Developing and maintaining partnerships for implementation in child welfare services

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About Me

- Clinical Social Worker in New York City
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Families involved in Child Welfare Services (CWS)

• Receive in-home services
  • Majority of CWS population
  • High rates of child behavior difficulties

• Increased Risk for maltreatment

• Mental Health (MH) Service Utilization
  • Lower than for youth in foster care and children not involved in CWS

• Barriers
  – Competing priorities
  – Lack of time, transportation or childcare
  – Negative attitudes about mental health
  – Prior negative experiences
  – Multiple stressors
  – Lack of available MH providers

(Achenbach & Rescorla, 2001; Barth, 2009; Casanueva et al., 2011; Goodman et al., 2013; Gopalan et al., 2010; Hinshaw & Lee, 2002; Stambaugh et al., 2012)
Overarching Study Purpose

• To increase access to effective services to address child behavior difficulties for families involved in the child welfare system
Behavioral Parent Training

Primary Treatment Targets

- Family Organization
- Consistent Discipline
- Family Interconnectedness
- Family Warmth
- Within Family Support
- Time Spent Together
- Family Communication
- Family Conflict

- Reduces child behavioral difficulties
- Reduces caregiver stress and depression
- Enhances parenting skills
- Often delivered in mental health settings

(Chaffin et al., 2004; Eyberg et al., 2008; Gopalan et al., 2018; Hurlburt et al., 2007)
4 Rs and 2 Ss For Strengthening Families

- Substance Abuse and Mental Health Services Administration (SAMSHA) National Registry of Evidence-Based Programs and Practices (NREPP)
- Family Systems and Mutual Aid
- Targets concrete and perceptual obstacles to engagement
- Curriculum-based
- 16 weekly multiple family group meetings (90-120 minutes long) with 6-8 families
- Child Care, Transportation, Meal

(Chacko et al., 2015; Gopalan, 2016; Gopalan et al., 2015; McKay et al., 2011)
### 4 Rs 2 Ss CORE CONCEPT

#### RULES
- Family Organization
- Consistent Discipline

#### RESPONSIBILITIES
- Family Interconnectedness
- Positive Behavioral Expectancies

#### RELATIONSHIPS
- Family Warmth
- Within Family Support
- Time Spent Together

#### RESPECTFUL COMMUNICATION
- Family Communication
- Family Conflict

#### STRESS
- Parenting hassles and stress
- Life events

#### SOCIAL SUPPORT
- Social Isolation

### BPT AND ENGAGEMENT TREATMENT TARGETS

- **RULES**
  - Clarify rules, consequences, rewards

- **RESPONSIBILITIES**
  - Clarify responsibilities, expectations, supports needed
  - Acknowledge contributions

- **RELATIONSHIPS**
  - Schedule for positive family interaction

- **RESPECTFUL COMMUNICATION**
  - Practice effective listening and talking skills for parents and children

- **STRESS**
  - Identify stressors undermining family change
  - Promote positive family exchanges

- **SOCIAL SUPPORT**
  - Enhance within family support
  - Expand extrafamilial resources

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*(Gopalan, 2016)*
### BPT in Child Welfare Services?

#### Implementation Challenges
- Caseworkers without advanced Mental Health training
- No auxiliary psychiatric support
- Role conflict
- Existing workload
- Client needs: Parental Mental health, family disorganization
- Scope of practice regulations
- Funding
- System culture

#### Engagement Challenges

**Logistical Barriers**
- Time
- Competing priorities
- Transportation
- Childcare

**Perceptual Barriers**
- Attitudes about mental health
- Stigma
- Prior negative experiences
- Parents’ own stress and needs
- Perceived relevance of service
- Involuntary status

(Aarons et al., 2011; Aarons & Palinkas, 2007; Akin et al., 2014; Barth, 2009; Chamberlain et al., 2016; Collins-Camargo & Millar, 2012; Dorsey et al., 2012; Gopalan, 2016; Gopalan et al., 2010; Hurlburt et al., 2007; Kolko et al., 2012; Lee & Samples, 2008; Michalopoulos et al., 2012; Palinkas et al., 2009; Reyno & McGrath, 2006; Willging et al., 2017)
Overarching Study Purpose

• To increase access to effective services to address child behavior difficulties for families involved in the child welfare system
  – How can we implement effective services in child welfare settings?
Task-shifting

- To alleviate shortages in human resources
- Cost effective
- Sustainable way of addressing the treatment gap in “Low Resource Settings”

