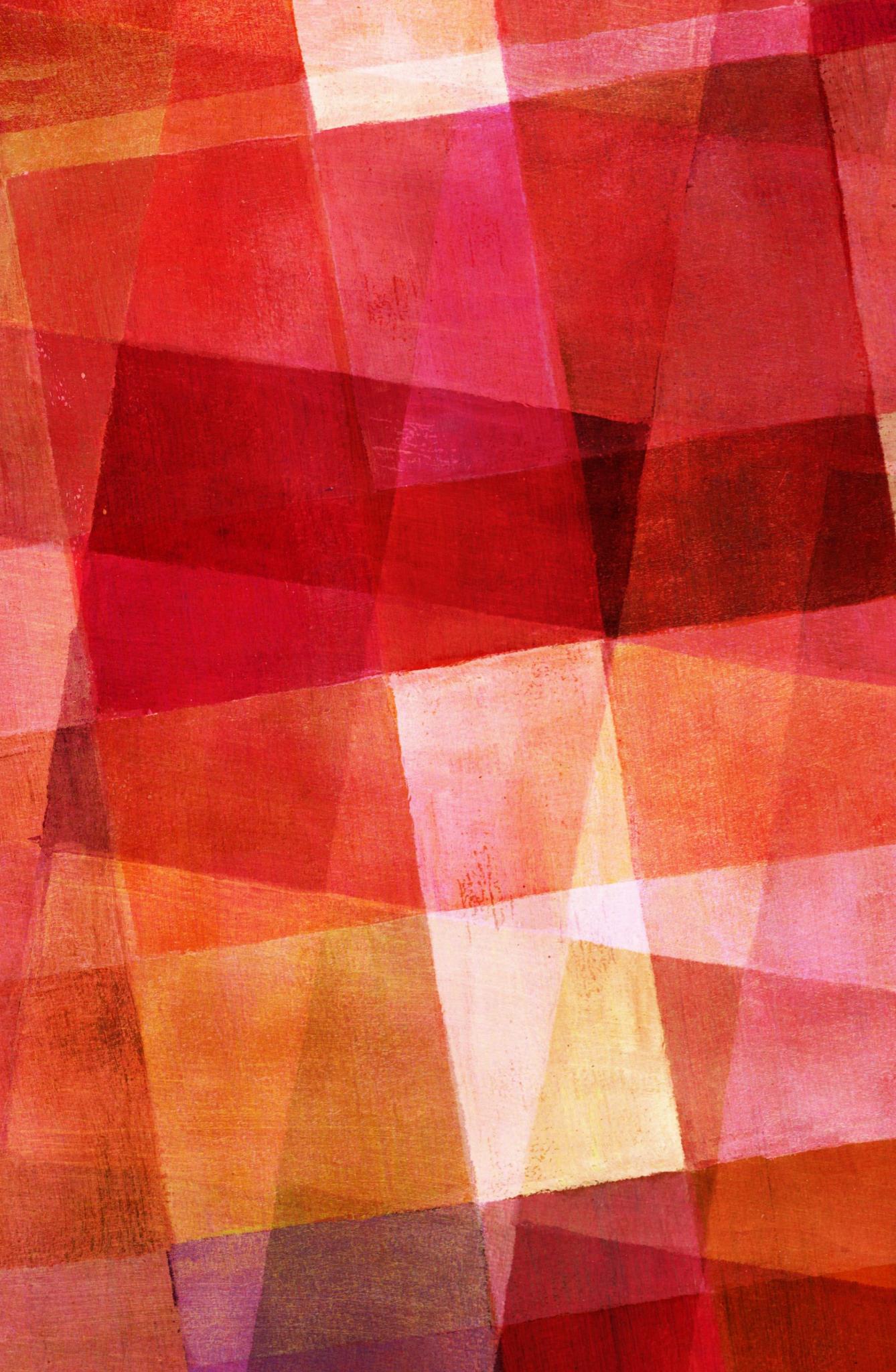


TF-CBT WITH BIRTH AND FOSTER PARENTS

