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Safety Planning for Abused Children; Using a Multidisciplinary Approach

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Abstract

Safety Plans are formal arrangements, most often drafted for child abuse and neglect cases that are Court involved, in which a Guardian ad Litem [GAL] is appointed by the Court to monitor. These plans may enable contact, even placement, of a child with a parent who may have been found or suspected to have perpetrated some form of abuse to the child, or may pose a risk to the child for some other reason(s).

In a variety of these cases, where the violence or trauma is of known or unknown origin or merely suspected; (including sexual abuse, shaken baby syndrome and Munchausen's [Syndrome] by Proxy) safety plans can be developed, using a multidisciplinary approach to consider safety issues, assessment of risk and deployment and implementation of services,

Key words: safety plan, multidisciplinary team, Guardian ad Litem [GAL], child abuse, domestic violence, dependency cases, trauma

While child abuse appears to be rising at record proportions, resources to address the issue seem to be declining. Whether this is more a lack of resolve or a lack of resources is unclear. Statistics of the Children's Bureau, Administration of Children, Youth and Families, of the U.S. Department of Health and Human Services show that over 906,000 children in the United States are reported having been abused and neglected annually. Of these reports, 63% involved neglect issues, 18% physical abuse allegations, 10% sexual abuse charges and 5% of the children reported are victims of emotional maltreatment (Orr, 2005). When these cases rise to the level of court involvement and a child is placed outside of the home, they become among the most difficult and challenging for everyone involved; including the children and families themselves. Frequently, Juvenile and Family Court Judges and protective service agencies are called upon to make decisions about when and if children can be returned home; often without assurances about the efficacy of the plan for their return.

"Safety Plans" are formal arrangements that are developed using a specific process, in which

foreseeable dangers, threats, services and providers are identified, and protocols established to manage safety concerns, while corrective services are implemented. Originally formed for use in domestic violence and sexual assault cases, Safety Plans can effectively be used in for child abuse and neglect cases that are court involved (Dependency Cases) or with families involved with protective service agencies, with the chance of Court intervention. A dependency action is started by filing a petition (written request) in Juvenile Court. The petition must allege that the child is "dependent." A "dependent child" is a child who: a) has been abandoned by his or her parent, guardian, or other custodian; b) has been abused or neglected by a person legally responsible for care of the child; c) has no parent, guardian or custodian capable of adequately caring for the child such that there is a danger of substantial damage to the child's psychological or physical development; or d) has a developmental disability which requires services that cannot be provided at home.

Safety Plans can enable contact and even placement of a child with a parent who may have been found (or suspected) to have perpetrated some form of abuse to the child, or may pose a risk to the child for some other reason(s). Safety plans are developed with an assessment and understanding of risks and supports, as well as strengths and weakness, as they exist within a family.

Safety Plans depend on a "team" approach to servicing a family, with the family itself being a part of the team. As the safety plan is defined for the specific case, all those involved begin developing a sense of shared responsibility allowing for both the providers and family members to learn from their mistakes and develop their strengths.

Safety planning has its origins in the field of domestic violence (Davies et.al. 1999). Utilizing specific tools such as the Danger Assessment instrument (Campbell 1995), and taking into consideration case specific factors, such as the cognitive state of individuals as well as mental health issues (Hardesty & Campbell 2004), safety planning has now become an important tool in the treatment of child abuse and neglect.

At the very heart of many of these cases is the issue of trauma. Too often, however, there is an assumption that trauma comes from one place, when in fact it comes from someplace else, or is or is a result of something else. As a result of this false assumption, a safety plan can potentially put the child at even more risk. For example, it may be believed that a child's behavior is the manifestation of the child being sexually abused by his/her father. In fact, if the sexual abuse was perpetrated by someone else or the child was not sexually abused but is suffering from some other emotional difficulty. Sometime a clinician fails to consider alternative theories as to where a symptom originates. Sometimes an allegation itself is prompted by something else (a contentious divorce or other motivation). As a result, any plan put in place to simply eliminate a suspected Father's contact, is not only going to fail to treat the issue, but may add to the trauma.

