

## Varied perceptions of team effectiveness among child &amp; family team members in public child welfare

Danielle L. Fettes, PhD, Paige Milewski, BA, Anna Brubaker, MS, Lillian Conradi, BA, H. Joel Crumé, PhD, Marisa Sklar, PhD

## Background

- Youth involved in child welfare (CW) services experience elevated trauma and need for mental health services.
- Shared decision-making is fundamental to successful service linkage and improving safety, permanency, and physical and mental well-being of youth and families.
- Child and family team (CFT) meetings are family-centered approaches to coordinate support and promote shared decision-making for family and youth's service plan.
- Effective teamwork is vital for CFT meeting fidelity and successful outcomes.
- CFT meeting fidelity is challenged by diverse viewpoints & system constraints.
- The after-action review (i.e., debrief), is a simple, quick, and powerful tool to improve team effectiveness.
- Debriefs hold potential for improving fidelity and effectiveness of CFT meetings.

## Study Aims

## Aim 1

Conduct a qualitative needs assessment targeting the ongoing implementation of the CFT clinical intervention

## Aim 2

Adapt and tailor the debrief to address the CFT services intervention needs

## Aim 3

Pilot-test the debrief implementation strategy on improving CFT outcomes and explore team mechanism

## Methods

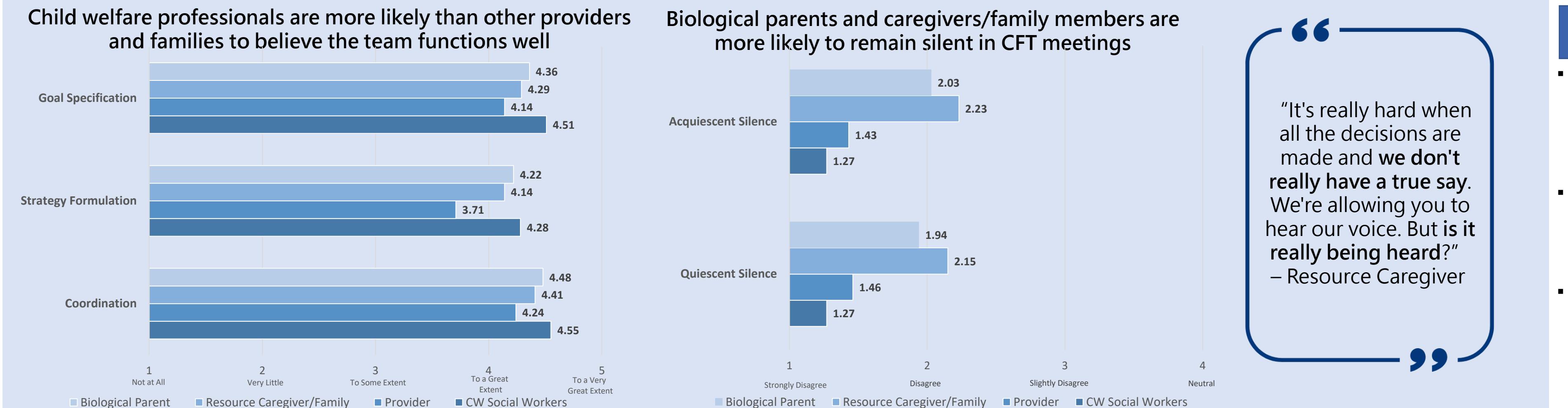
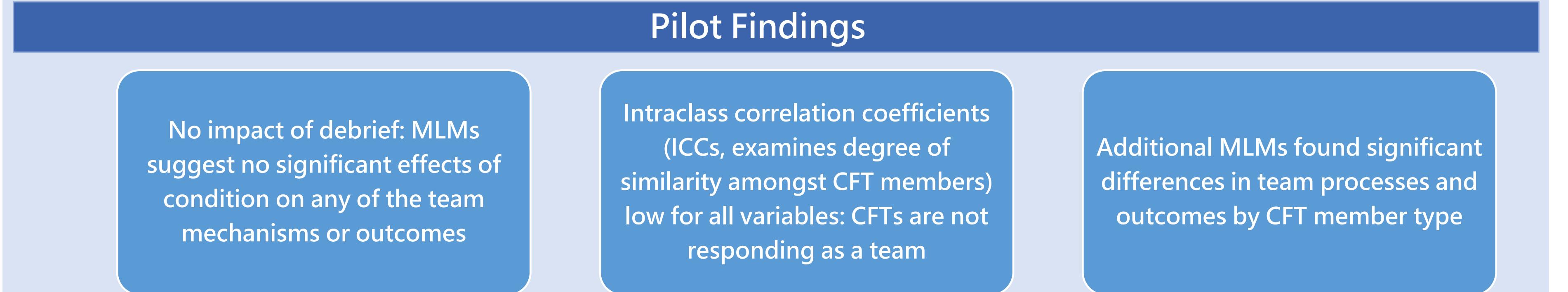
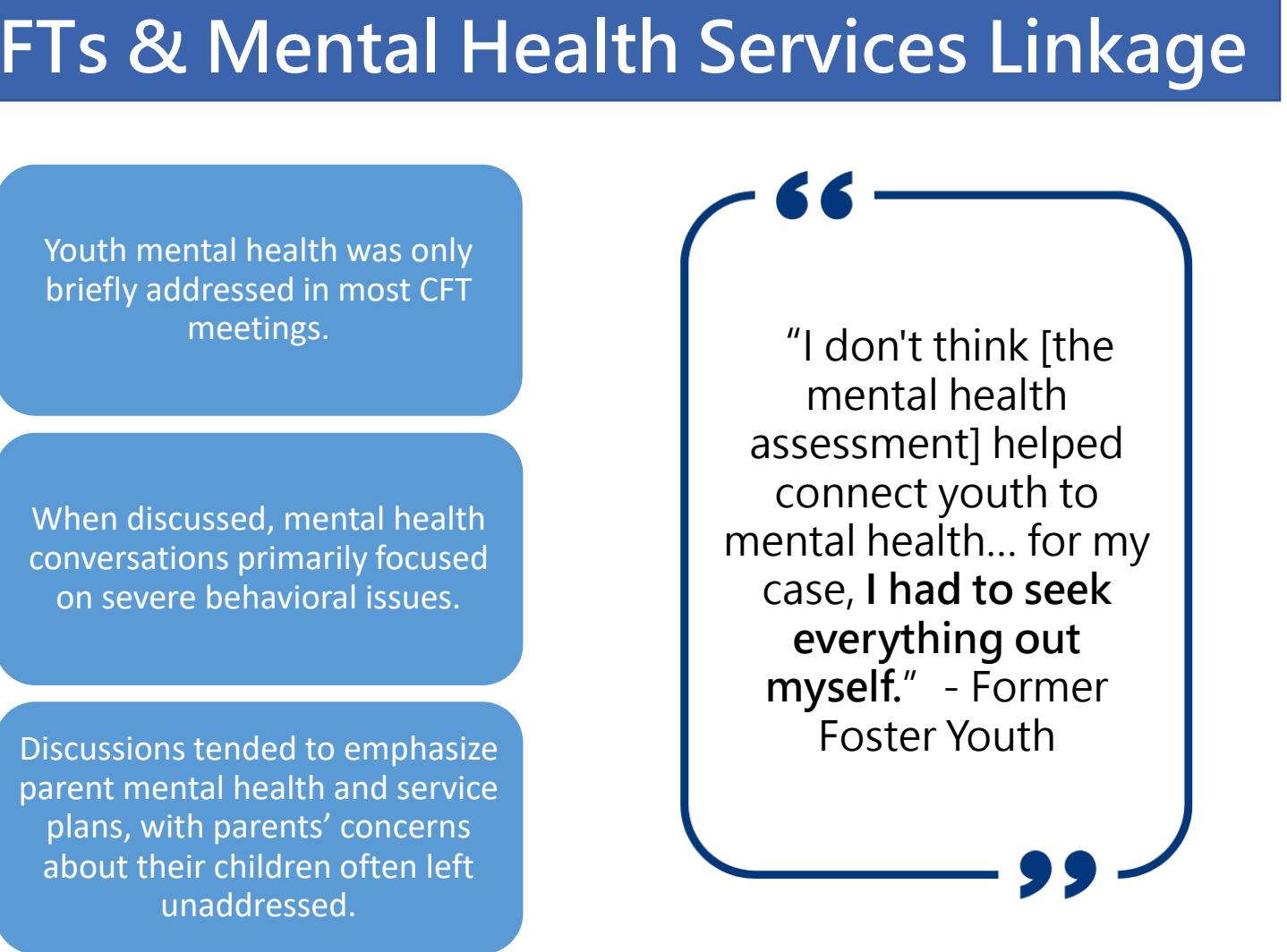
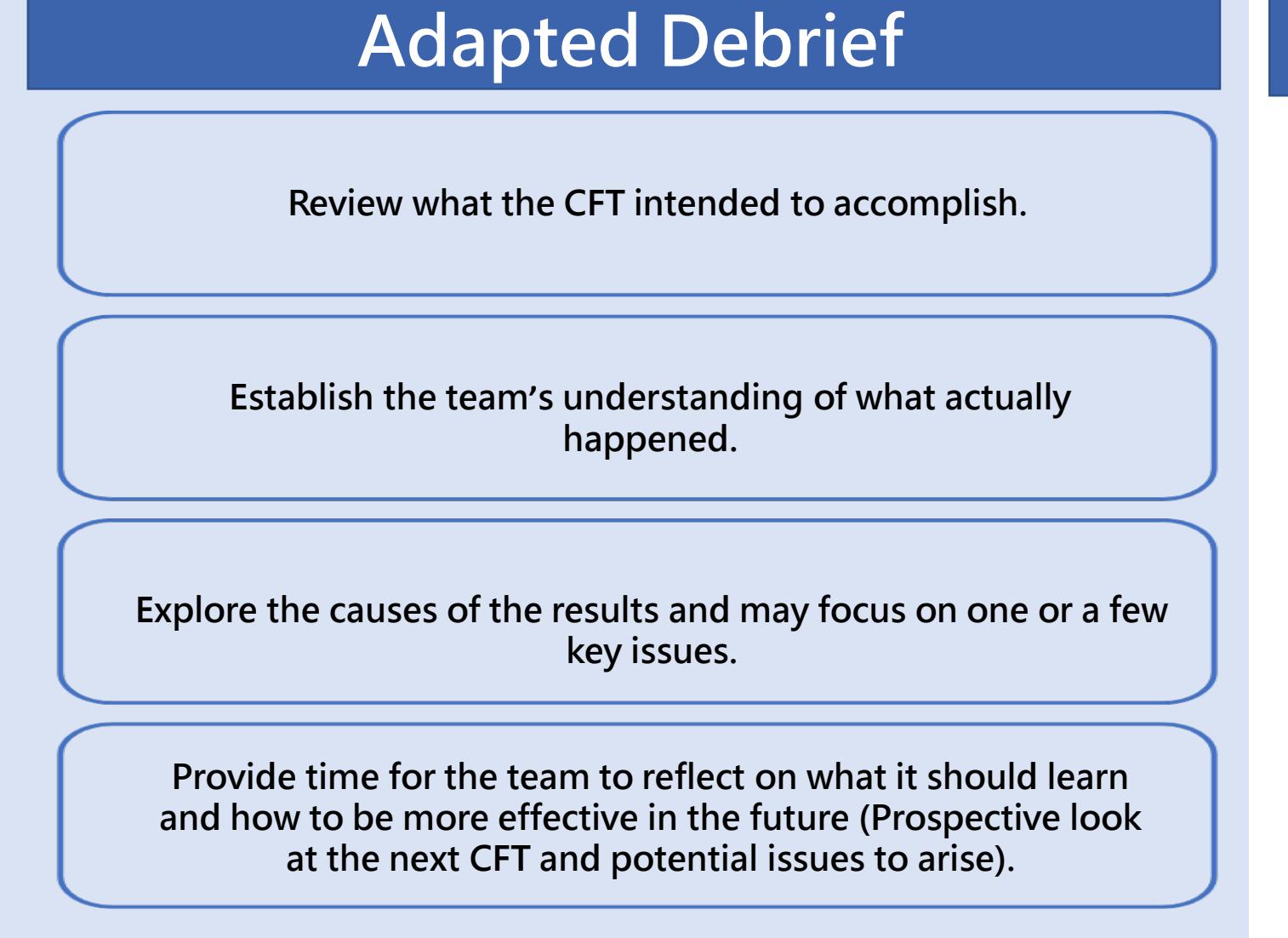
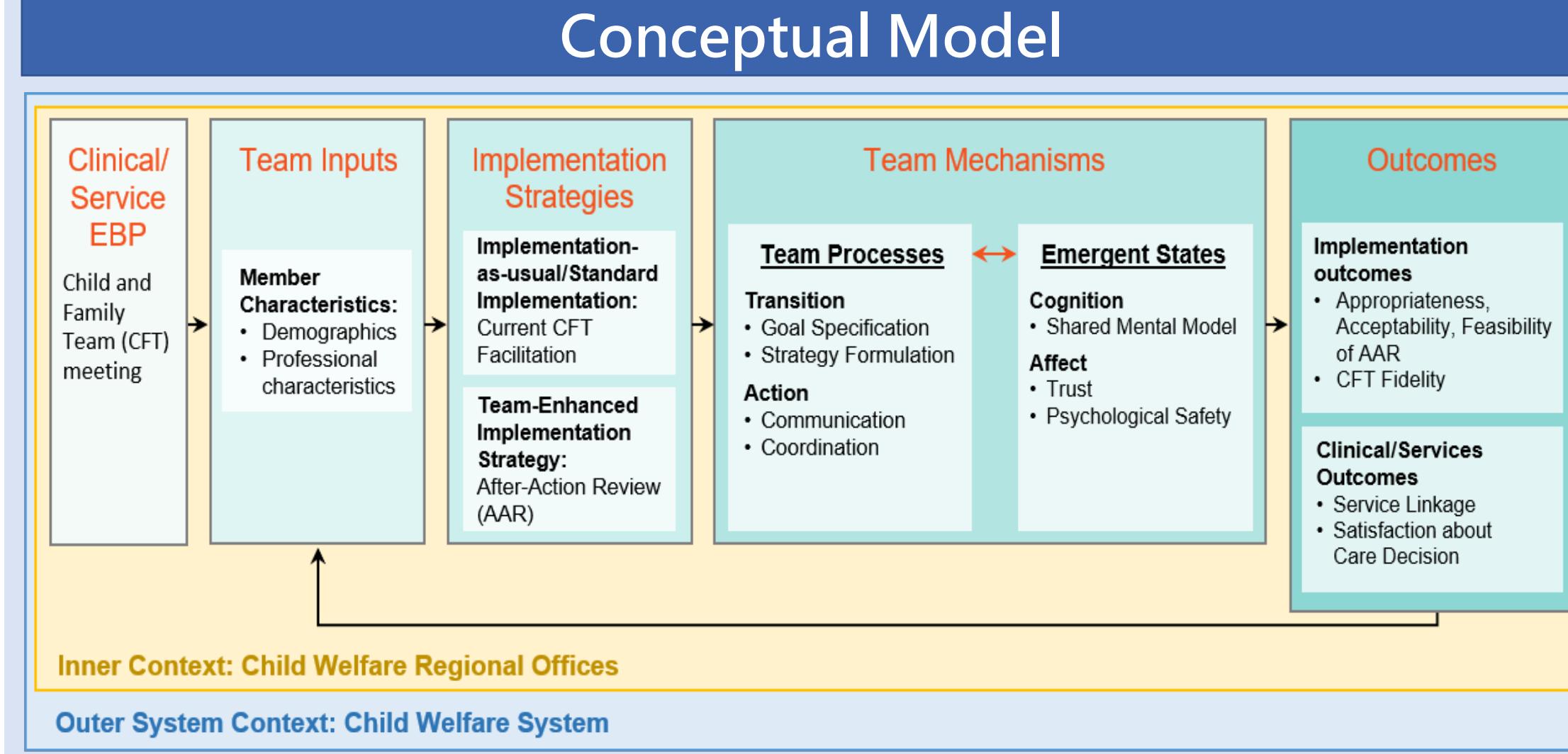
- Multi-method approach
- Needs Assessment: 8 informant interviews and 8 focus groups (n=75) included former foster youth, parents involved with CW, resource caregivers, CFT meeting facilitators, CW services leadership, CW Social Workers, and community service providers.
- Pilot: Stratified randomization of CW social workers to intervention (CFT+Debrief) or control (CFT-as-usual) condition. Immediately post-CFT:
  - Intervention (CFT+Debrief) condition members are guided through the debrief, then invited to complete survey
  - Control (CFT-as-usual) condition members are invited to complete survey
- Multi-level modeling (MLM) with random intercepts examined condition effects on team mechanisms and service outcomes.
- Across 55 CFT meetings (22 intervention, 33 control), a diverse group of team members (n = 280) completed the study survey, including biological parents (14%), resource caregivers (15%), CW social workers (39%), community service providers (24%), & individuals with other roles (7%).