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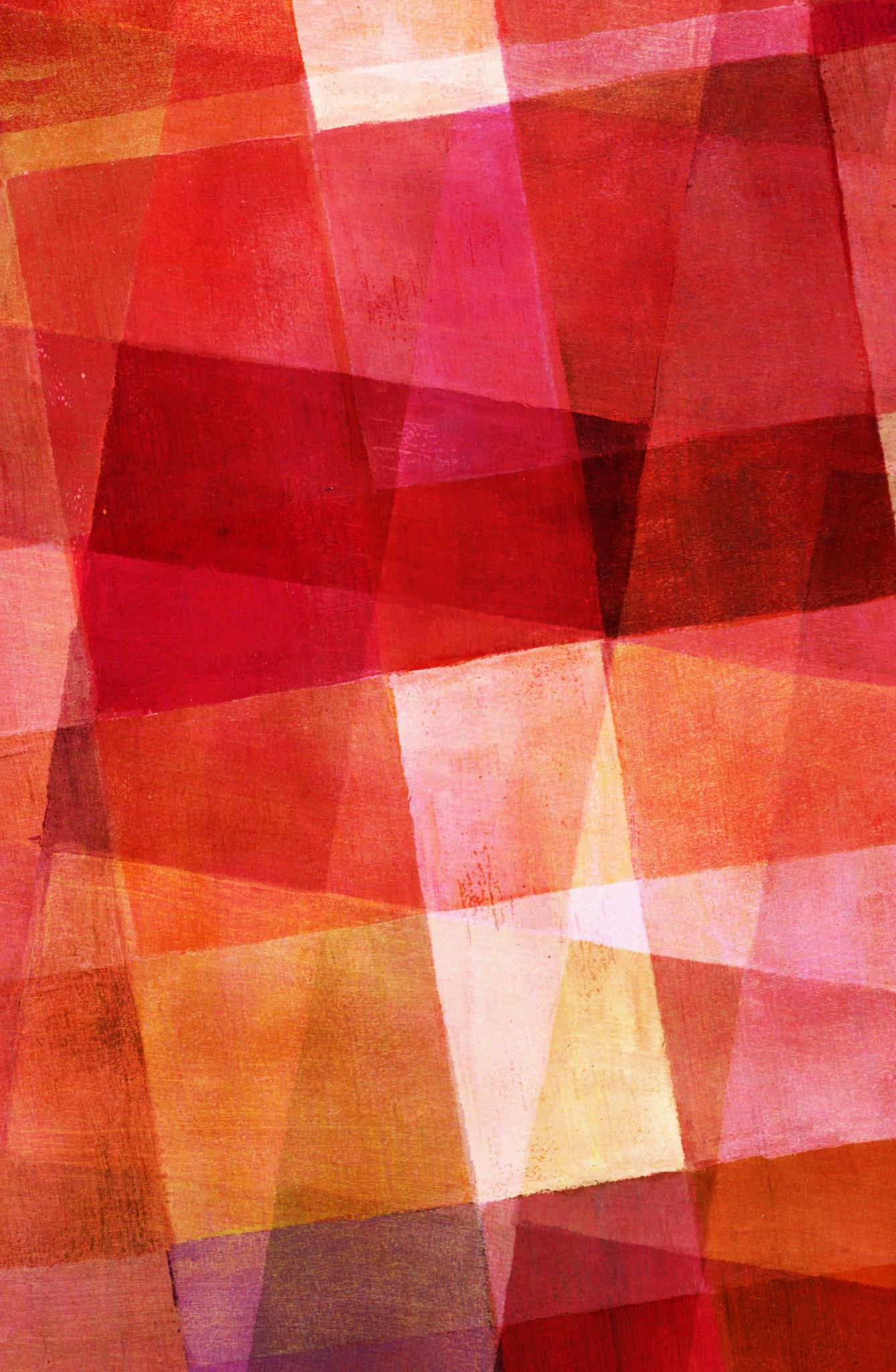
GOALS AND OBJECTIVES