Unfortunately, as we consider the variety of violence or trauma perpetrated on children by their parents in these cases, there are times when the origin of trauma is merely "suspected" or unknown. This becomes a crucial issue in the development of safety plans.

The underpinning of a safety plan is that a "contingency plan" of sorts, which can be developed so, as much as possible, we can consider conditions or scenarios that might pose a "risk" to an individual child or family. As a result of what is learned, a plan is developed to mitigate or eliminate the risk. For example, a risk may be posed by a single source; the perpetrator's presence. Therefore, knowing where the perpetrator is at all times then may mitigate or eliminate the risk. Drugs or alcohol use is another important factor that, in many cases, is not the primary concern, but clearly exacerbates risk. Therefore, assuring that there is abstinence may minimize or eliminate that issue, and lower the risk.

Key to each and every safety plan is:

- Employing open communication
- Consideration of case history
- Adoption of a philosophy in which the child is visible to a wide variety of individuals, especially professionals who are aware of the past abuse and/or safety issues
- A method of identifying specific supports
- Locating primary provider, and furnishing the pertinent information, as well as
- Additional safeguards, (employment of any needed court orders and releases).

The utilization of 'Multidisciplinary Teams" has also been a growing phenomenon in the fields of child abuse and neglect (Bross 1988). More and more, professionals, from a range of discipline are not only are willing to work with and rely upon the expertise

of colleagues in other disciplines towards problem solving and servicing the most complex cases.

The multidisciplinary team, this group of professionals from diverse disciplines, comes together on behalf of a child and family. In child abuse cases, the disciplines typically represent the broad spectrum of services that may already be involved with families before the court, and include: protective services, criminal justice system, health and social services, and mental health services. Some teams include specialists in domestic violence, child advocates, substance abuse experts, and/or providers of comprehensive assessments and consultation services. The family is also part of the team.

Family problems that brought about the need for the formulation of the multidisciplinary team may include; economic difficulties, mental illness, and substance abuse, parenting deficits rooted in the parent's own early trauma, homelessness, and domestic violence. When these problems rise to a level that puts their children in danger, it is mandated that the state child protective system and often the family or courts intervene to protect them. Few families welcome this intervention and scrutiny by the "system" and often view this intrusion with suspicion and hostility. With the devilment and implementation of a multidisciplinary team designed to develop a cooperative plan, this suspicion and hostility can evolve to a sense of trust and a feeling of calm and willingness to engage.

Central to the formulation of these multidisciplinary teams is the notion that there needs to be involvement of key providers of services to be particular family being serviced; although they can encompass a wide range of sources or services who ultimately can provide not only a wide range of information, but different points of view. Although the players may change from case to case there are certain disciplines typically represented in child abuse and neglect or "protective cases". Many teams include "permanent representatives" from domestic violence advocacy groups, substance abuse specialists, providers of comprehensive assessment and consultation services.

Often it is the Court Appointed Guardian ad Litem [GAL] the person appointed by the Court to look out for the "best interests" of the child, during the pendency of legal proceedings, that becomes the person who manages the formulation and implementation of the Safety Plan and the Multidisciplinary team.. The GAL becomes a driving force behind the movement towards the achievement of the goal. The GAL becomes responsible, in essence "the ball carrier", for directing with the "team" towards ultimate goals.

Because of the broad scope of the typical GAL's role within these complex cases and the necessity to work across disciplines GAL's are often picked to take on the role of "monitor" if not manager in these cases.

In many States in the United States, including the Commonwealth of Massachusetts, the state has an affirmative responsibility to make efforts towards keeping families together or making efforts for reunification, while at the same time keeping children safe. Some pioneering judges in Massachusetts have become innovative in responding to these matters and have utilized GAL's to assist in investigating and evaluating the most highly sensitive of family matters so that a disposition can be reached; which serves the interests of the children who are subjects of the court action, and to develop and monitor safety plans for children.

