

6-2018

DIFFERENT THERAPISTS, DIFFERENT OUTCOMES? DO REFERRALS TO DIFFERENT PROVIDERS IMPACT REUNIFICATION OF CHILD WELFARE CLIENTS?

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DIFFERENT THERAPISTS, DIFFERENT OUTCOMES? DO REFERRALS
TO DIFFERENT PROVIDERS IMPACT REUNIFICATION
OF CHILD WELFARE CLIENTS?

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Heather Marie Martinell

June 2018

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Approved by:

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ABSTRACT

Child welfare agencies are responsible for the overall care and custody of children removed from their caregivers due to substantiated child abuse allegations. After the children are removed it is standard department procedure to offer court mandated reunification services. The only exception of this is when parent's rights are terminated. Both the parents and children are ordered services based on the needs of the family. These services include but are not limited to parenting classes, drug treatment, and therapeutic services.

The purpose of this study is to examine whether families in different geographic areas, who are referred to different therapeutic providers, experience different reunification rates. The agency that provided the data for this study presumed that families in more affluent zip codes are more likely to be served by licensed therapists, while families in less affluent zip codes are more likely to be served by interns or unlicensed professionals, and that this difference in providers would lead to greater reunification rates in the more affluent zip code.

The study used data collected from client case files at a local child welfare agency. This data included clients from two distinct zip codes - one more affluent and one less affluent - as well as basic demographic and outcome information on the client's case. After data was gathered a Chi-Square test was utilized to compare the outcomes for clients in the two zip codes. It was initially presumed that families in lower socioeconomic areas were referred to non-licensed therapeutic providers such as interns and this may have impacted their

reunification. However, the analysis revealed that families in the less affluent area were more likely to reunify than families in the more affluent area. These results were statistically significant and support the first part of the agency's hypothesis, that families in different zip codes experience different reunification rates. However, these findings do not support the agency's hypothesis that families in more affluent zip codes have higher reunification rates. Rather this study found the opposite: that families in the less affluent zip code had higher reunification rates. Implications for social work practice and research are discussed.

ACKNOWLEDGEMENTS

I would like to give recognition to all my colleagues, my CFS family and my friends who offered continuous support and encouragement to me. I have such gratitude and appreciation to those who stood by my side and pushed me to keep moving forward.

DEDICATION

This is dedicated to my children; may all my perseverance be a light for them in their future endeavors;
may they never give up no matter what storm gets in their way.

This is dedicated to my dear sweet brother, Brian,
who I lost along the way.

This is dedicated to my family, without family we would be nothing.

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CHAPTER ONE

ASSESSMENT

Introduction

The purpose of this study is to compare the outcomes for child welfare clients referred to different therapeutic providers in the same County. This practice-informed study was initiated at the request of a county child welfare agency interested in determining whether clients in different communities, who were therefore referred to different therapy providers, experienced different reunification rates. This study was conducted from the positivist paradigm and used conflict theory as the theoretical orientation. The study used quantitative data from the county agency's case files to compare outcomes for clients in two different communities. This chapter will briefly discuss the problem, research questions, theoretical orientation, and purpose of the study. Finally, the chapter concludes with a discussion of the study's contributions to social work practice.

Research Question

This study addressed the following research question: do family reunification rates differ for clients in different socio-economic regions, who are therefore referred to different providers? The study's hypothesis, which was generated by the study agency, is that families in more affluent areas would be more likely to be referred to agencies that used licensed providers for therapeutic

services, while families in less affluent areas were more likely to have been referred to agencies that use primarily interns.

Purpose of the Study

The purpose of this study was to determine whether there was a difference in reunification outcomes for families in different socio-economic communities, who were most likely referred to different types of treatment providers. The positivist paradigm was chosen for this study. The positivist paradigm accepts an objective reality which can be empirically verified and described for the benefit of others (Creswell, 1998). Using this paradigm, I was able remain independent from the outcome of the study, and the data that was gathered was quantitative. Data, including the ethnicity of the family, zip code, allegation type (physical abuse, sexual abuse, general neglect, etc.), provider type (licensed versus intern), reunification outcome, and months to reunification was gathered by reviewing closed case files, as opposed to interviews, surveys or other methods which could pose a subjective bias. All information was based on factual findings from the files, which made the positivist paradigm the best method for this study.

