Family Engagement in Child Welfare: Ethics, Empathy, and Evidence-Based Practice

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Ashley Castro, LCSW, is a licensed clinical social worker with over a decade of experience spanning child welfare, behavioral health, and staff development. She began her career in child welfare, where she spent eight years supporting families navigating court involvement and systemic barriers. Today, she combines her clinical expertise and trauma-informed approach to train and empower professionals to engage mandated families ethically, empathetically, and effectively.

Purpose Statement

This course equips behavioral health professionals with trauma-informed, ethical, and culturally responsive strategies for engaging families involved in the child welfare system. Participants will gain an understanding of how systemic trauma and mandated service dynamics shape behavior and engagement. Through real-world case vignettes, learners will explore how to reframe resistance as a survival response, apply documentation practices that reduce bias, and strengthen collaboration with child welfare partners. The goal is to enhance safety, trust, and reunification outcomes for families navigating CPS involvement.

Learning Outcomes

1. Describe the impact of trauma on family engagement and participation in mandated services
2. Reframe resistance and avoidance behaviors as protective trauma responses
3. Apply ethical documentation practices that reduce bias and support reunification

Learning Outcomes

4

Demonstrate cultural humility and awareness of systemic racism in child welfare practice

5

Collaborate with CPS social workers and other team members to support sustainable family change

6

Integrate reflective supervision, peer consultation, and self-compassion into trauma-informed practice

Section 1:
Understanding the Context

Opening Story: Two Worlds Collide

- 8 years in child welfare
- Transition to clinical behavioral health
- First court-ordered therapy clients
- Realization:
  “Resistance is pain in disguise.”

Self-Reflection

- **Pause and Reflect**
  - Think about a time when a client's resistance was really a protective response.
  - What did it teach you about trust?

Trauma's Impact on Families in the Child Welfare System

- Complex trauma from poverty, racism, removal
- Chronic surveillance and loss of autonomy
- Survival behaviors misread as defiance
- Multi-system stress impairs executive function
- Healing requires safety and predictability

(Child Welfare Information Gateway, 2021)

Definition of Trauma

- As defined by the Substance Abuse and Mental Health Services Administration (SAMHSA):
  - Trauma results from “an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening, that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

(SAMHSA, 2023)

Patterns of Trauma's Impact

Avoidance

which may look like missed appointments or emotional withdrawal.

Fight

which may appear as defensiveness, anger, or verbal escalation.

Freeze

which can look like passivity or shutting down, not because they don't care, but because compliance may feel like the safest choice.

(SAMHSA, 2023)

The Mandate Dynamic

- Court-ordered services = Limited choices
- Common client beliefs:
  - “I’m here so I don’t lose my kids.”
  - “You’re part of the system.”
- Clinician tasks:
  - Name the mandate openly
  - Establish shared purpose
  - Reinforce autonomy where possible

Reframing Resistance as Survival

- Anger = Self-protection
- Avoidance = Fear of failure or re-trauma
- Silence = Safety mechanism
- Compliance = Survival strategy

Self-Reflection

- **Pause and Reflect**
  - When a client misses sessions, how do you interpret it?
    - Lack of motivation or safety?

Evidenced-Based Frameworks

- **SAMHSA:** Six key principles of trauma-informed care
- **Prochaska & DiClemente:** Stages of change
- **Tervalon & Murray-García:** Cultural humility

(Prochaska & DiClemente, 1983; Tervalon & Murray-Garcia, 1998; SAMHSA, 2023)

6 Key Principles in Trauma Informed Care

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice, and Choice
6. Cultural, Historical, and Gender Issues

(SAMHSA, 2023)

Stages of Change

1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance

(Prochaska & DiClemente, 1983)

Cultural Humility

- Lifelong learning and critical self-reflection
- Recognizing and redressing power imbalances
- Institutional accountability

(Tervalon & Murray-Garcia, 1998.)

Case Study

- Maria, a 32-year-old mother, has been court-ordered to attend therapy following the removal of her two children due to neglect concerns.
- She's missed three sessions and arrives late to the fourth, appearing withdrawn and defeated. As she sits down, she says quietly:
  "You don't get it—CPS already took my kids. What good is talking?"
- Group prompt: What might you say next?

Sample Response

- A trauma-informed reframe might sound like this:
  - *‘You’re right. This is incredibly hard, and it probably feels pointless right now. But if we can use this space to focus on what matters most to you, it can still be meaningful, even with everything happening in court.’*

- That response validates her experience and communicates respect. You’re not trying to convince her that therapy helps, you’re showing her that this space isn’t another system of control.

Sample Response *(continued)*

- The key takeaway here is that resistance is information. When clients express anger, avoidance, or despair, they're communicating where the pain lives. Our role is to listen for what the behavior is trying to protect.

- This case also illustrates why we have to approach engagement with curiosity and humility, not assumptions. Every statement like Maria's is an entry point into understanding her survival strategy.

