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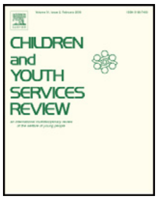

Receiving mandated therapeutic services: Experiences of parents involved in the child welfare system

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ABSTRACT

Background: Parents involved with child welfare services are often mandated to attend a variety of therapeutic services based on the stressors they face. Despite the need to understand how to best offer services to parents, there is limited research that examines parents' experiences with and barriers to accessing these services.

Purpose: This study utilized a family-centered care framework to examine the experiences of parents related to the development of case plans and the provision of mandated therapeutic services as a result of being involved with the child welfare system.

Methods: Semi-structured, in-depth, in-person qualitative interviews were conducted with 21 participants of a child welfare-related intensive therapeutic parenting program, including mothers, fathers and father-figures, and grandparents who acted as caregivers. The constant comparative method was used for coding and analysis.

Results: Results indicated that while the therapeutic services themselves often meet the needs of family members, parents are not empowered to influence the service plan; they face several important barriers to receiving services; and that case plans are not designed to take into account systemic family issues in addition to addressing the stressors of individual parents.

Conclusions: Increased attention to comprehensive family assessments and engaging parents in the design of their case plan may provide mechanisms for increasing family-centered services in child welfare.

1. Introduction

A wealth of research has indicated that parents involved with child welfare services are likely to experience multiple, co-occurring stressors. Particularly frequent problems for many families include intimate partner violence (IPV), substance abuse, and mental health problems (e.g., English, Edleson, & Herrick, 2005; Kohl, Edleson, English, & Barth, 2005; Marsh, Ryan, Choi, & Testa, 2006). For example, studies of women receiving child welfare services have found that approximately 45% of female caregivers experienced physical IPV at least once in their lifetime, and 30% experienced physical IPV at least once in year prior to the study (Hazen, Connelly, Kelleher, Landsverk, & Barth, 2004; Kohl, Barth, Hazen, & Landsverk, 2005). Studies of the percentage of parents with serious substance abuse problems involved in the child welfare system have ranged as high as 50–80% (Marsh, Smith, & Bruni, 2011) and have found caregiver substance abuse to be the single most potent kind of caregiver vulnerability factor in predicting child maltreatment substantiation (Wekerle, Wall, Leung, & Trocme, 2007). Parents involved with child welfare services have also been found to have higher rates of mental health problems than the general population (Staudt & Cherry, 2009) and are three times as likely to ever have had contact with child welfare services compared to parents without mental health problems (Park, Solomon, & Mandell, 2006).

Given these issues, families involved with child welfare services are thus often mandated to complete interventions that address their particular challenges. However, these types of mandated services are not always available in a timely and accessible manner for parents, which can result in parents being poorly connected to needed services, such as substance abuse treatment (U.S. Department of Health and Human Services, 2005). These issues make it extremely difficult to resolve complex problems like substance abuse and mental health in a short period of time (Alpert, 2005). In particular, the relationship between the relatively short time frames for families to reach permanency, as defined by the Adoption and Safe Families Act of 1997 (PL 105–89), and timely access to appropriate services can be a significant challenge for both caseworkers and parents to navigate. Indeed, Chapman, Gibbons, Barth, McCrae, and the NSCAW Research Group (2003) found that consistent with health services research, mandated child welfare services need to be relevant to families' needs and wishes, delivered as quickly as possible, and delivered

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in a manner with which the parent feels comfortable, especially for families with very complex problems. However, research also suggests that services provided by the child welfare system to families may not be appropriate for their particular needs (Barnett, Miller-Perrin, & Perrin, 2005; Beeman, Hagemeister, & Edleson, 2001; Bolen, McWey, & Schlee, 2008; English et al., 2005; Hazen et al., 2004). These difficulties, in turn, can result in increased numbers of children who remain in out of home care for longer periods of time. This has proven to be true for the state of Florida, the site of the current study, which has struggled with the measures of the Federal Child and Family Services Review (CFSR), including those that measure child and family wellbeing and the capacity for families to provide for their children's needs (Perry, 2008).

Florida utilizes a privatized model of child welfare service provision called Community Based Care (CBC) using a lead agency model, where a non-profit agency is contracted to provide and manage all child welfare-related services for a geographic area (Florida Department of Children & Families, 2012). CBC is designed to increase local ownership of these activities and create a comprehensive child protection system by utilizing community supports and increasing community involvement (Florida Department of Children & Families, 2012; Yampolskaya, Armstrong, & Vargo, 2007). In many communities, CBC lead agencies subcontract with other agencies to provide therapeutic services to children and families.

