THESIS

MULTIDISCIPLINARY REPRESENTATION IN COLORADO:

AN EXPLORATORY ANALYSIS OF PROFESSIONAL COLLABORATION

Submitted by

Tara Ramous

Department of Human Development and Family Studies

In partial fulfillment of the requirements

For the Degree of Master of Science

Colorado State University

Fort Collins, Colorado

Spring 2024

Master's Committee:

Advisor: David MacPhee

Marc Winokur

Samantha Brown

ABSTRACT

MULTIDISCIPLINARY REPRESENTATION IN COLORADO:
AN EXPLORATORY ANALYSIS OF PROFESSIONAL COLLABORATION

This research study focused on multidisciplinary representation (MdR), the collaboration of attorneys and social workers in client advocacy, in Colorado. MdR is used most in cases of child welfare and juvenile justice contexts due to the inherent nature of trauma that accompanies these cases. Past research on MdR has demonstrated significant benefit for clients, but little is known about the professional procedures that result in such positive outcomes. In this collaborative study between university researchers and the Colorado Office of the Child's Representative (OCR), attorneys and social workers were surveyed on their professional roles and their experience with MdR collaboration and present issues. Findings indicated that collaboration practices are largely positive, and professionals mutually agree on benefits. Attorneys' perception that social workers improved their ability to advocate, and improved client engagement, accounted for 43% of the variance in the number of reasons they would request social worker support. The greatest barrier to collaboration was misconceptions of roles and responsibility. Among recommendations, both social workers and attorneys endorsed more training opportunities on collaboration. Ongoing process evaluations will strengthen the research foundation and replication for MdR practice.

TABLE OF CONTENTS

INTRODUCTION

Children who experience removal from their biological parents are at an increased risk of negative mental health outcomes including higher occurrences of depression and suicidal ideations and an increased likelihood of substance use in adulthood (Leza et al., 2021; McLaughlin & Lambert, 2017; Merrick et al., 2017). Prolonged exposure to trauma and cumulative risk factors, such as extended time in foster care and multiple placements, compounds this risk (Kasis, et al., 2018). Multidisciplinary representation (MdR) is the collaboration of social workers and attorneys in client representation. Initial research has demonstrated that multidisciplinary representation significantly reduces the time in foster care and supports timelier reunification (Courtney & Hook, 2012; Gerber et al., 2019). MdR is often utilized in court cases involving youth in foster care and parents with children in foster care due to the inherent nature of trauma that accompanies foster care involvement. The specialized training of social workers in trauma-informed care accompanies attorneys' knowledge of the law, which creates an effective pair to address clients' holistic needs.

Currently, the literature base for MdR is limited and has exclusively evaluated the effectiveness of this representation for parents, but not for youth. The greatest critique for MdR is that this professional collaboration is neither well researched nor understood. Furthermore, professionals engaging in this work express feelings of scrutiny from their collaborators (Lalayants & Epstein, 2005). This study aims to fill this gap by evaluating the following: How do social workers and attorneys collaborate in multidisciplinary representation? Are there are any gaps that exist in this partnership which may impact the effectiveness of this form of

representation? In answering these questions, findings may have implications for how agencies can support professionals and highlight the importance of evaluating MdR programs. Adequate support of professionals maximizes the benefits for program recipients and increases the well-being of professionals by minimizing risk of burnout.

SIGNIFICANCE

Population Vulnerability

Optimal childhood upbringings are characterized by high levels of positive experiences and caregiver warmth with low levels of adverse childhood experiences (ACE's). In contrast, coercive parenting is the use of harsh parental behaviors such as threats, yelling, or enforcing psychological control to elicit compliance by a child (Crosswhite & Kerpelman, 2009). Child abuse is intentional physical, emotional, sexual, or mental harm inflicted onto or committed against a child. Neglect is the withholding of sustenance, affection, or exposure to unsafe people and circumstances. Neglect is the most common allegation associated with child removal. In 2021, 63% of the children who were removed from parental care were cited to have experienced neglect (AFCARS, 2021). These early childhood experiences often set a trajectory for adversities that individuals experience later in life.

High levels of ACE's are associated with poor health outcomes, increased likelihood of developing substance use disorders, and increased likelihood of perpetuating a cycle of abuse (Hughes et al., 2017; McLaughlin & Lambert, 2017). This is particularly relevant for former foster youth as their experience of abuse was sufficient to warrant intervention by a state agency. In 2021, there were over 392,000 children in foster care in the United States (AFCARS, 2021). Approximately 1.1% of children in the U.S. enter foster care each year while 9% of former foster youth who now have children had a child placed in foster care (Jackson Foster et al., 2016). These figures underrepresent the prevalence of child abuse as these are the only children who came to the attention of the child welfare agency and met the degree of severity to result in a removal from their caregivers.

Children thrive when they are in supportive and predictable environments. The presence of abuse in a child's environment is inherently stressful. Exposure to chronic stress and an unpredictable environment may lead to a phenomenon called toxic stress. Toxic stress is the body's physiological response to persistent and acute stress without sufficient support from a safe caregiver (Shonkoff & Garner, 2012). Toxic stress is well understood by researchers to be detrimental for people of all ages. Children are particularly vulnerable to toxic stress due to their sensitive period of development. Toxic stress can lead to permanent changes in children's brain structure, which is known to lead to physiological disruptions such as depression, anxiety, and chronic illness that can persist into adulthood (Misiak et al., 2022; Shonkoff & Garner, 2012). Without proper interventions to employ, these children are likely to perpetuate a cycle of toxic stress.

Populations at Risk

Although anyone can become a victim or perpetrator of child abuse, it disproportionately affects populations who are victims of toxic stress and discrimination. Ethnically and racially diverse groups experience higher rates of stress and posttraumatic stress disorder (PTSD) that are recognized risk factors for child abuse (Amaro et al., 2007). African American children made up 22% of the children in foster care in 2021 yet they only make up 13% of the overall U.S. population (AFCARS, 2021; Foster, 2012). Additionally, Native American/Alaskan Natives encompassed 2% of the youth in foster care but they make up approximately 0.9% of the overall population (United States Children's Bureau, 2021). These racial groups are overrepresented in the foster care system for many reasons, including but not limited to discriminatory reporting practices, increased likelihood of PTSD, historical practices of discrimination and abuse, and over-policing of racially diverse communities (Cooper, 2013; Knott & Donovan, 2010). These

risk factors compound risk for maladaptive coping skills like substance abuse or child maltreatment (Green, et al., 2012; Whitesell, et al., 2012; Zephier Olson & Dombrowski, 2020).

Those in low-socioeconomic status (SES) families are also more likely to be victims and perpetrators of child abuse. Like those in racially diverse communities, low SES is a marginalized population subjected to greater levels of stress (Amaro et al., 2007; Misiak, et al., 2022). Financial insecurity places parents and caregivers under heightened pressure, which may lead to psychological distress and coercive parenting practices (Skinner et al., 2022). Financial insecurity is one of the greatest risk factors for child abuse (Conrad-Hiebner & Byram, 2020). Those in poverty are more likely to be reported to child protective services and are more likely to experience discrimination by mandated reporters (e.g., doctors, teachers), heightened exposure to social services (e.g., recipients of SNAP, TANF, Section 8), or increased exposure to law enforcement (Johnson-Reid et al., 2009). Employment status is an essential factor when identifying the risk for abuse. A recent study found that when parents were employed, their risk for child maltreatment decreased, even in the absence of government cash assistance and controlling for income (Skinner et al., 2022).

Risks of Multiple Placements

Studies have found that MdR can lead to timelier reunification of families where children are placed outside of the home (Courtney & Hook, 2012; Gerber et al., 2020). This is critical to note because the ramification for extended time in foster care creates increased cases of acute mental health conditions, attachment disorders, and long-term residential instability (Chambers et al., 2018; Havlicek, 2010). Neglect and inconsistent care can lead to long-term mental and physical health conditions that in turn can diminish academic, social, and psychological outcomes (Chambers et al., 2018). When considering the experience of youth in foster care,

researchers factor in the experiences that lead to their removal in addition to their experience in foster or nonparent placements. On average, youth in foster care experience 8.3 placements during their time in foster care (Havlicek, 2010). The implications of frequent placement changes include attachment disruptions, frequently adapting to changing rules and regulations, and continued experiences of abuse or neglect that can occur in foster placements (Havlicek, 2010). These disruptions increase the likelihood of residential instability into adulthood, contributing to the growing homeless population (National Foster Youth Institution, 2021). In the United States, 50% of the homeless population spent time in foster care and 25% of foster youth will experience homelessness within 4 years of aging out of the system (National Foster Youth Institution, 2021).