Self-Reflection Questions
Question 1

When a client withdraws or becomes defensive, what is your *first internal interpretation*?

A. They're being oppositional.
B. They're protecting themselves.
C. They're not interested in therapy.
D. I'm not sure.

Self-Reflection Questions
Question 2

How confident are you in recognizing trauma-response patterns (fight/flight/freeze) in mandated clients?

A. Very confident
B. Somewhat confident
C. Not confident
D. Unsure

Section 1 Summary

- **Key Takeaways**
  - Resistance = Survival
  - Mandates limit trust—honesty restores it
  - Trauma lens reveals human behavior beneath compliance
  - Build safety before intervention

Section 2:

Shifting Practice – Ethics, Documentation, and Cultural Responsiveness

Section 2 Overview: Shifting Practice

- **Ethics, Documentation, and Cultural Humility**
  - Write with integrity and transparency
  - Reduce bias in records
  - Honor culture and context
  - Support reunification through language

Ethics in Court-Ordered Therapy

- Dual responsibilities (therapeutic and legal)
- Transparency about limits of confidentiality
- Avoid dual roles or conflicts of interest
- Uphold informed consent and client voice

(NASW, 2021)

Documentation as a Clinical Tool

- Language frames family narrative
- Write to be understood by families and CPS
- Avoid labels (“noncompliant”)
- Highlight strengths and effort
- Document context, not just behavior

Example Notes

- **For example, look at these two notes:**
  - ❌ ‘*The client was defensive and refused to participate.’*
  - ✅ *‘The client appeared tense and expressed discomfort discussing the CPS case, stating she feels judged by the system.’*

- The first note assigns motive, it assumes the client is being difficult. The second simply describes behavior and captures the client’s perspective. It tells a fuller, more compassionate story.

Example Notes

- **Here's another example:**
  - ❌ *'Client failed to complete assigned homework again.'*
  - ✅ *'Client did not complete the assigned activity this week and shared that ongoing transportation issues and childcare demands made it difficult to focus on the task.'*

Documentation Do’s and Dont’s

- **Do:** Use objective language; note progress and barriers
  - **Don’t:** Speculate on intent or use stigmatizing terms

- **Do:** Quote client voice when possible
  - **Don’t:** Omit context of trauma or mandate

Examples

- Let’s look at a few examples together.
- **Do:** Use clear, objective language.
  - Example: *“The parent appeared tearful and stated, ‘I feel like I’m failing my kids.’”*
- **Don’t:** Write assumptions or judgments
  - Example: *“The parent is unstable and unwilling to take responsibility.”*
- The first example captures what was observed and what the client expressed — it’s factual and empathetic. The second one adds a personal judgment that could negatively shape how others perceive the client.

Examples

- **Do:** Provide context for behavior.
  - Example: *“Client missed the session due to transportation challenges and lack of childcare.”*

- **Don’t:** Leave out important background.
  - Example: *“Client was noncompliant and missed appointment.”*

Mini Case: The Biased Note

- **Before:** *“Client was uncooperative and refused to discuss CPS case.”*
- **After:** *“Client expressed distrust toward CPS due to past removal experience and chose to focus on parenting stress.”*
- When we document resistance, we should describe what we observe and what the client communicates, not our interpretation of their motives.

Mini Case: The Biased Note *(continued)*

- For example:
  - Instead of *'Client was defensive,'* write *'Client crossed their arms, raised their voice, and stated, "I don't trust this process.""*
  - Instead of *'Parent was unmotivated,'* write *'Parent stated they feel hopeless about the outcome of the case and unsure whether therapy can help.'*

Self-Reflection

- **Pause and Reflect**
  - When writing notes for families you serve:
    - Who is your primary audience?
    - How might that change your language choices?

Cultural Humility in Practice

- Lifelong learning and self-reflection: This means we never arrive. Our job is to continually examine our biases, assumptions, and blind spots.
- Redressing power imbalances: Families involved in child welfare are often navigating systems that have historically misused power.
- Institutional accountability: This goes beyond individual awareness. It means examining how our agencies, documentation systems, or even referral processes may unintentionally perpetuate inequities.
- “Cultural humility over competence” (Hook et al., 2022)

Systemic Racism in Child Welfare

- Disproportionate removals of Black and Native American children
  - Black and African-American children are consistently overrepresented in foster care, entering the system at nearly twice the rate of White children.
  - Native American and Alaska Native children experience removal at rates that are two to three times higher than their population share
  - Meanwhile, White families are more likely to receive preventive services rather than removal interventions for similar safety concerns.

(Casey Family Programs, 2021; Dettlaff & Boyd, 2020; U.S. Dept of Health & Human Services, 2023.)

Systemic Racism in Child Welfare

- Generational mistrust of government and social service systems
- Cultural bias in risk-assessment and decision-making tools
- Need for data transparency and community partnerships
- Shift from “fixing families” to “fixing systems”

(Casey Family Programs, 2021; Dettlaff & Boyd, 2020; U.S. Dept of Health & Human Services, 2023.)