Conflict theory was the theoretical orientation for this study as conflict theory suggests that there is an imbalance of power that sometimes cannot be seen between those who have power and those who do not have power: those who may be seen as oppressed (Hutchinson & Oltedal, 2014). More specifically related to this study is the idea that the goals of organizations can be in direct

conflict with the goals of consumers, because an organization is interested in ensuring that the organization itself gets the maximum benefit from the services they provide. This may cause them to limit the quality of those services to the detriment of the consumer (Fogler, 2009).

Significance of the Project for Social Work Practice

Child welfare social workers are tasked through state and federal mandates to provide appropriate services for the purpose of strengthening families, and to assist in reunifying the family as quickly as possible. Many child welfare agencies face budget shortages and a lack of local service providers, both of which can create barriers to reunification. (Ahart, Bruer, Rutsch, Schmidt, & Zaro, 1992; Gustovsson & MacEachron, 2013). Furthermore, conflict between organizational budget limitations, services offered, and families' needs, may ultimately create a barrier to reunification through inadvertently providing inferior services to families. Agencies' financial bottom lines and limited community resources may inadequately address the needs which brought the family into the child welfare system in the first place. Additionally, it has been found that a lower socioeconomic status can impact the quality of therapeutic care received (Toda, et al., 2012). A San Bernardino County Community Indicators Report in 2015 identified that 16% of families in San Bernardino County were living in poverty, and multiple studies have identified that families living in poverty or even in poor communities are more likely to be involved in the child welfare system- making

poverty an important variable to consider (Drake & Pandey, 1996; Putnam-Hornstein & Needell, 2011). Identifying whether these factors impact families involved in the child welfare system in San Bernardino County can only help to improve social work practice through improved service delivery, and ultimately successful reunification outcomes with families.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Families whose children are removed from their care are often ordered by the court to receive therapy. Therapy can play an integral role in the reunification process. The following chapter explores systemic challenges within the child welfare system, the role of therapy in the reunification process, and the impact of poverty on service provision and consumption. Lastly, the theoretical orientation is discussed.

Child Welfare Systemic Challenges

Children and families enter into the child welfare system for many different reasons including abuse, neglect, and child delinquency (La Guardia & Banner, 2012). As of 2015, it was reported that over six million children have been reported as being abused or neglected (U.S. Department of Health and Human Services, 2015). According to La Guardia and Banner, the child welfare system tends to be rather remote and mechanical. Furthermore, families are often involuntary participants in the child welfare system, setting up a dynamic in which parents and children are at odds with the system designed to serve them. For example, many children did not feel that they were part of the decisions made for them while they were in foster care, nor were they informed about the different options they had about their care and future (Freundlich, Avery, Gerstenzang, &

Munson, 2006). The steps to reunification do not always address the needs of the families. Sometimes the process fails to recognize that parents may be unable to consistently participate in the reunification process due to reasons including distance from their child's placement, financial ability to travel to the foster placement, and mental and physical health (Allen & Bissell, 2004; Andersson, 2009). Moreover, a culture of discouragement on both the parts of the parents and the children can make placement disruptions common and can contribute to the failure of parents to complete their service plans (Bitter, 2009).

Ellett (2013) discussed the limitations of the law enforcement-style system of allegations which allow social workers to investigate whether abuse or neglect has occurred. She noted that from the perspective of parents, these investigations are meddlesome and unwanted. According to Ellett, this allegation system has set up an antagonistic relationship with the child welfare organization against the parents and fails to include parents in creating a safe environment for their children. Additionally, many legislators want quick and easy answers to the problems addressed by child welfare agencies and fail to recognize that every family is unique and cannot benefit from a cookie-cutter system.

