

Foundations of Social Work Practice Final

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Introduction

Maddie is a 13 year old transgender female who currently resides in a therapeutic group home in Boulder, Colorado. Maddie was born in Billings, Montana and is the eldest of three children. Maddie is second generation Ecuadorian, and her first language is Spanish. Maddie's family of origin is of lower socioeconomic status and in her childhood, Maddie frequently moved from place to place due to losing housing and financial instability. While Maddie's father is not a US citizen, Maddie and her mother are as her father met her mother while in Colorado.

Maddie entered into Montana foster care system at the age of 5 years old with her two younger siblings due to exposure to methamphetamine use by her mother and domestic violence by her father. Maddie's father was deported to Ecuador due to violence and Maddie's mother, an American citizen, remained non-compliant with her court ordered treatment plan and continued to engage in drug use. The parental rights to both parents were terminated due to failure to engage in their treatment plans, and Maddie and her sisters became permanent legal custody of the state of Montana. While Maddie's father was offered a treatment plan, he stated he had no interest in completing one and left before the legal case was resolved.

Maddie and her sisters moved from placement to placement throughout the Billings area due to voluntary disruptions by the foster parents as well as Maddie identifying herself as a transgender youth. At the age of eight, Maddie and her siblings were placed with Mr. and Mrs. Eckerson. During this placement, Maddie's sisters began to stabilize in the placement while Maddie began to show disruptive and aggressive behavior towards her peers, foster family, and teachers. While Maddie seemed to do better in school, she struggled greatly in the home environment. Although in home services were provided, Maddie continued to demonstrate disruptive behaviors throughout her placement. Ultimately, Maddie's sisters were adopted by the Eckerson and Maddie was placed into a group home in Kalispell.

After the disruption, Maddie maintained little regular contact with her siblings. While the foster parents would occasionally contact her for Christmas or birthdays, Maddie moved often and the foster parents did not feel more communication was necessary.

Maddie has been diagnosed with Oppositional Defiant Disorder (ODD) and Reactive Attachment Disorder (RAD). Although Maddie has been placed in a few short term foster placements, Maddie ultimately disrupted from each of her placements. Recently Maddie was placed at a short term crisis group home while attempts were made to place her in a therapeutic group home. Maddie was denied from multiple placements due to her gender identity. Group homes felt that they were not equipped to deal with a transgender client.

Maddie has always been firm in her gender identity and has identified as female from around the age of four per her own account. Around the age of 7, Maddie became to assert her gender identity and begin to socially transition. This led to the eventual disruption of a foster placement and would continue to be an issue throughout her multiple moves.

After I conducted numerous individual advocacy effort and reached out to group homes across her town, Maddie was placed in a girls group home. However due to multiple runaway tickets and tickets for ungovernable behavior, Maddie was discharged from the group home and placed in a temporary shelter. Attempts were then made to place Maddie in a higher level care across her state. Again, Maddie was denied from each facility due to her gender identity. Maddie has no sexualized behavior and no criminal charges outside of runaway and ungovernable behavior which would typically be a large barrier for placement. Instead, it was due to the lack of existing policy and lack of training of staff across the state that Maddie received numerous denials before she was transferred to her current placement in Boulder, CO who had transgender

children placed with them in the past.

Although Maddie is a transgender female who has a diagnosis of Gender Dysphoria, the Axis I diagnosis which Maddie was seeking services for was Oppositional Defiant Disorder -- A diagnosis which the facilities in Montana were well-equipped to work with.

Application of Just Practice

Many of the concepts from the Just Practice can be used when viewing Maddie's navigation of her childhood in the foster care system. Chapter 5 of Just Practice deals with the idea of Engagement. The concept of engagement is a critical element in the work we do as social workers. In Maddie's example, engagement can be looked at in a variety of ways.

In the introduction of Maddie, we learned of the variety of factors that led to Maddie's unique situation which places her at a disadvantage when navigating society. In order to be able to engage with the people whom we serve, it is necessary to understand the systems of power and within those systems how oppression manifests. Maddie is a transgender child of color who is permanent legal custody of the state. These factors all place her at a disadvantage compared to her peers.

Maddie's negative behaviors due to her history of abuse and trauma have led to her bouncing from placement to placement, furthering her poor attachment and placing her within a cycle that is hard to escape. Furthermore, Maddie's gender identity, present from before she was engaged in the child welfare system, has led to the disruption of at least two placements and has ultimately led to her being placed far from the few sources of stability and positive attachments which she has in Missoula.

