



### **A Child Welfare Practitioner's Clinical Journey**

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Completing the practicum component of my Master of Social Work degree stimulated much personal growth and provided me with skills and concepts beyond my intended goals. I began taking my Masters degree with the goal of developing my clinical skills and knowledge and providing me with an edge in the job market. Prior to beginning this degree, friends and colleagues had told me that the biggest gains would be the personal growth I would experience, such as pushing me beyond my comfort zone, increasing my self-confidence, and improving my critical thinking skills. Not only were they right about the gains that were in store for me, but my practicum provided another unexpected outcome. Completing the degree proved to be a tremendous personal journey and highlighted the fact that clinical skills can be used in a wide array of non-clinical settings, including child welfare.

This article will highlight the key points in my personal growth and learning process. It will articulate the aspects of my learning, both personally and professionally, that were most useful. Completing my practicum became less about the theoretical knowledge and clinical skills I gained and much more about how I grew personally, which in turn has affected my professional life. I discovered that basic relationship building skills are the most critical component of practice, more so than the specific therapeutic approach that is used (Callahan, 1993a; Callahan, 1993b; Hanna, 2001; Vincent, 2002).

#### **Overview of the Practicum**

My early work in a mandated child and family services agency exposed me to the challenges and pressures of child protection work. Like many others who were new to the field, I found that my work focused on risk assessment, intervention, and management of authority in the fast-paced, complex environment that is a characteristic of child welfare. Over time, though, I recognized there was a need to incorporate other therapeutic models of intervention into my practice, which led to initiating my Master of Social Work degree to expand my clinical skills.

My practicum integrated the approaches of structural family therapy and solution-focused therapy with single mother families. My goal was to develop assessment and intervention skills grounded in these approaches and to assess the effectiveness of utilizing an integrated approach with single mother families in a community-based family counselling setting (Elizabeth Hill Counselling Centre). An assessment model founded

upon structural family therapy, augmented by a feminist perspective to ensure gender sensitivity, was used to provide a blueprint for how the family functioned, and a solution-focused intervention was used to highlight and enhance behaviours that led to solutions.

The practicum was conducted over a five-month period and consisted of eight client systems, all of which were headed by women with children ranging from preschool to teenagers. Most of these families were involved with a child and family services agency and were struggling with a multitude of issues including substance abuse, parent-teen conflict, sexual abuse, domestic violence, separation/divorce, poverty, family of origin issues, and lack of parenting skills.

My goals in completing the practicum were to enhance and develop my knowledge and skills in the three therapeutic approaches described above and to learn how to use them when working with the various issues that single mother families face. I also wanted to become more adept at developing rapport and terminating with families. Finally, I wanted to begin to develop my own personal style as a family therapist.

### **Clinical Lessons**

As noted above, an assessment model based upon structural family therapy and supported by a feminist perspective to ensure gender sensitivity was used to provide a framework for how the family functions, and a solution-focused intervention was used to identify and develop behaviours that lead to solutions. Structural family therapy focuses on how families have organized themselves and is based on the premise that, when families are struggling, it is because their roles, boundaries, and responsibilities (that is, their structure) have become problematic. Interventions assist families to restructure themselves so that they are better able to meet their responsibilities and function more effectively. Feminist theory addresses the limitations inherent in utilizing a purely structural approach to assessment, which fails to account for gender, history and larger social factors at play. Feminist theory takes into account issues of power, division of labour and the sociopolitical context. A practitioner working from a feminist perspective would focus upon empowerment, validation, connecting clients to community resources, and developing an egalitarian relationship with the client. Solution-focused therapy focuses upon strengths, resources and solutions to presenting problems. The premise of the approach, based on systems theory, is that change in one part of the system will cause change in the entire system. For solution-focused therapists, change is brought about by focusing on exceptions to the problem and by illuminating strengths.

Although I initiated my practicum primarily to learn how to apply the therapeutic models outlined above and achieve specific therapeutic goals, I learned so much more than anticipated. Specifically, I learned the important components in working with families/individuals, with the therapeutic relationship being the most critical. Below, I will highlight the clinical lessons I discovered and some of the gaps and limitations in the approaches identified in my practicum.