1. To practice ethics relevant to foster and birth parent scenarios you encounter
2. To give nuts and bolts ethical tactics relevant to foster and birth parent ethical encounters
3. Discuss common ethical challenges you encounter in your practice



RULES VS. ETHICS

- I thought, when I went to my ethics courses, I'd learn ethics
- I didn't . . . I learned rules
 - "Thou shalt/Thou shalt not"
- Aristotle
 - Virtue Ethics
 - Think TACTICS (vs. rules)
- Ethics are muscles that you get better at with practice
- Ethics is a verb, not a noun



.....

What challenges have you experienced in your work with families involved with child welfare?

A vertical abstract painting on the left side of the slide. It features a variety of overlapping brushstrokes in shades of red, orange, yellow, and pink. The strokes are thick and textured, creating a dynamic and layered composition.

ETHICAL CHALLENGE #1

Which adults will
participate in
treatment and in
which
PRACTICE
components?

CASE SCENARIO: WHO TO INCLUDE???

- DHS referred an 8-year-old boy for TF-CBT due to child neglect and witnessing domestic violence between biological mother and father. They are currently in a traditional foster home and both foster mother and father have expressed a strong interest to adopt. Simultaneously, the maternal grandmother and grandfather have also expressed a strong interest to adopt. DHS says you have to work with biological mom because the plan is reunification but mom has failed her last 3 UA's, the last one of which was last week.
- So, who do you work with? And who do you not work with?