Understanding the history and context from which Maddie comes allows the social worker to properly engage with potential placements for Maddie who may see her actions as being a personal deficit rather than a product of the traumas which she has experienced. The social worker, having an understanding of Maddie's history, can then properly engage with potential foster placements and those working with Maddie in order to help form an understanding on what Maddie needs to overcome adversity.

As Maddie's social worker, it was also important for me to engage with Maddie directly. As workers of Child and Family services, we are faced with enormous caseloads which make true engagement with the children whom we serve difficult to accomplish. By taking extra effort to get to know Maddie and her concept of her own struggles and needs, I was better able to share her voice as part of the treatment team, work with her to create plans for how to deal with her struggles in group care, and create a healthy professional attachment for her.

Engagement with the treatment team is also important for Maddie and for all children served through CFS. As a child whose rights have been terminated, treatment teams can sometimes dissipate compared to what they may have been while reunification efforts were in the work. While the child retains their GAL and attorney -- there is no longer the pressure on timelines and permanency there are when the state is working towards reunification. It was important to engage thoroughly with the professionals on Maddie's team so that she did not fall through the cracks. A large part of this in Maddie's case included providing education on transgender awareness. For many of the people on Maddie's team, Maddie was their first transgender child and it was easy to view her gender identity as part of the problem. For some, they pathologized Maddie's attempts at femininity as being part of the problem to be addressed in a treatment plan. In taking extra time to discuss the core concepts of "transgender", her

treatment team members were also better equipped to engage with Maddie and see her gender as just a component of her rather than as a diagnosis. This too plays into the concept of Teaching Learning found in Chapter 6. All members of Maddie's treatment teams had to be students of Maddie's personal experience. Although I was able to assist in teaching in respect to her gender identity, I too was a student of Maddie as she is the best expert in her own experience.

The themes in Chapter 7 deal with Action and Accompaniment. Although it may be difficult to accompany a child in the role as a CFS worker, action was necessary in meeting her needs. The concepts in Chapter 7 deal with valuing the autonomy and individual worth in the individuals whom we serve and supporting them throughout the process rather than focusing on the power differential of social worker and client. The way I interpret Chapter 7's values in the case of Maddie was in my need to advocate for Maddie in ensuring that she was treated with the same regard as her peers.

For transgender children, they fall into a grey area when navigating group homes and shelters in Montana. Maddie was turned away from gendered group homes across Missoula due to lack of existing policy surrounding the placement and housing of transgender children.

Maddie was not eligible for male or female housing and existed somewhere in between where she was only eligible for co-ed housing. It was the responsibility of me as her social worker to ensure that her basic rights were enforced.

Maddie could not be exempt from housing solely due to the fact that policies had not yet been created to meet her individual needs. Action rather than intervention implies ensuring that Maddie had access to the same things that other children have access to and going above and beyond to ensure that it happens.

Throughout the process of working with Maddie, her other social workers and I must

practice the values of critical reflection and celebration. Critical reflection and evaluation allows the social worker to evaluate themselves in their role as a teacher learner and as a helper to this child. Reflection of your individual work as well as the work of her treatment team allows members of the team to assess how they are doing and if something needs to be changed.

The concept of evaluation is especially important when attempting to come up with a plan of how to support a child with RAD and ODD. As Maddie continues to run away, be destructive to property, and aggressive with others, it is easy to see Maddie as her problems rather than to come up with innovative and unique ways to help Maddie through her struggles. This critical reflection of practice and decision making helps with celebrating the successes of Maddie and her placements and treatment modalities.

Creating Changes

Maddie is not the only transgender child in Montana's foster care system. In seeing the barriers that Maddie faced in finding housing, it is clear that policies need to be created to ensure that other transgender children are able to gain access to housing and services. One of the most effective ways to do this is through education. Those who are in a position of power over Maddie currently lack the proper education in understanding her context in the world. Having correct knowledge of transgender children is necessary in order to create appropriate policies and precautions for Maddie and other children.

Also important in understanding how to appropriately create long-term change for Maddie and for other children in similar positions is to understand the dynamics of oppression for Maddie. As a transgender child of color, Maddie is inherently positioned in a place of oppression in society. While it's important to not completely focus on Maddie's race and gender

identity, one must simultaneously understand the impact that these factors have on Maddie. In navigating life, Maddie will experience the inherent racism, sexism, and transphobia in society. This will most certainly have an impact on the ways that Maddie engages with peers and adults and her potential for opportunities in life. As a social worker, it will be important to understand one's own place of privilege and personal biases when dealing with Maddie.

