

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

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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%).

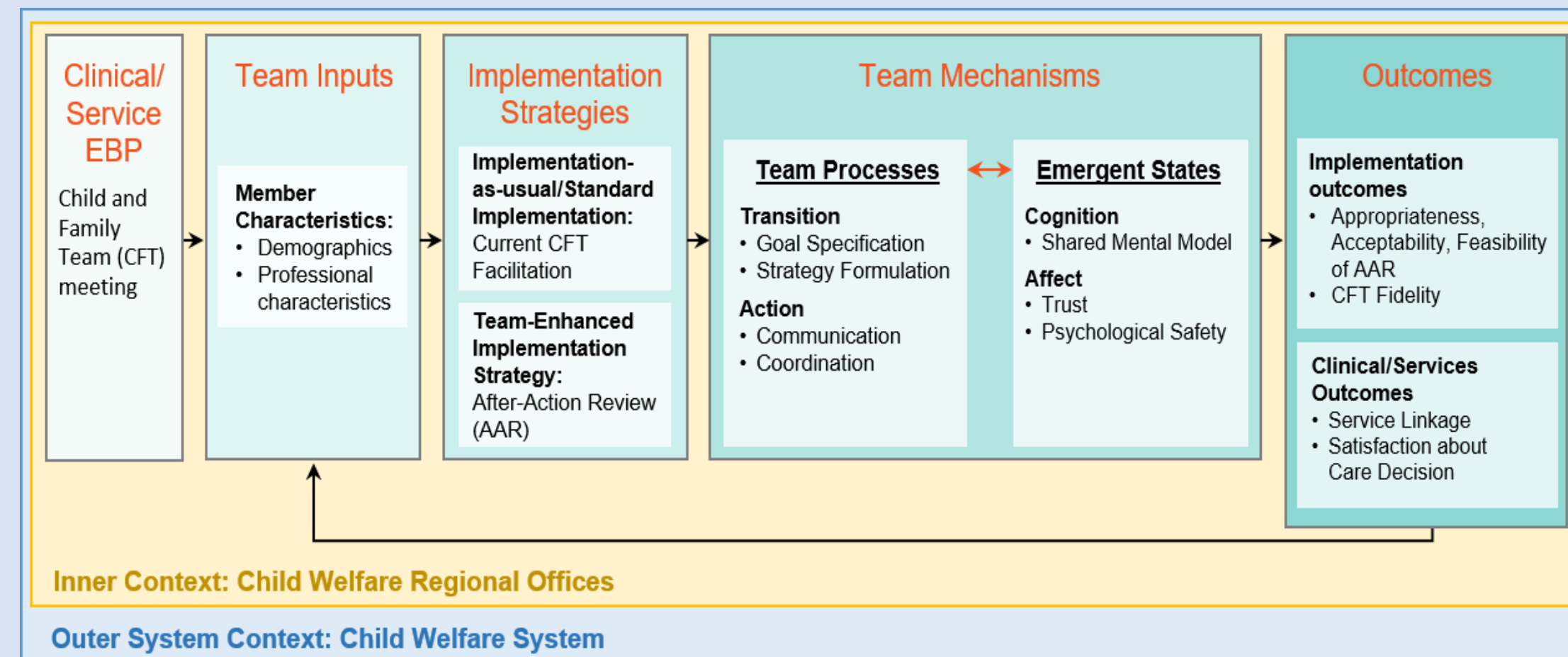
Acknowledgements

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Conceptual Model



Adapted Debrief

Review what the CFT intended to accomplish.

Establish the team's understanding of what actually happened.

Explore the causes of the results and may focus on one or a few key issues.

Provide time for the team to reflect on what it should learn and how to be more effective in the future (Prospective look at the next CFT and potential issues to arise).

