

Ethnic Differences in Dialogue

Inspiring
Visionary
Empowering

September 2021

Child and Family Journal of Innovative Practice and Research

Volume 2 Issue 2



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CFJ, September 2021 (Volume 2, Issue 2)

If you are interested in serving on the Editorial Board for *Child and Family Journal for Innovative Practice and Research*, please email Dr. Monit Cheung at mcheung@uh.edu with your curriculum vitae. We look forward to working with you as a team. **First Volume** published in May 2020 (Volume 1, Issue 1) and **Volume 2 Issue 1** in February 2021 can be retrieved from this [LINK](#).

JOURNAL AIM

Child and Family Journal for Innovative Practice and Research

Child and Family Journal for Innovative Practice and Research (“CFJ”) is a publication providing an integrated practice-research platform for all child and family programs, agencies, and institutions in the United States and globally to share child welfare innovative practice and research experiences. It aims to provide updated information, creative practice, and research to promote child and family well-being in the community, universities, and clinical or research centers. Our contributors are scholars and practitioners working with children and families to share knowledge, practice insights, service outcomes, and sources of professional development from local to international.

Background

The CFJ is sponsored by the Child and Family Center for Innovative Research (CFCIR) and the Graduate College of Social Work (GCSW) at the University of Houston (UH). The CFCIR is a research center that aligns with the UH-GCSW to improve youth and family well-being, strengthen interpersonal relationships, and promote social justice. Under the center branches, Child Welfare Education Project (CWEP) is a program in partnership with federal Title IV-E programs to prepare Master’s level social work students to pursue a child welfare career and promote workforce effectiveness in public child welfare, as well as develop reliable systems and professional networks locally, statewide, nationally, and international. Furthermore, the CFCIR supports faculty and social work researchers to conduct innovative research and practice for children and families. These multilevel connections highlight the Center’s commitment to providing innovative micro, mezzo, and macro practice to children and families, empowering

students, faculty, practitioners, and researchers to succeed in their careers, promoting social justice, and decreasing racial disparities in both local and global communities.

Aim and Scope

Along with the mission of the CFCIR and GCSW-UH, the CFJ aims to provide an information exchange platform for describing the multilevel partnerships in the child and family sector. It also delivers updates in child and family practices, creative research ideas and outcome data, policy summaries, and educational development reflections that aim to strengthen and expand the field of child and family across the United States and the world.

The CFJ values summaries or progress reports of any form focusing on child and family services, such as short stories, case studies, poems, personal or professional reflections, artwork, photos, book reviews, and other innovative work with significant impact on children and youth. All publications must reflect the core values and ethics of social work. One volume, each with two issues, will be distributed annually. Submission and publication are made online without additional cost or compensation to the contributors. The contributors must include a statement with their submission that it is their original work; not considered or published in other sources. Please include cited references in [APA 7th Edition style](#).

Mission

- Develop bridges to build practice linkages on a cyberspace platform to share innovative works, updates, and experiences among professionals, faculty, staff, and students for use in the field to work with children and families.
- Highlight the importance of child and family services through professional exchange among multilevel partnerships to promote social work practice and academic development.

THIS ISSUE: Ethnic Differences in Dialogue

Social workers have long been engaged in the dialogue of race relations and child safety in the field of public child welfare. Over the past year and a half, there has been a reckoning with race, following the murder of George Floyd, alongside the COVID-19 pandemic that has constrained resources, created and opened emotional wounds, and highlighted the cracks in an already bleeding child welfare system. These major crises have compounded the child welfare system simultaneously, straining child welfare workers, policymakers, and families. Before social workers can minimize harm to children and their families, there first needs to be an understanding of what damage has already been inflicted. Acknowledging the intergenerational trauma within the child welfare system, rooted in racial violence, is critical to developing dialogues between academics, practice, and policy that systematically integrates different perspectives on moving forward. Once this history is recognized, the next step is to connect the experience of present child welfare workers, researchers, policymakers, children, and their families to establish a new life with respect, kindness, equality, and inclusion of diversity and pluralism.