To address this adversarial relationship, La Guardia and Banner (2012), recommend an Adlerian approach for therapists and counselors working with children and parents in the child welfare system. The strengths of an Adlerian approach bring together foster and biological parents. Both family systems influence a child's identity, purpose, and meaning- and thus are the context in

which it is most natural to understand the child. An Adlerian approach considers all of the strengths and obstacles faced by a family both prior to and during the reunification process. Additionally, it helps maintain permanency as foster parents and biological parents work together. This joint effort allows them to address any behavioral issues that arise in placement either as a result of the issues within the family system or due to the trauma of removal. Edwards (2007) found that when parents are involved throughout the treatment and reunification processes, children are returned home more quickly.

According to La Guardia and Banner, The Adlerian approach is balanced as it includes assessing the obstacles faced by families as well as their strengths. Additionally, the Adlerian approach considers parenting styles and seeks to retrain parents using the Systematic Training for Effective Parenting program (STEP) which helps parents include the children's voices in decision making, improve parent-child interactions, and decrease the power struggles in the family; thereby decreasing the likelihood that families will return to the child welfare system (La Guardia & Banner). Lastly, the Adlerian approach includes bringing in school personnel, the social worker, and any other community partners who are part of the families' constellation. Within the counseling process itself, parents are supported as the leaders of the family, and relationships between the family members are rebuilt so that family members are more interdependent with each other (La Guardia & Banner). The goal is to help parents learn to parent from a more loving, strengths-based, and encouraging perspective (Sweeney,

2009). According to La Guardia and Banner, it is hoped that through this integrative approach, families will be able to reunify more quickly and avoid re-entering the system at a later date.

Ellett (2013) does point out that there are many challenges within the child and family services system- such as the complex and individual nature of the families, their situations, and their needs. Additionally, heavy caseloads and ever-changing services and laws make child welfare organizations challenging organizations in which to work and to create success across the board. Ellett also notes that child welfare organizations tend to be unstable, which also creates barriers to their success, and that the public and families tend to view child welfare agencies in a negative light. This creates an uphill battle for social workers to get parents to buy-in when working with families. However, Ellett also notes that child welfare agencies' efforts have not gone unrewarded, as the number of new cases opened has gone down over time and child welfare agencies appear to be trying to work more cooperatively with parents and families to reduce filings.

The Role of Therapy in the Reunification Process

Cantos and Gries (2010), examined therapeutic outcomes for children in foster care. According to Schneiderman, Connors, Fribourg, Gries, and Gonzales (1998), many children in the foster care system have special mental health needs and also require specialized mental health services. Canton and Gries conducted a longitudinal study, in which 138 children at a specific foster agency in New York

were referred to therapeutic services for behavioral or emotional issues either in placement or in school. The study took into account the reason for placement such as physical or sexual abuse or neglect. Therapists used a variety of therapeutic approaches including Interpersonal/Social Skills, Relationship Based – Non-directive, Cognitive Behavioral, and Information Processing. Information on the children’s behaviors were gathered from, therapists, foster parents and teachers.

The authors found that approximately 66% of the children who stayed in therapy for at least four months did show improvement in their behaviors. Children who improved more quickly tended to show improvement in their overall behavior and tended to follow rules better. Children who remained in therapy for at least seven months tended to improve in their moods, suicidal ideation, and aggressive behavior towards others (Canton and Gries, 2010). Perhaps the most relevant part of this article is the fact that it shows that a mental health services provider can have a major effect on a child’s outcome.

Many mental health agencies provide supervision for Marriage and Family Therapy Interns (MFTIs) as well as Associate Social Workers (ASWs) who are working towards licensure. The MFTIs and ASWs provide mental health services to clients as part of the licensure process. Gilbertson, Edwards, and Lioi (2015) examined the benefits and possible challenges in receiving services from an intern. Some of the challenges in receiving services from an intern include the fact that interns are often temporary and are either still in school, or have just

finished school and have not completed training. According to Gilbertson, et al. (2015), it takes many years to become thoroughly skilled in helping people through their emotional and mental challenges. Lastly, interns may not have settled on a particular therapeutic paradigm and therefore their approach may be eclectic (Gilbertson, et al.).

