

Therapists' Perceptions of Parents Involved Within The Child Welfare System: Biases and Experiences

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INTRODUCTION

Currently, mental health practitioners (MHP) are not required to take a course on the child welfare system (CWS). Since clients mandated by CWS may have different needs than those not involved in CWS, it is important to understand their therapeutic needs. There is limited research on therapist perceptions of CWS and those mandated by CWS for therapy. With this research, we hope to use therapist experiences to develop a training to increase therapist preparedness. We hypothesize that if therapists are educated on the needs of parents involved with CWS and the processes of CWS, they will challenge biases and better advocate for their clients. Understanding the existing biases and perceptions of MHPs is crucial to achieving these goals.

PARTICIPANTS

- 22 Mental Health Practitioners
- License: licensed, pre-licensed
 - 9% (2) Licensed Marriage and Family Therapists (LMFT)
 - 36% (8) Licensed Mental Health Counselors (LMHC)
 - 5% (1) Licensed Social Worker (LCSW)
 - 23% (5) Registered Mental Health Counselor Interns
 - 14% (3) Pre Licensed Counselors
 - 9% (2) Registered Clinical Social Worker Intern
 - 5% (1) w/ role overlap
- Gender: 82% (18) females, 14% (3) males, 5% (1) Non-Binary

METHOD

- Mixed methods
- Quantitative survey via Qualtrics
 - CWS Scale with Experience (Researcher-made)
 - Higher score=better experience and felt more prepared
 - 24 points total
 - CWS Scale Without Experience (Researcher-made)
 - Higher score= more perceived comfortability & preparedness
 - 28 points total
 - Therapist CWS Bias Scale (Researcher-made)
 - Lower score= negative bias towards parents
 - Higher score = lower negative bias towards parents
 - 80 points total

REFERENCES

Bacon, Georgia, Sweeney, Angela, Batchelor, Rachel, Grant, Claire, Mantovani, Nadia, Peter, Sarah, Si n, Jacqueline, Lever Taylor, Billie, At the Edge of Care: A Systematic Review and Thematic Synthesis of Parent and Practitioner Views and Experiences of Support for Parents with Mental Health Needs and Children's Social Service Involvement, Health & Social Care in the Community, 2023, 6953134, 33 pages, 2023. <https://doi.org/10.1155/2023/6953134>

METHOD

- MHP Self-Assessment (Self-Assessment of Skill Level shortened)
 - Higher score= more perceived self-competence in therapeutic skills
 - 150 points total
- Social Desirability (CMSDS-Short Form)
 - Higher score= higher social desirability
 - 26 points total
- Qualitative Interviews
- Thematic Analysis
- Study sample= participants with quant and qual data (N=22)

RESULTS

Qualitative Themes and Subthemes	N (%) (31+)	N (%) (0-21)	Number of References (31+)	Number of References (0-21)
Positive Perception of Parents	62.5 %	92.9%	4	13
Not the parent's fault	9%	18%	2	4
Goal is to Support parents	4.5%	18%	1	4
Parents have good intentions	4.5%	9%	1	2
Negative Perception of Parents	13.6 %	4.5%	3	1
Parents difficult to work with	9%	0%	2	0
Parents do not care	4.5%	4.5%	1	1

Positive Perception of Parents

Not the parent's fault

-“Parents that are trying to break generational curses, they self-blame, there's a lot of guilt, a lot of shame, and knowing that it, I guess it's not all, like, not all your fault, but it is your role to figure out how to make improvements.”

Goal is to support parents

-“With the parents that I worked with, didn't have a lot of supports. They didn't have a lot of people that they could trust or that were on their side. And I think that is something that I really valued about my therapeutic experience in community mental health is that you got to actually see a difference”

Parents have good intentions

-“They're just human beings that got caught up in a substance, and they still love their babies, and they still want to care for their babies.”

Negative Perception of Parents

Parents do not care

-“There are parents that are just, like, they don't care, and those are not the ones I'm recommending reunification for, they're clearly checked out, have no desire, you know, they're just, you know, they're more angry and not looking to do anything, that those are the right cases that they should be looking at.”

