families that cannot be served because of limited program capacity)

Families who receive the assessments will be matched with families who do not receive the service on:

- 1) Category (1 or 2)
- 2) age of child
- 3) sex of child,
- 4) family composition.

Sample

Year	Washtenaw		Lenawee		Monroe		Total	
Group	Target	Comparison	Target	Comparison	Target	Comparison	Target	Comparison
Year 1	5	5	4	4			9	9
Year 2	7	7	7	7	2	2	16	16
Year 3	8	8	9	9	3	3	20	20
Total	20	20	20	20	5	5	45	45

Outcome measures

- 1) FIA/court involvement—(from FIA Management Information System at 2 years)
 - a) Re-reports
 - b) Substantiations
 - c) Removals of children/returns of children/other moves

- d) Permanent plan (time to permanent plan)
- e) Other legal action (court wardship, termination of parental rights, termination at first disposition)
- 2) Child functioning—(from caretaker at 6 months, 1 year & 2 years)
 - a) Child Behavior Checklist
 - b) Child Behavior Survey
 - c) Trauma Symptom Checklist-Young Children
- 3) Satisfaction with services based upon CPS report
- 4) Effectiveness of FAC/CPT recommendations– every 3-6 months
 - a) Whether recommendations from assessment have been carried out
 - b) Any new family problems?
 - c) Worker satisfaction with services
 - d) Does he/she want a meeting?

Faculty and Staff

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