Former foster youth recount the experience of placement changes as a significant disruption of their lives. Notably, this includes reporting feeling unwanted by their caregivers, difficulty trusting others, disruptions in education and struggling to graduate high school, and exclusion from placement decisions (Chambers et al., 2018). All of these outcomes have long-term implications for developing healthy relationships and having a stable foundation to grow and adapt to the world. Children with increased risk factors such as mental health diagnoses, high risk-taking or delinquent behaviors, or learning disabilities are often at further risk for placement disruptions (Chambers et al., 2018). Those with higher needs or increased behavioral issues often require more care and attention, which can place strain on placement providers (Steen & Harlow, 2012). Thus, those who are already at higher risk may experience more disruptions, which compounds risk (Steen & Harlow, 2012).

Multidisciplinary Representation for Parents

MdR in child welfare court cases, referred to as Dependency and Neglect (D&N) cases in Colorado, primarily exists for parents' representation (Courtney & Hook, 2012; Gerber et al., 2019). Parents who have their children removed from their care are entitled to representation by an attorney. The role of a parent's attorney is to advocate for the interests of their client and to present on the efforts parents have made to ameliorate the conditions that led to the removal of their children (United States Children's Bureau, 2022). In a parent case, allegations are waged against parents, which lead to the removal of their children. Judges order parents to participate in services to address the safety concerns associated with those allegations. Completion of services is largely used to determine whether parents have met the goals outlined by the state and judge (United States Children's Bureau, 2022). Parents' primary goal in these cases is often reunification with their children; this is also a simple goal to measure. Collaboration of a social worker with a parent's attorney may entail locating services in the community, emotional support throughout the duration of the case, and assistance in addressing barriers to participation along the way (Gerber et al., 2019). The services and support are flexible to meet the unique needs of the client being represented.

Gerber et al. (2019) analyzed multidisciplinary representation of cases in New York that involved 9,582 families with 18,288 children. The authors analyzed outcomes of cases when social workers were present on legal teams for parents. Their study found that social worker presence greatly accelerated parent-child reunification and their children experienced, on average, 118 fewer days in foster care as opposed to children whose parents had typical attorney-exclusive representation. It is important to note that this study did not find that MdR reduced the recidivism of children coming back into foster care as compared to exclusive attorney

representation (Gerber et al., 2019). A follow-up analysis was completed in 2020 that analyzed the perception of case progress from the perspective of parents, attorneys, judges, and court representatives. Parents and stakeholders reported increased quality of representation and increased attention paid to client well-being (Gerber et al., 2020). In a Washington State study, researchers found that the presence of a social worker on parent representation teams sped up parent-child reunification by 11%, increased child adoption rates by 83%, and children entering guardianships by 102% as compared to equivalent dependency cases without social worker presence (Courtney & Hook, 2012). Overall, these studies' findings demonstrate the beneficial nature of MdR in improving outcomes for parents and children.

MdR not only benefits the families in dependency cases but also the state agencies and workers involved. Reduced time in foster care reduces the strain on child welfare and accompanying social services to maintain children in foster care or an out-of-home placement setting. State-appointed child welfare workers hold the primary responsibility of making reasonable efforts to ensure services are made available so that parents can address safety concerns and have children returned (Williams, 2006). Workers are required to locate services, make referrals, and communicate with parents and service providers to ensure those services are accessed and participated in (Williams, 2006). MdR offers an opportunity to reduce the burden on state workers by allowing legal social workers to locate services for their clients (Sankaran et al., 2015). This has an added benefit of MdR workers prioritizing culturally specific providers and trouble-shooting barriers to accessing services (e.g., transportation). Although this support does not excuse state workers from the responsibility of reasonable efforts, it does reduce the burden and workload. MdR social workers can focus solely on their client while state workers have the responsibility of juggling both parents and the children (Sankaran et al., 2015).

Ultimately, there is a shared goal among stakeholders to ensure child safety and prioritize parents' rights to their children. It stands to reason that including more professionals with this shared objective would increase the likelihood of this goal being achieved.

Multidisciplinary Representation for Children

Although preliminary research has been conducted to support the efficacy of MdR (Courtney & Hook, 2012; Gerber et al., 2019), this information primarily exists for use of multidisciplinary teams in parent representation and not youth representation. The lack of research may be due to the greater variation in the goals and outcomes of child cases as opposed to parent cases. Parents' goals in child welfare proceedings are typically reunification. Other permanency goals may be adoption or guardianship to prioritize a stable and long-term placement as opposed to remaining in foster care. MdR has shown to increase rates of guardianship and adoption (Courtney & Hook, 2012). In addition to timelier reunification, the benefits of MdR include advocacy for placement and assistance in locating potential placements. When children are being represented by attorneys, they have rights that encompass attorneys advocating for the permanency goal the youth want to achieve. Laws and regulations vary amongst states for at what age a youth can verbalize what they want or where they wish to live (United States Children's Bureau, 2022). State depending, this is what their attorney will advocate for. When a child is too young or otherwise cannot verbalize what they want, their attorney advocates for a placement that is in the "best interest" of the child. Best interest weighs the benefits of familial placement, the child's bond to their parent and present caregiver, and who may meet the needs of the child most effectively (United States Children's Bureau, 2022). Overall, these additional variables complicate outcome measurement.

It is suggested that MdR increases safety and well-being for children (Courtney & Hook, 2012; Gerber et al., 2019). By involving professionals with a shared goal of permanency and safety for children, the likelihood of achieving this outcome increases (Frost & Robinson, 2007). This concept extends not only to the experience in the court room and placement goals, but in facilitating support of clients in other areas of their lives. Children in the foster care system are more likely to struggle in school and require additional services such as education plans or mental health services (Chambers et al., 2018). MdR social workers collaborate with youths' schools, therapists, and other professionals. This is essential as it keeps professionals on track with the needs of their clients/students to ensure their needs are met (Hesjedal et al., 2016). This collaboration increases the safety of children after they are returned home as well. When healthy relationships are built among professionals and youth, there is an established safety net looking out for children in the transition to their family of origin (Kendell, 2015).

Benefits of a Positive Social Worker-Client Relationship

Case manager involvement is a common practice amongst social service agencies due to their efficacy and the ability to meet individualized client needs. Social workers are trained and educated to meet the complex needs of vulnerable populations and victims of trauma. Involvement in the foster care system is inherently traumatic. For youth who have been exposed to abuse or neglect to the extent of being removed from a caregiver, there is trauma from their experiences, and fear of the unknown for what will come from their time in the foster system (Chambers et al., 2018; Steen & Harlow, 2012). For parents with their children removed, this is often described as the worst day of that parent's life (Sankaran et al., 2019). Engaging clients early and building positive rapport are core tenants of social worker best practice (Morrison, 2007). The most predictive factor of effective client engagement is a positive relationship

between the parent and the state-appointed case worker (Fusco, 2015). Unsurprisingly, strong and trusting relationships between clients and social workers are positively associated with improved case outcomes and a higher likelihood of achieving client-driven goals (Fusco, 2015).

The presence of social workers on legal teams provides a unique opportunity to disclose a client's struggles with the anonymity and client confidentiality afforded by the attorney-client relationship. Although positive relationships with state workers are undoubtedly beneficial, those professionals are still mandatory reporters responsible for recording concerns and reporting them to their agency and the court (Williams, 2006). With legal team social workers, clients can disclose where they need support and access services with the assistance of that professional. This opportunity allows clients to disclose their needs without repercussion to their legal case, which is beneficial for the rapport built among teams and in addressing safety concerns that may have otherwise gone unaddressed (Sankaran et al., 2015).

