

SISTER'S KEEPER

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"Don't tell!" 17-year-old Debbie Richards shouted as her substance abuse counselor, Rickie Norris, got up to leave the office. Tears streamed down Debbie's face.

Rickie felt herself weakening. It was mid-October 2002, and she had been working with Debbie since September, 2001, shortly after beginning work as an Assessment Specialist at Cuyahoga County Department of Justice Affairs providing after-care services for juvenile offenders. She knew well the many traumas in Debbie's troubled life and didn't want to contribute more stress. *But isn't this too dangerous?* she wondered with alarm. *Known drug dealers in the home again. No adult supervision.*

"They'll take my sister away," Debbie sobbed.

Rickie struggled with her own feelings of disgust. She remembered the past physical abuse and current neglect which Debbie and her sister endured. *The sheer irresponsibility of that mother!* Rickie fumed. Calming herself, she tried to offer Debbie what small comfort she could before leaving the room to look for help.

Cuyahoga County (Ohio) Department of Justice Affairs, Division of Treatment Services

Cuyahoga County (Ohio) government established the Division of Treatment Services and the Youth Development Center (juvenile detention facility) within the county's Department of Justice Affairs to accomplish its stated mission of prevent-

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ing juvenile delinquency, protecting public safety, and providing opportunities for adjudicated youth to learn responsible behavior in a safe, protective environment. The Division was charged with providing aftercare services for juvenile offenders released from the Youth Development Center. Lasting from three months to two years, aftercare services included time-limited substance abuse groups as well as individual and family treatment. As a county-funded agency, the Division was always short of cash and workers. However, all twenty direct service workers were professionally trained, including the eight case managers.

The professional staff were concerned about the old, dingy office building housing the Division of Treatment Services in downtown Cleveland. The standard off-white paint was peeling from the walls. Juveniles encountered adult offenders who came to the same building for counseling. The staff did what they could to add cheer to the place. For example, they ordered colorful upholstered chairs and put up scenic posters on the walls. One worker attached a magnet of her dog Oscar to an otherwise drab gray metal desk. The committed staff wanted to say "you matter" to the youth and families who visited them.

Trudy Atherton, BSW, LSW

Trudy Atherton had worked as a case manager at the Division of Treatment Services for the past two and one half years and as a Child and Family Service (CFS) case investigator for three years previously. While comparatively young at age twenty-seven, she had the needed expertise. Skilled at the organizational tasks of case management, Trudy enjoyed her daily conversations with other professionals. "I always learn something," she told Rickie. Having graduated with a bachelor's degree in social work five years before, Trudy frequently discussed her plans to complete her master's degree. "Now I'm not sure," she told Rickie over lunch.

Married for less than a year, Trudy looked forward to spending her evenings with her husband fixing up their new home. She began to notice how difficult it was to leave the office on time in the evening. "While I enjoy case management," she confided to Rickie, "I need time for my own life!"

Despite these personal concerns, Trudy welcomed the opportunity to work with Debbie. "With a little effort," she told Rickie, "we can set this girl on the right track." As required by agency protocol, Trudy developed a case plan addressing all of Debbie's known problems and reviewed the plan with her supervisor weekly.

Rickie Norris, MSSA, LSW

At age thirty-five, Rickie could only guess at the experiences that Debbie reported. Raised in a caring Christian family in suburban Erie, Pennsylvania, Rickie accepted Christ as her Savior when she was nine and remained active in her church.

Rickie enjoyed staying in her home community after graduating from high school. She attended college part time and paid her tuition through office work. Earning a bachelors degree in communications with a minor in psychology, Rickie worked in business for two years. "I was saved but not always walking with God," she would honestly report. "Baptized as an adult in 1998, I rededicated my life to Christ which led me to social work."

Entering the graduate social work program at Case Western Reserve University, Rickie decided to concentrate in alcohol and drug abuse studies. Having experienced first-hand the family problems associated with the substance abuse of several uncles, she felt called to help others. As part of her studies, Rickie interned, first, with the Division of Treatment Services and, then, with a substance abuse treatment program at a Veterans Administration hospital.