**Practical Robust Implementation and Sustainability Model**

1. Organizational/Consumer perspectives of intervention (e.g., perceived burden)
2. External environment (e.g., policies)
3. Organizational and consumer characteristics (e.g., staffing and capacities)
4. Sustainability infrastructure (e.g., Training/Support)

(Feldstein & Glasgow, 2008; Patel et al., 2011; World Health Organization, 2008)
Listening to Parents and Providers - Modification

- 7 Saturday meetings (4 hours long)
- Aug- Nov, 2014
  - Breakfast/lunch
  - Childcare
  - $20 gift card per session
  - Transportation reimbursement
- Research staff facilitated meetings, prepared materials, elicited feedback
- Meetings guided by Task-Shifting and PRISM framework
- Non-participatory observers (N=3) took written field notes
# Summary of Major Themes Guiding Modification

<table>
<thead>
<tr>
<th>Perspectives on MFG</th>
<th>Organization</th>
<th>Consumer</th>
<th>Recipient Characteristics</th>
<th>Organization</th>
<th>Consumer</th>
<th>External Environment</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Need for additional skills (e.g. group and child management)</td>
<td>• Clarify what 4R2S can and can’t do</td>
<td>• Low morale</td>
<td>• Competing demands</td>
<td>• Licensing regulations</td>
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<td></td>
<td>• Additional burden on frontline staff</td>
<td>• 4R2S facilitators as mandated reporters</td>
<td>• Biases of new caseworkers</td>
<td>• Stigma towards MH services</td>
<td>• Agency funding tied to specific EBPs</td>
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<td></td>
<td>• Need for Inter-department communication</td>
<td>• Can 4R2S respect culture, existing parenting styles, autonomy, choice, and empowerment?</td>
<td>• Caseworkers may not be parents</td>
<td>• Low literacy (i.e. MH, education)</td>
<td>• Licensing regulations</td>
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<td></td>
<td>• Staff awareness to make referrals</td>
<td>• Families with children outside of 4R2S age range</td>
<td>• Limited clinical skills</td>
<td>• Limited knowledge system navigation</td>
<td>• Agency funding tied to specific EBPs</td>
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<td>• Other EBP implementation efforts</td>
<td>• Concerns for confidentiality</td>
<td>• Licensing regulations</td>
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<td>• Prior negative service experiences</td>
<td>• Agency funding tied to specific EBPs</td>
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<td>• Varied childrearing beliefs</td>
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<td>Modifications</td>
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<td><strong>4R2S</strong></td>
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<tr>
<td><strong>Content:</strong></td>
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<tr>
<td>• Additional content (e.g., mindfulness exercises, “strengths” word board, “Old School meets New School”)</td>
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<td>• Adjusted language and visual aids to address literacy</td>
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<td>• Information on local parent advocate resources</td>
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<tr>
<td>• Access to information on rights within CW services</td>
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<tr>
<td>• Clear expectations at initial session (e.g., scope, mandated reporters, facilitator roles)</td>
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<tr>
<td>• Home visit options</td>
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<tr>
<td>• Compliance with licensing regulations</td>
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<tr>
<td>• MH clinicians on-call for crisis consultation</td>
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<tr>
<td>• Reduced 4R2S length from 16-9 core sessions with optional sessions available</td>
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</table>

| **Training/Supervision:** |
| • Parent advocate as co-trainer, when available |
| • Emphasize respect, collaboration, and choice with families |
| • New skills (e.g., group and child management) |
| • Trauma-informed perspective and child development |
| • 4R2S supervision framework |

| **Organization** |
| • Ensuring referrals for additional service needs |
| • Caseload reduction for facilitators |
| • Use of additional support staff |
| • Staff incentives (e.g., CEU’s, stipends, increasing skill set) |
| • 4R2S presentations at agency staff meetings |
| • Optional progress report templates |
| • Optional plans for 4R2S as aftercare for existing EBPs |
“Task shifting” as illegal
→ Moving study from one state to another

4 different Institutional Review Boards (IRBs)

Initial state partners left when a new administration came in
Modified 4 Rs & 2 Ss for Child Welfare
Delivery

– In Home Family Preservation Services

– Delivered by Caseworkers
  • Caseworkers: age 21 or older, no advanced MH training

– Delivered to families receiving CWS
  • Identified child:
    • Initial age range 7-11, later changed to 6-13
    • Meets diagnostic criteria for Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD)
  • Caregiver: age 21 years or older, receiving CWS
Overarching Study Purpose

• To increase access to effective services to address child behavior difficulties for families involved in the child welfare system
  – Can we implement effective services in child welfare settings?
Research Questions

