COLLABORATION ON CASES INVOLVING CHILD WELFARE ISSUES AND PARENTAL PROBLEMS: COMPETING AGENDAS AND PRIORITIES

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Introduction: Collaboration among professionals, whose client population includes families where there are child welfare problems and adult problems such as substance abuse, domestic violence, and parental mental illness, is a genuine challenge. These are complex cases with no easy answers. Often the interventions of choice represent the "least detrimental alternative", rather than an optimal solution to the difficulties the family faces. Furthermore, optimal solutions for one family member may not be optimal, and may even be detrimental, for others.

Professionals may have different agendas and priorities for a family because different family members are designated as their clients. In many instances, these professionals can be divided into those whose primary client is the parent and those whose primary client is the child. There are many examples of how these conflicts are played out.

Domestic violence and child welfare: In the domestic violence arena, traditionally domestic violence specialists have been reluctant to call attention to their clients' poor parenting skills. They often blamed them on the battering situation. They did not want to further traumatize the battered woman by confronting her about her parenting, and they feared raising the issue of her parenting might ultimately result in custody of the children going to the batterer.

From the child welfare perspective comes a more recent illustration of conflict in priorities. This derives from the appreciation of the detrimental impact on children of living with domestic violence. As a consequence, women who remain in situations of domestic violence may be defined as neglectful. Some women have lost custody of their children because they have not protected the children from domestic violence and/or left

the batterer. While the domestic violence specialist is very appreciative of the difficulties the battered woman faces in trying to extricate herself from an abusive situation, the child welfare worker may be quite unsympathetic.

Mental health problems and child welfare: Similarly, innovative work with women with Serious Mental Illness (SMI) demonstrates the importance for their well-being of having custody of their children. They describe the psychological benefits to themselves of being able to take care of their children. Having care and custody of their children organizes their lives, motivates them to take their medication, and gratifies them because the children love them. However, children living with SMI mothers do not fare so well. In an exemplary program providing social supports to SMI mothers, their children scored in the clinical range on the Child Behavior Checklist (Mowbray et al., 1995).

Another illustration of competing priorities among professionals derives from the fact that many parents whose children become involved in the child welfare system have personality disorders. The underlying dynamic of their child bearing and rearing may be to have their own needs for dependency and nurturing met. Thus, the role of their children is to make them feel loved, valued, and sustained. Children are an object for parental gratification. This is a heavy and inappropriate burden for a child. Moreover, when children are removed from the care of personality disordered parents, the parents feel empty without their children to take care of them. They may go into crisis. The parent's therapist will likely advocate to have the child returned to the care of his/her client, but the child welfare professional will likely want an alternative, nurturing, and consistent home for the child.

Substance abuse and child welfare: Finally, the typical trajectory for substance abuse is quite incompatible with child-rearing. The majority of substance abusers begin use during adolescence and their period of greatness abuse is during young adulthood. As substance abusers become older, they may engage in successive attempts at stopping drug or alcohol abuse. They may have longer and longer periods of sobriety and eventually

become substance free. However, their period of highest drug or alcohol dependency coincides with their children's period of greatest physical and psychological dependency.

Sometimes substance abusing parents are motivated to stop using or stay off drugs or alcohol because of their children, and they may eventually be successful. However, in the meantime the children may have experienced the roller coaster of multiple attempts of sobriety and relapse.

Priorities for child welfare workers: Furthermore, even child welfare professionals may focus on parents. Frequently, it is the parental problems that have led to the problems in child care. And after all, improving parental functioning usually, but not always, will improve child welfare. Similarly, as a society we believe that children are better off with their own families and out of home placement or even placement with relatives or in adoptive homes may be regarded as less than optimal.

Guidelines for case management: Despite these conflicts, it is important that professionals work together. They must share common values; they must understand and respect the perspectives of professionals whose roles are different than theirs; and they must establish a joint plan for the family.

With regard to values, an important value for all helping professionals is maximization of human potential. If the situation arises in which there is a conflict between the adult and the child's needs, the child's needs should take priority. The rationale for this value is that every person deserves a chance at a good life. In a sense, the adults in these situations have already had their chance. Although they may get a second chance, this should not happen at the expense of the child's first chance.

Although a value of priority to children's best interest on its surface appears straightforward, it is not. First of all, families are at the core of children's well-being. Thus, even when parents engage in behaviors that are harmful to their children, children may be

attached to their parents and ultimately are better off with them. Second, the best laid professional plans may go awry. Plans for children and families hypothesize the future based upon the present and the past. Circumstances change, especially in complex cases involving parental problems and child welfare issues. Moreover, plans may assume the best outcome, and it does not come to pass.

Professionals also need to understand and appreciate the divergent roles and responsibilities of their colleagues. Otherwise they will not be able to work together. Mutual respect and knowledge are the key to concerted efforts on behalf of children. However, appreciating another's role does not imply the ability to take it over. For example, just because a prosecutor understands the role of a domestic violence specialist, does not mean the prosecutor becomes, in effect, a domestic violence specialist. Similarly, even though a mental health expert understands the law he/she does not substitute his/her expertise for the lawyer's or judge's.

Finally, out of a mutuality of values and an appreciation of the roles of other professionals should come a plan for the family. That plan should differentiate its response according to the severity and nature of the problems entailed in the case and take into account the full spectrum of service needs of the family. Thus, the community may require successive efforts and attempts to help the family.