B. The Casework Relationship: The Foundation of Family-Centered Child Welfare

Conceptual Framework

The *relationship* distinguishes casework from other problem-solving or service interventions. It has been the hallmark of the casework method since the early days of social work's development as a profession. Relationship was defined by Gordon Hamilton as follows:

> "Within the democratic frame of reference, the professional relationship involves a mutual process of shared responsibilities, recognition of the other's rights, acceptance of difference, with the goal, not of isolation, but of... stimulating growth through interaction... The professional self is controlled towards the end one is serving – namely, to understand and meet the psychosocial needs of clients... [to this end] The social worker must be a person of genuine warmth... He must be willing to enter into the feeling experience of another, willing to listen to the other's view of his problem, and willing to go patiently along with him in his struggles for a solution." [Hamilton 1940].

In short, the casework relationship is the vehicle of change, and is essential for constructive and collaborative family interventions. A professional relationship characterized by collaboration, trust, and honest communication is the most effective method of helping people identify their needs, and construct strategies to address them. Within a casework relationship, the worker is often an educator or teacher; an empathetic listener; a supportive advocate and ally; an honest, constructive, critic; and a motivator.

If family members feel confident in the worker's sincerity and ability, they are usually more willing to accept the worker's guidance. If they respect the worker,

they will model the worker's actions and consider suggestions. If they feel comfortable and collaborative, they will be more willing to confront the worker when they feel the worker is wrong, or honestly state their own thoughts and beliefs. The worker can communicate integrity and sincerity by developing an understanding of each family member, the family's culture and traditions, their beliefs, and their unique situation. Such communication can build family members' self-esteem, and increase their motivation to work on new challenges.

The development of a collaborative and honest casework relationship in the field of child protection presents considerable challenges. Honest communication in child protective services requires that families reveal and discuss highly personal and often threatening topics with a worker who is vested with considerable prescribed authority.

Most people feel threatened if called upon to reveal highly personal or sensitive information to other people. Unless we feel confident that the listener is trustworthy, accepting, and supportive, we may feel vulnerable, misunderstood or demeaned. Our self-esteem and confidence may be threatened. It is difficult enough to admit potential failings to oneself, much less to other people. We also know that unscrupulous or opportunistic listeners can use information about our weaknesses or vulnerabilities to harm us. It is important for caseworkers to understand that these are realistic fears, not paranoia. Most of us have experienced shame and distress when persons we trusted did not act in our best interests. When child protective services is involved, this normal distrust of powerful strangers often is combined with guilt. Many parents know they acted inappropriately and feel they deserve, and will receive, punishment that will deprive them of their families and their freedom.

The avoidance of relationships reduces these risks. People who have experienced only painful and unsatisfying relationships may find them too threatening, and may choose to remain emotionally insulated and withdrawn

from others. Such self-imposed isolation is a dynamic often seen in parents who abuse their children.

It is easy to see why child welfare interventions are perceived as threats by many of those we are committed to helping. We are strangers, with the authority to disrupt their lives. It is normal and typical for clients to respond with caution and suspicion to such perceived threats, and their past experiences may heighten their propensity to do so. Yet, in spite of our understanding of these typical dynamics, we quickly label many families "resistive," because they evoke our own feelings of anger, resentment, and inadequacy by not responding to our efforts to be helpful.

Understanding Resistance

The term "resistance" is used globally to describe a client's apparent unwillingness to fully participate in the casework process. Resistance may be manifested in family members' verbal, behavioral, and affective (emotional) responses to the caseworker and to agency involvement. They may: refuse to let the worker in the home; refuse to talk to the worker; exhibit verbal hostility and other expressions of anger; staunchly deny the existence of any problems; attribute blame for their problems to something or someone else; lie about their situation or their beliefs; consistently miss scheduled appointments; appear to be accepting of services, yet lack commitment to follow through; say one thing and do something entirely different; or openly threaten the worker or the agency with physical harm or legal action.

In child protection, initial resistance by family members is normal and expected. The unrequested intrusion into their lives by a stranger vested with considerable authority, who challenges their parenting capability and their rights to retain their children, is almost always experienced as a threat, regardless of how well-intentioned the worker. Resistance is exhibited because the family believes the caseworker and the agency are potentially harmful to them.