Conceptual Model of MdR

The practice of MdR aligns with an equifinality additive conceptual model (Figure 1). Equifinality is the concept that there are multiple risk factors that lead to a particular negative or undesirable outcome (Cicchetti & Rogosch, 1996). An additive model stipulates that the presence of more risk factors increases the likelihood of this outcome (van Santvoort et al., 2015). As stated in this review, there are many factors that may increase the likelihood of child maltreatment such as history of child abuse, low SES, or environmental stress. MdR social workers have flexibility within their roles to address these complex risk factors while their attorney counterparts address the legal case with the associated negative outcome.

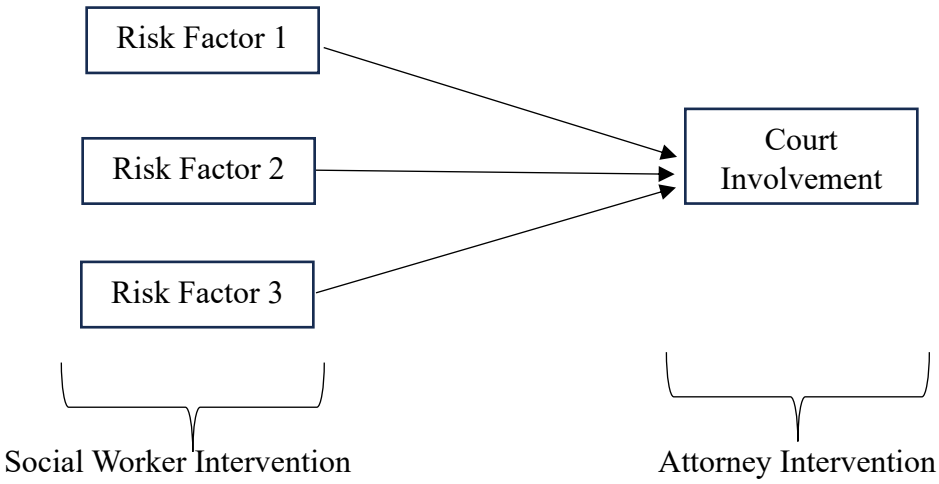

Figure 1
MdR Conceptual Model

Identifying risk factors that led to a particular outcome is an important way that attorneys provide context for the environmental factors that led to court involvement. Identification of these risk factors also provides a framework for the treatment or intervention plan for clients. For example, for a youth who commits a juvenile delinquency offense, their attorney may inform the court that this youth was just placed in foster care, has experienced neglect, and struggles with their mental health. This would then inform intervention by a social worker to support the individual in locating mental health services and medication management to cope with environmental stressors.

Theory of Change

The objectives of an MdR social worker are to meet the unique needs of the clients they are supporting. Functionally, this looks like connecting clients to services that ameliorate the concerns necessitating the removal of their children from their care (Figure 2). By engaging clients early and frontloading essential services, clients are set on a positive track to engage with the state and their legal team. In practice, this step may look like engagement in substance use

treatment if this was a concern on their legal petition. Once initial services are accessed, social workers can address more of the central issues that led to court involvement. This may be participation in mental health services or employment training to focus on stabilizing the client and treating the cause of the substance use disorder. Longer term, MdR aims to expedite permanency goals, close the court and child welfare cases, and reduce foster care recidivism (Courtney & Hook, 2012; Gerber et al., 2019).

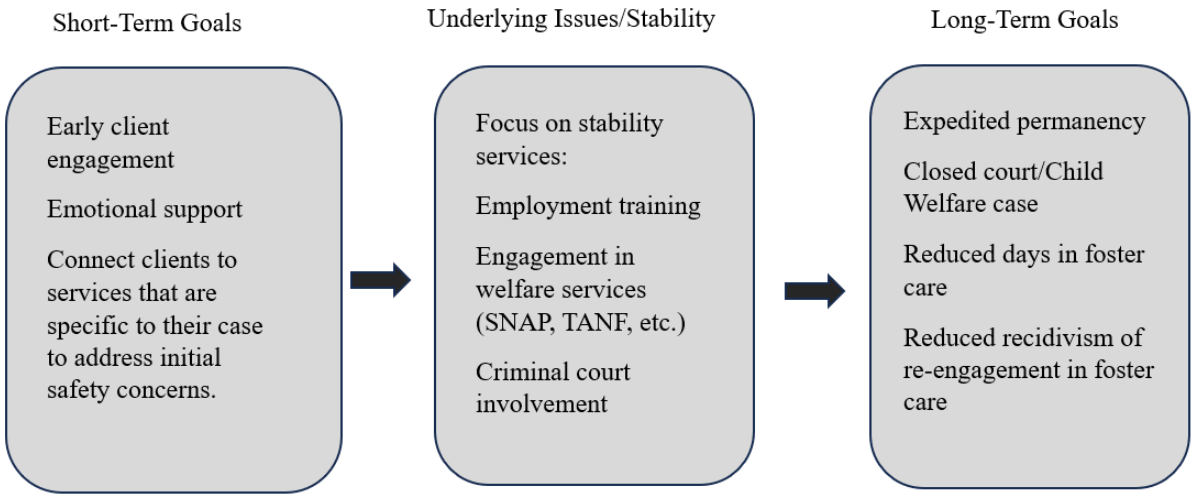

Figure 2
Multidisciplinary Representation Logic Model

Current Gap in Research

The use of multidisciplinary teams is not exclusive to legal representation. This format has been used in child welfare investigations and partnering agencies since the 1950's in efforts to minimize the number of interviews children were enduring during abuse and neglect investigations (Lalayants & Epstein, 2005). By state workers collaborating with law enforcement and hospital staff, this consolidates the interactions that children and their families are having with systems during a traumatic time. A meta-analysis conducted by Lalayants and Epstein (2005) focused on research outcomes for multidisciplinary teams from varying child protection

investigations. Outcome measurements varied between cases by the professionals involved and the data collection method, but the results were consistent. Findings indicated that more accurate conclusions were drawn from MdR for outcomes, including reduced trauma for children, earlier and more effective therapeutic interventions for children, and increased feelings of support/reduced burnout for the professionals' conducting interventions. Among the challenges associated with multidisciplinary team collaboration were difficulty in understanding roles and responsibilities amongst team members, hesitancy to collaborate, and the perception that work by one individual is scrutinized by others (Lalayants & Epstein, 2005). Although Lalayants and Epstein acknowledged the impressive outcomes that result from this collaboration, they also argued that the challenges are neither well understood nor researched.

The figures of reduced days in foster care and reports of higher levels of support are critical in defense of increased availability of MdR. However, further research needs to be conducted to better understand how these teams function and what characteristics of this partnership generate such positive results. Additionally, the implementation of MdR will only function as well as deficits are being identified and managed. By having evidence that highlights the positive characteristics of effective MdR teams as well as common weaknesses, prospective or ongoing programs will have a basis to provide guidelines and training to support professionals. The outcomes of this research could allow for a stronger evidence base for those expanding or starting MdR programs.

Research Questions

As research in MdR increases, special attention should be paid to the approach of MdR teams and how they collaborate to address the holistic needs of the clients they represent. This is particularly important for teams that represent youth because there is limited attention in the

literature for this form of advocacy with this population. The current research study aimed to analyze the following: From the perspective of attorneys and social workers engaging in multidisciplinary representation, how do multidisciplinary teams function? How well do they agree on rules and responsibilities? I hypothesized that attorneys would report positive impacts when a social worker is involved, including increased client engagement and a heightened ability to advocate for their clients' interests. I anticipated that social workers would report that there are gaps in attorneys' understanding of their role. Finally, I hypothesized that social workers would report that their caseload consists of primarily high-needs clientele, which affects the sustainability of their work. Implications of this research could lead to increased support for MdR programs and enhance the legitimacy of these programs and outcomes. By identifying and filling the gaps that may exist, teams can function more effectively and increase the frequency of improved outcomes for clients.

In answering these questions, this research study aligns with the objectives of a process evaluation. A process evaluation measures program activities to determine whether they are acceptable, appropriate, and delivered as intended (Centers for Disease Control and Prevention, 2011). Findings from this study can provide feedback to stakeholders on how MdR is operating now and areas for improvement. They can also be used to inform ways to support professionals engaging in the work.

