

CHAPTER 3

The Helping Relationship

Developing a helping relationship with abused and neglected children and their families is critical to changing the conditions or patterns of behavior that contributed to the risk of maltreatment. Experience has demonstrated that successful intervention and treatment depend heavily on the quality of the caseworker's relationship with the children and family.

Developing helping alliances with families and children at risk for child maltreatment is challenging because they may have a history of difficulties in forming and sustaining mutually supportive, interpersonal relationships, and they may not have had positive relationships with formal systems, such as schools, social services, or counseling services.¹⁶ Whether one's role is interviewing family members as part of the initial assessment or investigation, or determining what must change to reduce the risk of maltreatment and improve outcomes for risk reduction, the quality of the caseworker's effort is directly dependent on his or her ability to develop a collaborative relationship.¹⁷

This relationship begins with the very first contact and continues to develop with ongoing caseworker and client communication and interaction. By definition, relationships have a strong emotional component. Good relationships do not just happen; they must be built. The relationship does not result from a caseworker's charismatic personality or a mystical connection between people. Rather, it

is a product of the caseworker's commitment to helping the children and family, his or her ability to relate effectively on an interpersonal level, and the children and the family's willingness to be open and risk "relating" to the caseworker. Caseworkers' behavior can significantly increase the chances that a positive relationship will develop.¹⁸

CORE CONDITIONS OF THE HELPING RELATIONSHIP

Researchers have defined three core conditions that are essential to the helping relationship:

- Empathy
- Respect
- Genuineness¹⁹

A caseworker's ability to communicate these three core conditions will strongly influence whether they will build a relationship with the children and family that is characterized by cooperation or a relationship that is hostile and distrustful. Each of the conditions is described below.

Empathy

Empathy is the ability to perceive and communicate with sensitivity the feelings and experiences of

another person by being an active responder rather than a passive listener. Empathy is a process of attempting to experience another person's world and then communicating an understanding of, and compassion for, the other's experience. The caseworker should focus on the verbal and nonverbal cues, such as smiling or eye-rolling, presented by the children and family and frequently share his or her understanding of what the client has communicated. The content of the message is never ignored, but empathy goes beyond the facts, circumstances, and events of the children's and family's life and conveys an understanding of how those circumstances uniquely affect them.

Empathy builds trust and openness and helps to establish rapport between the children and family and the caseworker. Caseworkers can demonstrate empathy by:

- Paying attention to verbal and nonverbal cues;
- Communicating an understanding of the children's and family's message;
- Showing a desire to understand;
- Discussing what is important to the children and family;
- Referring to the children's and family's feelings.

In their effort to be empathetic, some new caseworkers may lose their objectivity and "over-identify" with the children's perspective or, in other cases, be so family-centered as to ignore some risk factors. It also should be recognized that some in the helping profession have been abused and may over-identify with either the child or the parent. Some signs of over-identification may include a difficulty or inability seeing a parent's strengths or being unable to see any possible positive intention behind the parent's behavior. This may make it difficult to be empathetic to other family members, which may lead to counterproductive outcomes for the family as a whole.²⁰

Respect

Respect refers to the caseworker's communication of acceptance, caring, and concern for the children and family. It involves valuing the individual family members as people, separate from any evaluation of their behavior or thoughts, although this does not mean that caseworkers sanction or approve thoughts or behaviors that society may disapprove.

All human beings need to feel accepted and respected; it is especially important for abused and neglected children and their families to feel accepted and respected by their caseworker. Many abused and neglected children and their families fear or mistrust caseworkers and the social service system. The helping relationship will not be established unless the caseworker communicates respect for each person's potential. Caseworkers should believe that all people have the strength, internal resiliency, and capacity to become more competent.

Respect also means using culturally competent practice. Culturally competent practice entails:

- **Cultural awareness.** Caseworkers should understand and identify the critical cultural values important to the children and family as well as to themselves.
- **Knowledge acquisition.** Caseworkers should understand how these cultural values function as strengths in the children and family.
- **Skill development.** Caseworkers should be able to match services that support the identified cultural values and then incorporate them in the appropriate interventions.
- **Inductive learning.** Caseworkers should continue to seek solutions that include considering indigenous interventions and matching cultural values to Western interventions.²¹

Genuineness

Genuineness refers to caseworkers being themselves. This means simply that caseworkers are consistent in what they say and do, nondefensive, and authentic. They must have clear knowledge and an acceptance of the agency's authority, procedures, and policies, and of their professional role—both in its meaning to the worker and the meaning to abused and neglected children and their families. Genuineness means integrating who we are and our role in the agency with acceptance of children and families and a commitment to their welfare. If this occurs, then what caseworkers say will match their attitudes and beliefs.