When we assume the perspective of a family that has been referred for alleged child maltreatment, there are some very real potential threats, as well as the more general threats of an unknown situation. First, regardless of our intent to keep families together, caseworkers do have the ability to remove and place the children. The family may believe if the caseworker learns enough about them, she may use that information as cause to remove the children from the home. This may be accurate.

The fact that a complaint has been filed and the agency is involved is often perceived by parents as a reflection of their inadequacy. This may be a significant affront to parents' identity and self-esteem. Parents may also feel that the caseworker may unfairly judge them and their situation, particularly if the worker is young, has never raised children, has never lived in poverty, is of a different cultural background, or has never experienced similar stresses and problems. At times, this may also be true.

Many families who are referred for alleged child maltreatment have previously had negative or punitive experiences with authority figures, and they may expect the same from the child welfare worker. Historical experiences with racism and other forms of discrimination by persons of minority cultures have created, for many, a generalized mistrust of persons outside their own communities, and particularly of institutional authority. Members of some cultural groups also strongly believe that sharing personal and family information with persons outside of the family is highly inappropriate. This may place families in serious conflict; they must violate their most fundamental beliefs and inappropriately divulge information to the worker, or risk losing their children. Resistance is to be expected.

Finally, change itself is inherently threatening. Many people find large-scale change difficult, even if they are unhappy in their current situation. While they often would like the pain to end, change may be perceived as potentially more

painful. Even in situations when families have voluntarily requested help, they may have second thoughts when they begin to understand that they will have to change their behavior or lifestyle, or confront their limitations, in order to achieve their goals.

Resistant responses by family members are, therefore, instinctive strategies to protect themselves by effectively blocking communication, and by avoiding involvement in the casework relationship and activities. This helps reduce the perception of threat; helps family members feel in control rather than powerless and helpless; and, consequently, helps to lessen their anxiety.

Application

The relationship is the foundation of the casework process. It promotes the development of trust, fosters open and honest communication, and strives for collaborative problem solving. All are essential to effective casework. The formation of a trusting, consistent, and mutually respectful relationship between the family members and the caseworker will reduce, and sometimes eliminate resistance.

The caseworker must take the first step toward establishing a relationship with family members, and must strengthen and nurture this relationship throughout his involvement with the family. The worker's actions toward developing this relationship are called "engaging the family." Engaging strategies are designed to do the following:

1) Establish the caseworker's intent to be honest and forthright in his dealings with the family, then acting on this by being honest and forthright in his communications. This helps to reduce the family's fears and expectations of becoming uninformed victims of a potentially punitive authority.

2) The caseworker must clearly state his expectation that the family will be an active participant in all planning and decision-making, and that the worker expects the family to take a leadership role in resolving their problems. This reduces family members' feelings of helplessness and loss of control, and is an important aspect of empowerment.

3) The caseworker must provide families with a "road map" regarding the agency's involvement, and what is likely to occur. The caseworker should clearly explain what the agency does, what assistance can be provided, and what can be expected to happen next. This helps families better understand the reasons for the worker's involvement and actions, thereby further reducing ambiguity and resulting anxiety.

4) The caseworker must deal openly with and accept the family's anger, frustration, hostility, and resistance. The worker should communicate that these are normal reactions, and that in time, he hopes the family will feel comfortable enough to work collaboratively. This can be communicated by encouraging them to verbally express their anger, or by voicing their likely concerns, if family members cannot. For example, the following strategies could be used to reduce tension:

   "I know you're very angry about this. It would help me to understand what you're most upset about. Maybe I can address some of your concerns."

   "Many families feel like someone is accusing them of a crime. I'm not here to accuse or judge you. I really believe that most parents don't want to hurt their children. I'm here to help us both understand why this happened, and see what we can do to keep it from happening again."

"I expect that, at first, you may not trust me. After all, you don't know me. But, I can assure you I'll do my best to be honest and above board with you, and to do things in a way that feels comfortable to you. As you get to know me better, you may feel more comfortable."

5) The caseworker should act in ways that reaffirm for family members that he is concerned, dependable, competent, and respectful of them. This can be accomplished through activities such as meeting the family's immediate needs; following through with commitments; understanding and accessing the broader community of which the family is a part; understanding the nuances of the client's culture; and assuring congruence in communications by himself and other staff of the agency.