The role of IV-E is to highlight the social workers' perspectives in child welfare to contribute to how clinical practice, policies, and research/theories are integrated to improve safety, permanency, and overall well-being toward the targeted population. This topic of racial and cultural diversity is important because the child welfare system has a history of disproportionately harming families of color through over-involvement, over surveillance, and family separation

(Dettlaff & Boyd, 2020). The trauma associated with this mistreatment carries through the child's life, the family, and the community.

Fortunately, the communities we work with are strong. We have dedicated social work academics, policymakers, and clinicians working alongside one another to build a just and ethical system for everyone. We can learn and exchange experiences, historical evidence, and opinions from different perspectives through open dialogue. With the building of this foundation, we can strengthen the body of knowledge as we attempt to address long-standing racial grievances and traumatic incidents related to the ongoing pandemics. Nonetheless, many of these issues may not be quickly dismantled due to their strong fibers built into the child welfare system. The discussion regarding ethnic differences highlights the work by practitioners and community members to address how to come through clinical and professional education to respond to the pandemic and anti-oppression in the child welfare system. With this dialogue, we hope to provide optimal management strategies to our readers.

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REFEREED ARTICLE

Social Workers as Mediators in Dependency Matters

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Social workers assume several roles in child and abuse neglect matters, including child protection investigators, child welfare workers, or in foster care and adoptions working on securing placement and permanency for children. However, more recently, courts have begun instituting mediations into dependency matters. Family and juvenile courts are largely the jurisdictions of individual states; therefore, practices vary widely. The rationale for dependency mediations is to increase the engagement of parents that may lead to “mutually acceptable, but often nonobvious solutions” (Thoennes, 1997, p. 137) and is a less adversarial model than litigation. The earliest mediation programs to be evaluated through the National Institute on Dispute Resolution in the 1980s were in Denver/Boulder, Colorado, and Washington, DC. Their focus was to prevent court filings and occurred early in the life of the cases. However, mediation is used at various junctures in dependency matters (to develop a case management plan or negotiate possible open adoption terms) and may include different stakeholders. Variance is predicated on the jurisdiction and the purpose of the mediation; however, the parents and caseworkers (social workers) and attorneys (representing the parents, child, and the agency) are likely participants. The available literature that outlines dependency mediations often elucidate the participants' varying roles; however, little discussion is given to the background or training of the mediator. Trosch, Sanders, and Kugelmass (2002) stated that mediators “are not judges, lawyers, or counselors; rather they are skilled facilitators . . .” (p. 71). Sometimes, mediators are retired judges, lawyers, and counselors; however, when they serve as

mediators they assume the role of a neutral, unbiased third-party. Mediations are particularly successful when parents and stakeholders can trust the mediator’s neutrality and knowledge of the child welfare and dependency systems (Baron, 1997; Thoennes & Pearson, 1995). Giunta and Amatea (2000) report that mediators are typically attorneys or mental health professionals; but, mediators in San Francisco can be specially trained parents who have been through the dependency adjudication process. In 2021, half of the panel of 21 mediators in Nevada are practicing lawyers. The rest are a mix of therapists, Court Appointed Special Advocates (CASA), court administrators, paralegals, and law students. Only one licensed clinical social worker and one MSW-level social worker serve on the panel.

In the child welfare and dependency arenas, social workers are generally viewed as working for the “agency” and not routinely considered for the mediation role. However, social workers are uniquely qualified by their education and training to be effective mediators. Parsons (1991) asserts that the mediator role is “inherent” in social work, drawing on the foundational understanding of systems theory and the imbalance of power within groups. The goal of promoting reconciliation, settlement, compromise, or understanding is highly congruent with social work’s commitment to assisting client systems in problem-solving. Social workers have context, history, and knowledge of child welfare systems, psycholegal domains, and trauma-informed approaches. Legal professionals are often over-represented in mediation work, and it is not unusual to see

attorneys mediating who were previously, or concurrently, representing parents or children. The role of neutral mediator vs. zealous advocate for attorneys can be challenging to navigate. The ethical principles of professional neutrality or non-judgment and client self-determination provide a framework for social workers to traverse differing roles and prioritize

services for the client system, the parents, children, and stakeholders. As mediation continues to be integrated into dependency systems, this is a call to courts and the social work profession to increase the representation of social workers on dependency mediation panels.