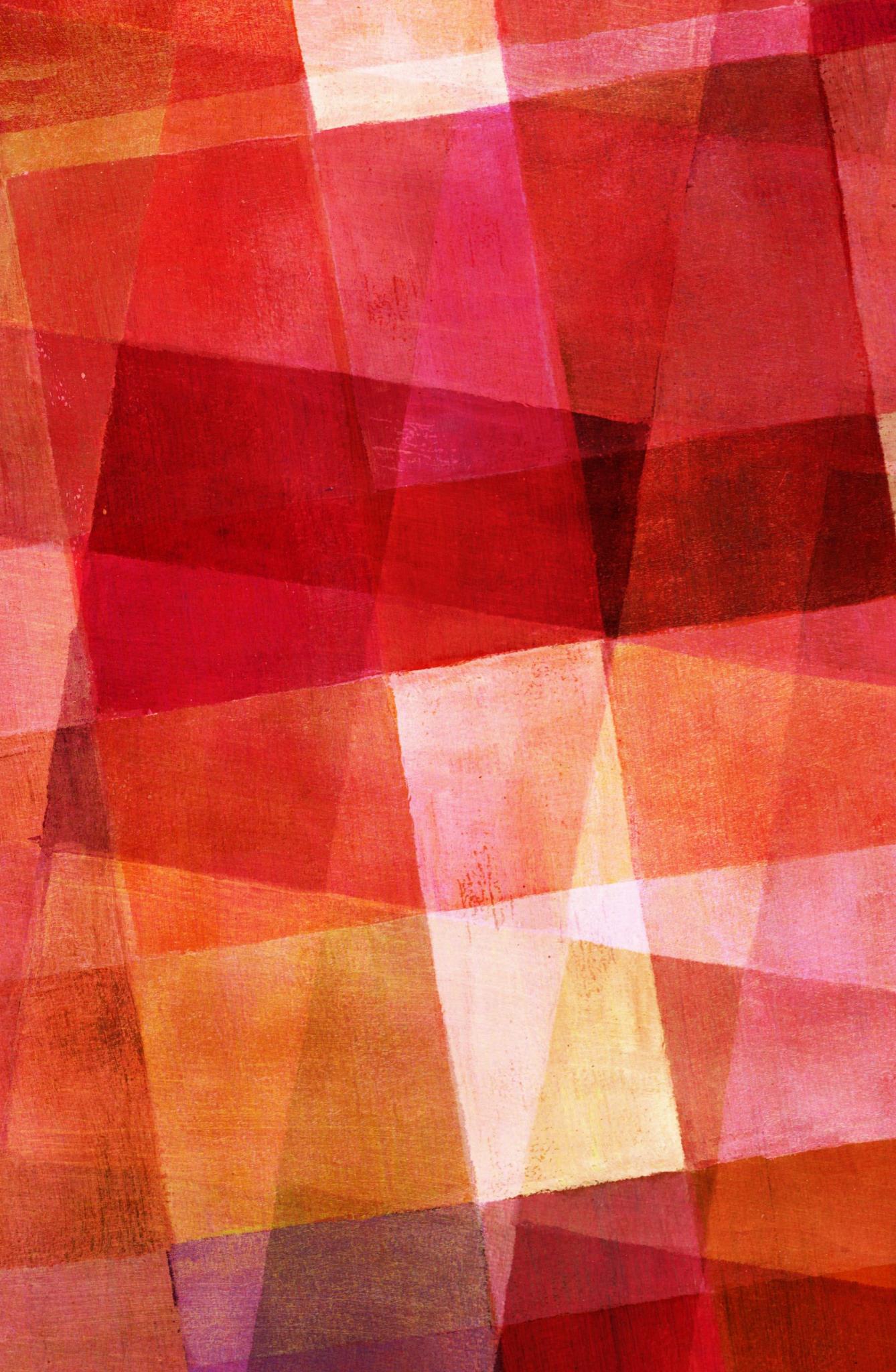
ETHICAL TACTICS

- Step 1: Define the parameters of your ethical scenario
 - Who are the specific entities, large and small?
 - What do you HAVE to do?
 - What would you like to do?
 - Step 2: Define YOUR parameters in your role
 - What CAN you do?
 - What exactly is your role?
 - Step 3: Generate possible tactics
- Turtle Steps
1. Stop and say how you're feeling
 2. Go into your shell and do a relaxer
 3. Think of something helpful to do
 4. Then come out and do it!



Which adults will participate in TF-CBT treatment and when?

- Foster parent(s) are actively involved in sessions from start of treatment.
- What is the permanency plan/timeframe & status of the birth parent('s) service plan progress? What is the status of the foster placement?
- The model was designed for inclusion of non-offending caregivers only. What was the birth parent involvement in the youth's trauma?
 - What safety risks might be involved in bringing the parent into TF-CBT?
 - If the parent is being ordered into the youth's treatment, which PRACTICE components would be most appropriate and safe? PPRAC? Enhancing safety?
 - If birth parents are coming in mid-treatment, we typically recommend starting with individual parent/therapist sessions to assess parent readiness and start with psychoed and parenting. In these cases, we recommend waiting until after TN & Cog Processing are completed to begin birth parent/child sessions.



ETHICAL CHALLENGE #2:

CW-involved
family has
multiple
treatment
providers



CW-involved family has multiple treatment providers

- Ask at intake if the family is receiving other services.
 - What are the service goals?
 - Who requested the services and for what purpose? Judge/DHS mandate? If “family therapy” is being ordered, can you educate the judge/CW about TF-CBT qualifying as a family treatment model?
 - What is the family’s satisfaction with each service?
- Are multiple services necessary or duplicative? Is the family overwhelmed with appointments? Research has shown that more services required of families involved in CW lead to poorer outcomes.
- If the child will remain in multiple treatments, coordinate care with the providers, including requesting that others refrain from a trauma focus.



ETHICAL CHALLENGE #3

“What’s your
opinion on
reunification/
permanency?”

CASE SCENARIO: WHERE DO THEY GO?

1. You have had 5 TF-CBT sessions with a foster family and their 10 year old foster son. They are doing well. They have even expressed a desire to adopt if possible. DHS wants to pull the child because they think they've found an uncle in Ohio and the worker said "the kid needs to be with family."

2. You have had 5 TF-CBT sessions with a foster family and their 10 year old foster son. They are doing well. They have even expressed a desire to adopt if possible. They tell DHS about this and DHS says that you should write a letter saying that bio parents rights should be terminated so they can live with this family.