6) The caseworker should demonstrate the ability to understand and empathize with the difficulties faced by the family in their current situation.

7) The caseworker should routinely identify, support, and utilize the family's strengths. This improves self-esteem and motivation, and also increases the likelihood of successful solutions. Families should be empowered and encouraged to retain control in changing their own lives, as long as their solutions can assure that their children receive proper care and are not placed at risk.

8) The caseworker should promote the involvement of family members in all aspects of the casework process; the assessment of problems, needs, and strengths; the development of goals; setting priorities; and identifying resources and action plans. The caseworker should encourage the family to take as much responsibility as possible for case plan development and implementation. Solutions that are constructed by family members themselves are more likely to be carried out.

Dealing with Issues Related to the Worker's Authority

While the caseworker may want to engage the family in a collaborative relationship, the family's awareness of the caseworker's authority and power may interfere with development of this relationship. A common concern is typically, "After I tell you about all the problems, you'll have enough evidence to remove my children!"

To set the stage to permit the utilization of casework as the principal intervention, and to resolve the conflicting roles of helper and protective authority, the issue of the worker's authority must be dealt with openly and honestly. The following strategies can help deal with this issue in a constructive manner:

1) The caseworker must openly acknowledge and describe the nature and extent of the authority inherent in the protective service agency and in the caseworker's position. The worker might explain the following:

   "Yes, you're right. Our agency has the responsibility to insure that children are safe and unharmed, and that they receive proper care. So we have to look into it, any time we're led to believe there are children at risk of harm."

   "Many children are seriously harmed, even killed at times, by their parents or caregivers. Our agency is expected, by law, to protect children from maltreatment. That's why we carefully assess any situation where we think a child is being harmed."

2) Early in the relationship, and as needed throughout case involvement, the caseworker should acknowledge the family's concerns about the agency's authority to remove children and enforce change. The caseworker must be honest about the possibility of removal of the

children, and should explain clearly the conditions under which this would be considered. The caseworker should stress, however, that removal is considered only if it is felt that the child cannot be protected from abuse or neglect in the home, and that the caseworker's most important job is to work with the family to prevent placement. If placement is necessary, then rapid reunification becomes the goal.

"The court does give us the authority to remove children and place them in other families, when that is the only way we can assure that they will be protected from harm. But you need to understand, our first choice is always to help families care for their own children."

3) The caseworker should explain that removal of the children is only used as a last resort, when the caseworker and family cannot jointly make the necessary changes to remove the risk to the children at home. Even when a child is removed, it is expected that placement will be only as long as is necessary to assure that the child's home is safe. The worker should also explain that placement doesn't mean whisking the child away to a stranger's home, with limited access and infrequent contact with the child. Placement can be with a relative, or in a home of the parent's choosing, if that home can guarantee safety for the child.

4) The caseworker should stress that while he does have considerable vested authority, he would prefer not to have to exercise this authority, and that there are many ways to avoid having to do so. Examples would be:

"My preference is to work with you, not against you. If you are able to collaborate with me on resolving this, I won't have to do things against your will."

> "Your involvement in this is extremely important. You know your family and your needs better than I do, and the solutions will be more valid if you're involved. The first step is to talk about it and see what we can agree on."
>
> "The choice is really yours. If you want to work together, and we can work out solutions, then I won't have to force you to do anything. I'd rather that you and I could work it out together."

Casework is our intervention of choice because it is the most effective way of generating long-term changes in a family. Yet, casework depends upon the formation of a trusting and collaborative relationship with family members. The relationship building process is begun during the first contact with the family, and will continue throughout the entire life of the case.

However, some families will never become invested or engaged in the casework process, despite our best efforts. Their relationship capacity may be seriously damaged, or they may be pathologically hostile, even dangerous. In these situations, the use of authority to enforce child protection is not only permissible, but essential. The role of the caseworker, first and foremost, is to protect the child. While we prefer to do this by enabling the family to protect their children in their own homes, when this is not achievable, we must exercise our authority and act to address the best interests of the child, irrespective of the effects on the casework relationship.

Cultural Factors in the Casework Relationship

Cultural differences between the worker and the family can sometimes present barriers to the development of trust, empathy, and a collaborative relationship between the caseworker and the family.