There are many benefits to working with an intern as well. Gilbertson, et al. suggest that often one may only be able to afford an intern, as interns are often less expensive than fully licensed therapists. Although interns are still mastering their education and knowledge, they are immersed in the subject so everything is fresh and they are up to date on the most recent practices and information. Additionally, because they are still new, they bring energy to their work. Gilbertson, et al. also argue that it is possible an intern may have just as many life experiences if not more, as a licensed professional and those experiences are just as important and education. They believe the most important thing is to find a good match between the individual and the clinician regardless of licensure status; a connection with the therapist is the strongest predictor to success in therapy.

Owen, Wampold, Kopta, Rousmaniere, and Miller (2016) examined the therapeutic outcomes of MFTI/ASWs over a period of time and whether additional psychotherapy training had an effect on these outcomes. There have been multiple studies which have examined the use of therapeutic training; specifically, whether there is a need for therapists to receive additional training

beyond their college educations (Christensen & Jacobson, 1994). Many studies found little difference between licensed therapists and students or paraprofessionals (Nyman, Nafziger, & Smith, 2010). More specifically, it has been found that individual traits of service providers, whether licensed or not, were more predictive of positive outcomes than licensure (Okiishi, Lambert, Nielsen, & Ogles, 2003).

The study conducted by Owen, et al. (2016), examined participants from university counseling centers across the country who were seen by either MFTIs or ASWs. Each client had to complete an electronic survey prior to each of their sessions which allowed for measurement of their symptoms and sense of wellbeing (Owen, et al.). Findings of the study indicated that interns can provide positive outcomes to clients, especially when clients presented with low to medium levels of emotional distress. Furthermore, the findings also mention other studies where there was a decline in the outcomes of experienced providers. The main finding suggests that continued education for both MFTI/ASWs and experienced providers is an integral indicator in overall outcomes in therapy services.

Poverty

Many studies have identified an overrepresentation of poor children in the child welfare system (Lee & George, 1999; Lindsey, 1991). There are multiple factors which can lead a family in poverty into the child welfare system, including a lack of basic resources, homelessness, increased stress, parents who are not

as supportive, fighting among parents, drug use, mental health, and increased interaction with law enforcement (Culhane, Webb, Grim, Metraux & Culhane, 2003; Fong, 2017; Stith, et al., 2009; Warran & Font, 2015). It has also been found that poor families are more likely to be reported to child welfare agencies either because the system itself is biased against poor families or because poor families are easier to identify (Drake & Zuravin, 1998; Hampton & Newberger, 1985).

Fong (2017) conducted interviews with 40 parents from poor families who interacted with the child welfare system in Providence, Rhode Island. Fong also examined 107 incidents which generated an investigation from a child welfare agency. Although most parents in this study did not connect poverty as a reason for being involved in the child and family services system, many of the issues which are found to be present in poor families were present in these families, including domestic violence, mental health and legal issues. Fong also found that poor families often have a lack of familial support which leads them to rely on agencies. This reliance makes poor families more visible to service providers who are usually mandated reporters.

Poverty not only impacts parenting behaviors, but it can also impact service provision; specifically, what services are available in poor areas and the quality of services provided (Halpern, 1993; Maguire-Jack & Font, 2017). Halpern discusses the impact of how society views families living in poverty and how service agencies shape their services based on the prevailing point of view about

poverty and families living in poverty. Halpern notes that the common view in the United States is that poverty is not a societal issue, but is instead a personal and geographical issue. Halpern examined how that has shaped the services that are offered to poor people, as well as affecting the quality of services that are offered. This study shows that Americans perceive poverty as being caused by the person, rather than by systemic or ecological factors such as wages and housing price. This then causes them to distance themselves from poverty. Halpern suggests that if Americans changed that perspective to instead see poverty as a societal and systems issue, that would create problems at both the societal and economic levels. We, as a nation, would have to collectively participate in addressing poverty, and money would have to be allocated at all levels to help the poor. This is as opposed to expecting the poor to just try harder to better themselves and contribute to society at the expected level, as is the current commonly espoused belief system in our country (Halpern, 1993).