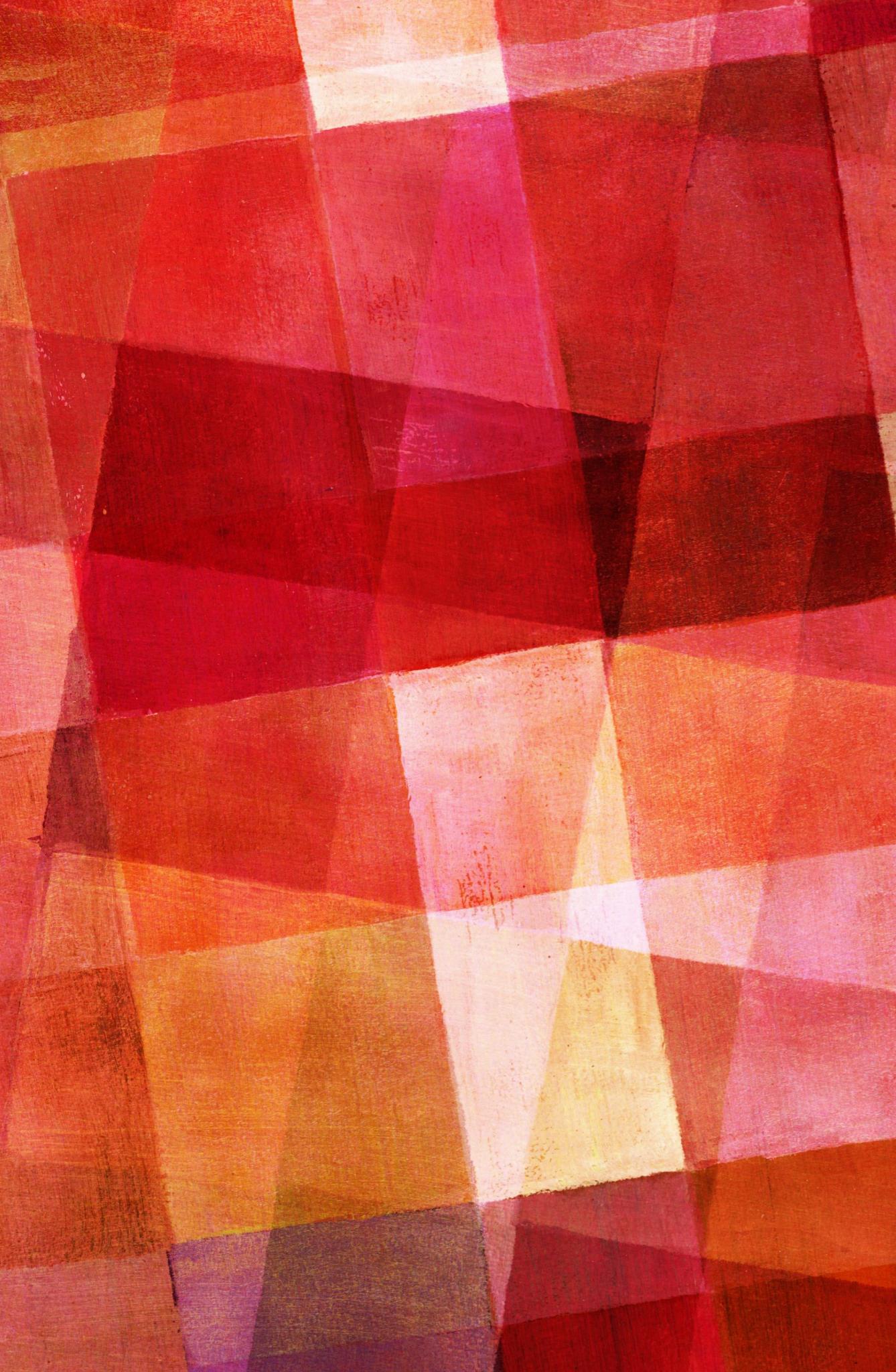
WHAT DO WE DO?