Historically, the role of the GAL is determined by Judges using their broad "discretion" under the equity powers dictated by state statute, although with recent budget cuts, that too has become limited. In the Commonwealth of Massachusetts, the State's Supreme Judicial Court had described the function of the GAL as an individual who "acts for the ward and determines what should be done for the best interest and welfare of the ward." In his treatise on juvenile law (Ireland, 1993), Massachusetts Supreme Judicial Court Justice Roderick Ireland wrote, "As an exercise of judicial discretion the judge may authorize a Guardian Ad Litem to take a particular type of action in order that the Guardian Ad Litem's function will be optimally effective in the circumstances of the case". To that end, Judges clearly have the authority to fashion such appointments based on the specific conditions present in each case, whether they chose to assert that authority is another matter.

Increasingly in child abuse and neglect cases, as Judges, attorney's, social workers, and mental health practitioners consider what should come about as the result of the Court's intervention, there has been a growing realization that collaboration is essential.

There has, at the same time, been growing awareness of the fact that there are different professional languages; a jargon that meant to be used and understood by the profession using it and not necessarily by all those involved in the case.

The idea of collaboration may be, for many, a new way of assessing these situations, leading to the development to a new interventions or collaboration

among service providers. The GAL/Multidisciplinary Team Leader is instrumental in directing the team in a purposeful and meaningful direction.

The creation and utilization of multidisciplinary teams has served an important role in resolving these cases. While their primary purpose is typically to help team members resolve difficult cases, teams may fulfill a variety of additional functions. Some of these functions include: promoting coordination between agencies; providing checks and balances; ensuring that mechanisms are in place so that the interests and rights of all concerned parties are addressed; and identify service gaps and breakdowns in coordination or communication between agencies or individuals.

The multidisciplinary teams have also had another indirect effect on the system as a whole. Participation in these teams has often served to enhance the professional skills and knowledge of individual team members by providing a forum for learning more about the strategies, resources and approaches used by various disciplines.

Many jurisdictions utilize only attorneys as GAL's, while others utilize individuals with

clinical backgrounds; Psychologists, Social Workers, Counselors and Marriage and Family Therapists. In either case, GAL's often come to their work with a diverse background, varied training and experiences.

The success or failure of the multidisciplinary team leader, whether appointed as a GAL or not, is highly dependent on how the role is defined by the Court and the authority given. However, it is also clearly contingent on the leader's ability to overcome obstacles inherent in an imperfect system or related to the various players and their respective agenda. To that end the GAL/team leader is called upon to use his or her skills in negotiation, mediation, clinical expertise, and simple common sense. By doing so, the leader earns the trust and respect of all parties. This trust evolves out of the leader's willingness to avoid imposing values, respect and understanding of cultural and gender issues, ability to consider the positions of each of the parties and capacity to reach conclusions based on the facts or evidence and the leader's best clinical judgment.

Wearing many hats can pose challenges to some multidisciplinary team leaders who seek clear definition and delineation of duties and responsibilities. However, the reality is that the implementation of a safety plan, that everyone can embrace and develop a sense of accountability for, may require a more flexible role for the team leader. The team leader must be able to effectively triage, stabilize, investigate and evaluate issues related to custody and visitation in families where there has been a history of abuse. Safety Planning can also work in the most difficult of situations that come before a Court including but not limited to: violence, sexual abuse, Shaken Baby Syndrome and or Munchausen [Syndrome] by Proxy.

While there may be some nuances to a particular kind of case, Munchausen by Proxy cases for example, that warrant the use of a specific protocol (Kinscherff 2000), the fact is that it is imperative to focus in, most importantly, on identifying and mitigating the recognized concerns of a particular case, rather than trying to insulate the child or attempt to eliminate all or any of perceived danger, and as a result rapidly losing focus and/or depleting resources. Protocols that have been set up in Munchhausen by Proxy Cases are also the best example of how a safety plan can be best utilized not only to provide safety for the child but be extremely helpful in making the diagnosis itself.