Our expectations of the outcome of services may also be unrealistic (Halpern, 1993). We expect the services provided to poor people to bring people out of their impoverished state and make them more conventional. According to Halpern, the pressure from stakeholders is such that service agencies feel they have to promise to accomplish these unrealistic goals. However, the service agencies' and providers' inability to erase all of the aspects of poverty, despite their attempts to do so, has created a general distrust of those who work with poor families or work in poor neighborhoods. Halpern suggests that good clinical

services should not just be for those who are middle and upper class families, but until American begin to directly address poverty and injustice, families who live at or below the poverty line will continue to suffer with inadequate or inappropriate services.

In conclusion, the literature suggests that therapeutic services are a key factor in reunification. Therapy is also a beneficial process with children and families who have experienced the foster system. Further, overall outcomes of therapy providers may be impacted by the actual provider having more training. The literature also indicates that affordability is a factor in accessing services with an intern as opposed to a licensed provider, and there are pros and cons to using either.

Theoretical Orientation

Conflict theory is useful in addressing the relationships inherent in child welfare practice. Broadly defined, conflict theory examines different groups that are in conflict due to opposing interests within a society. The main issue within conflict theory is power; who has power and who does not (Hutchinson & Oltedal, 2014). According to Marxist conflict theory, members of the less powerful social class are exploited by classes with greater social resources and power- not because there is anything inherently wrong with the lower class but because a hierarchical system creates that particular dynamic in which one social class benefits and the other social class is exploited (Goroff, 1978). According to the pluralistic perspective of conflict theory, conflict exists not because of differences

in class, but because of competition between multiple groups striving for resources or services (Goroff). The focus of conflict theory is not on a specific person but is focused on society as a whole and the inequities within society (Hutchinson & Oltedal).

Conflict theory helps us understand how inequalities in resources can impact individuals. In this specific study, the focus is the conflict between available therapeutic resources, the quality of those resources and the income of child welfare clients. If one considers the Marxist perspective of conflict theory (conflict between the “haves” and the “have nots”) then it becomes clear that a conflict exists between the available services to clients living in depressed socioeconomic areas versus the services available to those who live in more affluent socioeconomic areas. As discussed in the previous section, it has been found that poverty can impact the quality of services provided and that appropriate completion and benefit from services is required for reunification. The importance of conflict theory as a theoretical orientation in this study cannot be overstated and can only lead to the hypothesis that families in reunification services who live in more depressed socioeconomic areas have limited access to services and may fail to reunify with their children because of that limit.

Summary

In this chapter the research question and hypothesis were identified. The positivist paradigm was discussed in relation to the study. This chapter offered a

brief review of literature used to help support the study. Conflict theory was discussed as a theoretical orientation for the study. The chapter also examined the contribution this study may have on social work practice specifically, for County child welfare agencies.

CHAPTER THREE

METHODS

Introduction

This chapter discusses the methods used for this study. First, the chapter discusses the study participants and how participants were selected. Second, the chapter addresses how the data were gathered and analyzed. Finally, termination and follow-up, as well how the findings were communicated and disseminated, is covered.

Participants

The study included data gathered from reviewing 36 closed family reunification case files; 17 (47.2%) from zip code A and 19 (52.8%) from zip code B. The cases included families who did and did not reunify with their children. Participants varied in ethnicity and in the socio-economic status of the community in which they resided. Both zip codes were located in the same geographical area, the one being more affluent than the other.

Selection of Participants.

A sample of 36 closed case files was used for the study. It was imperative these cases were closed as the objective was to identify whether the family reunified with the children or not. Specifically, these cases included families ordered to participate in reunification services including therapy. Cases were

selected by department management, who included all closed reunification cases for these two zip codes in the last calendar year.