However, a worker must use discretion. For example, if a caseworker feels shock, horror, or anger over a parent's abusive behavior, expressing these feelings would not be productive. In fact, it may alienate parents, causing them to be angry, defensive, or resistant. Rather, caseworkers need to be aware of their feelings and at the same time respond in a respectful manner that opens rather than closes communication.

Genuineness contributes to the helping relationship by reducing the emotional distance between the caseworker and the children and family and by helping them to identify the caseworker as another human being similar to himself or herself. Caseworkers can demonstrate genuineness by:

- Being themselves and not taking on a role or acting contrary to how they believe or feel;
- Making sure that their nonverbal and verbal responses match;
- Using nonverbal behaviors—such as eye contact, smiles, or sitting forward in the chair—to communicate trustworthiness and acceptance;
- Being able to express themselves naturally without artificial behaviors;
- Being nondefensive.²²

Another means by which caseworkers can demonstrate genuineness is through the use of self-disclosure. When used carefully, this can be an effective method for establishing a connection between the caseworker and the client. It is important, however, that self-disclosure is used judiciously to prevent a shift in the focus from the client to the caseworker.

TECHNIQUES FOR BUILDING RAPPORT

In addition to the core conditions and guiding principles for developing a helping relationship, there are specific techniques caseworkers can use to build rapport. The following list provides some examples:

- Approach each individual involved with an open mind.
- Find out what is important to the child and to the family. For example, do not press the issue of staying sober as the priority if that is not important to the parent or caretaker, but do explain that staying sober will speed up getting the children back if that is their priority.
- Use mirroring. Take note of words used by the child or family and try to incorporate them into your conversations.
- Listen to the child or parent's explanation of the situation without correcting or arguing.
- Ask questions rather than issuing threats or commands.
- Clarify expectations and purposes. Clearly explain the helping process and the caseworker's role in working together toward solutions.
- Help the child and parent or caretaker retain a sense of control; for example, involve them in scheduling appointments and ask how they would like to be addressed.

- Clarify commitment and obligations to the working relationship.
- Acknowledge difficult feelings and encourage open and honest discussion of feelings.
- Be consistent, persistent, and follow through.
- Promote participatory decision-making for meeting needs and solving problems.²³

These are only a few key techniques; there are many other methods that will help build rapport.

USE OF AUTHORITY IN CHILD PROTECTIVE SERVICES

Child protective services (CPS) is an expression of a community's concern for the welfare of its citizens. Child protective services are provided because the community recognizes that children have the right to safety and that parents have obligations and responsibilities. The authority to provide these services is vested in the CPS agency and staff through laws and government policies. Competent CPS practice involves using this authority effectively. The use of CPS authority has special relevance at the initial assessment or investigation stage of the casework process, but is applicable at all other stages as well. In fact, effective use of authority is an essential ingredient in establishing helping relationships with all involuntary clients.

Authority, whatever its source, can impede or enable the development of trust between the CPS caseworker and the children and family. The constructive and positive use of authority involves (1) stating one's purpose and function clearly at all times, (2) supporting and challenging the children and family, and (3) expressing feelings. This approach provides the children and family with a feeling of confidence that the caseworker:

- Knows what he or she is doing;
- Is secure in his or her position;

- Intends the best for the child, parents, family, and society.²⁴

Difficulties in Using Authority Effectively

The caseworker's effective use of authority reduces opposition and assists in engaging children and families. There are several factors in CPS work that may make this difficult:

- Even though CPS caseworkers have the legally mandated authority to investigate abuse and neglect, if they lack the children's and family's respect, they may experience difficulty influencing the change process.
- There may not be agreement between CPS, the children, and the family about what constitutes appropriate and effective intervention.
- If the caseworker is not able to overcome any negative perceptions he or she has of the children and family, it may influence engagement.
- Caseworkers may not be adequately prepared to engage families of different cultural backgrounds. As a result, families may feel "invaded" by caseworkers.²⁵

Engaging the Resistant Client

Due to the involuntary nature of the majority of CPS cases, it is not unusual for families to resist offers of help. Resistance is a normal and predictable response when people feel forced to change. Caseworkers should not personalize resistance. To deal with resistance effectively, caseworkers should first change their perspective of resistance and try to see the behavior as a potential strength. How the caseworker responds to the resistance is crucial in avoiding continued abuse or escalation of inappropriate behavior. To assist in engaging resistant clients:

- Be clear, honest, and direct. Caseworkers should maintain a nondefensive stance.