Additionally, Maddie is a child who has experienced significant neglect and trauma in her life. As a foster child, Maddie's experience will be different and her history of trauma will shape her experiences in life as well. Maddie's diagnoses of ODD and RAD are rooted in her disadvantages in early childhood and have a permanent effect on her life. The social worker can act through accompaniment to help the child link with resources to address her history of trauma and model positive and healthy attachments.

Just as the work which social workers do with foster children should be trauma informed, it should also be oppression informed. Little focus is given on the oppression our children face in relation to their race, socioeconomic status, or identity. An understanding of the oppression is going to impact our engagement with the child by giving us a better ability to see where the child is coming from and where she is going. Even with our heavy caseloads, extra care needs to be given to pay attention to the child as an individual who is unique in their position in the world rather than reducing them to a name and a necessary monthly home visit.

Barriers

In applying the Just Practice model to Child and Family Services, Maddie, and how to positively create changes in the field, there are multiple barriers. One of the struggles in applying this model to Child and Family Services is the medical model which CFS operates from. CFS identifies a problem within a family and creates a treatment plan with the individual family

members in order to address that problem. Inherent in that model is the focus on the problem (ie: Maddie's mother's drug addiction), rather than the context of that problem.

Maddie's mother did not engage in her treatment plan which led to Maddie becoming permanent legal custody of the state. From the model which CFS operates from, little attention was likely given to what *caused* Maddie's mother's drug addiction. Maddie's mother came from Ecuador and had an abusive partner. How much attention was given to the context of her status of an immigrant? To her race? To the dynamics of power and control in a domestically violent relationship? These factors all likely contributed to the involvement with CFS, however CFS's role does not allow the worker to address these causes in a social work and Just Practice sort of framework. Instead, parents are reduced to the presenting problem which led to the child to become unsafe and are required to complete a treatment plan to get their child back within 18 out of 24 months. How realistic is it to address all of the components which led to a household becoming unsafe in 18 months?

Also a barrier when applying the model to a CFS setting is the power differential. The child protection specialist holds an insurmountable level of power. They are backed by the courts and by state statute and have the ability to keep a child from their parents. How is it possible to break down that power differential to effectively engage with parents and children to accompany them through the process rather than presenting them with a treatment plan and hoping for the best?

Although CFS works to keep the child safe, the Rights of The Child do not often come into play. As we have learned in class, the US is not governed by the Rights of The Child. To fully incorporate the concepts learned in Just Practice into the work done at Child and Family Services, one would not want to look at just the parents rights but also the rights of Maddie. A lot

of Maddie's human rights are at stake when looking at her place as a child within the foster care system. As a foster child, Maddie loses what little autonomy she has as a child. Maddie's right to equal opportunity is lost due to her gender identity and a system of social services which doesn't know what to do with her.

The Future

Moving towards the future there is plenty of room to implement the concepts of Just Practice to the lives of Maddie and other children like her. In order to effectively make changes for children, social workers with CFS need to be able to engage and accompany parents of these children. The elements of Just Practice ask for the social worker to practice critical self awareness in order to be with the individual or family rather than using power to attempt to assert control over a client.

There is great possibility for the future of Maddie and other children who may come into foster care if social workers attempt to work with the individual rather than continue to look at them with a medical model.

Maddie is currently placed in a foster facility which is informed in their practice in working with transgender children and children with ODD and RAD. Her team is actively working with each other in order to create appropriate and effective solutions to support Maddie in how to be successful. Social Workers engaging with Maddie will need to continue to empathetically engage with her to be active in creating solutions for her. Often with the children that CFS works with, it is easy for the voice of the child to get lost among the voice of parents, social workers, and attorneys. Just Practice values elevate Maddie's voice to ensure that she is the leader of her own journey.

Development of Case Study – 15%	5
Utilize Just Practice Conceptual Framework to examine key issues – 20%	4
Articulation of approach to address issues raised in the case study – 25%	3
Human Rights and Social and Economic Justice – 20%	5
Overall clarity of writing, organization of discussion, and consistency of format and citations, including bibliography. – 20%	4
Overall Grade	B+