Data Gathering

The dependent variable was the status of reunification; whether the family reunified or not. The study included two independent variables: Socioeconomic/geographical location of the family and the type of services received based on the provider. These were examined to verify if they had an influence on the reunification process. The study also considered factors such as the type of abuse the children experienced and the ethnicity of the family, to evaluate if they had any influence on the process as well.

Phases of Data Collection and Recording

The study was approved by the CSUSB Internal Review Board School of Social Work Subcommittee (see Appendix) as well as the research agency during the winter of 2017. Data gathering occurred in winter of 2018. Case files selected by agency administrators and were made accessible for this study, and data was recorded onto a data collection form. No personal information was collected; rather a coding system was implemented to record data in numeric form only.

Additional data, not available in the case files, was extracted from the CMS/CWS system. This included the families' address of origin (where the child was originally removed) and ethnicity. All other data was retrieved from the case

files. All data was manually recorded onto a data collection tool. The data was then transferred to the Statistics Program for the Social Sciences (SPSS) program for analysis.

Data Analysis

The data was analyzed using SPSS statistical software. Descriptive statistics were used to analyze clients' demographics and the types of allegations. A Chi-Square test, was used to examine differences in reunification outcomes between clients who were referred to different agencies. A Chi-Square test was also used to examine differences in race/ethnicity and type of abuse allegations between the two groups of clients.

Termination and Follow Up

The study was terminated after all data was gathered and the analyses were conducted. I recorded conclusions and findings, then ensured that all case files and other data were returned and properly stored in accordance with the confidentiality policies.

Communication of Findings and Dissemination Plan

Findings of the study were made available to the county child welfare agency where the data was originally gathered. I will make the study available to management for review through a hard copy. The results of the study are important for possible future research.

Summary

In conclusion, the implementation phase of the study entailed everything from conducting the research, gathering data and performing the testing, to termination and follow-up. This section identified the actual participants and discussed how the information was gathered, recorded and measured. The termination process was also identified, and I outlined a plan for how and to whom I will communicate the results.

CHAPTER FOUR

RESULTS

Introduction

This chapter discusses the data that was gathered and analyzed for the study. First, the chapter describes the information extracted from the closed reunification cases. Second, I will discuss the independent and dependent variables used in the analysis. Finally, the chapter will include a brief synopsis of the Chi-Square test used to assess whether clients experienced different outcomes based on their geographic location.

Description of Cases

Data gathered for this study was obtained from closed case reunification files. The term “closed case” represents cases where families came to the attention of the department and, because of substantiated allegations of abuse or neglect, the children were removed from the parents and placed in temporary custody of the agency. Under court orders, the parents were offered reunification services with the supervision of the department, and they were monitored under a family reunification case. If not completed within the time frames given, the parents had to at least demonstrate they were benefiting from the services received to receive a continuance. This decision comes during what are known as status review hearings.

During status review hearings, the social worker makes recommendations to the court and the judge gives orders on whether the family is to continue to receive services. If the family has been found to complete services and it has been determined the children are safe to return to the custody of the parents, then the children are reunified with the parents; the case is eventually closed. If the parents did not participate in services or were found not to have benefitted from services, then the case is closed, but the children do not reunify with their parents and are placed elsewhere. Overall, 16 (44.4%) were found to reunify, while 17 (47.2%) did not, and 3 (8.3%) fell in the category of Other (see Table 1).

Allegations and Reunification Services

It is important to have a discussion about the meaning of allegations and what reunification services entail. Allegations include physical abuse, emotional abuse, sexual abuse, neglect, and caretaker absence/ incapacity. For this study 2 (2.6%) had physical abuse allegations, 15 (41.7%) were general neglect, 5 (13.9%) were caretaker absence/incapacity, 11 (30.6 %) had more than one allegation and 3 (8.3%) were removed because of a sibling at risk or other reason such as sexual abuse.