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- Acknowledge the involuntary nature of the arrangement. Caseworkers should explain the structure and content of intervention to the children and family.
 - Be matter-of-fact and nondefensive in explaining the legal authority that permits intervention. Caseworkers should not get into a debate about authority; instead caseworkers should state what their authority is and what legal recourse the children and family may have to challenge it.
 - Contact children and families in a manner that is courteous and respectful, and assess strengths as well as risks.
 - Elicit the parent's concerns and wishes for assistance and convey understanding of the parent's viewpoint, including reservations about CPS involvement.
 - Reduce the children's and family's opposition to contact by clarifying available choices, even when choices are constrained, by emphasizing freedoms still available and by avoiding labeling.
 - Earn the respect of the children and family (and gain psychological influence) by being a good listener who strives to understand their point of view.
 - Respect the right of the children and family to express values and preferences different from those of the caseworker.
 - Establish feasible, small steps to help build in early success in order to recognize client efforts and progress.
 - Acknowledge difficult feelings and encourage open and honest discussion of feelings.
 - Reframe the family's situation. This is particularly useful when the children and family are making arguments that deny a problem or risk; it acknowledges their statements, but offers a new meaning or interpretation for them. The children's and family's information is recast into a new form and viewed in a new light that is more likely to be helpful and support change.

Techniques for Handling Hostile and Angry Situations

One form of client resistance that is particularly difficult for CPS caseworkers to manage is anger and hostility. The following are techniques for deescalating anger:

- Remain calm; try not to show fear or anxiety.
- Be firm without raising one's voice.
- Make statements simple and direct.
- Recognize and address feelings and do not take hostile statements personally.
- Offer the person a choice between positive alternatives.
- Be alert for the possibility of aggression.
- Attempt to have the person sit down, and distract him or her from the source of anger.
- Give the person lots of space; do not touch them.
- If the person attacks, use only enough force to protect yourself or restrain him or her.
- Remember it takes a person 30-40 minutes to calm down physiologically.
- After the visit, do not sit in front of the house to write notes.
- Carry a cell phone, whistle, or personal alarm and use it, if appropriate.
- Pay attention to intuition or "gut instinct," and leave if warranted.²⁶

Stages of Change

All human beings are motivated to meet basic needs. Individuals frequently differ in their state of readiness to change. In addition, client readiness to change may fluctuate over time. Motivation is clearly linked to the degree of hope that change is possible. The degree to which clients are ready to change varies over time and is described in the pattern presented in Exhibit 3-1 (i.e., precontemplation, contemplation, determination, action, and maintenance).

Since most children and families are involved with CPS involuntarily, they enter the CPS system at the precontemplation stage. By the end of the initial assessment or investigation phase, it is hoped that caseworkers will have moved children and families to the contemplation stage or, even better, to the determination stage. It is essential for children and families to be at the determination stage when developing the intervention plan. If children and families have not moved to that point, the likelihood of change is compromised.

Exhibit 3-1
Stages of Change

Stage	Description	Caseworker Actions
Precontemplation	<p><i>Sees no need to change.</i></p> <p>At this stage, the person has not even contemplated having a problem or needing to make a change. This is the stage where denial, minimization, blaming, and resistance are most commonly present.</p>	Provide information and feedback to raise the client’s awareness of the problem and the possibility of change. Do not give prescriptive advice.
Contemplation	<p><i>Considers change but also rejects it.</i></p> <p>At this stage, there is some awareness that a problem exists. This stage is characterized by ambivalence; the person wants to change, but also does not want to. They will go back and forth between reasons for concern and justification for unconcern. This is the stage where clients feel stuck.</p>	Help the client tip the balance in favor of change. Help the client see the benefits of changing and the consequences of not changing.
Determination	<p><i>Wants to do something about the problem.</i></p> <p>At this stage, there is a window of opportunity for change: the person has decided to change and needs realistic and achievable steps to change.</p>	Help the client find a change strategy that is realistic, acceptable, accessible, appropriate, and effective.
Action	<p><i>Takes steps to change.</i></p> <p>At this stage, the person engages in specific actions to bring about change. The goal during this stage is to produce change in a particular area or areas.</p>	Support and be an advocate for the client. Help accomplish the steps for change.
Maintenance	<p><i>Maintains goal achievement.</i></p> <p>Making the change does not guarantee that the change will be maintained. The challenge during this stage is to sustain the change accomplished by previous action and to prevent relapse. Maintaining change may often require a different set of skills than making the change.</p>	Help the client identify the possibility of relapse. Then, help the client identify and use strategies to prevent relapse. ²⁷