Casework values stress respect for each family's individuality, the right of each family to self-determination, and mutuality in the casework relationship. Casework, therefore, provides a valuable framework within which to transcend cultural differences between the caseworker and the family, and to establish a mutual, constructive, relationship.

The following attitudes and strategies can help the caseworker engage families of different cultural backgrounds into a productive and mutual relationship. These strategies are particularly valuable during the initial stages of casework, but strengthening and maintaining a relationship across cultures is an ongoing process.

1) The caseworker should understand the values, attitudes, traditions, and beliefs of the cultural groups served by the agency. Such an understanding can prevent the caseworker from inadvertently insulting or criticizing a family member, or misinterpreting the meaning of family members' communications and behaviors. However, the worker must remember that all generalizations about a cultural group must be "checked out" to determine their applicability to any individual family, or else there is the risk of stereotyping.

2) The caseworker should become familiar with the rules of social behavior for a particular group and abide by them. It is important to tread gently until the culture is better understood. The caseworker should ask how each of the family members would like to be addressed, and what they would feel most comfortable calling the worker. The caseworker may request their guidance to help in understanding them and to avoid offending them.

3) The worker should openly acknowledge cultural differences during the early stages of the relationship, and acknowledge that there may be misunderstandings as a result. The worker might suggest that many

people find it harder to trust someone who is very different from them, and should encourage the family to talk with her when they identify differences, so they can better understand each other and avoid misunderstandings. If lack of cultural knowledge leads to a blunder, the caseworker should apologize and assure the family that no insult was intended. The worker should, similarly, not automatically assume that what she perceives as an insult or an affront to her was so intended by the family.

4) The caseworker should know the cultural norms of the family's primary reference group regarding the involvement of outside persons or agencies in family problems. These norms will affect the family's view of the caseworker and the agency. What appears to be resistance may instead reflect feelings of shame or embarrassment because family problems have become public, or a pervasive distrust of institutional authority. Such feelings are typical when a family values privacy, self-sufficiency, and independence. In some cultures, it is permissible to discuss problems within one's own family and community, but never with representatives of formal institutions. A caseworker who understands these issues can respond accordingly, and can establish a relationship that is comfortable for the family before addressing more sensitive issues. The worker might also utilize community leaders or extended family members to gain access to otherwise isolated or reluctant families. The worker's association with a person who is trusted by the family can speed up the establishment of a positive relationship. However, workers should not expect to be automatically accepted or trusted by members of the community. These relationships will also have to be developed and nurtured.

5) The caseworker should communicate interest in the family and in understanding things from their perspective. A willingness to listen and to learn from the family can help the worker identify areas of

commonality, and also communicates respect for the family's strengths and uniqueness. During the early stages of the relationship, workers should do a lot of listening. Ask gentle, clarifying questions to help family members explain themselves, their views, and describe their lives. For example, "It may be harder for me to understand what you mean, since I grew up very differently, but tell me about it. I'd like to understand better."

6) The caseworker should use interviewing techniques which can clarify the subtleties of the family's communications. The caseworker should never assume that she understands what the family means, nor assume that the family understands her intentions. The caseworker should clearly explain the meaning of her own responses and behaviors, and ask for feedback from family members to assure their understanding.

7) We cannot underestimate the barriers posed by language differences between workers and families. While basic communication is often possible, it requires considerable proficiency in a language to accurately express the subtleties and nuances associated with feelings, values, and beliefs. And, while it is possible for a worker to better understand a family's culture simply by asking the proper questions and listening carefully, if family members must explain or represent themselves in a language they neither speak nor understand well, the risk of miscommunication and misinterpretation is high. Families should normally be assigned workers who speak their language, and trained interpreters should be used when workers are not fluent in the family's language.

(See related discussion in Chapter III, Culture and Diversity in Child Welfare Practice.)

Case Example – Establishing the Casework Relationship

This case example illustrates casework interventions that promote the development of the casework relationship, while simultaneously assuring protection of a child at high risk. The initial contacts with Jon and Ms. Forrester were described in the case example in the previous section of this text. (Refer to Section IV-A, "Integrating Casework and Protective Authority.")

This example is not designed to illustrate all activities at the intake level. The caseworker's direct contact with the mother is highlighted to illustrate the strategies and interviewing methods used by the worker to engage the mother.

