



Guidelines for Services

The Family Assessment Clinic is a multidisciplinary team, consisting of faculty, doctoral and master's students, and staff in the Schools of Social Work, Law, Medicine, and Education, and the Departments of Pediatrics, Psychiatry, and Psychology at the University of Michigan. Currently located at Catholic Social Services of Washtenaw County, the Clinic provides services to the community by evaluating and treating situations involving possible or actual child maltreatment. In addition, the Clinic serves as a context for developing knowledge and skills about child maltreatment, child welfare, and related issues through clinical practice and research.

FACULTY AND STAFF

Kathleen Coulborn Faller, Ph.D., A.C.S.W., D.C.S.W., Clinic Director & Marion Elizabeth Blue Professor of Children and Families, School of Social Work

Robert M. Ortega, M.S.W., Ph.D., Clinic Co-Director, Associate Professor, School of Social Work

Mary Ortega, M.S.W., L.M.S.W., A.C.S.W., Clinical Social Worker, Clinic Administrator, Adjunct Lecturer, School of Social Work

Bethany Mohr, MD, Medical Consultant, Medical Director, Child Protection Team, Assistant Professor, University of Michigan Health System

Martha Kerr, LMSW, Abuse Prevention Initiative and Child Protection Team Coordinator, University of Michigan Health System

Elizabeth Toplyn, Ph.D., Psychological Consultant, Clinician, Michigan Forensic Center

Frank Vandervort, J.D., Legal Consultant, Supervising Attorney, Child Advocacy Law Clinic and Juvenile Justice Clinic, Law School

Orli Avi- Yonah, Ph.D., Social Work Consultant, Psychology Consultant

Leah Elliott, M.S.W., L.M.S.W., Clinical Social Worker

Valarie Berry, M.P.A., P.P.M., Clinic Coordinator

Gary Stauffer, M.S.W., L.M.S.W., Social Work Consultant

James Ellis, M.S.W., Social Work Consultant

Deborah Willis, M.S.W., Ph.D., Clinical Social Worker, Associate Professor, School of Social Work, Eastern Michigan University

CLINIC SERVICES

Child interview for purposes of evaluation

Child psychological testing

Adult interview for purposes of evaluation

Adult psychological testing

Child medical examination

Child medical consultation

Assessment of parent-child interaction

Assessment of family interaction

Collateral contact with professional or non-professional

Record review with written report

Psychological consultation

Educational consultation

Legal consultation

Court testimony

Psychiatric consultation

Consultation meeting

Substance abuse assessment

Family violence assessment
Individual therapy/counseling
Group therapy/counseling
Family group and sub-group therapy

CASE MANAGEMENT

1. The Clinic accepts requests for services from public social service agencies (such as the DHS or CPS), the courts, voluntary agencies (e.g., Catholic Social Services), mental health and other professionals, and occasionally from the family directly.
2. Services on cases vary based upon the referral problems/questions to be addressed.
3. In most situations, at least two professionals are involved in delivering services.
4. Once a case has been accepted, the Coordinator clarifies costs and payment arrangements and case background material is requested.
5. If the case is not appropriate for the Clinic, we provide the referring party with suggestions or other sources for services.

REPORTING SUSPECTED CHILD ABUSE AND NEGLECT

1. When issues of child protection arise during an evaluation or treatment, appropriate referrals are made. Referrals are made to the county child protection agency, the Friend of the Court, or the police.

PROCEDURE FOR EVALUATION

1. Evaluations always include a review of background material and appropriate interviews. The type and number of interviews are determined by the questions to be addressed in the evaluation.
2. Evaluations may also include psychological testing, medical exams and consultations, legal consultations, educational consultations, psychiatric consultations, substance abuse assessments, and consultations meetings.
3. Psychological testing is conducted by the Neuropsychology Program in the University of Michigan Department Of Psychiatry.
4. If a medical exam is required, the Clinic either arranges for it to be done by the University of Michigan Child Protection Team (Leena Dev, M.D.) or another appropriate medical source.
5. Legal consultation may be obtained from Frank Vandervort, J.D., Clinical Professor at the Law School and Supervising Attorney in the Child Advocacy Law Clinic or a law student under their supervision.
6. Psychiatric consultations and evaluations are available from Lucilla Nerenberg, M.D.

