

## Box 6.4 From the Field

### Using Multiple Practice Skills Mary Palacios, MSW, PhD

I had been working in a private, not-for-profit child welfare agency for two years, when I decided to pursue a PhD in social work. In order to put myself through school, I took a position as a crisis intervention counselor with a private for-profit agency in my university town. The agency had a contract with Child Protective Services (CPS) in a southern state to provide intensive family preservation services (IFPS) in rural areas of the state. The primary goals of IFPS services are to protect children by maintaining and strengthening family bonds, stabilize crisis situations, increase the skills of the parents, help families connect with needed resources, and prevent unnecessary out-of-home placements. I would receive a referral from the agency director, and then I would have six weeks to work with the family in their home. I was expected to visit them at least twice a week, and sometimes as many as three or four times a week, depending on the situation.

The very first case I received would require me to draw on all of my knowledge and practice experience to help the family achieve a positive outcome. The family had been referred due to an allegation of sexual abuse. My first goal was to assess whether the children were in a dangerous situation, that is, whether they needed to be removed from the home or whether the situation was safe enough to proceed with in-home services. CPS had already made the determination that there was no evidence of sexual abuse; however, they believed the family was in crisis primarily because of the allegation but also because they had limited resources. The family consisted of a grandfather, a grandmother, and three biological granddaughters. The three girls were 8, 10, and 11 years old. One of the girls was developmentally delayed. She was mildly retarded and had physical problems as well. The grandparents were in their late sixties. The girls had been living with their grandparents for two years. They were removed from their biological mother's home because she had a substance abuse problem and had been neglecting the girls. The family was referred to our agency because the biological mother alleged that her father was sexually molesting the girls "the same way he had molested me when I was young."

I interviewed each girl. Then I interviewed the grandparents one at a time. I also interviewed the court-appointed guardian ad litem for the girls and the

girls' biological mother. The girls and their grandparents

all denied that any sexual abuse had occurred, and they denied that there was any ongoing sexual abuse. The guardian ad litem believed the girls were living in a chaotic situation, but she did not see any evidence of sexual abuse. The grandparents alleged that their biological daughter had made the sexual abuse claim to seek revenge and to disrupt their family. They believed she was still struggling with a crack addiction.

Based on the initial evidence, I made the determination that it was best for the girls to remain in their grandparents' home while the family received IFPS services.

However, I was still gravely concerned because of several red flags that I identified in the family dynamic. Because the grandmother was the primary financial provider, the grandfather was the primary caregiver for the children (he did not work). Despite the fact that the grandmother worked, she had several serious health problems, including severe back pain that caused her to remain in her bedroom, lying down most of the time when she was home. The grandfather slept on the couch at night so as not to disturb the sleep of his wife, and vice versa. Therefore, the grandfather had ample opportunity to be alone with the girls, and he and his wife, based on their own account, had stopped all sexual relations between them two years earlier because of her ill health. The girls all had serious self-esteem issues. The oldest girl was self-mutilating, using whatever sharp objects she could find. The developmentally delayed daughter had some inappropriate sexual behaviors in public and occasionally made sexually inappropriate comments. Despite these red flags, I viewed the grandparents as very gregarious personalities who were openly and appropriately affectionate with their granddaughters. They were very likeable people. The trailer they lived in was always a mess, and it was clear that the family was barely making it from month to month, even with the extra support from the state, but the family had many "stories" to explain why they "had never been able to catch a break."

The family was aligned against the biological mother. The girls claimed they hated their mother and didn't want to see her. The grandparents never had a kind word to

## Box 6.4 (continued)

say about their daughter. I made a classic mistake in the first three weeks of my work with the family. Instead of maintaining a neutral position, I was surprised that without even being aware of it, I had begun to "align" with the family position that they were "victims" of the biological mother and other parties and circumstances as well. Looking back, and writing this now, it is embarrassing that at the time I did not realize what I was doing. I was so eager to help the family—and I did by referring the girls for individual therapy and by helping them to identify resources (i.e., food stamps, clothing, etc.) that eased the stress on the family—that I allowed myself to become the family's advocate rather than their IFPS counselor. Social workers often assume the role of advocate; however, in a family system as chaotic as this one was, it was more appropriate and most important for me to remain objective and stay focused on whether this was a safe situation for the girls.

When my six weeks expired, I approached my supervisor about a six-week extension. We were occasionally allowed to extend our services if we could document that the family was still in crisis and the children were still at risk. The extension was necessary because I had allowed myself to be "hooked" into the family story very early on—that they were all victims—for many different reasons. I did not empower the girls or the family during the first three weeks of service. I also soon discovered that some of the things the family had been telling me were not verifiable, and in some cases were flat out false. My supervisor agreed to give me six more weeks to work with the family and determine whether the girls could remain in the home. It was

very difficult to switch from an "advocate" role in which the family viewed me as "being on their side" back to the objective IFPS counselor role. It confused the family that I was now asking them more tough questions instead of just listening to their many stories about how "evil" the biological mother was and how so many of their problems could be attributed to her actions.

Eventually, I recommended that the girls be placed in a foster home. Although there was no physical evidence of sexual abuse, the chaotic family situation was contributing to the girls' low self-esteem and self-destructive behaviors. The girls continued to maintain that they were never sexually abused by their grandfather, but several years later I discovered that the girls had in fact admitted that two of them had been sexually abused by him. I was relieved to know that I had recommended they be removed from the situation and grateful that I had learned a very important lesson: when working with family systems, my role was to remain objective, professional, and empathetic. My role was not to be their "friend," which ultimately only reinforced and validated their victim mentality and their rationalizations for the chaos in their lives. Working with a family system is very different from working with an individual client because the dynamics are much more complex. I found the work of IFPS very challenging and rewarding, and I am grateful that, although I made mistakes, I was able to "right the ship" and stay on course. The ultimate lesson for me was that when dealing with chaotic family systems, it is critical to remain in the role of an outside observer; otherwise, you may be "sucked in" to the family dynamic without even realizing that it is happening.

Rural social workers have a particular set of challenges around confidentiality and managing dual relationships. A social worker is more likely to have chance encounters in a rural area or small town. At times, it may feel like one is never "off duty." Galambos, Wait, Anderson, and Danis (2006, p. 3) offer some suggestions for how to manage these challenges:

1. Have a detailed and open discussion about confidentiality and client-worker dual relationships in rural areas. For example, what happens if the social worker frequents a client-owned restaurant?
2. Use genograms and eco-maps to identify mutual friends and social systems. Then discuss how to manage the overlapping relationships and

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