EP 6b

The direct practice interventions outlined in Chapter 6 are often used with children. Clinical social workers may use psychodynamic therapy or cognitive behavioral techniques. Because children may not have the verbal skills or insight that adults have, psychodynamic therapies are adapted for use with them. Examples include using dolls to enact behaviors or having children draw pictures to show their feelings. In general, social workers in child welfare utilize interviewing skills to assess a child's needs, develop a case plan with the child and family, and work together to ensure positive relations within the family system.

Box 7.4 describes the use of direct practice with a child. Box 7.5 asks for your thoughts about the use of direct practice with a specific child

Box 7.4 From the Field

Learning from a Child Joann Dell-Colle, MSW

As a counselor of sexually abused children, I have often felt wonderment at the way each child knows his or her own truth, what is needed for healing, and what is needed to move forward. I have often seen one of the basic tenets of social work—that the client is the expert—come to life, and I have realized that every person, no matter his or her age or life situation, has something to teach me.

The first time I met 10-year-old Tia, she barely spoke, and instead spent her session exploring and organizing all the objects in my office. During the intake, Tia's mother told me that Tia was very concerned about contracting a deadly disease and that she had begun engaging in repetitive behaviors, such as checking doors and windows throughout the night to make sure they were locked. Tia no longer wanted to visit her biological father on the weekend.

From the time she was 5 years old until she was 7, Tia was sexually abused by her half-brother, who was eight years older than Tia. She received short-term counseling to address the abuse. Tia's half-brother received court-ordered counseling. Eventually he left the state and joined the navy. This brother left the military and moved back to Arizona six months prior to Tia's counseling intake.

When Tia disclosed the abuse, her parents were still married, though significantly different religious beliefs and the biological father's alcohol abuse were causing conflict. After the disclosure, Tia's parents divorced. Tia's father had not remarried; her mother had remarried and now had a 6-month-old baby. The new marriage was also filled with conflict.

Initially, Tia's parents were focused on changing the presenting behaviors. Though I empathized with their concern, I felt it was important to begin by understanding the purpose and message of Tia's actions without judging them. Because fear and control appeared to be concerns, I encouraged Tia to set her own therapeutic pace as well as to choose her own therapeutic activities.

Tia told me that she needed to do something to get ready to talk about her feelings. She asked if she could peel the orange that was on my desk. When she had done so, she split the orange in half and asked me to join her in a snack. This gesture of coming together marked the start of every following session. Tia knew she needed something to create a sense of entry into the session.

As Tia began to express her feelings and thoughts in art, structured therapeutic exercises, and a sand tray, her problematic behaviors became more frequent. New behaviors emerged, including wanting several showers a day, repeated hand washing, and fear of blood. Though Tia's parents became concerned and fretful, I stayed the therapeutic course, encouraging Tia to put words to her feelings, thoughts, and activities. It was not always easy to reassure her parents that she would be okay. To be honest, there were times when I had to work hard to maintain faith in the therapeutic process. There were successes and missteps as Tia's behaviors ebbed and flowed. At one point, Tia's parents requested a consult with a child psychiatrist. The psychiatrist supported my approach of allowing Tia to set her own course in treatment without medication.

Over time, it became apparent that in addition to experiencing tension in her family relationships, Tia was feeling ambivalent about the return of her half-brother to Arizona. One of her greatest fears was that the sexual abuse had

(continued)

Box 7.4 (continued)

placed a dark spot on her life and that she would be unlikely to experience "Paradise" in the next life. Tia's mother had raised her to believe that life on Earth was an indicator of life after death. Tia lived in constant fear that she was doomed. Her repeated thoughts of catching a deadly disease and her ritualistic behaviors reflected this fear and were related to her attempts to control her environment and her feelings. Tia's pain and confusion needed to be heard.

Though counseling was at times painful, confusing, and frightening, Tia and I developed a close therapeutic relationship. In time, her need to straighten everything in my office gave way to other activities and conversations. As Tia's emotional issues were addressed, Tia's presenting behaviors decreased, and her parents were willing to look at their own roles and influences on Tia's feelings, perceptions, and her overcoming the sexual abuse. I felt satisfied with my efforts to focus on Tia's process rather than on her behaviors. Tia had been encouraged and supported in her efforts to tell her story in her own unique way.

After nearly a year of weekly sessions, Tia was doing well. Yet every time Tia and I talked about ending treatment, new issues arose. It was apparent that Tia was feeling ambivalent about ending treatment. I began scheduling appointments further and further apart in the hope of fostering closure, but new problematic behaviors continued to surface. What was I not hearing? What was I missing?

After several attempts to schedule a final session, I asked Tia, "What do you need in order to be okay with ending counseling?" Without missing a beat, Tia said she wanted to give something to me before she stopped counseling. After talking about this idea, Tia said that she wanted to write a counseling book for other children to read during their first counseling visit. Tia explained that the book would be her way of helping other kids be less scared. Until then, I had not fully realized how important it was for Tia to leave something concrete behind. Tia truly was her own expert in knowing what she needed to do in order to let go and move on.

Tia wrote and illustrated a book depicting the process of counseling. Once the book was completed, Tia was ready to let go. I have never forgotten Tia and how much she taught me about the circular nature of counseling. In these days of managed care and brief interventions, social workers must never forget to make space and time for our clients' inner voices and wisdom to be heard. In taking the time to listen to the wisdom of those I have helped, I have learned the most about myself not only as professional but also as a human being on a journey of my own.

Box 7.5 What Do You Think?

How did the social worker develop her assessment of Tia? Did the social worker identify Tia's strengths? Did she use Tia's strengths in therapy sessions? What skills can you identify that the social worker used with Tia? What do you think the social worker learned from Tia?

Advocacy and Policy Building

Advocacy in child welfare is "acting on behalf of children to assure protection of their basic rights and needs" (Chafel & Condit, 1993, p. 276). It may include seeking services to address the needs of a child. It may involve identifying areas in which policies fail to meet the basic needs of children and recommending the expansion of current policies or creation of new ones (Maluccio & Anderson, 2000). Advocacy may involve collateral contacts with an organization that is intervening with a child so as to bring attention to a need that is not being addressed (Woods & Hollis, 1990). Advocacy can occur on the local, state, or national level. It is a critical part of working with children and families because it does what children cannot do for themselves—identify a need and bring it to the attention of decision makers.