Graduating in May, 2001, Rickie immediately put her substance abuse training to work as an Assessment Specialist in the Division of Treatment Services of the County Department of Justice Affairs. Rickie excelled and was promoted to Substance Abuse Program Coordinator within her first year. In addition to her administrative tasks, Rickie was the primary worker for 15 - 20 juvenile clients. She conducted two weekly substance abuse groups and provided individual counseling for one to five clients. But at the end of the day, Rickie could not leave her work at the office.

For Rickie, social work was a Christian vocation. She thought of Jesus as the *ultimate* social worker. When uncertain how to proceed with a difficult case, Rickie often sought His guidance by asking herself, "What would Jesus do?" She bristled at the limitations of working in a government agency. Although she prayed regularly for her clients, Rickie knew that she could not freely discuss her belief in Christ and the saving grace of Jesus with them. She was beginning to consider the idea of working for a faith-based organization where she could practice her faith more openly. Rickie looked to her Bible Study and singles groups at the Grace Christian and Missionary Alliance Church in suburban Cleveland for support and challenge as she struggled with this decision.

Rickie's faith continued to sustain her through the low points in her work with addicted adolescents. She felt a special connection with Debbie who professed to

be a struggling Christian. *Could there be ways to share one's faith with a Christian client?* Rickie wondered.

Rickie first met Debbie right after her release from the juvenile detention center when Trudy referred her for outpatient group treatment. With six girls participating, Rickie's group focused on education about substance abuse and relapse prevention. Rickie observed that Debbie appeared eager to please and to succeed with her program. Her first treatment notes were encouraging -- "Debbie participates well in group treatment" and "Debbie is insightful about her substance abuse issues." Four or five months later, however, she recorded "Debbie came to the office high on drugs" and "Grandmother called concerned that Debbie is skipping school and not returning home at night." Consulting with Trudy, Rickie obtained authorization to provide individual treatment for Debbie. Rickie hoped that the one-on-one support would help Debbie regain her sobriety.

Debbie Richards

As described in the Division of Treatment Services case records, Debbie Richards was a tall, thin, attractive seventeen-year-old African American woman. Debbie's good looks and upbeat manner, however, belied her true physical and emotional state. Diagnosed with severe substance abuse, Debbie recalled using drugs as long as she could remember. As a child, she often found alcohol and marijuana lying around the house. Her mother was usually too "out of it" to notice if she used any. Now Debbie was addicted to "wet," the street name for a form of PCP (phencyclidine). Debbie and her friends smoked cigarettes dipped in "wet" for the thrill of the resulting hallucinations.

CFS first learned about Debbie when she was four years old. While her mother was away, a live-in boyfriend molested her following a violent rampage in which he had knifed and killed the family dog and her newborn puppies. After the incident, a relative found Debbie hiding in the basement and called the police.

The court awarded custody of Debbie to her maternal grandmother who had cared for her during previous crises. When Debbie was in her grandmother's care, she regularly attended school where she excelled in English and writing. Her grandmother served her nourishing meals, took her to the local Baptist church on Sundays, and supervised her friends and activities. Debbie occasionally visited her father although their relationship was never close. (Previously, her mother had not allowed such visits because she and Debbie's father had never married.) CFS re-

ported that the grandmother provided a stable home and appropriate supervision for Debbie. However, Debbie missed her mother and periodically returned to visit her in a part of town known for having drug dealers on every corner. Although able to maintain sobriety at her grandmother's home, Debbie would relapse when visiting her mother.

In an effort at family reunification, the courts returned thirteen-year-old Debbie to the home of her mother, Sandra Richards. Sandra had remained a bright and capable woman at thirty-seven. A high school graduate, she had completed some college courses. Now, however, she was working as a factory worker due to her frequent bouts with alcoholism and heavy gambling. Never married, she struggled to support herself and her two daughters.

Debbie's relationship with her mother remained somewhat distant despite the change in custody. Sandra often required Debbie to baby-sit for her younger sister, Cheryl, while Sandra drank and entertained men friends in the home. Afraid of the drug dealers and other men visiting her mother, Debbie would sometimes leave the house, and leave Cheryl unattended.