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CHILD WELFARE LEADERSHIP SPOTLIGHT

Toni Kelly, LMSW
Kinship Supervisor I
State of Texas Department of Family Protective Services

This interview was conducted by **Dr. Juliet London**, Kinship Specialist IV at the Children's Protective Services at the Texas Department of Family & Protective Services.

Introduction to Toni Kelly

Educational Background

Undergraduate BSW from the University of Wisconsin at Milwaukee Helen Bader School of Social Work, 2010. Master's degree in Social Work, University of Houston Graduate College of Social Work, 2019. I was also inducted into the Phi Alpha Honor Society, Mu Lambda Chapter 2019.

Currently Employment

State of Texas Department of Family Protective Services: Kinship Supervisor I. Some of my responsibilities include: Managing employees and their workloads, making sure my direct reports are completing



their tasks promptly, completing case assignments and case staffing's, understanding and applying Policy and Practice, keeping staff current with any policy updates/changes, monitoring physical case files for required documents, reading monthly documentation, staffing identified case issues or case concerns, attending all meetings- which include Staffing's such as Family Group Conferences, Permanency Conferences and Risk Staffing's, managing staff development and staff retention, maintaining staff support and other duties as assigned.

Interview

How did CWEP or your MSW program (or educational background) prepare you for your job in child welfare?

The Child Welfare Education Project (CWEP) prepared me to hone my skills as a caseworker. It allowed me the opportunity to learn new Evidence-Based Practice ideas that have been proven to work. I enjoyed Solution-Focused

Therapy because it allowed me to offer families another way of looking at situations that they deemed negative or unfavorable; so, instead of focusing on what was not working, my families were able to come up with solutions on how to move things along, or how to change the situation to a more favorable outcome. I must admit it was inspiring and rewarding to see

families stop procrastinating and saying ‘no.’ It was gratifying to see how they managed to start the verification process of getting licensed to become foster parents, despite their heavy work schedules and being the caregivers to not only CPS’s children but theirs as well. Furthermore, it was inspiring because the families, at first, would provide me with every reason as to why they could not do a task, but then they eventually came up with a reason why the task needed to be done. Subsequently, they found ways to fit the task into their schedules and so completed it. Ultimately, they either adopted or assumed legal conservatorship over the child or children. I found that extremely rewarding-witnessing the theory of permanency and then seeing the practical application played out with favorable results always makes me glad to be part of the process.

Tell us about your achievements in your work?

I wanted to learn more about the agency. Going from a Family Based Safety Services caseworker III to a Kinship Specialist IV allowed me to gain as much knowledge as I could to be able to move up the leadership ladder within the agency. Since obtaining my Master’s degree, I became a Kinship Supervisor I, which has placed me on the correct upward path towards achieving the knowledge and growth needed to climb even higher up the promotional ladder. My peers told me that I had assisted them in being better caseworkers through my actions and accessibility.

What are your clinical observations regarding the impact of the pandemic and inequalities (including any justice issues) on

your work, clients, and the child welfare field?

My observation is that Covid is having a negative effect on people’s personal lives: those who are isolated, such as the elderly, are becoming more reclusive, as it has been difficult for them to maintain close family contact. This pandemic is causing more stress and depression for our families, leading to more reported cases of family violence and child abuse. Not to mention the toll it is taking on people’s mental and social health. It is something for everyone to adjust to, resorting to virtual contact with medical providers and their families. Workers themselves are also stressed because, in some instances, we are still required to complete face-to-face contact with our caregivers, despite knowing that some children or families may have tested positive for Covid. It is a very challenging time for all of us, especially those already underprivileged or economically challenged. Furthermore, the effects of Covid are also extended beyond Kinship, with an increase in homelessness, loss in employment, and loss in economic stability for a majority of the population.