- Ethical tactics
 - We (therapists) are how; DHS you are if
 - This QUICKLY becomes a slippery slope
 - Back surgeries
 - 5 Senses Rule
 - “Person off the street” rule
- Philosophical Ethics - Tips
 - Nietzsche “Eternal Recurrence of the Same”
 - NOT Carpe Diem
 - Ahimsa
 - Safety is ALWAYS primary
 - Tony Mannarino “Confidentiality is the cornerstone of therapy”



“What’s your opinion on reunification/permanency with the birth parents?”

- Remember your professional role in this case. Ethically, you’re limited in what you can say about a birth parent given that they are not your client.
- You will be asked to give opinions on the parent’s capability/safety/readiness for visitation &/or reunification, but refrain from doing so. As the child’s therapist, you are in a biased role.
- Speak to what you have clearly observed/learned through your therapeutic interactions.
 - Child’s symptoms, diagnoses & current functioning
 - Comments the child has made in treatment regarding their relationship with their parent(s)
 - Observations of the level and quality of the parent’s participation in the child’s treatment sessions
 - Status of the child’s treatment: progress across treatment goals, level of participation, remaining components, anticipated completion timeframe.
- Recommendations regarding timeframes for reinitiating visitations or reunification can be respectfully offered based on the child’s treatment progress.



ETHICAL CHALLENGE #4

You're starting or
are in TN and the
CW/Judge
decides that now
is the time to start
visitation with the
offending parent.



You're starting or are in TN and the CW/Judge decides that now is the time to start visitation with the offending parent.

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After you freak out...

- Consult with your supervisor/colleagues and consider options.
- Respectfully advocate for your client. This will include a thoughtful combination of collaboration, education and professional recommendations.
- Recommendations regarding timeframes for reinitiating visitations or reunification can be offered based on the child's treatment progress. This has included advocating for postponing visitations or reunification until the child completes TN/Cog Processing.
- We have provided recommendations regarding how the parent's participation in the child's TF-CBT treatment may be most safely and effectively approached.
- We extend an invitation to the parent(s) to participate in the child's treatment sessions, starting with parent/therapist session(s). Our goal is to provide an overview of the child's current functioning, how the child is progressing through TF-CBT, addressing any needed parenting issues, and engaging in Safety Planning to prepare for visitations or reunification.



OUGHT IMPLIES CAN

- Immanuel Kant
 - If someone says you “ought” to do something it implies you CAN do it, you are able to do it
 - Ex: “You ought to give to charity” → Means you can give to charity, you have the physical and financial means to
- Bedrock of Kantian Ethics
 - We cannot demand something a person is incapable of
 - Kantian Ethics spends a lot of time determining scenarios where “Can” is not applicable or is misplaced