METHOD

Sample and Participants

All participants in this study were affiliates of the state agency Colorado Office of Child's Representative (OCR) based in Denver, Colorado. The OCR has been supporting multidisciplinary representation since their inception in 2000, and contracts with both social workers (i.e., case consultants) and attorneys. They represent clients across every judicial district of Colorado. They primarily represent youth in child welfare, juvenile justice cases, and truancy cases. OCR attorneys are appointed by the courts for clients who qualify for public defenders. Attorneys are qualified by their contract status with the OCR including passing the bar exam to practice law in Colorado. Case consultants who are qualified with the OCR hold a minimum of a bachelor's degree in a related social work field and two plus years of relevant social work, legal, or other professional experience. Attorneys (n = 125) responded to the survey for this research study. Social workers (n = 55) responded to their respective surveys. This is approximately 55% of the social workers the OCR employs. Although OCR attorneys serve clients around the state, social workers only serve clients in their home counties or within a reasonable commute, although they prioritize attorney and case consultant continuity even when children are moved to different areas. Demographic information was not collected for this survey. The OCR social workers' professional titles are case consultants, but case consultants and social workers will be used interchangeably in this review because titles for this position vary across states and agencies. The services they offer fall into the realm of social work practice.

Procedures

Given that this study involved primary data collection, I applied for Institutional Review Board's (IRB) approval as an exempt research study. IRB approval was granted on October 31, 2023. Assent procedures were facilitated by the coordinator of the Case Consultant Program. An email was sent to all OCR case consultants informing them that they would receive an email containing a research survey regarding their professional role. The email detailed that if any person did not want to receive this survey, that they had one week to respond to the email to opt out. No one opted out of receiving the survey. At the end of the 1-week window, researchers received a list of professional emails for all OCR social workers. Next, social workers received an email from the research team detailing the survey with a link to the survey formatted on Qualtrics. Upon opening the survey, respondents provided informed consent before linking them to the survey.

Social workers received an email reminder to participate after one week and on day 12 of the survey window. The survey window allowed 2 weeks for social workers to respond. Staff did not receive any incentive to participate in this survey. During the consent procedure, the social worker participants were informed that among the indirect benefits, this study's findings can be used to better understand their professional role and gaps that may exist in the professional collaboration with attorneys, which may identify areas where their job could be supported with training opportunities. All survey respondents were anonymous.

Surveying of the attorneys was conducted as standard procedure for OCR lawyers. OCR administration distributed an annual satisfaction survey that included questions regarding social workers' involvement in their cases. Questions for the attorney survey pertaining to case consultant collaboration were co-constructed with the Colorado State University (CSU)

researchers on this project along with OCR administrative staff. OCR administration created a de-identified (anonymous) data file, including removal of demographic information, that was shared with the CSU researchers.

Measures

Case consultant survey. Social workers completed the Case Consultant Survey containing questions specifically tailored to their role (Appendix A). This survey was constructed in its entirety for this study and was not based on prior studies or measures. Interrater reliability was completed for the open-ended questions. Qualitative coding relies on a researcher's interpretation of respondents' experiences. Therefore, analysis of qualitative coding may result in different interpretations between researchers (Clarke & Braun, 2013). To address these differences, members of the research team collaborated to develop a coding scheme for the two open-ended questions. Researchers independently reviewed the data and then compared coding schemes. Reliability for these independently coded responses indicated strong agreement (82% agreement for question 12; 75% agreement for question 13). Differences in coding responses were discussed and resolved, often defaulting to one researcher with more experience with the MdR process. Some open-ended responses were detailed or had implications for categorization in multiple categories. For example, for question 12 inquiring about the greatest misconception attorneys have about their role, one respondent stated, "That we are their assistants and not colleagues on a case. That they can do the job [without] us." This response would fall under the categorization of "Treats me like an assistant" as well as "Treats me as though I am expendable." The misconception about the responsibilities also has implications for whether attorneys understand the scope of a case consultants' role and in terms of undervaluing their qualifications

given that many case consultants have advanced degrees beyond a bachelor's degree. Responses such as these were categorized into all applicable coding categories.

Attorney survey. Attorneys completed similar social worker questions as a component of a larger survey provided by the OCR (Appendix B). Appendix B only lists questions from the larger survey pertinent to this study.

RESULTS

Attorney Group Findings

Among attorneys, there was a consensus as to the effectiveness of collaboration with social workers. In attorney reports of whether case consultant presence improved their ability to advocate for their clients' interests, 72.3% of respondents agreed or strongly agreed with this statement (Table 1). Similarly, 68% of respondents indicated that they agreed or strongly agreed that case consultant presence improves client engagement. These figures represent largely positive associations with social worker engagement.

I computed correlations to determine whether these positive feelings towards case consultants related to the number of reasons an attorney would refer a client to social worker services. Attorneys responded to a "select all that apply" question for the reasons they refer clients to social worker services (Appendix B). The maximum number of reasons one could select was five; the "other" option was excluded from the analysis. The correlational findings were significant between engagement and reasons referred ($r = .54$, $p < .001$), advocacy and engagement ($r = .75$, $p < .001$), and advocacy and reasons referred ($r = .65$, $p < .001$), suggesting that those who rate improved client engagement and ability to advocate were more likely refer clients to case consultants for a wider range of services.

In order to determine the degree to which the number of reasons referred was predicted by the endorsement of the benefits to clients of social workers' advocacy and engagement, I conducted a multiple regression analysis (Table 1). There is a statistically significant association ($p < .001$) such that attorneys who reported greater agreement that social workers' presence

improved their ability to advocate for their clients' interests were more likely to refer clients to social worker services for more reasons. This regression also revealed that advocacy was the greatest predictor of referral reasons, but engagement was not significantly related to the number of referral reasons. Overall, 43% of the variance in the number of reasons attorneys refer social workers was accounted for by their perspective on the effect their presence had on improved client engagement and advocacy. In practice, this suggests that interventions targeted towards increasing the scope of social worker service utilization should focus on increasing attorney's beliefs that their advocacy ability and client engagement is improved by social worker presence.

Table 1

Attorneys' Number of Referral Reasons in Relation to Case Consultants' Advocacy and Engagement

Variable	B	*SE*	*t*	*p*
Advocacy	1.25	.23	5.45	< .0001
Engagement	.23	.22	1.05	.29

Note. $N = 121$. $R^2 = .43$

Attorneys were asked one open-ended question about if there was anything they wanted to share about the case consultant program. Of the 30 attorneys who responded, the results were extremely positive, most of which described that the case consultant (cc) partnership improved their practice. Among the notable and normative responses:

> "CCs have been amazing for keeping costs in check but more importantly for providing different perspectives and specialized knowledge. I do not believe that I would be as effective in my representation without using CCs."
>
> "Having Case Consultants is extremely beneficial and I would encourage all GALs [Guardian Ad Litem] to utilize them on as many cases as possible. It allows us to have a more social work perspective on a child/youth's needs and resources that would be helpful and gives us a perspective that attorneys don't always see. It also gives the child and youth an extra support person to reach out to."

These positive and widely held views led one attorney to say that "it needs to be a nationwide model." These positive reports align with the quantitative findings of positive sentiments about the program and the way that it improves attorneys' practice.

Social Worker Group Findings

An important focus of this study was explicitly determining the roles and responsibilities of social workers engaging in MdR. Social workers' endorsement of responsibilities is provided in Table 2. In previous measures of MdR, the support social workers offer to these cases have not been explicitly stated (Courtney & Hook, 2012; Gerber et al., 2019; Gerber et al., 2020). A lack of understanding of the scope of services MdR social workers can provide may act as a barrier to utilizing their services in a variety of cases. The most frequent reason for case consultant referral was to attend Department of Human Services (DHS) meetings. DHS holds meetings to discuss case goals and updates with families and professionals. Having a team member from a client's legal representation is important to ensure client needs are addressed, to endorse changes in treatment or support plans, or discuss a transition in a youth's placement. It is important to note that attendance needs can be met by the attorney, case consultant, or a paralegal. The second

most frequent referral reason was to visit clients in their homes or communities. A significant benefit of case consultants is greater contact with clients. Best practice also stipulates that legal representatives see their clients in foster care regularly, particularly after placement transitions (American Bar Association, 2017). The least endorsed referral reason, but still frequent, was for providing short-term emotional support. This support may be more of an indirect benefit of the services provided and less of a reason to be referred. Identifying placement options, while still frequent, was the second least referral option selected. Case consultants can help find creative placement options, especially for youths who struggle to maintain placements, but this is the primary responsibility of DHS, which may be a contributing factor to why it is not as frequently referred.