Limitations related to evaluations

1. The Clinic generally evaluates cases only if there is a child welfare concern.
2. Cases involving allegations of maltreatment and divorce are subject to specific guidelines.
 - a. The referral must come from a child welfare agency or another public agency, the court, or the guardian ad litem.
 - b. If one party in a divorce asks for an evaluation, they are advised to obtain permission of the other party or a court order.
 - c. Psychological testing and evaluative interviews usually are conducted with both parents.
3. In cases where a private individual is responsible for payment, half must be received before the evaluation begins and the remainder before the reports are released.
4. It is the practice of the Clinic to avoid interviews and confrontations involving alleged victims and their alleged offenders for both practical and ethical reasons.

Child Evaluative Interviews

1. The child's caretaker may be asked to complete some questionnaires about the child.
2. Child interviews are usually videotaped.
3. Staff usually assess the child's overall functioning and conduct an abuse focused inquiry.
4. In addition to talking to the child, the clinician may employ media, such as anatomical dolls, anatomical drawings, and free drawings in interviews.
5. In most cases when children are evaluated, they are seen more than once.

Extended Assessments of Children

1. Cases involving young children, children with a complex history (e.g., multiple placements, concerns about complex maltreatment), children with developmental challenges, and children from the non-dominant culture may be appropriate for extended assessments.
2. The child's caretaker may be asked to complete some questionnaires about the child.
3. Child interviews are usually videotaped.
4. Staff usually assesses the child's overall functioning and conduct an abuse focused inquiry.
5. In addition to talking to the child, the clinician may employ media, such as anatomical dolls, anatomical drawings, and free drawings in interviews.
6. Children are seen for as many as six sessions, usually by the same interviewer.

Caretaker Interviews

1. Caretakers are seen to gather information about the child.
2. Caretakers may also be evaluated regarding their appropriateness as parents.
3. Caretaker interviews are usually videotaped but may be audiotaped.

Collateral Contacts

1. The Clinic attempts to gather information from other persons with useful knowledge of the case.
2. Collateral contacts may involve professionals and non-professionals.
3. These contacts may be in person, by phone, or in writing.

Report Writing

1. Separate reports are developed on all persons seen separately.
2. If the evaluation includes a family interaction, parent-child interaction, or a collateral contact, there will be a report of that contact.
3. Psychological testing also generates separate reports.
4. Reports may be generated based upon educational, psychological, and psychiatric consultations.
5. Reports will be sent to individuals and agencies for whom a release of information has been signed.

Consultation Meetings

1. Most evaluations require Consultation meetings.
2. Staff who have worked on the case, appropriate consultants, and community professionals who are working with the child(ren) and family are invited to the Consultation meeting.
3. At the Consultation meeting, the questions developed by the referring professional are addressed and additional recommendations are made.
4. The Clinic Director and Clinic Administrator write a Consultation Meeting Summary.

Post-Evaluation Activities

1. Clinic staff are available to testify in court if necessary.
2. Clinic staff will also assist in finding appropriate local community resources.
3. Follow up sessions, extended evaluations, and ongoing treatment may be provided, as deemed appropriate, subsequent to an evaluation.

GUIDELINES FOR RECORD REVIEWS

1. Cases may be referred for an opinion based upon a record review only.
2. This work is customarily done on a negotiated hourly rate.
3. If only a record review is requested, the referring party should provide questions to be addressed.
4. These questions are addressed in a written report.
5. Opinions about additional issues may also be offered as appropriate.
6. Court testimony may be provided related to the opinion.

GUIDELINES FOR TREATMENT

1. The Family Assessment Clinic provides individual, family, and group treatment on select cases.
2. Much of this treatment is provided by Doctoral and MSW students under close supervision.
3. Treatment sessions may be videotaped.
4. Initial assessments, monthly reports, and progress notes are kept on each treatment case.

View our website at: <http://csswashtenaw.org/counseling/family-assessment-clinic-fac/>