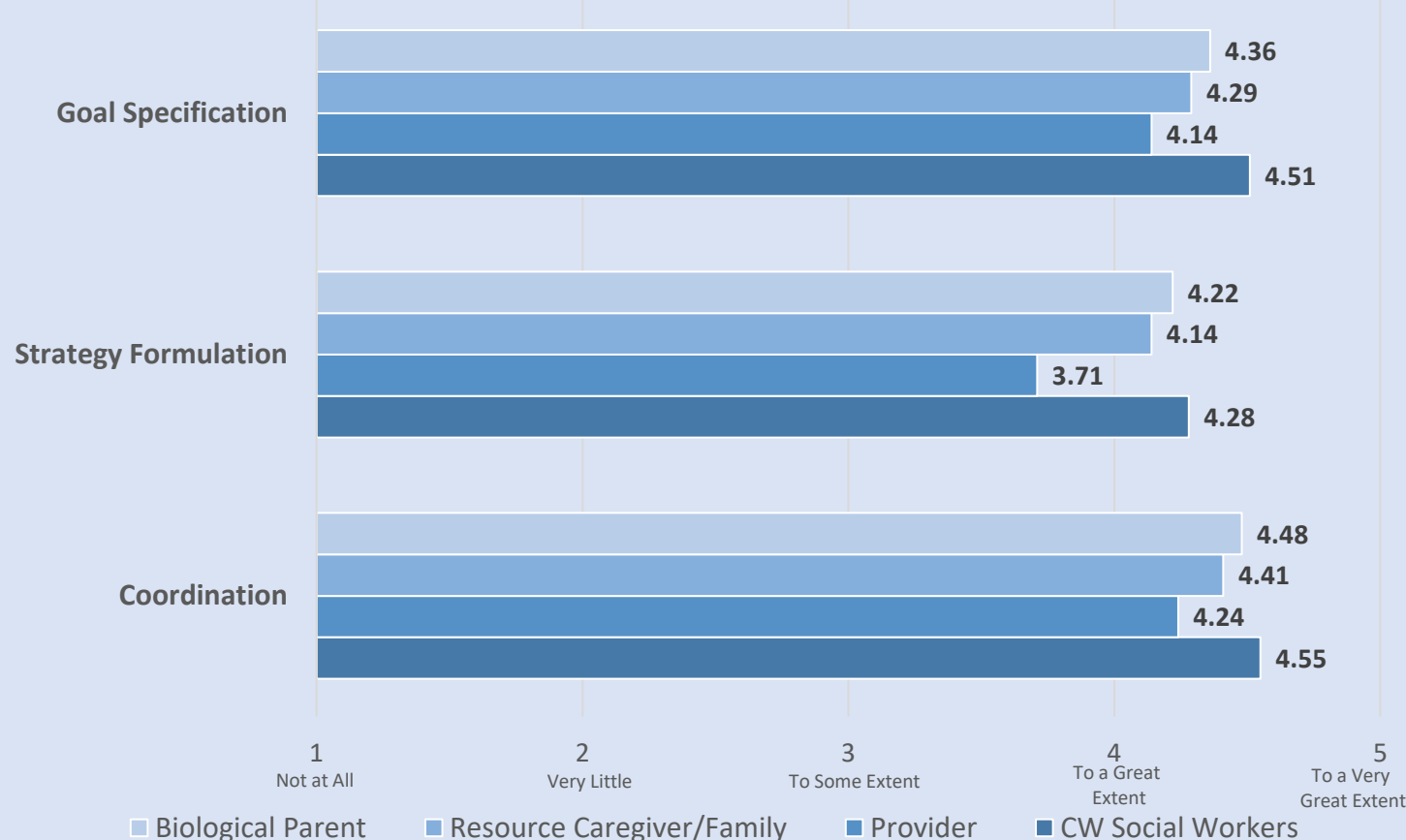
Pilot Findings

No impact of debrief: MLMs suggest no significant effects of condition on any of the team mechanisms or outcomes