### **Therapeutic Relationships**

Each of the approaches utilized in the practicum stresses the benefits of building a relationship first, prior to utilizing techniques or interventions to bring about change in

the family. This proved to be key in my work with clients. Proponents of structural therapy speak of the necessity of joining with clients as the first task in counselling, prior to restructuring and challenging the system (Minuchin, 1974; Nichols & Schwartz, 1998). The approach outlines specific techniques that can be utilized to engage with clients: confirmation, accommodation, maintenance, and mimesis (Colapinto, 1991; Minuchin, 1974). The solution-focused therapy model also stresses the importance of developing rapport (Nichols & Schwartz, 1998; O'Hanlon & Weiner-Davis, 1989) while feminist theory maintains that the relationship between therapist and client is paramount in the therapeutic process and highlights the importance of respect, support and affirmation of the client (Laidlow & Malmo, 1991).

Building rapport and engaging with families proved to be a very important aspect of the therapeutic process. My practicum taught me a great deal about developing rapport and how critical it is to develop relationships when working with families. Developing rapport is key when working with a family or individual and failure to do so can derail the whole therapeutic process. The reality is that the techniques and interventions used with families will not be effective if a relationship with the family is not developed. It does not matter what approach one uses, relationship-building skills are necessary for the therapeutic process. Prior to beginning the practicum, I did not pay close attention to rapport building and developing a relationship, but I quickly learned that it must be the first priority and I think it is the most important skill to possess. If a relationship is not established with the clients/families in the first few sessions, they are unlikely to want to return for future sessions, nor will they be inclined to share personal information with the social work practitioner. Further, it is difficult to challenge and confront clients on different issues without the foundation of a therapeutic relationship.

My work with different families proved the importance of developing a relationship with clients. For example, with one family, the 11-year-old daughter was very resistant to participating in counselling and it was extremely difficult to engage with her. Four sessions were devoted to working with her individually in an attempt to develop a relationship so that she would trust me and realize that I did not believe that she was the identified problem as her mother was attempting to portray. The individual sessions with her proved to be very beneficial because during the subsequent family sessions, the daughter opened up and challenged her mother on a variety of issues, which she had previously refused to do. She presented as much more vocal and interactive during family sessions than she had prior to working with her individually.

### **Strengths-Based Approach**

Each of the approaches incorporated into my practicum take a strength-based approach that supports the use of validation and compliments, rather than pathologizing the family (Cleveland & Lindsey, 1999; Colapinto, 1991; Kerr, 2001). Affirming, validating and complimenting clients were extremely successful in building relationships with clients. Further, it greatly improved their levels of self-confidence, which were frequently very low, despite the fact that they had a lot to offer and had accomplished many difficult things in their lives, especially given the various obstacles they had endured.

The research literature (Green & Crooks, 1988; Kissman, 1991; Sheeber & Johnson, 1992) and my experience with the single mothers in this practicum, highlight the fact that these women often experience low levels of self-esteem and often feel ineffective in their role as parents. Most of these women lacked nurturance in their own childhoods and lives and had many unmet emotional needs. Therefore, part of my role was to focus on the positive characteristics in these women in an attempt to nurture them and meet some of their emotional needs, so that they could, in turn, do the same for their children. One could look at it as a form of modelling. These women were delighted and grateful when I spoke positively about their character or something they had done; however, initially their reaction was one of surprise and tears because they were so unaccustomed to positive feedback.

For example, when working with one of the mothers, I routinely complimented her on a variety of different accomplishments, such as: returning to school; surviving an abusive marriage and being able to remove herself and the children from that situation; the love and connection in this family, which was readily apparent to me; and on some of the parenting she had done with her boys who had many good qualities despite some of the challenges she was experiencing with them. This mother appeared to thrive on the affirmation and validation she received in counselling and often wept when I complimented her.

Further, the use of compliments also provided the foundation to be able to challenge and confront clients because clients were less likely to respond to challenges and confrontation in a defensive and combative manner when they felt that they were viewed in a positive light. The literature on structural therapy, solution-focused therapy and feminist theory refers to this as joining and building a relationship with a family (Kissman, 1991, Nichols & Schwartz, 1998; O'Hanlon & Weiner-Davis, 1989). For example, with one mother I was unable to directly challenge her on her lack of nurturing behavior, her punitive approach, or her tendency to label her daughter as the problem, until I had had several sessions in which she felt supported and validated by me. She had poor self-esteem and tended initially to react in a very defensive manner when confronted on these issues. However, when I challenged her on some of her parenting after we had established a relationship and she seemed to perceive me as seeing many positive characteristics and qualities in her, she did not become angry and defensive and instead looked at how she could change her behavior. I learned that one cannot undervalue the benefits of focusing upon strengths and that 'honey' will get one much further than 'vinegar'.