• RQ1: Was the Modified 4 Rs & 2 Ss for Child Welfare feasible and acceptable?
• RQ2: What factors impacted feasibility and acceptability?
Methods

• Research staff provided training and supervision to CW staff

• 3 group cohorts held November 2015 – March 2017

• Quantitative and Qualitative data collection at the completion of each cohort of groups

• Outcomes focused on feasibility and acceptability

Child Welfare Staff (n = 12)
• Caseworkers (n = 6)
• Supervisors (n = 4)
• Administrators (n = 2)

Caregivers (n = 12)
• Cohort 1: n = 5
• Cohort 2: n = 3
• Cohort 3: n = 4
## Feasibility

<table>
<thead>
<tr>
<th>Construct</th>
<th>Quantitative Benchmarks met?</th>
<th>Qualitative Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family recruitment</td>
<td>✓</td>
<td>Recruitment criteria as too restrictive (age, diagnostic criteria) → expanding age range (6-13 y.o.), non—research family participation</td>
</tr>
<tr>
<td>Fidelity ratings</td>
<td>✓</td>
<td>Structured &amp; Detailed manual bolstered existing CW staff skills; Research support and consultations calls reduced prep time Unplanned adjustments (family needs)</td>
</tr>
<tr>
<td>CW Staff feasibility ratings</td>
<td>✓</td>
<td>Existing responsibilities continued; CW staff skill set increased Additional burden → late paperwork, role conflict, difficulty with home visits</td>
</tr>
<tr>
<td>Family Attendance</td>
<td>X</td>
<td>Logistical supports (e.g., childcare), voluntary participation, peer support, non-judgmental attitude Crisis, clinical issues, stressors, “obligation” to caseworkers</td>
</tr>
</tbody>
</table>

(See Gopalan, 2016 for more information)
### Acceptability

<table>
<thead>
<tr>
<th>Construct</th>
<th>Quantitative Benchmarks met?</th>
<th>Qualitative Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Satisfaction</td>
<td>✓</td>
<td>Welcoming, non-judgmental, comfortable group environment</td>
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<td>Lack of separation between children and adults</td>
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<td>Mixed perceptions: group size, duration, power differential</td>
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<tr>
<td>CW Staff Acceptability ratings</td>
<td>✓</td>
<td>Staff and families liked groups, research support, consultation</td>
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<td></td>
<td></td>
<td>Filled the need for parenting program in CW setting</td>
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<td>Eligibility/recruiting challenges</td>
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<td></td>
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<td>Mixed perceptions on training</td>
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<tr>
<td>CW Staff Appropriateness ratings</td>
<td>✓</td>
<td>Role confusion; difficulty with home visits</td>
</tr>
<tr>
<td>CW Staff attitudes towards evidence-based practice</td>
<td>✓</td>
<td>Legitimized practice to stakeholders; added clinical tools and improve awareness of evidence-based practices</td>
</tr>
</tbody>
</table>

(See Gopalan, 2016 for more information)
Overarching Study Purpose

• To increase access to effective services to address child behavior difficulties for families involved in the child welfare system
  – Can we implement effective services in child welfare settings?
Conclusions

• Results indicates staff and caregivers perceive the Modified 4Rs and 2Ss for Child Welfare as somewhat feasible and acceptable.

• Recruitment, attendance, child eligibility, program length, role confusion and traditional CWS emphasis on compliance remain as challenges that bear consideration for future implementation.
Listening to Parents and Providers - Next Steps

• Further revisions to Modified 4Rs and 2Ss for Child Welfare based on findings:
  – Non-stigmatizing auspices: family support centers, community-based organizations
  – Limited diagnostic criteria
  – Addressing basic needs & supporting caregivers
  – Addressing sustainability: train-the-trainer strategies for supervisors
  – New name: Families Supporting Families (FSF)
Epilogue

• After researchers left:
  – 7 groups delivered by CW staff
    • No diagnostic or CW case eligibility requirement
    • Libraries
    • Online
    • 41 families served
Lesson #1: Tenacity Matters

“All’s well that ends”
Lesson #2: Get Political Capital!
Lesson #3: Turnover happens
Lesson #4: Seek facetime!
Lesson #5: Identify benefits and “asks”

Here’s how this project benefits your agency:

Here’s what we are asking from you:
Lesson #6: Beware of the culture of compliance
Lesson #7: Understand the regulatory landscape
Lesson #8: IRBs and Implementation research: not always a good match
Lesson #9: Sharing is caring
Lesson #10: It takes a village
Manuscripts


Thank you!!

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References


References (continued)


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