Debbie's own drug abuse and delinquent behavior accelerated after her return to her mother's home. When Debbie turned fourteen, Sandra filed charges against her for unruly behavior (truancy, violating curfew). Initially sentencing Debbie to probation, the court later convicted her for violating probation, citing missed appointments with her probation officer and "dirty urines." When confronted in court, Debbie admitted using marijuana, alcohol, and "wet." The judge sentenced Debbie at age sixteen to the Youth Development Center (YDC) where she stayed for seven months.

After her release from YDC, the court ordered Debbie to the Division of Treatment Services for aftercare with Trudy Atherton. Trudy's initial assessment for the court described Debbie as "highly motivated" and "accepting of treatment." In addition to case management, Debbie attended ten weeks of outpatient substance abuse group treatment with Rickie as group leader. After the group ended, Debbie occasionally stopped by the Division office to say "hi" to Rickie. After a relapse, she began individual treatment with Rickie. She attended the first four sessions but then missed many appointments. Still, Debbie kept in contact with Rickie for several months. On her last return to treatment, Debbie explained that she had started using drugs again at her mother's home. Strung out on "wet," she had called her aunt to pick her up and take her back to her grandmother. Debbie told Rickie that she was determined to stay sober.

New problems: Friday's treatment session

Arriving on time for a second session after her latest relapse, Debbie appeared distracted and preoccupied. "I need to leave early today to pick up Cheryl at school," she announced to Rickie. With little prodding, Debbie explained that she dreaded returning to her mother's home but felt responsible for her sister's safety after school.

"Cheryl needs me to fix her a sandwich," Debbie said, "I help her with her homework and get her clothes ready for school. I can't count on Mom. Lately she's more concerned with Derek—that jerk is always bringing her dope."

After pressing for more information, Rickie mentioned that she might need to report the case to CFS for Cheryl's protection.

Debbie immediately protested. "I can take care of my sister," she shouted. "You'll make things worse!"

Not surprised by Debbie's strong reaction, Rickie also worried about the consequences if she reported the case to the state child protective services agency. *Would I be helping or causing more harm?* she wondered. *With apparent neglect but no current abuse, would CFS do anything anyway?* Rickie remembered when Sandra threw out all of Debbie's clothes after Debbie decided to stay with her grandmother - *what vengeful actions might my reporting provoke?*

What this child has lived through! Rickie remembered. *On and off drugs! Pulled out of a stable home! It's heartbreaking—truly a case of children suffering from the sins of the parents.*

Parting from Debbie, Rickie prayed that Debbie's faith would sustain her through this latest crisis. *Jesus, put a ring of protection around her; soften her heart toward You. Put someone in her path that will bring her closer to You.* She thought of the people who regularly crossed Debbie's path and how they pulled her further away from God. *Am I the person God is putting in Debbie's life?* Rickie wondered. *I feel the moral obligation to be wise, but I don't feel very wise this afternoon. I feel the weight of this responsibility. Should I report or not?*

Emergency case conference

Rickie immediately consulted the agency policy and procedure manual for guidance. She found no agency protocol regarding reporting cases of neglect. *I guess we're on our own,* she thought.

Next, Rickie began looking for Trudy. She appreciated having someone with Tru-

dy's experience on the case. *Trudy is not territorial like some case managers, she thought. I'm glad that we have a good working relationship.* She glanced at the clock on the wall - already 3 p.m. On a beautiful autumn afternoon, Rickie wondered whether Trudy would still be at the office. *Why do crises always happen late in the day?*

Rickie was relieved to find Trudy returning to her office after a home visit. As case manager, Trudy would make the agency's final decision about reporting. *Yet I know that I am also responsible, Rickie thought. As a professional social worker, I have a legal mandate to report my suspicions. Ethically I want to do whatever is best for Debbie and Cheryl. But how do I know what's best?* Both Trudy and Rickie reviewed their cases regularly with their clinical supervisors but neither supervisor was available in this emergency.