The interviews with Ms. Forrester to complete the family assessment and to develop the case plan are included in subsequent sections of this book. (See Sections IV-C, "Conducting the Family Assessment," and IV-D, "Developing the Case Plan.")

Family: Forrester, Susan, age 29
Forrester, Jon, age nine
Forrester, Wendy, age four

Worker: Carol Johnson

Summary to Date:

Jon was referred to children's services by his school nurse because he came to school with a large bruise and cut on his forehead, and multiple bruises on other parts of his body. Carol Johnson was assigned the case. Her initial contact was with the school, where she verified that Jon's bruises were likely inflicted. She and the nurse also concurred that Jon needed immediate medical attention for his head injury. Carol met with Ms. Forrester, and despite Ms. Forrester's initial resistance, Carol succeeded in getting Ms. Forrester to accompany her in taking

Jon to the hospital emergency clinic to be examined. (See Section IV-A, "Integrating Casework and Protective Authority.")

Goal of Current Activities: Relationship Development

Carol and Ms. Forrester drove to the school to pick up Jon. Carol explained to Ms. Forrester that they would be taking Jon to the Children's Hospital emergency room, because there were doctors and nurses there who were specialists in children's injuries, and that they would also be able to help the Forrester family. Ms. Forrester said accusingly, "You mean the abuse clinic. I know that's where we're going." Carol said, yes, some people called it that, and commented that it sounded like that bothered Ms. Forrester. Ms. Forrester remained silent. Carol continued gently, "I won't understand how you feel about it, unless you tell me, and I'd really like to know." Ms. Forrester said nothing. Carol then said, "I'd guess you may be upset because you think you're being accused of abuse." Ms. Forrester remained quiet. Carol continued, "I want to tell you again... we're not here to punish people, but to help them so children aren't harmed again. Very few parents hurt their children on purpose. We believe it's the result of a lot of different stresses, which is why we want to help." Ms. Forrester remained quiet, and Carol dropped the discussion. She believed her actions at the hospital and afterward would be more convincing than verbal reassurances.

When they reached the school, Carol told Ms. Forrester she would like her to take the lead, both at the school and at the hospital. Carol told Ms. Forrester she would support her as necessary, and asked if she were comfortable with this. Ms. Forrester said she was. Carol wanted to encourage Ms. Forrester to take as much responsibility as possible for her son's care. She also wanted to communicate her confidence in Ms. Forrester as a responsible parent.

When they arrived at the school, Carol suggested that Ms. Forrester go in first, and she would follow. She suggested Ms. Forrester sign Jon out from the school nurse's office and explain she was taking Jon for medical care. In this way,

Carol's behavior was consistent with her spoken intent that Ms. Forrester remain in the parent role. Carol remained several steps behind Ms. Forrester as she went to get Jon and walked him out to the car.

When she saw Jon, Carol said, "Hello again," and asked how his head was feeling. Jon said, "I guess okay." Carol said, "Well, your mom and I are taking you to the clinic to see about that cut and make sure it gets healed." Jon asked where they were going. Carol looked to Ms. Forrester expectantly, and nodded to her, suggesting that she answer Jon. Ms. Forrester said, somewhat abruptly, "To the hospital." Jon said nothing. Carol said, "You might be a little scared, but your mom and I will both be there with you the whole time."

When they arrived at the hospital, Carol again directed Ms. Forrester to take the lead in approaching the outpatient nurse in the emergency room. Ms. Forrester told the nurse her son had hurt his head, and the social worker thought he should be seen. The nurse directed Ms. Forrester to the proper clinic. While they waited to see the doctor, Carol engaged Ms. Forrester in casual conversation about her family, her daughter Wendy, and her interests. Carol learned about Ms. Forrester's job training program, and asked her to talk more about it. For the first time since meeting Carol, Ms. Forrester talked openly. She told Carol about the training program, how she was learning to use computers, and how she hoped to get a good job and get off public assistance. Carol agreed that knowing how to operate a computer would make her much more employable. Ms. Forrester asked Carol if she knew how to use one. Carol said she did, but learning it hadn't been easy. Ms. Forrester agreed, and said, emphatically, it was a real challenge. Carol asked Ms. Forrester if she were concerned about succeeding. She said not really, she thought she could do it. Carol reassured her that it was harder in the beginning, but once you got the basics down, it got easier.