What are your thoughts about the situation you just mentioned, and how did you respond to them?

My thoughts are as a people, and as a nation, we will overcome this. I wish there were a clearer understanding of how we can all protect ourselves. I know some folk who have been wearing their PPE religiously, and they still end up testing positive for the virus. We are trying to listen to the experts, but it is hard to follow the directions. One reason is that folks refuse to comply because they feel like their rights are being violated for simply being asked to keep themselves safe and respect the safety of others. In respect for my staff and the people they serve.

I inform my staff to wear their masks, use their gloves, social distance, and utilize hand sanitizer as often as possible. Until these precautions are lifted globally, it is best practice to be on the safe side.

What advice do you have for current social work students?

My advice would be: Listen to your professors, they made learning fun and show you how to apply that knowledge in real life. Listen to your classmates, too, as they often work in other diverse fields and have techniques they would like to share. Everyone has a wealth of knowledge; however, “You” have to be ready, willing, and able to listen and learn. Don’t be afraid to ask questions. I know for sure that you are never too old to learn as there is always something that you may not have known or that can be shared with another colleague. Participate in research studies and or surveys about your education. The Child Welfare Education Project (CWEP) was highly beneficial for me. I enjoyed the real-life scenarios in classes like DSM, which gave me the tools to put those teachings into practice. I am forever grateful for all of the opportunities. I sincerely believe that those opportunities would not have happened if I had not taken advantage of CWEP.

What advice do you have for the workers and social work practitioners in the field of child welfare?

I know that a lot of times, we often can feel defeated because it may seem that we are not making a difference. If we try to ‘save’ everyone, we discover that we cannot; however, we can reach those who want to be reached and help those who want to be helped. Through our expanded knowledge and education via CWEP, we can give our families, our youth, and our communities the information, tools, and resources necessary to help propel them forward in life so they can make informed decisions. If only one person or family has been helped, that is considered a ‘win’ and a job well done. Through my education, I have realized that even when one is not successful in reaching anyone, that is not a sign of failure; it means those families have not reached a level where they are ready to institute positive change. You have to take comfort in knowing that every day when you are doing your job, you are doing your best, and that is all that can be asked of you.

I must emphasize that taking the LMSW and the LCSW is imperative. PLEASE DO NOT procrastinate; otherwise you may not sit for the exam designed to make sure you have truly mastered what you have learned as a social worker. Finally, please remember to practice self-care, it is even more important in these days of this pandemic. You must take care of yourself.

COMMUNITY SPOTLIGHT

Eye Movement Desensitization and Reprocessing (EMDR) in Social Work Clinical Practice: An Interview with Dr. Ada Cheung

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This article uses the content from an interview conducted by Dr. Monit Cheung, Professor in Social Work at the University of Houston, with **Dr. Ada Cheung, PhD., LCSW-S**, Chief Clinical Officer at the Jewish Family Service of Houston, who is a licensed clinical social worker and board-certified supervisor with a Ph.D. in Social Work with more than 20 years of experience in the behavioral and mental health field. In the dialogue, Dr. Ada, who has been certified as an EMDR therapist for three years, described the functions and processes of EMDR.

Dr. Ada: "I have found that I can use different interventions to help clients get "unstuck" from their traumatic incident(s) and distressing life experience(s)."

What is EMDR?

EMDR is a behavioral intervention aimed to reduce posttraumatic stress disorder (PTSD) symptoms due to traumatic experiences and other mental health conditions (Davidson & Parker, 2001). EMDR has been conceptualized from empirical observations, known as the Adaptive Information Processing Model (AIP), which guides clinical assessment, intervention planning, resolving clinical impasses, predicting outcomes, and exploring new applications. EMDR therapy attempts to record the conjugate eye movements occurring in rapid eye movement sleep (REMS) in emotional processing during sleep, particularly in the case of negative emotions and trauma (Pagel, 2020). EMDR is applied to process traumatic memories or adverse life experiences to establish adaptations and solutions that could lead to long-term resilience (Leeds 2009; Shapiro, 2001).

