

Practice Parameter for the Assessment and Management of Youth Involved With the Child Welfare System

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This Practice Parameter presents principles for the mental health assessment and management of youth involved with the child welfare system. Important definitions, background, history, epidemiology, mental health care use, and functional outcomes are described. Practical guidance regarding child welfare-related

considerations for evaluation and management are discussed.

Key Words: practice parameters, practice guidelines, child and adolescent psychiatry, foster care, child welfare

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This Practice Parameter provides an introduction to the knowledge, skills, and attitudes important for effective mental health assessment and management of children and adolescents involved with the child welfare system. Child and adolescent psychiatrists and other professional and community stakeholders play an important role in the lives of these youth. Work in the child welfare system requires clinicians to use the full range of their professional expertise in assessment and treatment, child development, systems of care, cultural competence, and youth and family engagement. Understanding youth, family, and systems concerns will facilitate effective interaction with youth, families of origin, foster families, caregiver staff at out-of-home placements, prospective adoptive families, child welfare personnel, child advocates, additional child-serving agencies, the education system, courts, other health care providers, and other stakeholders.

In this Parameter, the terms “child” and “youth” are used interchangeably, except where otherwise specified. The term “family” is used in a broad sense to include relatives, close family friends, and nontraditional families, and the term “caregiver” includes family and, when specified, other childcare providers in out-of-home placements.

METHODOLOGY

The list of references for this Parameter was developed by systematically searching different electronic databases: Cochrane, PubMed, PsycINFO, Social Services Abstracts, and Social Work Abstracts. The search was conducted in February 2012. There were no limits set for age or date. The search was limited to American studies and the English language. The search used only controlled vocabulary terms (i.e., medical subject headings [MeSH] for PubMed and thesaurus terms for PsycINFO, and Social Services

Abstracts). In the case of PubMed, a clinical queries filter was applied with a narrow scope to capture specific results.

Child welfare was combined with a range of subjects to thoroughly encompass the topic. Because foster care is a key component of child welfare, the term was used synonymously in the search. A sample search strategy for PubMed followed this pattern: (child welfare [MeSH] OR foster home care [MeSH]) AND child abuse (MeSH). The combination search terms included *adoption, child abuse, child advocacy, child behavior disorders, child care, child custody, child development, child health services, child rearing, developmental disabilities, group homes, mental disorders, mental health, Munchausen syndrome by proxy, and parenting*. This resulted in 2,635 PubMed references. A similar combination of search terms was repeated in PsycINFO (2,172 references), Social Services Abstracts (1,791), and Social Work Abstracts (166). This resulted in 6,729 unduplicated references. Abstracts and/or titles of all 6,729 references were reviewed. The search was augmented by a review of articles nominated by expert reviewers and further search of article reference lists, relevant books, and pertinent Web sites. A total of 314 articles were selected for full-text review based on their relevance to the topics addressed in this Parameter. The most pertinent of these 314 articles were selected for inclusion in the reference list for this Parameter.

DEFINITIONS

Clinicians working with youth involved with the child welfare system should be familiar with some commonly used child welfare system terms. These terms are defined broadly because laws and procedures vary in different jurisdictions. Many of these definitions are informed by the Child Welfare Information Gateway glossary.¹

- *Child Welfare System.* A group of services designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families to care for their children successfully. The child welfare system is not a single entity and involves many organizations. Some child welfare services are provided by state and local departments of social services, whereas others are contracted



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to private child welfare agencies and child service providers.