Table 2

Case Consultant Referral Reasons

Referral reason	*N* (%)
DHS	51 (96)
Client visits	50 (94)
Client services	47 (89)
Foster care	46 (87)
Investigation	46 (87)
Strategy	45 (85)
Education	44 (83)
Communication	39 (74)
Placement	38 (72)
Emotional support	36 (68)

A secondary essential measure that was a priority to this research team and the OCR was the percentage of social workers' caseloads that consisted of high-needs clients. These clients were defined in the survey as:

> "A challenging or high-needs client is one which required an above average amount of work/time on the case consultant's part and might include, but are not limited to, cases with: Limited resources/placement options; Contested placements; Frequent placement changes; Limited Department of Human Services case planning ; Crossover youth (those with open Department of Human Services and Juvenile Justice cases); Mental health concerns; Substance abuse; Physical or sexual abuse. These are cases which require regular check-ins or team meetings with providers (e.g., school, placement providers, Department of Human Services, probation, mental health). They also require frequent communication and multiple visits with clients and their families."

I hypothesized that the caseload of social workers would largely consist of high-needs clients, which is more likely to affect the sustainability of their work. Findings revealed that 52% of respondents reported that 40-100% of their caseloads met the definition of high needs. However, when examining whether this percentage had any relation to the sustainability of their work, results were nonsignificant (r = -.12). Of all the correlations computed, the greatest predictor of case consultants' rating of their job sustainability was whether they thought that attorneys treat them as an assistant (r = .61, p < .001). This positive correlation suggests that being treated as an assistant increases their job's sustainability, which seems unlikely. It is more likely that ratings of sustainability were not related to coworking relationships, or there were not sufficient responses to draw conclusions on sustainability. The second greatest predictor of sustainability was case consultants' rating of whether they received adequate training to prepare them for their position (r = .31, p < .05). This response aligned with a somewhat frequent recommendation on how the case consultant's role could be better supported (26% of respondents) with more training for them.

Case consultants were asked about the benefits they see from their work with clients, in terms of what they believe clients value the most. Surprisingly, the most common response (62%) was the increased levels of advocacy related to client goals. This was unexpected because advocacy is more commonly associated with the role of an attorney. The next greatest benefit mentioned were increased communication with the legal team (19%) and increased access to services (6%), suggesting that the greatest benefits they believe clients experience are the indirect benefits of simply having another skilled team member and less so of the tangible resources that case consultants provide.

Contrary to my hypothesis, there was no significant association between social workers' reports that attorneys understand their roles and responsibilities with the sustainability of their work. Results indicated that 88% of case consultants agreed or strongly agreed that their role is sustainable, and 98% of respondents agreed or strongly agreed that attorneys understand their role and responsibilities (69% indicating strongly agree and 29% indicating agree). These findings are inconsistent with qualitative reports given that only 30% of respondents reported that they were either well supported or that there were no known misconceptions. In addition, 19% of responses indicated that attorneys perceive them as assistants (e.g., "That I am their assistant. Where I consider myself a partner"), 32% that they do not understand the scope of their services (e.g., "That my skills are limited to educational access, when I have knowledge and skills across systems"), 17% who endorse that their qualifications are undervalued (e.g., "… attorneys may discount the value or weight my opinion and input has on how our cases move forward"), and 11% reported that they feel they are seen as expendable (e.g., "That my level of expertise is not the same as theirs. Although it is different fields my level of expertise is just as much if not more"). Finally, 8.5% endorsed that they were perceived by attorneys to fill the role

of the DHS caseworker (e.g., “That we are DHS”, “That I can act as the [DHS] caseworker and transport clients or supervise visits”). This was particularly surprising because case consultants are an extension of the legal team, which is often in adversarial opposition to DHS due to competing interests in court cases.

Among suggestions for how their role could be better supported, there were equal responses at 26% that case consultants need more training opportunities (e.g., “more longer training sessions on cc role and how to get started, more training for attorneys on how we support attorneys”) as well as more training opportunities for attorneys (e.g., “Training for attorneys on what Case Consultants can bring to their practice in these cases”). The third most common theme (16%) indicated they would like to see more day-to-day support (e.g., “training with attorney on cc [case consultant] on what the cc role is and what cc actually do, longer session for cc and attorney upon hire on what this role looks like”) and 7% for increased education to stakeholders on the case consultant role (e.g., “It would be helpful for other professionals to be better educated on our role, we are often looked at as attorney's administrative assistants. Our expertise in mental and behavioral health is often minimized, despite a majority of us having MSW's and licensure”). The responses for how their role could be better supported align well with addressing the primary misconceptions noted in responses from question 12 (“What is the greatest misconception attorneys have about your role as a case consultant?”).

Between-Group Analyses

Although 26% of social workers suggested that attorneys receive additional training on how to work with case consultants, a much larger percentage (63%) of attorneys endorsed receiving training on how to better utilize case consultants in their practice. These findings reveal that both groups are aligned to improve their coworking relationships. Every social worker

agreed or strongly agreed that they can establish open and supportive communication with their clients while 68% of attorneys agreed that social workers improve client communication. Likewise, aligning in the importance of this collaboration.

The final objective of this study was to determine how professionals collaborate (Table 3). Social workers reported that the most common way they engage with attorneys is by written communication such as email, text, and formal documentation (96%). Due to the busy court and meeting schedules along with high caseloads, written communication likely is the most efficient way to communicate. Verbal communication by phone or in person also was a common form of collaboration (94%) as was discussing case goals and strategy (87%). Attorneys (40%) reported referring clients to case consultants to advise on best practice and case strategy. In qualitative reports, 12% of social workers stated they would like more communications with the attorneys they work with (e.g., "I think it would be beneficial to find ways GALs and CCs can work closer with defense teams, especially for direct file cases. I think more strategic collaborative efforts would greatly benefit the client's ability to have the strongest defense possible") while 40% of social workers stated that they have little communication, or their attorneys give them autonomy in working their cases.

Table 3

What Does Collaboration Look Like in Practice?

Activities	*N* (%)
Written	50 (96)
Verbal	49 (94)
Strategy	45 (87)
Visits	42 (81)
Meetings	36 (69)
Limited	21 (40)

DISCUSSION

The purpose of this study was to identify the unique role that social workers fill in the MdR collaboration. Additionally, I wanted to determine whether there was a gap in the perception of roles and responsibilities between attorneys and social workers. By identifying gaps, there is an opportunity to make recommendations on how the role can be better supported. Ongoing MdR evaluations are particularly important for those who represent youth because there is limited research for this form of advocacy with this population. In order to answer these questions, it was essential to solicit the perspectives of both social workers and attorneys engaging in the work.

Findings from this process evaluation highlight the need for ongoing MdR evaluations. It is well established that the role that case consultants and public defenders hold for this population is essential (Courtney & Hook, 2012; Gerber et al., 2019; Gerber et al., 2020). High-risk youth can only benefit from quality representation and the combined services of attorneys and trained social workers to address their complex needs (Chambers et al., 2018; Courtney & Hook, 2012; Gerber et al., 2019; Havlicek, 2010). By evaluating the effectiveness of this collaboration, as perceived by the professionals who are involved, the practice is legitimized and provides a foundation for replication in other states. Furthermore, programs can only address and manage barriers to the extent that they are identified and accurately described. To prevent worker burnout and promote positive outcomes for youth, ongoing process evaluations should be conducted to identify professionals' struggles early and intervene effectively. Teams that function together effectively produce the best work and outcomes (e.g., Cantimur et al., 2016).

The discrepancy in social workers' perspectives derived from the quantitative versus open-ended responses highlights the importance of mixed method studies. Likert scale questions, while valuable for their efficiency, may lead to a social desirability bias, or an inclination to select a response that may be perceived as most socially desirable for the audience (Grimm, 2010). Qualitative data enriches findings and broadens the scope of potential responses. In findings such as this, qualitative findings fundamentally changed the conclusions drawn from this study. Additionally, when conducting workplace surveys, open-ended responses about how one role can be best supported empower employees to identify the solutions to the problems they uniquely experience.