During an investigation, if the allegations are substantiated, it is often necessary for the children to be removed from the parents' custody to ensure

Table 1

Demographics

	N	%	M	SD
Ethnicity				
Caucasian	10	27.8		
Hispanic	14	38.9		
African American	4	11.1		
Asian/Pacific Islander	3	8.3		
Other/Decline	5	13.9		
Therapeutic Provider				
Licensed MSW/MFT	6	16.7		
MFTi or ASW	0	0.0		
Other or not found	30	83.3		
Zip Code				
More Affluent (B)	17	47.2		
Less Affluent (A)	19	52.8		
Reunified				
Yes	16	44.4		
No	17	47.2		
Other/Transferred	3	8.3		
Allegation				
Physical Abuse	2	2.6		
General Neglect	15	41.7		
Caretaker Absence	5	13.9		
More than one	11	30.6		
Other or child at risk	3	8.3		
Months to Reunification			8.58	5.037

their safety and well-being. In some cases, children are deemed safe to remain with the parents while the parents receive services; these are referred to as court family maintenance (FM) cases. The children stay with the parents under court supervision while the parents engage in court-ordered services. FM cases were

not specifically selected for inclusion in this study; however, at times, a case can become an FM case during the reunification process, when children who have been previously removed from the parents' custody are returned to the parents while they are receiving services. There were FM cases in the study, but these cases began as reunification cases, which is how they were selected for the study. This change in case status is common in child welfare, and therefore it was unavoidable that some FM cases might inadvertently be included in the study even though FM cases were not included in the selection criteria.

Reunification is dependent on the parent's progress and completion of services. However, in this study, each case represents one child, not a parent or a family. Consequently, because the children in a family can have different parents, some of the children, and thus cases, in this study are part of sibling groups. Therefore, the data used for this study focuses on reunification rates for individual children, but also relies upon familial information such as the family's home address. One of the variables considered was the socioeconomic area the family resided in at the time the child was removed from the home. The cases in this study were drawn from two very different socioeconomic areas. In zip code A, the average median income was \$27,324 per year, while in zip code B, the average median income was \$62,856 per year (United States Zip Codes, 2018). This study presumed that families in the less affluent zip code A were more likely to be provided reunification services by agencies that used interns to provide care, and therefore, were less likely to reunify. Conversely, the study presumed

that families in the more affluent zip code B were more likely to be served reunification services by licensed therapeutic providers (LCSWs, LMFTs) and were therefore more likely to reunify.

Inferential Statistics

The purpose of the study was to determine if families in the more affluent zip code B had higher reunification rates than families in the less affluent zip code A, based on the type of service provider the family accessed for therapeutic services (intern vs. licensed provider). A Chi-Square test was implemented in which the independent variable was the client's zip code and the dependent variable was whether the family reunified. The Chi-Square test revealed a significant difference in reunification rates between cases in the two different zip codes, $\chi^2(1, N=36) = 8.916, p = .003$. Clients who lived in zip code A, the less affluent area, had higher reunification rates than participants who lived in B, the more affluent area, Overall, 16 (44.4 %) were found to reunify, while 17 (47.2 %) did not, and 3 (8.3 %) fell in the category of other.

When extracting the data from the case files, I found that data on the type of provider accessed for therapy was not consistently entered in clients' case files. Therefore, I was unable to verify that clients in the different zip codes actually accessed different types of providers. Furthermore, in many cases the families utilized a certified drug and alcohol counselor- a different type of provider which was not originally considered in the planning of the study. Because of this

unexpected variable, this study cannot address the extent to which families in the different zip codes used different types of providers.

Conclusion

The purpose of the study was to determine if socioeconomic status played a role in the types of services that families in court reunification cases have access to. It also explored if the qualifications of the service provider influenced reunification. In reviewing the closed case files, it was found that the documentation on service provider was not always available. In gathering data, it was also revealed there were variances in reunification rates between the two zip codes and this was a significant finding which will be discussed more in the next chapter.