Many child welfare systems are moving to a family-centered model of service provision. This includes the state of Florida, which developed a Family Centered Practice Framework in order to the respond to the 2008 CFSR recommendation for a more clearly articulated child welfare practice model, and has begun to implement it in demonstration sites around the state (Florida Department of Children and Families, 2010). As a strengths-based approach, family-centered care involves the meaningful participation of families in the child welfare process. This includes acknowledging that families are experts on their own needs; ensuring meaningful roles for family members; and providing opportunities for family members to participate in shared decision-making (National Technical Assistance and Evaluation Center for Systems of Care, 2008). As described by the Child Welfare Information Gateway (U.S. Department of Health, n.d.), "family-centered practice is characterized by mutual trust, respect, honesty, and open communication between parents and service providers. Families are active participants in the development of policy, program design, and evaluation, and they are active decision-makers in selecting services for themselves and their children. Family and child assessment is strengths-based and solution-focused." While family centered care involves multiple principles, those particularly relevant to parents' experiences with mandated therapeutic services include focusing on the entire family instead of individuals; tailoring services to meet the specific needs of families; and empowering families to have input into service plan (Children's Bureau, 2007).

Within the growing body of literature that examines parents' experiences within the child welfare and foster care systems, there is a comparatively smaller focus on qualitative studies that seek to understand parents' experiences with the therapeutic services that they are required to attend (Alpert, 2005; Baker, 2007; Mullins, Cheung, & Lietz, 2011). This is true for the areas in which parents frequently experience problems, including intimate partner violence, substance abuse, and mental health issues. For example, while there is research on children's need for mental health services, there have been few studies of parents' use of mental health services within the child welfare system (Staudt & Cherry, 2009) and authors also cite the need for additional research that includes the voices of victims of intimate partner violence (Buckley, Whelan, & Carr, 2011). Kemp, Marcenko, Hoagwood, and Vesneki (2009) further noted the need for research to address the "perceived acceptability and validity of available treatment options among child welfare clients" (p. 119). Alpert and Britner (2009) specifically noted that there is a scarcity of research examining the parents' qualitative experiences with the mandated therapeutic services they receive from a family-centered perspective. It is particularly important to understand these issues from the parents' perspective in a decentralized Community Based Care environment, where therapeutic services are provided by individual agencies that may or may not have strong linkages to the lead child welfare agency, because this model has the potential to result in additional barriers to access.

In addition to the need to understand how parents experience the mandated services themselves, it is also critical to understand how and to what extent parents are involved in the decisions regarding the types of services that they will be required attend. Previous studies of parent involvement in more general child welfare services indicate that parents often do not feel empowered, but rather feel left out of the decision making process (Kapp & Propp, 2002; Lietz, 2011). Baker (2007) noted the need for additional examination of empowerment issues for family members, particularly regarding barriers to involvement in services, including what makes it difficult for parents to attend treatment and planning meetings, participate in foster care visits, and participate in services. Research suggests that when parents do feel that services are responsive to their needs, they are more pleased with services (Lietz, 2011).

There is a clear need to better understand how parents in the child welfare system experience the therapeutic services that they are mandated to attend, especially in a system that utilizes Community Based Care. This study utilized a family-centered care framework to examine the experiences of parents related to the provision of mandated therapeutic services as a result of being involved with the child welfare system. Overall, this study sought to examine the experiences of parents, involved in the child welfare system, of what it has been like for them to receive therapeutic services as a result of having a child welfare or diversion case plan. In addition, this study sought to explore parents' perceptions of their involvement in and understanding of their service plan.

2. Methods

2.1. Participants

Participants were recruited through the Nurturing Parenting Program (NPP), an intensive, 15-week therapeutic parenting program primarily for parents in the child welfare system or who are at risk of becoming involved with services. Participants must attend the program as a dyad. A dyad is defined as two adults who are involved with the children's daily life; individuals can be married, co-parenting, or have a familial relationship (e.g., mother and grandmother of a child); individuals do not need to be married or co-parenting to be part of the program. Individuals in this program have been screened to not currently be in a physically violent relationship, as measured by the presence of an injunction or disclosure of current physical abuse, as this would counter the therapeutic nature of the program. However, this does not exclude other abusive issues within the couple, or a history of physical violence in the current or a past relationship. Participants may be referred to NPP at any point in their child welfare involvement.

For the purpose of this study, potential participants were recruited through one of two methods: 1) a presentation by the researcher in active parenting group sessions during the recruitment window (May to November 2010); or 2) an introductory letter outlining the study with a request for participation that was mailed to past program participants. In the live presentation, the researcher was introduced by a program facilitator, gave a brief 10-min overview of the research study, passed out a flyer and letter with contact information, and answered parent questions. At the conclusion of the presentation, program participants were invited to write down their first name and contact information if they were interested in being contacted by the researcher for an interview. The same flyer and letter were mailed to previous program participants. Interested individuals in either group could call or email the researcher to set up an interview. The researcher targeted parents of the children, including non-married couples. Both