An essential finding of this study was that attorneys' positive perceptions of social worker presence, which enhances their ability to advocate for their clients' interests, was significantly correlated with the number of reasons they refer clients to case worker services. Understandably, an attorney who sees the added value to their practice will utilize social worker services for multiple forms of support. In practical terms, then, interventions to promote MdR collaboration should be targeted towards the minority of attorneys who disagreed that it contributed to their ability to advocate for clients. There may be several reasons attorneys do not refer clients, including challenges in the referral process, past negative experiences with case consultants, or a lack of training or perspective on the value it may have. It may also be that attorneys who have always had access to social workers and an MdR structure may take for granted the importance of this role. MdR is relatively new (Courtney & Hook, 2012; Gerber et al., 2019), but it has been a practice of the OCR for over 20 years. Attorneys who remember not having this structure may have greater appreciation for the level of support it adds to their practice. Ultimately, attorney attitudes are quite amenable to being altered. Targeted training regarding the evidence base for

MdR practice, testimonies from attorneys who value the program, and open communication with social workers on the ways they uniquely support clients may all bolster the perceived value and therefore increase the scope of the services for which social workers are utilized.

The Workplace Hierarchy

In the study of workplace hierarchies, it is well understood that status asymmetry--the perceived differences in the prominence, respect, and authority individuals have--affects the ways in which workers behave with one another (Cantimur et al., 2016). Beyond the perceived status differences is the degree to which the disparity exists, called hierarchy steepness (Cantimur et al., 2016). The levels to which there are differences in perceived value may be influenced by educational attainment or task experience (Cantimur et al., 2016). In some studies, researchers have found that this steepness does not negatively affect the work product (Cantimur et al., 2016). Consider the relationships between attorneys and their legal assistants. There is no question about the roles: A paralegal has a particular certification for that assistant position, and the role of the attorney is markedly different. With mutual respect, there is likely little contention in this relationship. For a social worker, this is distinctly different. They have a bachelor's degree or beyond, several years of experience, and fill a unique role that is inherently flexible to accommodate the unique needs of their clients. Role ambiguity amongst social workers also may negatively impact worker well-being and increase rates of worker burnout (Yürür & Sarikaya, 2012). This may be in part due to not having clear boundaries, i.e., tasks that are outside the designated scope of work, confusion around authority, or colleagues' unclear perceptions of one's role and responsibilities.

Healthy co-working relationships have been shown to increase worker well-being and decrease rates of burnout (Simon et al., 2010). Worker burnout is defined as prolonged

psychological stress from workplace stressors characterized by emotional exhaustion, detachment, and reduced personal accomplishment (Ben-Porat et al., 2015). Social workers are particularly susceptible to burnout due to the nature of trauma that accompanies working with vulnerable populations (Yürür & Sarikaya, 2012). It is important to recognize that all professionals working with victims of child abuse may be susceptible to the challenges of burnout and therefore should be uniquely supported to cope with or prevent this.

Whether the gap in attorneys' knowledge of the role of a case consultant is due to a lack of training or insufficiently educating themselves, the result is the same. It creates a gap between themselves and their colleagues, ultimately having negative implications for social workers' impression that they are valued and equal team members. This barrier may also affect the quality of representation provided to clients. Workplace hierarchy research has found that status hierarchy steepness decreases the quality of work and outcomes (Cantimur, et al., 2014).

In conducting exploratory analyses among the social worker group, many findings were nonsignificant. I computed multiple correlation analyses between levels of high needs clientele and whether their role was well understood by attorneys in relation to ratings of job sustainability. Both of these relations was nonsignificant. I also calculated a multiple regression to determine whether there was relations between years employed as a case consultant and sustainability or perceptions of adequate training. These associations were also nonsignificant. These findings could suggest that case consultants are doing quite well in their role and that there is an overall positive balance despite areas for improvement.

Limitations

Although the process of multidisciplinary practice in other fields has occurred (Laylants & Epstein, 2005), there has not yet been an analysis of MdR and the ways in which social

workers and attorneys collaborate with one another. Therefore, this study was exploratory in terms of documenting the parameters of these professional relationships. The social worker survey was constructed in its entirety for this study and, as such, has not been tested for reliability nor validity. This means there could be errors in measurement. Although the sample of 55 social workers provided adequate statistical power, it should be noted that the respondents constituted 55% of the OCR's case consultants and so may not be entirely representative of these professionals. Furthermore, single time point survey research can be a limitation as it only provides a singular view of functioning and perception as opposed to a cross-sectional or multi time-point evaluation to measure changes over time. Finally, MdR is a relatively new practice. There have only been two empirical studies of the benefit clients receive from this form of representation (Courtney & Hook, 2012; Gerber et al., 2019). Findings from this study may only represent the experience of MdR in Colorado and not in other states that practice this form of representation.

MdR Implications for Prevention Science

Multidisciplinary representation falls into the category of indicated (tertiary) prevention science meaning that an undesirable outcome has already occurred (e.g., foster or juvenile delinquency involvement) and intervention efforts are now trying to minimize the impacts (Kellam & Langevin, 2003). The individualized services social workers can provide in these contexts can reduce the trauma of prolonged time in foster care, help youth identify more adults in their life who are looking out for them, and ensure they are receiving adequate supportive services (Courtney & Hook, 2012; Frost & Robinson, 2007; Gerber et al., 2020). Youth who can identify safe and supportive adults is a significant protective factor (Laursen & Birmingham, 2003).

A current issue in prevention science is conducting high-quality evaluations of program activities and outcomes to provide the evidence base necessary to demonstrate program effectiveness (Centers for Disease Control and Prevention, n.d.). Furthermore, it is important to acknowledge that programs designed for delivery for the most challenging cases require more time to evaluate (Griffin & Botvin, 2010). That is, clients with multiple risk factors may require longer periods of support before the desired outcomes are achieved, which would be expected given that 52% of social workers' caseloads consisted of 40% or more of high-needs clients. To measure the long-term impacts MdR may have—especially foster care recidivism, expedited permanency, or long-term goals listed in Figure 1—studies need to be prepared to commit to program evaluations over an extended period of time.

Recommendations

It is important to recognize that the misconceptions and areas for support identified by social worker participants in this study are aligned with what previous studies have found to exist within multidisciplinary practice (Lalayants & Epstein, 2005). The frustration of roles and responsibilities being misunderstood is a well-documented issue (Lalayants & Epstein, 2005), and is also amenable to interventions. I recommend ongoing process evaluations for social workers and attorneys to evaluate specific topics for training opportunities and address conflicts and identify resolutions as they occur. I also suggest generalized training for all social workers and attorneys on the research foundation documenting the benefits of MdR (Courtney & Hook, 2012; Gerber et al., 2019) as these findings are very compelling. Education on the skills social workers bring to the legal practice may also have implications for bridging the gap in perceptions of role hierarchy. Similarly, victories that MdR teams experience together should be shared and celebrated. Breakthroughs are particularly important in social work practice as, at times, they feel

scarce. Therefore, sharing them when they occur benefits overall morale and highlights the benefits of collaboration that could be disseminated broadly to the professions involved.

CONCLUSION

Youth in foster care are a vulnerable population. The experience of child maltreatment, physical removal from parents, and time spent in the foster care system often leads to long-term negative outcomes including worse mental health, residential instability, insecure attachment, and behavioral problems (Chambers et al., 2018; Steen & Harlow, 2012). Continued investment in research and programs to mitigate these risks is essential. Multidisciplinary representation offers an opportunity to improve outcomes for clients (Courtney & Hook, 2012; Gerber et al., 2019). Through collaboration of social workers and attorneys, there is an increased opportunity for client goals to be achieved in a timelier manner and an increased level of support for those being represented (Courtney & Hook, 2012; Gerber et al., 2019). Ongoing research is still needed to evaluate how MdR affects cases for youth in foster care. This study found that MdR legal teams are functioning better than originally hypothesized. Social workers and attorneys agree that their partnership improves outcomes for their clients and are aligned that they would like continued training and opportunities to improve collaboration. Continued research will expand the literature basis for how this professional collaboration benefits clients and identify gaps that exist in this process. By addressing barriers, client benefits will be optimized, and professionals will receive adequate support to be sustained in this work.