Clientele

EMDR therapy helps children and adults of all ages. Therapists use EMDR to address a wide range of challenges, including anxiety, panic attacks, phobias, chronic illness and medical issues, depression and bipolar disorders,

dissociative disorders, eating disorders, grief and loss, pain, performance anxiety, personality disorders, PTSD, and other trauma and stress-related issues, sexual assault, sleep disturbance, substance abuse, and addiction, violence and abuse (EMDR International Association, 2021). The suitability of the use of EMDR is based upon client readiness and clinical assessment. One treatment session ranges from 60 to 90 minutes.

Dr. Ada: "Clients will demonstrate a level of stability, distress tolerance, and access to a support network. Avoid individuals who have a high suicidal/homicidal risk, are actively using substances, experience severe dissociation, and other distractions that would prevent them from committing to the treatment schedule (i.e., physical/medical issues, legal issues)."

Strengths and Challenges/Limitations Strengths

- **Client-centered approach therapy.** Clients can process traumatic incidents based on their priority where they were stuck for a long time.
- **Emotional Regulation.** Clients showed a decrease in emotional intensity when they talked about the traumatic incidents.

- **Integrative Approach.** During the treatment process, clients are invited to share their traumatic experiences and positive events and beliefs with the use of the validity of cognition (VoC) scale or technique.

Dr. Ada: "Clients reported a positive change in their thoughts and behaviors resulted from being in EMDR therapy."

Challenges or Limitations

- **Stability and Distraction.** Not all individuals are appropriate for or ready to be in EMDR therapy.
- **Physical Development.** Young children's eye development limits them from following the fingers.

Dr. Ada: "It is not typical talk therapy; clients tend to be more skeptical about the concept, how it works, and worry if it will "change" their brains. More education and prep work are then required if they do choose to get into EMDR therapy."

EMDR Techniques Examples

Creating a Safe/Calm Place is a preparation technique to help clients calm themselves when they become dysregulated or go over their distress tolerance.

Body Scan brings awareness to body sensation to help clients be more connected with their feelings and recall the impacts of the traumatic incident by identifying place(s) from their body (e.g., muscle tension, tightness, or unusual sensation).

Dr. Ada: "EMDR could be an adjunct intervention in the typical modalities, such as CBT and DBT, to focus on specific trauma."

Promising Evidence

EMDR has not been recognized as an evidence-based practice (Prevention Services Clearinghouse (2021). However, EMDR consistently demonstrates effects in reducing distress and moderate effects to PTSD and depression, evidenced by its effectiveness to prolonged exposure when used immediately post-trauma (Pagel, 2020). EMDR has been implemented for at-risk populations due to its non-aversive and no known adverse side effects. To move EMDR, more clinical and interdisciplinary collaborations to gain enough data and observations are encouraged.

Assessment is continuous throughout the intervention with focusing on the memory components, including image, cognition, affect, and body sensation. Standardized measurements are often used to evaluate changes in clients' symptoms. The common scales include the Dissociative Experiences Scale, the Depression Anxiety Stress 21, the Trauma Symptom checklist for young children, the Trauma Symptom checklist for children and the Subjective Units of Disturbance (SUD) scale. Other scales may be applied depending on the client's presenting symptoms.

Dr. Ada: "Being transparent with clients about EMDR and involving clients in treatment planning help increase mutual commitment in the process and clients' understanding about efficacy."

How to become a certified EMDR Therapist?

Clinicians are eligible to become EMDR International Association Certified Therapists if they have an advanced degree from an accredited college or university, are fully licensed in their mental health professional field for independent practice, and have two years of experience

(minimum) in that field. Specific EMDR requirements include completing an EMDR International Association-approved training program in EMDR therapy, a minimum of 50 clinical sessions from an Approved Consultant who provided 20 hours of EMDR consultation.