Through this conversation, Carol was trying to take pressure off Ms. Forrester, and help her relax in Carol's presence. Carol expressed her interest in Ms.

Forrester's activities, supported Ms. Forrester's attempts to develop herself, and empathized with the stress involved in learning something new. In doing so, Carol communicated that she was interested in Ms. Forrester as a whole person, not just "an abusing parent." Her nonverbal message was that she could listen, could understand how Ms. Forrester felt, and could be nonjudgmental and supportive of her. Jon continued to listen intently to the conversation, while trying to look as if he weren't at all interested. Carol felt it important that Jon see her as a helpful and supportive person who wouldn't hurt his mom.

When they were called into the clinic, Carol again let Ms. Forrester take the lead. Ms. Forrester appeared nervous. Carol said, "I'm here to help you, if you need me." The clinic pediatrician first examined and talked with Jon. She then asked Ms. Forrester questions about how the injury had occurred. Ms. Forrester again said Jon had fallen off his bike. She could not explain the other bruises. The doctor then said while Jon was not exhibiting signs of brain injury, because of the location and severity of the head injury, she felt Jon should have a CAT Scan. The doctor explained the procedure, and sent Jon and his mother with the nurse to the radiology lab. The doctor asked Carol to come with her for a minute to her office. Carol followed. The doctor reiterated her suspicion of abuse, and Carol concurred. Carol also told the doctor about Jon's having disclosed to her at school that he had been hit with a frying pan. The doctor said the placement and extent of the injuries were more consistent with a severe blow with a hard object than with a bike accident. The doctor also said Jon's other bruises were very suspicious of inflicted injury. Carol suggested that the doctor tell Ms. Forrester her findings directly. She agreed she would, after Jon's CAT scan had been completed.

Carol joined Ms. Forrester outside the radiology lab and told her the doctor had some preliminary conclusions about Jon's injuries, and would talk with them both as soon as the CAT scan was completed. Carol wanted to communicate that there would be no secrets, and that the doctor would talk directly with Ms. Forrester. This was an attempt to reduce Ms. Forrester's suspiciousness. Ms.

Forrester said, "Why don't you tell me what she said?" Carol responded, "She's the doctor, I'm not... and I think you'd get better information if you heard it directly from her." Ms. Forrester said nothing, and was very quiet while they waited for the CAT scan. Carol did not pursue conversation, but sat quietly with her. Carol felt Ms. Forrester was probably worried about what she would be told and how she would respond. Carol did not reassure her. She felt Ms. Forrester's heightened anxiety might help break through her defensiveness about the injuries. Carol's hope was, when confronted with clear evidence of inflicted injury, Ms. Forrester would at least partially disclose what had happened, giving Carol the opportunity to reinforce and support Ms. Forrester's honesty, and help her to understand the next step was help for her, not punishment.

The meeting with the doctor occurred as planned. Carol listened while the doctor talked directly to Ms. Forrester. The doctor clearly, but gently, explained that Jon's bruises had almost certainly been inflicted, and that it was important that Ms. Forrester accept this fact. Jon's head injury could have blinded him in one eye, or even led to serious and permanent brain damage, if it had been just a little more serious, or in a slightly different location. The doctor also said that bruises on Jon's chest and abdomen reflected blows that could have resulted in permanent organ damage. She wanted to keep Jon in the hospital overnight for observation because she was still worried about concussion, and she wouldn't have the results of the CAT scan for several hours.

The doctor concluded by saying that Jon was probably a very lucky boy, but that he definitely needed to be protected. She then asked Ms. Forrester to respond. Ms. Forrester was quiet, then began to cry softly. She turned away, as if embarrassed. The doctor handed her a box of tissues, and Carol said, "I know this is probably one of the hardest things you've ever done. But if you tell us the truth, we'll be better able to help you and Jon." Ms. Forrester swallowed, and then said quietly, "I never meant to hurt him bad. I never did. I love my son." Carol asked her, "How does it happen." Ms. Forrester said, "He makes me mad. I only want to make him mind me. But he never does. I don't mean to hurt him."

While Carol believed there might be more to the explanation, she felt Ms. Forrester's acknowledgment was sufficient to help finalize her assessment of risk, and begin to develop a safety plan for Jon.