## Acknowledgements

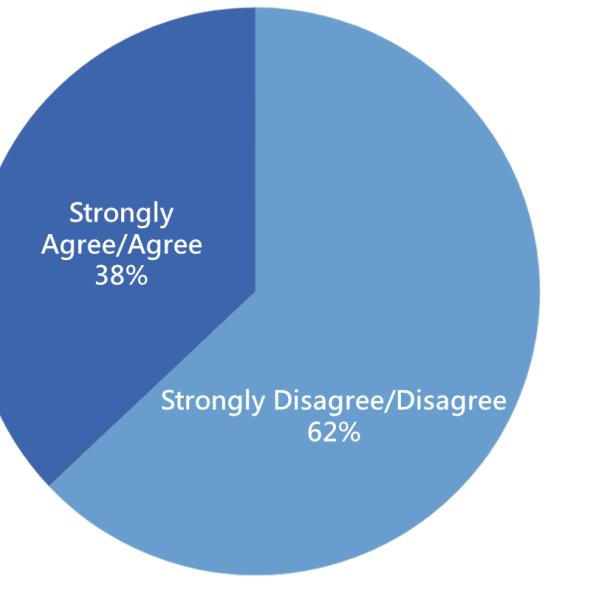
- Funded by the National Institute of Mental Health P50MH126231-02 (MPI: Brookman-Frazee, Aarons).
- In collaboration with our community partner, the County of San Diego Child and Family Well-Being Department.
- We are grateful to our families and youth involved with CW for sharing their experiences with us.



For questions contact:  
Danielle Fettes, PhD (dfettes@health.ucsd.edu)



“It's really hard when all the decisions are made and we don't really have a true say. We're allowing you to hear our voice. But is it really being heard?” – Resource Caregiver



**Implications/Future Considerations**

- CFTs are important & intentional team strategies designed for including youth and families in their own action planning, but CFTs most often do not work as intended – our debrief did not change this.
  - Thought consideration: Fear of repercussions and other barriers prevent individuals from speaking up
- If CFTs do not function as a team, we cannot enact a team intervention
  - Next steps: work needs to be in team development/team organization
  - Thought consideration: What is fundamentally needed for CFTs to have interdependence/shared mental models?
- CFT meetings serve as the required and essential mechanism for service planning and linkage to needed mental health care; yet, youth are not getting connected, even when service plans are in place.
  - Thought consideration: Where in the process do new intervention strategies need to occur?