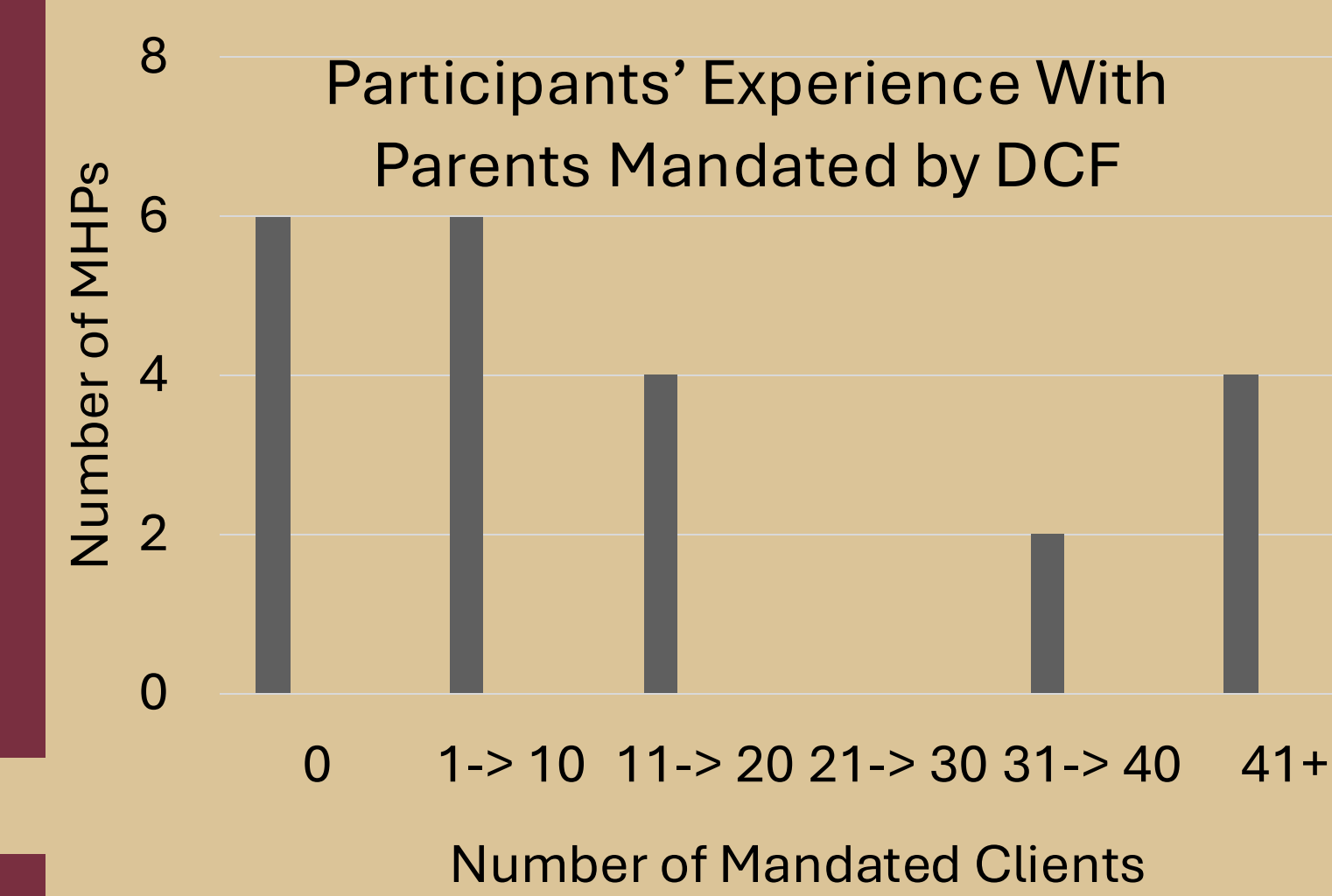
-“Those parents usually don't want to be involved, and if they are, they're very much hands off and it's very much like the child is the problem and not the family system.”

Parents are difficult to work with

-“Where it gets tough is the parent, what the parent has done to the child, you know.”

-“Some people in my unvarnished view, like, are not parent material. So, there's just some people who have kids and they're not capable.”

RESULTS



	N	Minimum	Maximum	Mean
CWS Scale w/ Experience	15	12	21	16.6000
CWS Scale w/ No Experience	6	16	19	17.5000
Therapist CWS Bias Score	20	47	68	57.5000
Social Desirability Score	22	13	25	20.7273
MHP Self Assessment Score	21	97	145	123.3810

DISCUSSION & IMPLICATIONS

This mixed methods study aims to address the perceptions of MHPs on parents involved within the CWS. The quantitative data revealed that therapists with no experience felt prepared to work with clients involved within the CWS. This could be explained by other ways of gaining knowledge about the CWS or a lack of awareness of the additional work that goes into working with this population. The mean score of the Therapist Bias Scale indicated a low negative bias towards parents involved in the CWS. Participants did had a high average social desirability score, meaning that they valued how they are perceived. This may influence the results. The qualitative data reveals the nuance present for the therapists, with some therapists discussing parents' good intentions and others noting their lack of caring.

For clinicians, the opportunity to discuss some of these perceptions within their training program may allow for more openness in working with these clients. Throughout their career, continuing education, increased personal experience, and work experience can adjust MHPs overall biases and perceptions.

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