Dr. Ada's Advice:

MSW students who are interested in EMDR

- Gain a better understanding of what EMDR is from research, videos, and books.
- Get accepted into an internship where clinicians use EMDR so students will have the opportunity to observe.

Licensed Social Workers Interested in EMDR

- Proceed with clinical growth.

- Gain a better understanding of EMDR from research, videos, and books.
 - Attend EMDR International Association (EMDRIA) approved training.
 - Seek consultation with a certified EMDR Consultant.

Current EMDR Clinicians

- Share knowledge, experience, and outcomes with other professionals in EMDRIA conferences with various EMDR platforms.
- Educate the public about the use of EMDR with clinical evidence.
- Continue to seek consultations to address potential blind spots and to promote

More Information

1. [EMDRIA](#) Webpage
 - [What is EMDR therapy?](#) (Video)
2. [EMDR Certification](#)
3. [Clinical Practice Guideline for the Treatment of Posttraumatic Stress](#)

4. [Research and Reading Sources](#)

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INVITED ARTICLE
How IV-E Survived the Pandemic

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When the pandemic hit, initial reactions were horror, fear, and dismay. In an instant, major changes were made, and everything went remote due to shutdowns. There were so many questions and uncertainties which increased levels of anxiety and worries among students, faculty members, staff, field practitioners, and the IV-E network partners. How could one possibly continue to effectively manage a program that requires so much face-to-face interaction? What would this all mean for their assignments, field placements, credits, graduation, etc.? In the beginning, it was believed that this would only last for a few weeks, but as the time rolled on, one semester turned into two semesters, and now nearly two years. How would IV-E programs continue under those circumstances? What would this mean for foster parents and their future of foster parenting? How many children would go abused and neglected and not come to the attention of children's protective services due to this great pandemic?

The IV-E department met to determine the best course of action to take as it related to ensuring that our students had their needs met and how to continue as a functioning department. This not only affected the students in the program but also affected the department and the staff. What would a total shutdown mean for a department of social work and the Title IV-E program? There were so many unanswered questions. It took lots of deliberation, communication, and ongoing intensive teamwork to determine how we would make this work in the middle of the prolonged

pandemic and related stressful events that we had never encountered before.

As a department, we came together as a great team and made decisions regarding our students as well as our daily activities. We began communicating via ZOOM as that was the only way we would interact with one another. The student's stories and efforts to survive in their professional development and growth were incredibly amazing. They found ways within the child placement agency to continue providing services to the families monitored by Children's Protective Services. They understood how important it was to continue working with families and providing them with resources as best they could. However, the whole professional service delivery process became problematic and challenging because, during this time, most of the agencies that the families were involved with were also closed. Our students had to assume multiple roles to ensure that their clients didn't fall between the cracks.

The Title IV-E program continued to interact with different programs within the Graduate College of Social Work as well as the state agency to respond to the pandemic-related crises promptly and ensure we were sustainable. We engaged in supporting one another among the IV-E community partners in maintaining our social work practitioners' health and mental health and quality services in the field. Therefore, the required ongoing professional training to CPS staff was presented via ZOOM. As a result, attendance increased, and feedback was positive. The department continued to meet

monthly to discuss updates and to address ongoing issues. As for the students, we preserved our mission by providing a supportive and safe learning environment to nurture their professional competencies and guide them to enhance overall well-being under the ongoing complicated situation. We met with them on an individual basis via ZOOM to provide guidance and support for their social work career. Our celebration of our graduates was also held virtually with a huge turnout. The 2020 ceremony was canceled, so students graduating in 2020 as well as 2021 were honored in the Spring of 2021.