REFERENCES

Amaro, H., Dai, J., Arévalo, S., Acevedo, A., Matsumoto, A., Nieves, R., & Prado, G. (2007). Effects of integrated trauma treatment on outcomes in a racially/ethnically diverse sample of women in urban community-based substance abuse treatment. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, *84*(4), 508–522. https://doi.org/10.1007/s11524-007-9160-z

American Bar Association. (2017). Representing Child Welfare clients: Best practice considerations. Child Law Practice Online. https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-36/mar-apr-2017/representing-child-welfare-clients--best-practice-considerations/

Aronson, J., & Sammon, S. (2000). Practice amid social service cuts and restructuring: working with the contradictions of "small victories". *Canadian Social Work Review/Revue Canadienne de Service Social*, 167-187.

Ben-Porat, A., & Itzhaky, H. (2015). Burnout among trauma social workers: The contribution of personal and environmental resources. *Journal of Social Work*, *15*(6), 606-620.

Cantimur, Y., Rink, F., Vand der Vegt, G. (2016). When and why hierarchy steepness is related to team performance. *European Journal of Work and Organizational Psychology, 25*(5), 658-673, https://doi.org/10.1080/1359432X.2016.1148030

Centers for Disease Control and Prevention. (2011). Types of evaluation. https://www.cdc.gov/std/program/pupestd/types%20of%20evaluation.pdf

Centers for Disease Control and Prevention. (n.d.). Program evaluation: Introduction. Retrieved February 17, 2024, from https://www.cdc.gov/evaluation/index.htm#:~:text=Strong%20program%20evaluation%20can%20help,continuous%20program%20improvement%20Agency%2Dwide.

Chambers, R. M., Crutchfield, R. M., Willis, T. Y., Cuza, H. A., Otero, A., Harper, S. G. G., & Carmichael, H. (2018). “It's just not right to move a kid that many times:” A qualitative study of how foster care alumni perceive placement moves. *Children and Youth Services Review*, *86*, 76-83.

Cicchetti, D., & Rogosch, F. A. (1996). Equifinality and multifinality in developmental psychopathology. *Development and Psychopathology*, *8*(4), 597-600.

Clarke, V., & Braun, V. (2013). Successful qualitative research: A practical guide for beginners. *Successful Qualitative Research*, 1-400.

Conrad-Hiebner, A., & Byram, E. (2020). The temporal impact of economic insecurity on child maltreatment: A systematic review. *Trauma, Violence, & Abuse*, *21*(1), 157-178.

Cooper, T. A. (2013). Racial bias in American foster care: The national debate. *Marquette Law Review*, *97*, 215.

Courtney, M. E., & Hook, J. L. (2012). Evaluation of the impact of enhanced parental legal representation on the timing of permanency outcomes for children in foster care. *Children and Youth Services Review, 34*(7), 1337-1343. https://doi.org/10.1016/j.childyouth.2012.03.016

Crosswhite, J. M., Kerpelman, J. L. (2008). Coercion theory, self control, and social information processing: understanding potential mediators for how parents influence deviant behaviors. *Deviant Behavior*, 30, 611-646. http://dx.doi.org/10.1080/01639620802589806

Dodge, K., & Pettit, G. S. (2003). A biopsychosocial model of the development of chronic conduct problems in adolescence. *Developmental Psychology, 39,* 349-371.

Foster, C. H. (2012). Race and child welfare policy: State-level variations in disproportionality. *Race and Social Problems*, *4*, 93-101.

Frost, N., & Robinson, M. (2007). Joining up children's services: safeguarding children in multi-disciplinary teams. *Child Abuse Review*, *16*(3), 184-199.

Fusco, R. A. (2015). Second generation mothers in the child welfare system: Factors that predict engagement. *Child and Adolescent Social Work Journal*, *32*, 545-554.

Gerber, L. A., Pang, Y. C., Ross, T., Guggenheim, M., Pecora, P. J., & Miller, J. (2019). Effects of an interdisciplinary approach to parental representation in child welfare. *Children and Youth Services Review*, *102*, 42-55. https://doi.org/10.1016/j.childyouth.2019.04.022

Gerber, L. A., Guggenheim, M., Pang, Y. C., Ross, T., Mayevskaya, Y., Jacobs, S., & Pecora, P. J. (2020). Understanding the effects of an interdisciplinary approach to parental representation in child welfare. *Children and Youth Services Review*, *116*, 105163.

Green, K. M., Zebrak, K. A., Robertson, J. A., Fothergill, K. E., & Ensminger, M. E. (2012). Interrelationship of substance use and psychological distress over the life course among a cohort of urban African Americans. *Drug and Alcohol Dependence*, *123*(1-3), 239-248.

Griffin, K. W., & Botvin, G. J. (2010). Evidence-based interventions for preventing substance use disorders in adolescents. *Child and Adolescent Psychiatric Clinics of North America*, *19*(3), 505–526. https://doi.org/10.1016/j.chc.2010.03.005

Grimm, P. (2010). Social desirability bias. *Wiley International Encyclopedia of Marketing*. Wiley.

Havlicek J. (2010). Patterns of movement in foster care: An optimal matching analysis. *The Social Service Review*, *84*(3), 403–435. https://doi.org/10.1086/656308

Hesjedal, E., Iversen, A. C., Bye, H. H., & Hetland, H. (2016). The use of multidisciplinary teams to support child welfare clients. *European Journal of Social Work*, *19*(6), 841-855.

Hughes, K., Bellis M., Hardcastle, K., Sethi, D., Butchart, A., Mikton, C., Jones, L., Dunne, M. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet Public Health, 2*(8), e356-e366. https://doi.org/10.1016/S2468-2667(17)30118-4.

Jackson Foster, L. J., Beadnell, B., & Pecora, P. J. (2015). Intergenerational pathways leading to foster care placement of foster care alumni's children. *Child & Family Social Work*, *20*(1), 72–82. https://doi.org/10.1111/cfs.12057

Jonson-Reid, M., Drake, B., & Kohl, P. L. (2009). Is the overrepresentation of the poor in child welfare caseloads due to bias or need? *Children and Youth Services Review*, *31*(3), 422-427.

Kassis, W., Artz, S., Maurovic, I., & Somões, C. (2018). What doesn't kill them doesn't make them stronger: Questioning our current notions of resilience. *Child Abuse & Neglect, 79*, 71-84. https://doi.org/10.1016/j.chiabu.2017.12.011

Keddell, E. (2012). Going home: Managing 'risk' through relationship in returning children from foster care to their families of origin. *Qualitative Social Work*, *11*(6), 604–620. https://doi.org/10.1177/1473325011411010

Kellam, S. G., & Langevin, D. J. (2003). A framework for understanding "evidence" in prevention research and programs. *Prevention Science*, *4*, 137-153.

Knott, T., & Donovan, K. (2010). Disproportionate representation of African-American children in foster care: Secondary analysis of the National Child Abuse and Neglect Data System, 2005. *Children and Youth Services Review*, *32*(5), 679-684.

Lalayants, M., & Epstein, I. (2005). Evaluating multidisciplinary child abuse and neglect teams: A research agenda. *Child Welfare*, *84*(4), 433-458.

Laursen, E. K., & Birmingham, S. M. (2003). Caring relationships as a protective factor for at-risk youth: An ethnographic study. *Families in Society*, *84*(2), 240-246.

Leza, L., Siria, S., López-Goñi, J. J., & Fernandez-Montalvo, J. (2021). Adverse childhood experiences (ACEs) and substance use disorder (SUD): A scoping review. *Drug and Alcohol Dependence*, *221*, 108563.

McLaughlin, K. & Lambert, H. (2017). Child trauma exposure and psychopathology: Mechanisms of risk and resilience. *Current Opinion in Psychology*, *14*, 29-34. https://doi.org/10.1016/j.copsyc.2016.10.004

Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse & Neglect*, *69*, 10–19. https://doi.org/10.1016/j.chiabu.2017.03.016

Misiak, B., Stańczykiewicz, B., Pawlak, A., Szewczuk-Bogusławska, M., Samochowiec, J., Samochowiec, A., Tyburski, E., & Juster, R. P. (2022). Adverse childhood experiences and low socioeconomic status with respect to allostatic load in adulthood: A systematic review. *Psychoneuroendocrinology*, *136*, 105602. https://doi.org/10.1016/j.psyneuen.2021.105602

Morrison, T. (2007). Emotional intelligence, emotion and social work: Context, characteristics, complications and contribution. *British Journal of Social Work*, *37*(2), 245-263.