### **The Client's "Story"**

During my work with clients during the practicum, it became apparent that clients need to "tell their story" and it is difficult to push them towards finding solutions and solving problems until this occurs. However, the structural and solution-focused approaches do not place sufficient emphasis on the need for clients to "tell their stories" to ensure that they felt heard and understood. Structural therapy and solution-focused therapy stress goal identification and the utilization of techniques that will bring about change such as restructuring or focusing upon exceptions to problems, focusing upon strengths, or reframing (Cleveland & Lindsey, 1999, Goldenberg & Goldenberg, 2000,

Nichols & Schwartz, 1998). Similarly, the feminist orientation I used did not sufficiently acknowledge this. Carl Rogers was a strong proponent of the importance of having the client tell their story as part of the relationship-building in therapy. He believed that empathy, validation, and attending skills lead to the client feeling heard, which is essential before change can occur (Rogers, 1951; Miller, Hubble, & Duncan, 1996).

When I tried to shift the focus to solutions and goal identification, in keeping with the tenets of these therapeutic models, I found that clients continued to shift the focus back to their stories and problems. I began to recognize that clients needed to spend the initial stage of counselling talking about their lives and the problems they have encountered. Some clients told their story in a session and others took two to three sessions to complete this. Once I realized this, I began to give clients the opportunity to tell me about their lives and the various problems they encountered and I viewed this as part of joining, engaging and building a relationship with them.

For example, when working with one mother, I continually attempted to shift her focus toward devising solutions to her problems and I attempted to have her focus on the future, instead of the past. However, the harder I tried to stop her from telling her life story, the more she kept shifting the focus back to her life story. I eventually gave up and let her tell her story and once she was done she readily shifted her focus to goal identification and problem solving. It took her approximately three sessions to complete this process and it encompassed her talking about her childhood, family of origin, teenage years, when she had children, and her marriages. In retrospect, this was not wasted time because it assisted me in developing a relationship with her. I empathized, validated, attended to what she shared with me, and clarified information by asking questions. This assisted in her feeling heard and accepted by me, which facilitated in the therapeutic process.

### **Family of Origin**

The benefits of learning about clients' childhood experiences and history became readily apparent to me, despite the fact that the two primary approaches used in this practicum, structural therapy and solution-focused therapy, do not encourage or support soliciting this information (Cleveland & Lindsey, 1999; Colapinto, 1991; Minuchin 1974; Sirls, Lipchik & Kowalski, 1993). I am not suggesting that it is useful to spend large amounts of time reviewing someone's history, but someone's childhood experiences and history can offer insight into behaviors, themes and patterns in families and can assist in identifying solutions. For example, in one family, the mother shared that when she was growing up she was identified as the problem in her family and her mother tried to have her labelled with a mental health diagnosis and had her hospitalized. The mother advised that she did not believe that she had a mental health problem, but instead was responding to her mother's parenting and the home environment. This mother was inadvertently repeating her mother's behavior with her own daughter by attempting to label her daughter as the problem. By examining her own experiences with her mother, she was able to see how her behavior was affecting her daughter, she was also able to identify what her daughter needed from her by looking at what she had needed from her own mother when she was a child. Clearly, looking at her childhood experiences and history with her family of origin was a useful tool in assisting her to recognize the patterns she

was repeating and to alter her parenting with her own daughter to ensure that her daughter received the nurturing and unconditional acceptance she required.

In another family, the mother indicated that her behavior when she was a teenager was identical to that of her eldest adolescent daughter. She shared many examples of these parallels and was able to use her own experiences as a teenager to understand what her daughter was experiencing and to help her determine what her daughter needed from her. Her own childhood experiences assisted her in empathizing with her daughter and in determining what would be the most effective manner to deal with the conflict and difficulties that she was experiencing with her. Neither of the key approaches I used in the practicum value the importance of “insight” in counselling, however, I learned that it can be a significant factor in creating change in a family system.