As our students/caseworkers may continue to struggle with the issues and inconveniences that COVID has created, here are a few tips:

- **Create circles of support** – No one expects you to weather this storm alone. You will need to rely more on your peers, supervisors, and family members for additional support. It could be assistance on a complex case, teamwork among your colleagues and other students, or even childcare.
 - **Don't be afraid to ask for help** –Tasks maybe even more challenging to complete. You may be surprised how much people are willing to assist one another. Balancing work and school during normal times proves to be stressful. Let your supervisors
- and professors know when you need help to avoid disastrous outcomes.
- **Practice self-care** – Even people who seem to have it all together face difficulties during these unprecedented times. No one can take care of you the way that you can. You can't help others if you are not healthy emotionally and physically. Practice safe distancing in the classroom as well as during home visits, wear face coverings, clean your workstations and practice good hygiene. Follow your agency's guidelines and procedures related to conducting home visits, attending court hearings in person, etc. Even though you may feel isolated, use this time to try out new hobbies that can be done at home or in other safe environments. Take a break when the need arises.
 - **Know that this may be the norm for longer than expected** – None of us know how long this pandemic may last or when things will return to business as usual. Work and school activities have changed, and adjustments have been made to meet the needs of all involved.

Although these continue to be tough times, we remain diligent and make a way to ensure that our work and efforts continue with few major disruptions in the midst of these very critical times.

PRACTICE WISDOM

Resources for Child & Family Practice and Research

[State Child Abuse & Neglect \(SCAN\) Policies Database](#)

To understand child maltreatment deeply from professional and systematic perspectives, the Office of Planning, Research, and Evaluation, in collaboration with the Children's Bureau in the Administration for Children and Families at the U.S. Department of Health and Human Services, funded to establish this across states' database. The website presents the database by using interactive tools for the public, professionals, policymakers, and researchers to explore the content.

- [Data Exploration](#)
- [Data Use Resources](#)
- [State Summary](#)

[Reflections: Stories of Foster Care](#)

With the theme “*Foster Care as a Support to Families, Not a Substitute for Parents*” National Foster Care Month 2021, the Children's Bureau in the U.S. Department of Health and Human Services features personal stories to empower foster families and train professionals working in the field of foster care. The stories are direct voices from youth, families, and professionals for developing robust and support-based strategies that can be applied to engage youth, amplify youth voices, and strengthen connections within the field of foster care.



Stories of Youth in Foster Care

- [Youth: Partners in Systems Improvement, not Just Service Recipients](#)
- [Empowering Youth to Be Agents of Change in Their Own Lives](#)

Authentic Youth Engagement Stories from youth and child welfare professionals

Topics include “trust relationship establishment between youth and professional workers,” “active listening skills,” “transparency, honesty, and respect in a mutual trust relationship,” “advocacy work of youth leadership councils,” and “youth advocacy in systematic changes.”

- [Andrea and Medina's Story](#) (audio recording)
- [Jackie and Ronnie's Story](#) (audio recording)

Visit the [website](#) for more stories.



** This *Resource Introduction* was retrieved information from the Children's Bureau at the U.S. Department of Health and Human Services, and the Child Welfare Information Gateway network email and websites.



SOURCE FROM THE IV-E NETWORK

2021 CW360° Confronting Racism | Engaging Partners | Finding Solutions

Center for Advanced Studies in Child Welfare

In order to equip child welfare workers with an anti-racist approach, we must first confront the history of racism baked into the child welfare system. The University of Minnesota's School of Social Work CW360° summer 2021 issue approaches topics with the lens of historical and present racial injustice. In response, contributors offer solutions derived from experience in child welfare practice.

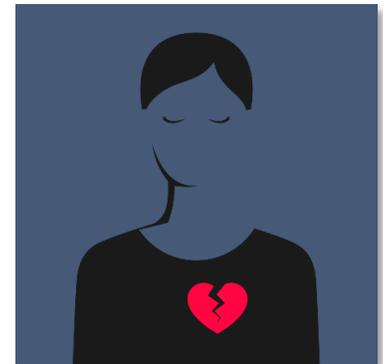
[CW360°](#)

Reflections: Generations of Grief Unprotected in Child Welfare Systems

A common slogan of the past year and a half reassures the world that 'we are all in this together.' This phrase discourages animosity and emphasizes the value of pooling resources to defeat a common enemy. As the world went into shock, the effects extended to financial strains, emotional stressors, and political unrest, the burdens of which were not equally shared. While some lost their jobs, others continued working virtually from their homes, with no further irritation than feeling claustrophobic amongst the constant presence of housemates. This is not to minimize the unrest that accompanies being uprooted from the office but rather to highlight the

discrepancy in the experience that COVID-19 has presented. Those with the means to armor themselves against financial distress, social isolation, and false or misleading information have managed to weather the COVID-19 pandemic with a systemic advantage.