Carol thanked the doctor for her help. The doctor asked Carol to take Ms. Forrester to the proper department to fill out the forms to admit Jon overnight. Carol asked what provisions could be made for Ms. Forrester to stay with Jon. The doctor said she would arrange special visiting hours, and felt if all went well during the night, Jon could be released the following day. If not, they would talk again tomorrow.

After the doctor left, Carol sat with Ms. Forrester and said nothing, letting her cry. Ms. Forrester finally said, "You're going to take him away from me now, aren't you?" Carol said, "I hope not." Ms. Forrester looked at Carol strangely and said, "What do you mean, you hope not?" Carol said, "A lot will depend on you. Remember, I told you earlier that I wanted to work with you, not against you? Well, now's the time to begin. Right now, we have to decide on a safety plan for Jon so we can be sure he won't be hurt again. Is there someone in your family that Jon could stay with for the weekend, and you and I will talk again on Monday and start working on these problems?" Ms. Forrester began to cry again. "I promise I won't hurt him. Let him stay at home." Carol said gently, "I know you mean that sincerely. But you also said you didn't mean to hurt him before. From what you said, it sounds like things may get out of control pretty quickly, and you may react more forcefully than you intend. Until we can understand what happens, and help you learn to control it, I think that it could happen again, even though you don't mean for it to."

Ms. Forrester remained silent for several minutes, apparently thinking about what Carol had said. Finally she said, "I suppose he could stay with his cousins. He really likes them, and I think my sister would take him." Carol said she would like to meet and talk with Ms. Forrester's sister, and then work out the arrangements. Carol said, "You need to understand, if he goes to your sister's,

you can't take him from there. You can visit him, as long as your sister is present. We can explain this to her when we get there." Ms. Forrester began to cry again. "How can I ever face my sister? She'll never forgive me." Carol said, "If you like, I'll help explain that whatever happened, you've admitted it, and that you'll be working to correct it, and that you need her help. How do you think she'll respond to that?" Ms. Forrester said, "I don't know." Carol said, "If you're that worried about it, would you like to think of somewhere else Jon can stay?" She said, "There is no one else." Carol said, "We can place him temporarily in a foster home, if you'd prefer that. You can visit with him in the foster home." Ms. Forrester said, "He'll be really upset if he has to stay with strangers. I guess I'll just have to deal with it. I don't know why anything should change! It's been like this all my life! My sister already thinks I'm a terrible mother." Carol said, "Well, I think it takes guts to face the truth, and to make a plan that meets your son's needs, even if it is embarrassing and uncomfortable for you. In my mind, that's being a good parent, and I think you've just shown me that you can make good choices for Jon." Carol sat quietly while Ms. Forrester digested this last information. Finally, Carol got up from the chair and said, "Shall we go check Jon into the hospital, and then call your sister?"

Carol's final strategy was to involve Ms. Forrester in developing an immediate safety plan for Jon, thereby reinforcing Ms. Forrester's responsibility as a parent to plan for her child, and commending her when she did it well. Carol also shared her first suspicions about the dynamics of the abuse, acknowledging that personal factors, including uncontrollable anger, may have precipitated it. Yet, she said this in a factual, nonjudgmental manner. Finally, Carol helped Ms. Forrester see both her admission of the truth, and her willingness to confront the truth with her family, as significant strengths. Carol has reinterpreted as strengths what would have been construed by Ms. Forrester as personal failures. Carol has communicated that she expects Ms. Forrester to retain a measure of control in a threatening situation; that she believes Ms. Forrester can be an

effective parent; and that Carol appreciates her honesty and willingness to make good decisions for her son.

Summary

Through this intervention, Carol's behaviors and responses were calculated to begin development of the casework relationship, which then provided a supportive environment in which Ms. Forrester could begin to confront the truth. Carol's honest but nonjudgmental responses to Ms. Forrester's admissions, and her willingness to continue to let Ms. Forrester make choices for her son also reaffirmed that the casework relationship would be honest and collaborative. While this relationship is still fragile at best, and will need considerable additional development, Carol has assured Jon's immediate safety without alienating his mother. Carol has also developed an initial agreement with Ms. Forrester that paves the way for the next steps in the casework process – determining how and why the abuse occurred (assessment), and developing a plan to prevent further maltreatment (the case plan and service interventions.)