### **The Family’s Life Cycle Stage**

During my practicum, I also became much more aware of the significance of taking into consideration the life cycle stage that a family is at, the developmental needs related to that stage of development and the transitions associated with that stage. The structural approach emphasizes the need to take into consideration the family’s developmental stage and the developmental needs related to that stage of development (Cleveland & Lindsey, 1999; Colapinto, 1991; Minuchin & Fishman, 1981). Transitional challenges during the teenage years and separation/divorce, which all of the families in my practicum had experienced, can produce a great deal of stress/turmoil and can, in turn, contribute to dysfunctional behaviors. For example, the mother of one of the families with whom I worked had significant difficulties altering her expectations and parenting approach with her daughter, who had recently entered her teenage years and the entire family was struggling with their recent transition to being a single parent family. Prior to this experience, I had not given this area the attention or consideration that it so clearly requires.

### **Homeostasis**

The homeostatic concept is a fundamental concept in the structural approach and stipulates that a family will relate in a manner that is most familiar and comfortable to them, even if it is creating problems for the family system (Minuchin & Fishman, 1981). Families go through different stages of growth and development and must cope with periods of crisis by adjusting its’ functioning.

I routinely employed this concept with families as a form of explanation for the tendency for a family’s functioning or an individual’s behavior to deteriorate or revert back to old ways. I found that this concept was very useful for helping families feel less anxious and discouraged because of some deterioration in functioning or reverting back to old ways of interacting. People behave and interact in a manner that is most familiar to them, whether it is functional and healthy or not. When families can recognize this, it takes away some of the pressure, shame, and discouragement when things deteriorate after progress is made.

For example, the mother of one of the families became very discouraged and was very critical of herself because she was having difficulty maintaining the adjustments she

had made to her parenting approach (spending more time with her children, yelling at them less, not using physical discipline). It was helpful to regularly remind this mother about the homeostatic concept as it decreased her anxiety and guilt about her ability to maintain the changes she made.

### **Implications for My Personal Clinical Style**

My own style as a clinical social worker developed gradually over the course of the practicum and became more pronounced in the later stages as my comfort level increased and I could be more myself, rather than focusing so intently on what aspects of each approach I was using. During the first few weeks of my practicum, I had doubts about doing a practicum involving family therapy. I began to question whether clinical social work was a good fit for me, a person who is direct and honest, but not overly "touchy-feely." I had a preconceived notion of clinical social workers as soft-spoken, compassionate, indirect, introspective, and non-confrontational.

When I began my practicum, I was attempting to focus upon being validating, complimentary, empathic, and non-confrontational. This felt very foreign to me at first, but gradually I realized that I could find a way to integrate my tendency to be forthright with a sensitive, compassionate and affirming side. I began to realize that there are many different kinds and types of social work clinicians, with not all of them possessing the same attributes, personalities and styles, which helped me to find a style with which I was most comfortable. For me, it was a matter of becoming accustomed to operating in a slightly different manner, somewhat akin to a family or an individual's tendency to revert back to functioning in a manner with which they are most comfortable (homeostatic state).

As I examine my practicum experience, I am led to think about how this experience has assisted me as a social worker in the field of child protection. Given that my work with a child and family services agency had not been primarily clinical in nature, I wondered how the skills I had learned in my practicum would transfer over into my job as a front line protection worker.

First, I have learned that my therapeutic skills have a lot of applicability to my current work as a child protection social worker. I had initially wondered how the skills I had learned in my practicum would transfer over into my job as a front line protection worker, as the perception is often that this job primarily requires case management skills as opposed to clinical skills. There seems to be a real distinction between social workers who do what is perceived as clinical social work (primarily counselling) and those who do not, with there being more respect and prestige associated with clinical social work. I believe that any social work position requires clinical skills, whether it is in corrections, the hospital, a women's shelter, a counselling setting, or child protection. In fact, in the child protection field where one is often working with very difficult clients who face a number of problems, it is extremely important to possess the clinical skills that assist with engaging, assessing and facilitating change. Case management skills are necessary to determine a case plan and put it into action, however, clinical skills are necessary to assist in developing a relationship and bringing about change within the family system. The clinical skills of engaging, assessing, reframing, normalizing, providing support and education, knowing when and how to challenge clients, affirmation, validation, and

empowerment are all useful in any social work setting. Much of what I learned during my practicum has been and is useful in my job with child and family services.

