

Family Assessment Clinic
555 South Forest Ave.
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Guidelines for Services

The Family Assessment Clinic is a multidisciplinary team, consisting of faculty, doctoral and masters 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. 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., Clinical Social Worker
Clinic Director & Professor of Social Work

Mary Ortega, M.S.W., A.C.S.W., Clinical Social Worker
Clinic Administrator

Deborah Gioia, Ph.D., L.C.S.W., D.C.S.W., A.C.S.W., Social Work Consultant
Assistant Professor of Social Work

Lucila Nerenberg, M.D., Consulting Psychiatrist
Faculty Affiliate, Department of Psychiatry, Private Practice

Robert Ortega, M.S.W., Ph.D., Clinical Social Worker
Associate Professor, School of Social Work

Lewis Okun, Ph.D., L. P., Consulting Psychologist
Private Practice

Elaine Pomeranz, M.D., Medical Consultant
Medical Director, Child Protection Team, Assistant Professor of Pediatrics

Susan Smith, M.S.W., C.S.W., Social Work Consultant
Coordinator, Child Protection Team, University Health Systems

Frank Vandervort, J.D., Legal Consultant
Clinical Professor, Law School, Supervising Attorney, Child Advocacy Law Clinic

Michael Woolley, M.S.W., Ph.D., Educational Consultant
Assistant Professor, Schools of Education & Social Work

Delmeer Oliver, Clinic Coordinator

Cindy Bridgman, M.S.W., Clinical Social Worker
Director, Care House (Pontiac)

Melnee McPherson, M.S.W., M.A., Ph.D., Substance Abuse Specialist
Research Fellow, University of Michigan Substance Abuse Research Center

Katharene Schoof, A.C.S.W., Clinical Social Worker
UMH Psychiatric Hospital Youth Services

Deborah Willis, M.S.W., Ph.D., Clinical Social Worker

Director, Center for Excellence, The Guidance Center
Kathaleen Bruce, M.S.W. Intern
Scott Clements, M.S.W. Intern
Claudia Rendón, M.S.W. Intern
Shevonne Steele, M.S.W. Intern

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 FIA 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 Limited License Psychologists (doctoral candidates in clinical psychology), or Dr. Lewis Okun. Dr. Okun determines which tests are appropriate for each client.
4. If a medical exam is required, the Clinic either arranges for it to be done by the University of Michigan Child Protection Team (Elaine Pomeranz, 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 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.

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.

Last update 12/3/05