Primary too, to the design of any Safety Plan, is giving careful consideration to the case history. Often decisions are made using existing, second hand, unreliable or limited information without making efforts to get all of the needed information or going to the primary source. It is important to always remember the saying Init Pergamentum Exit Pergamentum, "garbage in garbage out".

In generating a good safety plan a philosophy must also be adopted which makes the child visible to a wide variety of individuals, especially professionals who are aware of the past abuse and or issues. This is especially true the younger the child is, or the more physically isolated the family may be from the community.

Supports must also be identified specific to the needs of the family, including locating primary providers and furnishing the pertinent information while insuring that additional safeguards, including legal avenues (such as employment of court orders, stipulations and voluntary releases).

Responsibilities must be clearly defined, with the multidisciplinary team leader/GAL monitoring the flow of activity. In another words; "*Who is carrying the ball*?"

As noted, the development of a safety plan involves the gathering of historical information in terms of the family's involvement with medical providers,

protective services, a review of records including any and all psychological evaluations, parenting assessments and interviews with professionals and family members and anyone who knows the family well. School personnel are especially important. In this process of assembling the data - key questions- become focus.

Other key questions include; "*What is the capacity of the parents or caretakers to utilize services?"; and "What is the level of insight derived from the implementation the services?".* Presuming a realistic or reasonable safety plan is developed, the goal of reunification becomes a reality as the safety plan is implemented. At the least, there is closure given to the family as the implementation takes its course. Concurrent planning remains an option so that time is not wasted from the child's perspective if a reunification cannot be successfully accomplished, because the crucial questions are being answered one way or the other.

In formulating any safety plan other specific dynamics need to be considered. These may be considered "risk factors" for example the involve the age or stage of development of the child, or "strengths" that may exist such as the existence of support system; which will be available and a crisis plan in the case of relapse.

The adult caregiver's capacity to parent, their cognitive ability, the vocational skills they posses and the capacity to empathize with the child are just a few of the factors considered.

A chief element of the safety plan is the parent's willingness to continue services for their child or children. One important goal is to develop a partnership with the parent(s) based on mutual respect trust and the expectation that there will be stumbling blocks. Through the successful collaboration of efforts, crisis is neutralized and new strategies are established to address the new issues or issues that resurface. At collateral meetings, the mission (goals) of the plan are clearly discussed and new objectives established. Benchmarks for measuring success are defined and the service providers often overlap so that cross training occurs. These collateral meetings enable communication to be enhanced, tension reduced, leadership is shared, and as gains are made the plan is revised so that the progress will not be lost. Again, the family itself is has membership in the team.

Upon completion of the initial investigation/evaluation/assessment a multidisciplinary team comes together in accordance with the order of the Court , protocol, interagency agreement or charter that may apply, to actually develop and begin implementation of a formal written safety plan, which may be presented to the court for approval. The safety plan is developed trying to perceive problems and solutions from many different points of view. Ultimately, the plans are based on maximizing the strengths of the individual family members and the family as a unit and working to minimize or collaboratively problem solve around areas of deficiency.

The GAL or multidisciplinary team leader as the monitor of safety planning, has great advantages and significant drawbacks. As is true in any effective clinical practice, maintaining boundaries and clearly defining roles is critical. Furthermore, maintaining accurate and detailed records insures that that good clinical practice occurs, and important to safety planning. When the team leader is in a position to wear many hats, however, their role can become complicated, especially if they are a clinician. If a Court has predetermined the role, defining it in either a broad or more narrow manner, there still is room for ambiguity; even when the court has seemingly defined the agenda and objectives.

Of course, the GAL must also remain aware of personal biases and societal influences and avoid even the appearance of discriminatory practice.

