

Myths of DCS Work

Below are some of the common myths associated with the work of DCS.

Myth: As a DCS worker, I'll be saving or rescuing children from parents who don't care about them or don't love them.

Reality: You will certainly be providing much needed services to vulnerable families and you will be working with families whose children cannot safely remain in the home. However, for the most part, the parents whose children are removed by DCS do love and care about their children; they simply do not have the resources, supports, energy, understanding, or coping skills necessary to be able to meet their children's needs. Additionally, while you may remove some children from their homes, not all children want this intervention nor are all children happier after being removed. The children removed by DCS generally love their parents and many of them still want to be able to live with their parents. While it may be necessary to remove some children from their homes, the majority of the children with whom you will work will not consider themselves rescued or saved when they are placed in out-of-home care. Your primary goal on most cases, either as an investigator or on-going worker, will be to promote a family's over-all well-being by both preserving the family and ensuring the safety of the children in family.

Myth: As a DCS worker, I will only be working with the children who have been abused or neglected.

Reality: Whether you work as an investigator or on-going worker, you will likely spend as much if not more time working with the parents who abused or neglected their children as you will with the children who have been abused and/or neglected.

Myth: I will be doing therapy with children or parents.

Reality: You will primarily function in the role of a case manager. While you will need crisis intervention skills, engagement skills, assessment skills, motivational skills, and intervention skills, you will not be providing therapy, per say. The children and families on your caseload who need therapy will be referred to therapists for this purpose. You will be responsible for ensuring that they are referred to the most appropriate therapeutic services, that they are encouraged to attend those services, that any barriers to their participation in services (i.e. lack of transportation, daycare issues, fears, and concerns) are resolved, and that they are benefiting from the services (if they are not benefiting, you may need to refer them to a different therapeutic intervention). Furthermore, while you won't be acting in the role of therapist, you will still be continuously using your interventions skills and you may be the most consistent service provider for many of the children and youth on your caseload (due to placement movement and turn-over among other contracted service providers). Each interaction you have with each child, youth, or adult gives you the opportunity to engage them in services, offer support and resources, and offer compassion for their particular circumstances.

Myth: Being a case manager isn't really all that important. In order to really make a difference, I'm just going to put in my time at DCS and then get a job as a therapist or counselor.

Reality: As a DCS worker you will have significant power in lives of highly vulnerable children and families. You, along with your team, will make decisions about family constellations and about what is in the best interests of children. This is an awesome and profound responsibility and should not be taken lightly. Your approaches and interventions with families may set the tone for the outcomes of the case. Indeed, worker turnover and worker attitudes have been shown to be significantly related to permanency outcomes. You may also spend more time with some children and youth on your caseload than any other service provider. For example, if you have a youth on your caseload who is frequently disrupted from placements, you will likely spend a lot of time in the car with that youth and will have multiple opportunities to talk to him/her about many aspects of his/her life. Furthermore, as a social worker, you will work with families in their homes and environments. From this, you will gain an enriched perspective about their resources, coping skills, communications, and day-to-day living.

Myth: When working with children who have been removed, my primary concern will be finding them adoptive homes.

Reality: The majority of children who are removed from their homes are successfully reunified with their families of origin within 2 years of their removal. On most cases, you will work toward a primary goal of reunification and a secondary goal of adoption and/or guardianship.

Myth: I won't need to know much about social justice issues or cultural competency because the children in DCS have been severely physically abused or sexually abused by deviant parents with mental health problems that stem entirely from psychological deficiencies that are unrelated to their environments.

Reality: The majority of families served by DCS are in poverty. Poverty disproportionately affects minorities and is highly correlated with neglect. Sixty percent of child abuse reports in AZ are for neglect. Families in poverty generally have fewer supports, resources, advocates, and live in disadvantaged communities that are resource poor and which limit families' abilities to provide for their children. Many parents involved with DCS have mental health problems including substance abuse. However, it is not necessarily always these mental health issues that created the conditions which led to the abuse and/or neglect. Rather it is more often the case that the combination of mental illness, financial insecurity, a lack of positive supports, and living in distressed communities is overwhelming to parents. Some may turn to substances to cope and they are subsequently unable to adequately care for their children. As a DCS Specialist, you will advocate for families who need housing, utility assistance, healthcare, employment skills, clothing, food, and daycare. You will also coordinate with the mental health care

clinicians serving families on your caseload and promote families in being empowered in their consumption of services.

Myth: The parents I work with will all be hostile and hate me.

Reality: While many parents are very angry when their children are taken from them, in many cases, this anger subsides and workers are able to engage parents in positive relationships. With some parents, you may be one of the only people in their lives who has ever cared about them or assisted them without the motivation of personal gain. Some parents may remain hostile and aloof, but workers who are compassionate, respectful, and able to identify and acknowledge strengths will at least let the parents know that they understand and care.

Myth: DCS Workers have to make lots of huge decisions by themselves.

Reality: In crisis situations, you will have to be able to evaluate the safety of the individuals involved and make decisive action decisions. For example, if a father who has a restraining order against him calls the home while you're there and says he'll be there in 5 minutes to get his kids, you would need to be able to immediately act to move the children and mother from the home before he arrives. However, the majority of decisions will be made with input and direction from multiple team members. AZ's Team Decision Making process gives families input in making decisions about where their children should live if they cannot safely live at home. Your supervisor will give you feedback and walk you through decisions about children's best interests and sometimes agency policy will direct what those decisions should be. On questions that pertain to legal issues you will have the availability of counsel from the state Attorney General's office and DCS is represented in court by Assistant Attorney Generals. You will typically work collaboratively on the accomplishment of case plan goals with other service providers such as mental health care clinicians, foster parents, licensing workers, youth mentors, family preservation or reunification teams, parent aides, visitation supervisors, probation/parole officers, substance abuse treatment coordinators, domestic violence treatment coordinators, and clergy/spiritual leaders from the family's community. Decisions about removal are usually staffed prior to the removal and judges must order any changes in permanency plans and make the final determinations about severance of parental rights.

Myth: I'll spend most all of my time implementing interventions with families. I'll have support staff and secretaries available to me to do the paper work.

Reality: Each DCS unit usually has access to a secretary and a Human Service Worker (who assist DCS workers with visits, transportation, and the acquisition of resources); however, the major job functions of these staff will not entail meeting any of your paperwork or caseload demands. About half your time will be spent doing paperwork, writing case notes, writing case plans, and writing court reports. You will also spend a good deal of time following up with other service providers, driving to and from appointments, and transporting children and youth to appointments.