

THE TRANSFORMATIVE POWER OF THE TEAM APPROACH, BRINGING THE BABIES VOICE TO THE COURT ROOM Michigan Association for Infant Mental Health Conference

May 5-7, 2019

FLOODING THE FAMILY AND THE SYSTEM FOSTER CARE



WHAT IS IT?



WHAT IS IT?





WHAT IS IT?





MARCHING TO OUR OWN DRUM

Duplication of services

Increased worker burn out

Missing pieces to the puzzle

Triangulation

We see things through our

own lens





WORKER BURN OUT

One study found that 20% of front line child welfare staff and 11.8% of first time supervisors turn over annually (2001).

High turnover rates are linked to decreased permanency experienced by children

- 74.5% achieved Permanency with only one worker
- 17.5% achieved permanency when there were 2 workers
- 0.1% when there were 6-7 workers

Vandervort, Gozales, and Faller (2008) Legal Ethics and High Welfare Worker Turnover: an Unexplored Connection. Child and Youth Services Review, 20 (5) 547-563

USING A TEAM APPROACH

Allows professionals to "be on the same page" Helps keep the Child center stage Minimizes duplications of services Defines roles Models appropriate relationships Keeps the case moving at the child's pace Supports working together and minimizes triangulation Allows professionals to focus on their role/job in the case

Gives everyone a voice

Holding Relationships



THE TEAM- DIRECT SERVICES



ROLES AND RESPONSIBILITIES

Parenting Class/Play Group	DHHS Foster Care	Infant Mental Health Therapist	Program Coordinator
Facilitator	 Manger Foster Care placement Monitor compliance to parent agency agreement Complete 	 Infant Mental Health Therapist Provide therapeutic intervention to child/parent dyad during therapeutic visits and individual parenting sessions Provide support services to 	 Monitor compliance with MITC model Coordinate services between multiple agencies Liaison to the court, DHHS, and IMH Facilitate team meetings and case conferences Identify gaps in services to families and work with the community to fill these gaps Provide consultation and training on the Infant Mental Health and ITC model Provide reflective supervision specific to Baby Court team members
 holding environment, and model appropriate relationships Communicate with team members regarding the parents' strengths/weaknesses and parent-child interactions Plan and facilitate developmentally-appropriate activities for playgroup Promote positive parent-child interactions and appropriate peer interactions during playgroup 	 referrals/monitor services provided to the family Attend team meetings and case conferences Make recommendations to the team regarding placement issues Supervise and coordinate parenting time 	 the placement family on behalf of the child Report to the court the status of the parent/child relationship, parenting skills demonstrated, and the infants development and needs Attend team meetings monthly and case conferences as needed 	

GOALS OF THE TEAM

Keeping the infant/toddler center stage

Promoting permanency

Strength focused

Going at the pace of the infant/toddler

Creating unified recommendations for the court

Minimizing moves

Reducing risk

Developing an action plan

Sharing the work

Providing opportunity for support and reflection

THE BABY COURT FAMILIES

Approximately 80% of the families participating in Baby Court report the following:

Issues related to substance abuse

•A lack of safe and appropriate housing

•At least one incident of Domestic Violence

Almost all Baby Court families report the following:

•Living in poverty

- •A history of trauma
- •Mental Health issues
- •A lack of any support system
- •A history of distrust with the system

REFERRED TO BABY COURT

Families are usually referred to baby court for the following reasons:

- •Have tried to get children back before and were not successful (previous terminations)
- •Suffer from mental health issues, learning disabilities, and/or substance abuse issues to the severity that it is believed that they can not succeed on the regular docket (usually all of these things at once).
- •Have babies that have suffered severe trauma
- •Permanency can not be obtained, the child has lingered in care with no foreseeable resolution
- •Meet ADA (Americans With Disability Act) requirements for added accommodations.



HOW HAS WORKING WITH A TEAM CHANGED HOW YOU DO YOUR JOB?



WHAT ABOUT THE TEAM APPROACH HELPS REDUCE BURNOUT FOR YOU?



HOW DOES THE TEAM IMPACT THE BABY/FAMILY IN THE COURT PROCESS?



HOW DOES REFLECTIVE SUPERVISION INFLUENCE YOUR ROLE ON THE BABY COURT TEAM?



WHAT HAVE BEEN SOME OF THE LIMITATIONS, CHALLENGES, OR LEARNINGS?

THANK YOU FOR JOINING US TODAY

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