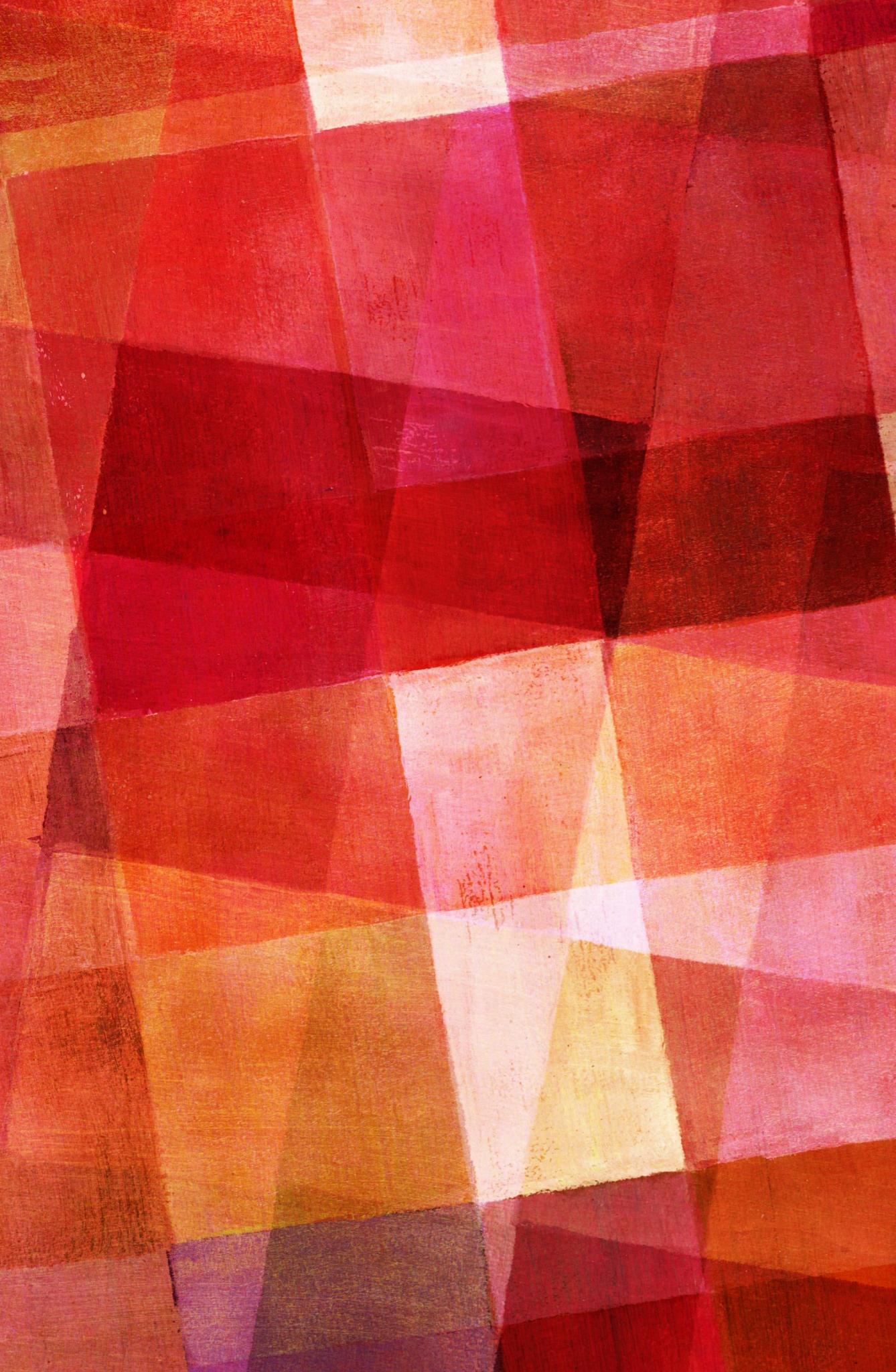
“NORMATIVE MANDATES” (NMs)

- “We support values; we do not dictate them”
- Many of the ethical violations I’m seeing are NMs
 - “Yes, Billy should be placed with his father.”
 - CSH response: “Child welfare, you are IF. We are how.”
 - “Yes, you should take 25mg of Prozac” (An LPC said this)
 - CSH response: “This is beyond our expertise”
 - “Yes, she should be a reliable witness in court”
 - CSH response: Dr. Gomez goes in his office and hits his head on a wall for half an hour
- Obvious exceptions
 - Your mandated reporting statute
 - The “man off the street” guideline



“NORMATIVE MANDATES” (NMS)

- Analytic Philosophy – Normative Mandates are any “should’s”
- Anytime you tell someone what they should or should not do, you potentially have an ethical statement
- We can fall into “should’s” very easily
- This is fine if we are speaking from a point of expertise
 - Ex: Cardiologist: “You should stop smoking” (not necessarily a NM)
- This is problematic (not necessarily wrong) if you’re not an expert
 - Ex: Your annoying coworker: “You should stop smoking” (definitely a NM)
- Socrates’s Carpenter

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Final
questions?