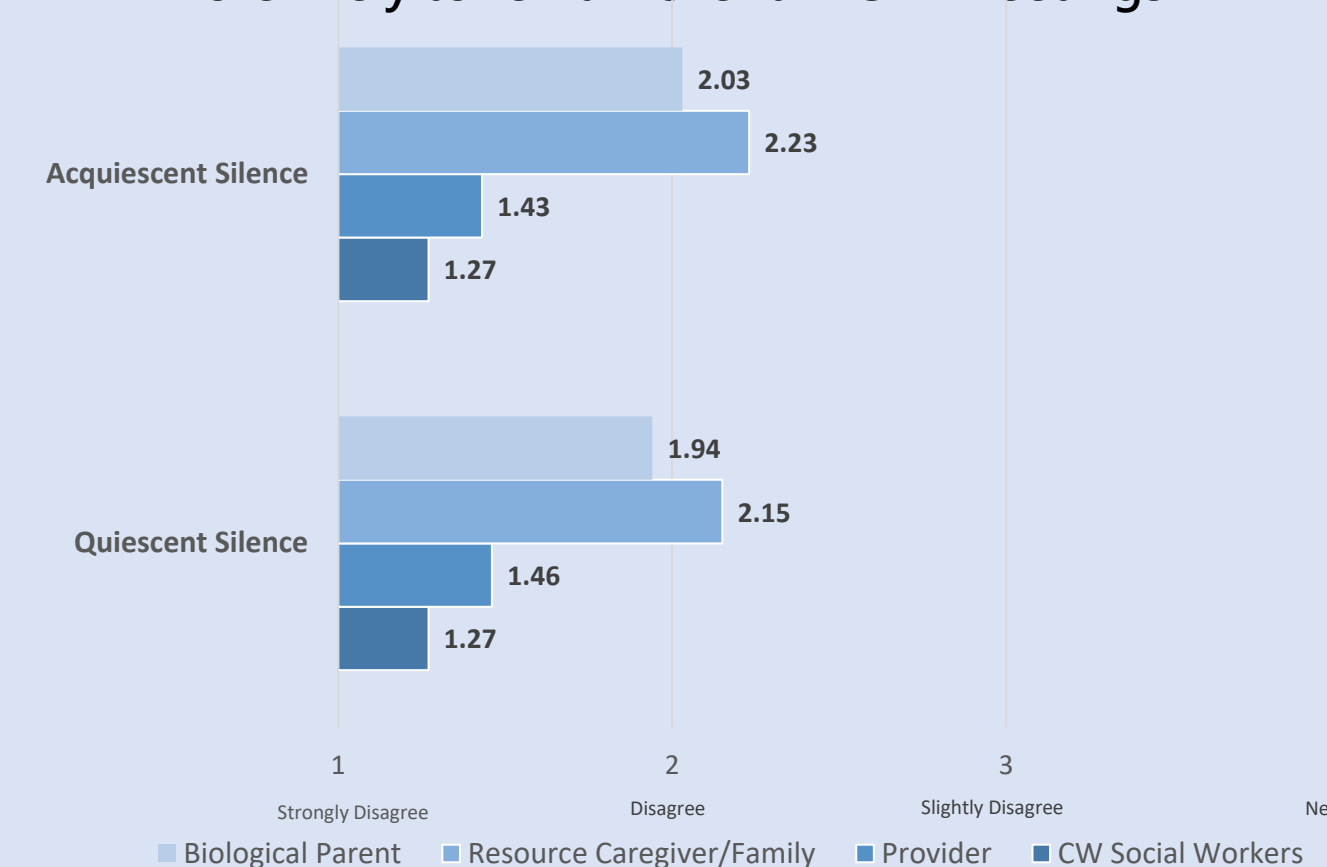
Intraclass correlation coefficients (ICCs, examines degree of similarity amongst CFT members) low for all variables: CFTs are not responding as a team

Additional MLMs found significant differences in team processes and outcomes by CFT member type

Child welfare professionals are more likely than other providers and families to believe the team functions well



Biological parents and caregivers/family members are more likely to remain silent in CFT meetings



“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

CFTs & Mental Health Services Linkage

Youth mental health was only briefly addressed in most CFT meetings.

When discussed, mental health conversations primarily focused on severe behavioral issues.

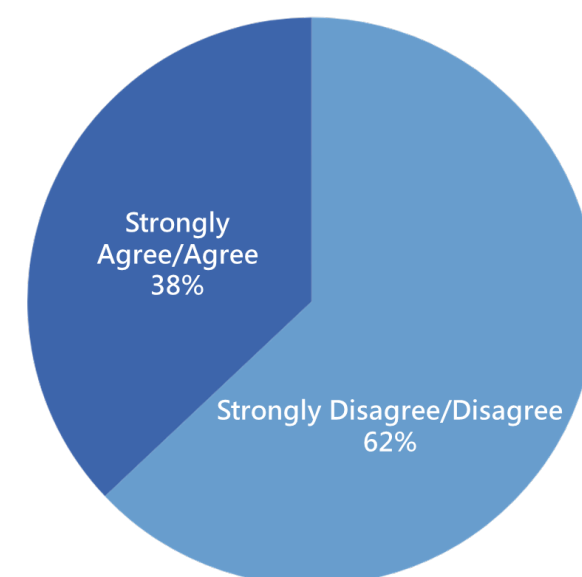
Discussions tended to emphasize parent mental health and service plans, with parents' concerns about their children often left unaddressed.

There was a lack of fidelity to screening protocols and assessments, especially when these topics were not specifically included on the meeting agenda.

“[The mental health screening] is the document used to **justify any direction agency wants to go on.**” – Biological Parent

“I don't think [the mental health assessment] helped connect youth to mental health... for my case, **I had to seek everything out myself.**” – Former Foster Youth

Information from the mental health assessment was incorporated into discussion.



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?