Additionally, at the outset, non-confidentiality warnings are administered and repeated in every contact making it clear that what is said is not confidential or private, but will be provided to the court and could be used to aid the court in rendering a decision. By being clear in defining one's role and the focus, the foundation is established for trust. By reinforcing one's role and the focus, trust is maintained. This reinforcement and need to be clear is paramount if the team leader is to be effective in implementing the safety plan.

For over a century, with the growth and development of the Juvenile Courts in the United States, efforts have been made to insure that those charged with addressing these complex cases have the skills needed to understand the dynamics and the wisdom to render decisions, which bring about positive change. Increasingly, states across the country are striving to establish specialty courts equipped to address in a legally sound manner and a clinically sensitive manner these highly personal issues.

In Massachusetts, this effort had come to fruition in the form of county based Juvenile Courts staffed by Judiciary who are skilled at understanding the

complexities of the issues facing these children and families.

This evolution has meant that these Courts have gone from simply being umpires between family members and the State, to proactive problem solvers dispensing a kind of therapeutic justice.

In fashioning the appointments of the GAL or multidisciplinary team leader, the Judiciary is doing so in the hopes of bringing together a partnership with the family to develop safety plans, so that the children can develop in a healthy fashion and be provided with the protection that many take for granted.

In the Family and Juvenile Courts in the United States, there is no other use of the Judge's discretion where the impact is so far reaching. Usually, the state agency charged with insuring the child's well being, also has the power to make placement decisions, as well as judgments with regard to the child's day to day care, medical treatment and visitation with parents and or siblings. These are very important discretionary determinations, which ultimately could result in the severing of all ties between the child and his or her birth family as occurs in the termination cases.

In some situations, the Court can only intervene where there is a finding that the state agency has abused its discretion, in dealing with a child or family, by acting in an arbitrary and or capricious manner. The court too may abuse its discretion by allowing the state agency to make decisions which exceed its mandate.

At the same time, even in a nomocracy, where the State relies upon the rule of law; neither the state child welfare department nor the Court can predict every eventuality in a given situation. A corner stone in these cases therefore is use of judicial and professional discretion, that is the exercise of sound reasonable judgment based on the facts of a case and the law, policy, clinical knowledge and measures as they apply.

Child abuse and neglect cases are among the most challenging and complex. Frequently, these family situations tax those servicing them in a way which can be haunting; leading to many sleepless nights. The use of a safety plan allows for collaboration to occur which can allow all

involved to rest easy with their decisions. At the same time, these safety plans address the highest of risk situations in a comprehensive manner.

The efficacy of safety plan is dependent upon a number of factors not least of which are the client's motivation to utilize services; as well as their capacity to make the necessary changes in their life. The willingness of a family to be candid about how the individuals are functioning is also fundamental to success.

The safety plan in essence creates a village to support the family. Ideally, through the process of implementing the services the family is able to utilize the village created in the transition process and beyond so that the change will be integrated into the being of the family, thereby avoiding recidivism. The safety plan very much is a grass roots effort designed to empower needy families, enlighten some and educate others in recreating what many of the adults were lacking in their own lives.

Through its implementation, those involved in the implementation of the safety plan learn to anticipate stumbling blocks through a collaborative effort and develop or propose strategies to overcome these same stumbling blocks.

In each case the multidisciplinary team works on the development and implementation of a viable, safe plan, in which each member engages in a way that is reasonable, professional and clinically appropriate. It is important to remember when developing a safety plan that it is important to set it up it in a way which generally be unique to each family because each family is unique.

Optimally, safety plans should not be seen in and of themselves as solutions to problems but a mechanism for treatment as well as further examination.

Typically multidisciplinary team meetings are set up by Courts or protective service agencies to streamline services to families and to resolve cases in an expeditious way. We can go on and on to discuss the specifics on how a multidisciplinary team can affect an individual family. At the end of the day and central to the success of the multidisciplinary team is the fact that there is always the opportunity for collaboration so that things can be done, that should be done. More, importantly however, these teams can be pivotal in bringing to bear the power and expertise for things that must be done to provide for the care and protection of children and families.

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