- **Child Maltreatment.** There is no single accepted definition of child maltreatment. Each state provides its own definitions of maltreatment within civil and criminal statutes. The Federal Child Abuse Prevention and Treatment Act reads “child abuse and neglect means, at a minimum, any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk or serious harm.” In addition to physical, emotional, and sexual abuse or neglect, child maltreatment can encompass a broader array of exposures such as a child’s experience of domestic violence or parental substance abuse. Any form of child maltreatment can lead to traumatic responses.
- **Child Protective Services (CPS).** The social service agency that receives reports, conducts investigations and assessments, and provides initial intervention and treatment services to children and families when child maltreatment is suspected to have occurred. This umbrella term refers to any state or county social service agency that responds to and investigates reports of possible child abuse and makes a disposition based on the findings.
- **Foster Care.** A service for children who cannot live with their custodial parents or guardians for some period; sometimes this is termed *out-of-home care*. The range of placements can include kinship care, nonrelative foster care, treatment or therapeutic foster care, group home, residential group care, secure residential treatment, and supervised independent living. Foster care is intended to be short term, with a focus on returning children home as soon as possible or providing them with permanent families through adoption or guardianship.
- **Child Welfare Worker.** The person who is responsible for the case management of the youth in question. The worker coordinates services to the child and family including referrals to appropriate agencies and services and monitors the youth’s placement. The child welfare worker also prepares documentation for the courts and represents social services in any juvenile court proceedings.
- **Dependency Court.** The portion of juvenile court presiding over child welfare matters.
- **Dependent Child.** A child placed in the custody of a child welfare system by dependency court, typically because of maltreatment by caregivers. During dependency, the youth might remain at home with court oversight or be placed in out-of-home care. A court plan will be generated. The plan will indicate when the child can be reunified if the youth was placed in out-of-home care and under what circumstances the case can be dismissed from dependency court.
- **Permanency.** A concept based on the value that youth grow up best in a family environment that is durable, nurturing, and stable. This is supported by policies and practices in the dependency court and foster care systems. Permanent placements include return to the biological family, adoption, and legal guardianship.

- **Kinship Care.** Placements of children with relatives or close family friends, also known as *fictive kin*. Kin are preferred for children removed from their birth parents because it maintains the children’s connections with their families. Kinship care can be informal (e.g., the family makes the decision for youth to live with kin) or formal (e.g., the state removes a youth from parental custody and places the youth with kin). The latter involves training, licensure, and more resource support.
- **Guardianship.** Caregivers can assume legal guardianship of a child in out-of-home care without termination of parental rights. Guardianship removes the youth from the child welfare system, allows the guardian or caregiver to make important decisions on behalf of the youth, and establishes a long-term caregiver for the youth. Relative caregivers who wish to provide a permanent home for a child and maintain relationships with extended family members most frequently use guardianship.
- **Treatment (Therapeutic) Foster Care.** Family foster care designed for children with severe emotional and behavioral problems. It provides additional support, including supplemental finances, supervision, and training. Treatment foster care standards vary in different jurisdictions.
- **Court-Appointed Special Advocate (CASA).** A person, usually a volunteer, appointed by the court who seeks to ensure that the needs and interests of a child in dependency court proceedings are protected. The CASA is a party to the case and advocates for safety, permanency, and well-being. CASAs are given certain powers and can speak on the youth’s behalf in court. They cannot consent for treatment but can function as an educational surrogate for special education purposes, if specifically tasked.
- **Guardian ad Litem.** A lawyer or layperson appointed by the court to handle the affairs, act, or speak on behalf of someone involved with the court. In dependency court, this typically involves representing the youth’s best interests in maltreatment cases. It can involve different additional roles, including independent investigator, advocate, advisor, or guardian for the child. A layperson who serves in this role is sometimes known as a CASA. Not all cases will have a guardian ad litem appointed. It is up to the individual bench officer to decide whether to do so.

BACKGROUND

The child welfare system is a group of services designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families to care for their children successfully.² Significant numbers of youth and families have contact with the child welfare system, with considerable social and fiscal consequences. In 2011, approximately 681,000 children were confirmed to be victims of maltreatment, and approximately 400,000 youth resided in foster care daily.³ The total annual cost of child abuse and neglect has been estimated to be \$80.2 billion.⁴

Child and adolescent psychiatrists and other mental health professionals can play an important role in the lives of many youth in foster care. Upward of 80% of youth involved with the child welfare system have developmental, behavioral, or

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