Systemic Racism in Child Welfare

- **As practitioners, we can start by:**
  - Examining how our own implicit biases may influence assessments or language in documentation.
  - Advocating for fair and equitable decision-making within our agencies.
  - Partnering with culturally specific organizations that understand and represent the communities we serve.

(Casey Family Programs, 2021; Dettlaff & Boyd, 2020; U.S. Dept of Health & Human Services, 2023.)

Integrating Cultural Humility into Documentation

- Note client identity as self-described
- Reflect values and belief systems without judgment
- Recognize language barriers and use interpreters
- Consult culturally specific resources

(APA, 2017; NASW, 2021; Tervalon & Murray-Garcia, 1998.)

Section 2 Summary

- Ethics guide trust in mandated care
- Documentation can heal or harm
- Cultural humility is an ongoing practice
- Language is a clinical intervention

Section 3:
Collaboration and Connection

Section 3 Overview

- **Section 3: Collaboration and Connection**
  - Building safety and trust through communication
  - Partnering with CPS social workers
  - Supporting sustainable change
  - Integrating trauma, ethics, and humility

Why Trust Comes Last

1. Families test consistency first
2. “Trust” follows transparency
3. Avoid overpromising outcomes
4. Predictability = psychological safety

Building Safety Through Communication

- Lead with curiosity, not correction
- Normalize emotion
- Use reflective listening
- Validate effort, not perfection
- Model calm regulation

Self-Reflection

- **Pause and Reflect**
  - When tension rises, what helps you stay grounded and responsive instead of reactive?

Self-Reflection

- **Pause and Reflect**
  - James said, *“You’re just another worker who’ll disappear once my case closes.”*
  - How can transparency repair mistrust?

Self-Reflection *(continued)*

- **A trauma-informed, transparent response might sound like this:**
  - *'You're right, I won't always be in your life. But while I'm here, my role is to support your goals, not make them for you.'*

- That's a powerful statement because it does three things at once:
  1. It **acknowledges the truth** — you won't always be there.
  2. It **models transparency** — you're honest about your role and limits.
  3. It **reframes the relationship** — from dependency to partnership.

Collaboration with CPS Social Workers

- Shared mission: safety, permanency, well-being
- Respect roles, reduce duplication
- Communicate proactively
- Present unified messages to families

(APA, 7e; Casey Family Programs, 2021; U.S. Dept of Health and Human Services, 2023)

Stages of Change to Court-Ordered Work

- Precontemplation: “I don’t need therapy.”
- Contemplation: Exploring possibility of change
- Preparation: Planning action steps
- Action/maintenance: Sustaining progress

(APA 7e; Prochaska & DiClementa, 1983)

Family Engagement Reflection Worksheet

- Handout: Family Engagement Reflection Worksheet
  - Identify your default engagement style
  - Assess power dynamics
  - Plan new rapport strategies

Case Study: Ethical Dilemma

- During a routine therapy session, Elena, a 27-year-old mother with an open CPS case, quietly shares that she recently found out she is pregnant. She looks down as she speaks and says she hasn't told her CPS worker because she's "terrified they'll take this baby too."

- Elena explains that her first child was removed a year ago due to substance use and domestic violence in the home. Since then, she's maintained sobriety for six months, has secured housing, and has been attending therapy consistently. Despite these strides, she still feels the system views her as "unfit" and worries that disclosing her pregnancy will undo all her progress.

Case Study: Ethical Dilemma *(continued)*

- As she talks, her hands tremble. She asks the therapist to “please not say anything yet,” saying she wants time to “figure it out.” The therapist recognizes the ethical dilemma: The pregnancy may affect the existing case plan, but immediate disclosure could fracture the fragile trust they’ve built.

- The therapist must decide how to navigate **ethical responsibility**, **legal reporting**, and **client trust**—balancing compassion with duty in a trauma-informed, transparent way.

Case Study: Ethical Dilemma *(continued)*

- What ethical steps must be taken?
- How do you maintain rapport?

Communication Framework: “Be Truthful, Not Tactical”

- Clarity > Comfort
- Empathy + Honesty = Trust
- Avoid jargon; use plain language
- Repair when ruptures occur

Self-Reflection

- **Pause and Reflect**
  - Think of a family you found hardest to reach.
  - What truth, if named openly, might have changed that relationship?

Integration and Sustainability

- **Sustaining trauma-informed, ethical, and culturally humble practice**
  - Ongoing supervision and reflection
  - Peer consultation
  - Continuing education
  - Self-compassion

Course Summary and Key Takeaways

- **Final Reflections**
  - Trauma shapes engagement
  - Resistance = information
  - Ethics and documentation build trust
  - Culture matters every time
  - Collaboration fuels reunification

- **Thank you for your commitment to families.**

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Thank you!