CHAPTER FIVE

DISCUSSION

Summary of the Study

The study focused on families in court reunification cases and questioned whether families in different zip codes had different reunification rates. The agency that provided the data hypothesized that families in more affluent neighborhoods, who they presumed were referred to licensed providers (LMFT, LCSW) were more likely to reunify than families in less affluent neighborhoods, who they presumed were referred to unlicensed providers or interns. The study examined court reunification case files from two different socioeconomic areas in a county in California. The data from this study did not support the original hypothesis.

Discussion of the Findings

The literature on studies relevant to this project has indicated that therapy is a vital part of reunification. The literature further suggests that there are multiple variables that impact reunification; one of which is the lack of service providers (Halpern, 1993; Maguire-Jack & Font, 2017). Furthermore, the literature also indicates that families in less affluent neighborhoods may receive inadequate services or have limited access to service providers; all creating barriers to successful reunification. The results from this study are inconsistent

with this literature. After reviewing 36 closed case reunification files, this study found that families in the less affluent area were more likely to reunify than families in the more affluent area; and the cases were closed in less time.

These unexpected findings suggest that neighborhood socio-economic status and families' access to providers may not influence family reunification in the ways experienced child welfare providers might expect. First, the assumption that families in more affluent areas had greater access to licensed providers may be incorrect. Yet, given the absence of this data in the clients' case files, this assumption could not be confirmed or denied by this study. Second, the underlying assumption that families in less affluent communities have lower reunification rates may also be incorrect. The results of this study suggest the families in the less affluent areas had higher reunification rates. It is possible that other factors play a more significant role in family reunification than socio-economic status of neighborhood and access to licensed or unlicensed providers. For example, when examining the communities more closely, I noted that the less affluent community had a larger Hispanic population than the more affluent community. Perhaps race/ethnicity and cultural norms, rather than economic factors, play a more important role in reunification.

Limitations

One of the study's primary limitations was the lack of data in the case files on the type of therapist used by the family. Very few files had actual paperwork indicating the type of service provider the family utilized; the few that did

indicated the family utilized a certified drug and alcohol counselor. Many of the files also indicated the social worker obtains information verbally and a written hard copy of documentation such as a progress report was not entered. This lack of data was not anticipated in the formulation of the study. The second limitation of the study was that I was only able to obtain 36 cases to review. The study was limited to cases that had closed in the past calendar year. Perhaps a longer time frame would have allowed for more cases to be reviewed.

Implications for Social Work

This study suggests the need for additional research on the factors that influence reunification rates. Future studies should include more variables beyond geographic neighborhood, including race/ethnicity and other demographic and contextual variables. In addition, future studies should include a greater number of cases, over a longer period of time, and throughout a wider variety of communities.

In regard to social work practice, the lack of documentation in case files significantly hindered this research. Social workers should be encouraged to provide more thorough documentation in child welfare cases, as the lack of data hinders our ability to identify differences in reunification outcomes and to link these to specific factors. If we cannot understand the factors that influence reunification, we will have a more difficult time improving reunification rates. Additional efforts to improve compliance, such as random checks on case files, would also help to improve the available data on such cases.

Summary

In conclusion, the results of the study did not support the original hypothesis. Without being able to collect accurate data on service providers, the results of the study indicated that the cases from the less affluent area had higher reunification rates than the more affluent area. These unexpected results suggest that other factors, such as culture, may impact reunification more so than socioeconomic status. A follow-up study which attends to the client's race/ethnicity and other demographic factors may shed more light on factors which influence reunification. From this study alone it could be suggested that while there are many barriers to reunification, type or service provider may not play a huge role.

APPENDIX
INSTITUTIONAL REVIEW BOARD APPROVAL

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s): Heather Martinell

Proposal Title: The role of disparity plays in therapeutic services within Family Services

Department _____

SW1745 _____

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

approved

to be resubmitted with revisions listed below

to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

faculty signature missing

missing informed consent debriefing statement

revisions needed in informed consent debriefing

data collection instruments missing

agency approval letter missing

CITI missing

revisions in design needed (specified below)



Committee Chair Signature

9/13/2017

Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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