Smith and Nastrom write of the inequity brought to light during the COVID-19 pandemic for many families working with the child welfare system; in-person visits halted, denial of mental health services to clients, and overcrowded facilities without the space for social distancing.



These kinds of inequities have persisted for generations, but the pandemic has brought them to the surface. In addition, COVID-19 has brought with it great suffering and grief. The writers of the piece document the mass experience of loss and heartbreak amongst their clients in a time with few resources to address their needs.

Visit the [website](#) for more stories.



TWO CALLS FOR PAPERS

The mission of the *Child and Family Journal of Innovative Practice and Research* (“CFJ”) is to build a platform for sharing innovative ideas in the field of child welfare. We invite scholars and practitioners to submit manuscripts, practice notes, case studies, teaching/educational notes, stories, personal or professional reflections, and other innovative works that share clinical experiences in the field of child welfare.

Special Issue I: Impacts of COVID-19 on Children and Family

The COVID-19 pandemic raises major traumatic crises globally and significantly impacted the child welfare system in the United States. With our mission “to provide an information exchange platform for describing the multilevel partnerships in the child and family sector, including communities, educational and research institutions, agencies, and governments from local, statewide, national, and international,” which aims to not only advocate for children and family but also empower social workers, healthcare practitioners, and workers on the frontline. We welcome brief reviews of clinical experiences in health and mental health settings with children and their families impacted by COVID-19.

Suggested topics include, but are not limited to 1) challenges of frontline work with children and their families; 2) use of telecare, telecommunication, and teletherapy; 3) changes in work communications and collaborations with multidisciplinary teams; 4) education and supervision with workers and student interns; 5) challenges in field internship; 6) complex and traumatic cases; 7) changes in service delivery; 8) urgent needs in crises; 9) self-care tips or

crisis management for frontline workers or student interns; 10) ethical issues regarding changes in services delivery; 11) review of past experiences in disaster case management and clinical services; 12) observations or lessons globally learned; 13) innovative and creative works for maintaining residential facilities; 14) quality of services to vulnerable populations, and 15) COVID-19 related clinical issues not covered above.

Special Issue II: Anti-Racism Innovation in Services Affecting Children and Families

During the past and this year, we have experienced enormous racism crises and violence in the community. As social work professionals, we acknowledge privilege and oppression overarch harm appear among levels of our social system. Empowering people from different ethnic groups to have a life with peace and stability becomes an urgent mission to perpetuate equality from multiple and integrative perspectives. Social justice is not a slogan or a political promotion on social media. We encourage frontline workers to actively react, respond, and advocate for people in different vulnerability types.

Children are our future. Family is a fundamental place to nurture our children to be mature and robust people. To provide them a safe, healthy, equal, and joyful environment both in-home and community, we have dedicated ourselves to working with them and their families to resolve conflict or intervene in multiple and complicated issues. However, we continue facing racism crises and myths regarding needs and challenges in the field of child welfare. We would like to learn insights from the field from practice experiences and observations. Furthermore, we report actions from programs, interventions, and creative works conducted by social workers, interns, and

multidisciplinary teams working with children and families, especially BIPOC (Black, Indigenous, and People of Color) groups. We welcome reflections, voices from the field, program or intervention evaluations, clinical observations, practice model descriptions, and client stories to illustrate the importance of cultural diversity and equity.

Guidelines for Special Issues Submission

1. Review “[Submission Guidelines](#)”
2. Please email your submission(s) in WORD format to Dr. Monit Cheung at mcheung@uh.edu (Subject: CFJ Special Issue Submission).
3. Due date: January 15, 2022

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