Second, I learned that I do not have to approach my work with child and family services' clients with a specific agenda and I do not have to approach meetings with clients thinking that I need to deliver a specific message to them, as I had tended to do previously. At the beginning stages of my practicum, I found that I was very anxious prior to each session and I would routinely outline in my head or on paper the information I needed to gather or the issues upon which I would focus. I very much needed to have some sort of agenda going into the session, which was likely the result of my experience as a child protection worker in which we enter meetings with a very clear agenda of what needs to be covered. I discovered that there is a great deal of leeway in how I approach clients and it is not always necessary for me to be directive and intrusive.

For example, shortly after I returned to work following my educational leave, I was assigned a case in which the family had two young children, with the concerns identified as the father having a mental health problem, the children being disciplined in an inappropriate manner, and their basic needs were not being met. I approached the situation with the knowledge that the family was extremely resistant and fearful of agency involvement. Therefore instead of addressing the concerns in a direct manner, which would have undoubtedly caused this family to become anxious and resistant to accepting services, I focused on connecting, engaging, highlighting strengths, and being supportive. This approach was extremely useful as they readily agreed to receive services from the agency, which would not have occurred if I had taken a more confrontational approach.

During my practicum I also learned that I enjoy working with adolescents and I am able to connect well with this population. I entered my practicum thinking that I did not enjoy working with teenagers and that I was not particularly adept at working with this population. I found that I learned a tremendous amount about dealing with parent-teen conflict and these skills are very useful for my current job as an intake worker, given that about a third of my cases involve parent-teen conflict.

For example, upon my return to work I was assigned a case in which the primary issue was conflict between a 14-year-old girl and her father, which had escalated to the point of becoming physical. I met with the parents and took a very supportive, non-confrontational approach during the meeting. We discussed the alleged altercation, the problems they were experiencing with their daughter and I normalized their experiences, reframed them, used the life cycle stages to explain the struggles they were experiencing, providing suggestions on how to deal with the conflict. The parents were most appreciative of the agency's involvement and the help they received from me. My ability to assist them was very much enhanced by the knowledge and skills I had learned during my practicum.

Finally, the feelings of apprehension, uncertainty, anxiety and inadequacy I experienced during the initial stages of my practicum provided me with a solid understanding of what my clients experience when they become involved with the agency and when they are challenged to alter their approach to parenting. Initially, during the practicum, I found it very difficult to shift from child protection work to counselling, as I was most comfortable relating to and approaching situations as I would have in the child protection field. I had to be very conscious of trying to approach situations in a more

supportive, less direct and confrontational manner than I would have when I was a child welfare worker. I was also very anxious and uncertain about my clinical skills and knowledge.

This experience highlighted for me just how difficult it is for clients to shift their thinking and manner of relating because it is easiest to behave in the manner with which you are most familiar and comfortable. During one of my sessions with a family in the practicum, the adolescent male in the family spoke of feeling as if the police were watching his every move and I quickly responded by stating that "if you misbehave and get in trouble with the law there are certain consequences". I very clearly aligned myself with the authority figures, which is the approach I would have taken as a child welfare worker. In hindsight, I recognized that a less confrontational approach would have forged a better bond with this teen.

Overall, my practicum equipped me with skills and knowledge that I am now using in my job as a child protection worker on a daily basis. The implications of developing and nurturing a relationship with clients was a valuable lesson to learn. Should I decide to leave this field, my practicum experience has prepared me for any social work arena. The experience has been a tremendous personal journey that has shaped me, both personally and professionally.

### Conclusion

Completing the practicum provided me with a great deal of knowledge and many skills related to structural therapy, solution-focused therapy, feminist theory and mother led families. It also assisted me to sharpen my assessment skills and expand my abilities to intervene with families in a clinical setting. What I learned about working with families in a clinical setting has applications in working with families in a child welfare context, with the most important things being the importance of developing a positive working relationship, focusing on strengths, and that allowing clients to fully tell their stories facilitates the development of the therapeutic relationship. My learning went well beyond what I had initially intended. The experience has elevated my self-confidence, stimulated significant personal growth and equipped me with skills that I have been able to implement in the field of child welfare. Finally, it has given me the kind of skills and confidence that I will maintain wherever my social work career takes me in the future.

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