National Foster Youth Institution. (2021). *Housing and homelessness*. https://nfyi.org/issues/homelessness/#:~:text=An%20estimated%2020%20percent%20of,spent%20time%20in%20foster%20care.

Sankaran, V., Church, C., Mitchell, M. (2019). A cure worse than the disease? The impact of removal on children and their families. *University of Michigan Law School Scholarship Repository*. https://repository.law.umich.edu/articles/2055

Sankaran, V. S., Rideout, P. L., & Raimon, M. L. (2015). Strange bedfellows: How child welfare agencies can benefit from investing in multidisciplinary parent representation. https://repository.law.umich.edu/other/86

Shonkoff, J. P., Garner, A. S. (2012) The lifelong effects of early childhood adversity and toxic stress. *Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, & Section on Developmental and Behavioral Pediatrics, 129*(1), e232–e246. https://doi.org/10.1542/peds.2011-2663

Simon, L. S., Judge, T. A., & Halvorsen-Ganepola, M. D. (2010). In good company? A multi-study, multi-level investigation of the effects of coworker relationships on employee well-being. *Journal of Vocational Behavior*, *76*(3), 534-546.

Skinner, G. C., Bywaters, P. W., & Kennedy, E. (2022). A review of the relationship between poverty and child abuse and neglect: Insights from scoping reviews, systematic reviews and meta-analyses. *Child Abuse Review*, e2795.

Steen, J. A., & Harlow, S. (2012). Correlates of multiple placements in foster care: A study of placement instability in five states. *Journal of Public Child Welfare*, *6*(2), 172-190.

United States. Children's Bureau. (2021). *The AFCARS report*. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children,

Youth and Families, Children's Bureau. Retrieved October 7, 2023, from https://www.acf.hhs.gov/cb/report/afcars-report-29

United States. Children's Bureau. (2022). *Understanding child welfare and the courts*. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Retrieved October 7, 2023, from https://www.childwelfare.gov/pubpdfs/cwandcourts.pdf

van Santvoort, F., van Doesum, K. T. M., & Reupert, A. (2015). Parental diagnosis and children's outcomes. In A. Reupert, D. Maybery, J. Nicholson, M. Göpfert, & M. V. Seeman (Eds.), *Parental psychiatric disorder: Distressed parents and their families., 3rd ed.* (pp. 96–106). Cambridge University Press. https://doi.org/10.1017/CBO9781107707559.011

Whitesell, N. R., Beals, J., Crow, C. B., Mitchell, C. M., & Novins, D. K. (2012). Epidemiology and etiology of substance use among American Indians and Alaska Natives: Risk, protection, and implications for prevention. *The American Journal of Drug and Alcohol Abuse*, *38*(5), 376-382.

Williams, G. (2006). Working with the courts in child protection (Child Abuse and Neglect User Manual Series). *U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau*. Retrieved October 21, 2023, from https://www.childwelfare.gov/pubpdfs/courts.pdf

Yürür, S., & Sarikaya, M. (2012). The effects of workload, role ambiguity, and social support on burnout among social workers in Turkey. *Administration in Social Work*, *36*(5), 457-478.

Zephier Olson, M. D., & Dombrowski, K. (2020). A systematic review of Indian boarding schools and attachment in the context of substance use studies of Native Americans. *Journal of Racial and Ethnic Health Disparities*, *7*, 62-71.

APPENDIX A: SURVEY OF SOCIAL WORKERS

Q1 As a case consultant, what is your work status?

- Employed in-house with a law firm
- Contracted though individual/multiple attorney(s)
- Contracted with OCR
- Other (please specify)

Q2 How would you describe your caseload?

- Full time
- Part time
- As needed

Q3 How long have you been a case consultant assigned to OCR cases?

- Less than 1 year
- Between 1-3 years
- Between 3-5 years
- 5+ years

Q4 Is your case load capped?

- Yes
- No

Q5 What is the maximum number of cases you can carry at a time?

Q6 What are the reasons you are referred to work with clients? Select all that apply:

- Identify and evaluate client services (e.g., mental health, substance use)
- Advocate in educational settings
- Advocacy in out-of-home placement settings
- Provide short term emotional support
- Advise on case strategy and/or best practice
- Facilitate communication between clients and their attorneys
- Identify client placement options
- Attend Department of Human Services meetings
- Visit clients in their homes/communities
- Independent investigation activities (e.g., document/discovery review, collateral interviews)
- Other (please specify)

Q7 A challenging or high-needs client is one which required an above average amount of work/time on the case consultant's part and might include, but are not limited to, cases with:

- Limited resources/placement options
- Contested placements
- Frequent placement changes
- Limited Department of Human Services case planning
- Crossover youth (those with open Department of Human Services and Juvenile Justice cases) Mental health concerns
- Substance abuse
- Physical or sexual abuse

These are cases which require regular check-ins or team meetings with providers (e.g., school, placement providers, Department of Human Services, probation, mental health). They also require frequent communication and multiple visits with clients and their families.
Approximately, what percentage of your caseload consists of high-needs clients?

- 0-20%
- 20-40%
- 40-60%
- 60-80%
- 80-100%

Q8 Select your level of agreement with the following statements:

	Level of Agreement			
	Strongly Disagree	Disagree	Agree	Strongly Agree
The attorneys I collaborate with understand my role and responsibilities.	○	○	○	○
Other professionals and client's family members understand my role and responsibilities.	○	○	○	○
I am able to establish open and supportive communication with my clients.	○	○	○	○

Q9 Select your level of agreement with the following statements:

	Level of Agreement			
	Strongly Disagree	Disagree	Agree	Strongly Agree
I am able to establish open and productive communication with other professionals and client's family members.	○	○	○	○
I receive adequate training to prepare me for the roles and responsibilities of a case consultant.	○	○	○	○
My workload is sustainable.	○	○	○	○

Q10 What does collaboration with attorneys look like in practice? Select all that apply:

- Attorney has limited communication after referring and gives me autonomy.
- Written communication (email, text, formal documentation)
- Jointly attend provider meetings
- Jointly attend client visits
- Discuss case strategy/goals
- Verbal consultation (phone, in person)
- Other (please specify)

Q11 Of the benefits you witness in your client's cases because of your work, which do you believe clients value most?

- Improved communication with their legal team
- Greater access to services
- Increased advocacy for client and their case goals
- Other (please specify)

Q12 What is the greatest misconception attorneys have about your role as a case consultant?
Q13 Do you have any suggestions for how your role could be better supported?

APPENDIX B: SURVEY OF ATTORNEYS

Start of section blurb: Case consultants are professionals who work with attorneys as part of the child's legal team. Their area(s) of expertise can include social work, counseling, child development, and education.

1. What can OCR do to support your efforts to engage in multidisciplinary representation? Select all that apply. (responses shuffled)
    a. Add OCR-contracted case consultant(s) to my judicial district for use on a case-by-case basis
    b. Support my efforts to contract with or hire my own case consultant(s)
    c. Offer training(s) on how to use case consultants
    d. Other (please specify)
2. Please indicate the extent to which you agree or disagree with the following statement: *When I need a case consultant for my OCR cases, I am able to access one.*
    a. Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree, N/A- I have not needed a case consultant
3. What is/are the reason(s) you refer case consultants to work with clients? Select all that apply. (responses shuffled)
    a. Identification and evaluation of client services (mental health, substance use, etc.)
    b. Advocacy in educational settings
    c. Advocacy in out-of-home placement settings
    d. Provide short term emotional support
    e. Advise on case strategy and/or best practice
    f. Other (please specify)
4. Select your level of agreement with the following statement: *The use of case consultants improves client engagement.*
    a. Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree
5. Select your level of agreement with the following statement: *The use of case consultants improves my ability to advocate for my client's interests.*
    a. Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree
6. If you would like to tell us anything else about the Case Consultant Program, please do so here. (open ended)