Rickie shared the new information about Debbie's situation with Trudy. "Everything is getting progressively worse," Rickie explained. "Debbie is reporting that her mother is inviting drug dealers into the home again. In that environment, it's almost impossible for Debbie not to use drugs again herself. She tries leaving the house but then she worries about her little sister - there's no one else to watch her. Debbie looks a real mess today. Her hair is greasy, which you know is not like her. She told me that there is no hot water in the home and that she has to bathe with water heated in a hot pot. The gas has been shut off for months and it doesn't look like her mother is doing anything about it."

"Sounds serious," Trudy confirmed.

"Do you remember Debbie's mother?" Rickie asked. "We made a home visit a few months ago when we needed her consent for Debbie's treatment plan."

"A good talker," Trudy recalled. "I had the feeling that she was putting on a good act."

"I was disgusted with her," Rickie responded. "Sandra acting like nothing was wrong! The condition of those children! I had to hold myself 'in check' the entire interview."

"I tried to help by offering her substance abuse treatment," Trudy recalled, "but she refused, insisting there was nothing wrong with her drinking."

"Well, the drinking and drugging are just getting worse," Rickie responded.

"What do you think will help now?" Trudy asked.

"I'd like to report it," Rickie said, "but you know how CFS is about neglect cases. Sometimes I wonder why we even bother. Remember the Mathews case? And the Sullivan case? CFS didn't even investigate. So much depends on which worker happens to get the call. Debbie's little sister is physically safe, but won't

she be traumatized and damaged by that environment?"

"I agree with you," Trudy replied, "but neglect that isn't life-threatening is not that important to CFS when they have so many cases of serious physical abuse. Often CFS will just screen out a neglect case without investigation."

"And if we do report it and they do nothing," Rickie continued, "I worry that Debbie's mother will be vindictive again. With all her drugging, I hate to think what she could do to hurt Debbie."

"With the gas shut off and winter not far away, I think we're more likely to get action on this case than others we've reported," Trudy said. "CFS would have to go out to the home. I'm not sure what they would do once they investigated, but I know their procedures and they would have to open a case."

"That would also concern me," Rickie said. "Then I would worry about Debbie being cut off from her sister. Debbie is very upset. She was sobbing in my office, begging me not to tell. She fears that CFS will place Cheryl in foster care and that she will hardly ever get to see her. Can you think of a place where Debbie and Cheryl can stay together?" asked Rickie.

"I can't think of anyone in the family that I haven't tried already," Trudy replied.

"Didn't her aunt take Debbie in recently?" Rickie asked.

"Yes," Trudy replied, "but her aunt has four children of her own and can only manage Debbie for a night or two. She's great in a crisis, really cares about Debbie, but her resources are limited. Besides, she thinks Debbie does well at her grandmother's."

"I do, too," Rickie agreed, "but she's in her 70s and I don't think she could manage a small child, even with Debbie's help."

"Have you thought about what it would do to your relationship with Debbie if we report the case?" Trudy asked. The expression on Trudy's face showed concern. She knew how much Debbie meant to Rickie.

"I'm not worried about Debbie's reaction," Rickie replied. "After all, Debbie's perspective is skewed. A good part of the time she's strung out on PCP. My heart goes out to her, but my concern is for her best welfare. We're the professionals with experience. I just want the outcome to be the best care possible for both Debbie and Cheryl."

"Well, what would you like to see happen?" Trudy asked.

"I'd like to see the little girl adopted into a loving Christian family," Rickie said, "but I don't know if reporting the neglect will make that happen - you know she is often unsupervised."

"Parental rights would have to be terminated," Trudy commented. "Unlikely."

"Kids are so helpless," Rickie protested. "As adults we have some control over our environment, but children have none."

"One more question," Trudy added. "Do you believe that Debbie is telling you the truth? She's lied to you before," Trudy reminded.

"Yes," Rickie replied, "but that was about her drug usage. About everything else, her story has always turned out to be correct. I think she's telling the truth about this situation. You should have seen her crying about her sister."

"I asked because CFS may not believe an adolescent if there is no other substantiation," Trudy said, "although they'd still investigate."

In the course of their conversation, Rickie realized her concern for Debbie's soul. *Debbie and her grandmother are part of the body of Christ*, she thought. *Don't I have some responsibility as a fellow Christian?* Rickie also realized that she didn't know whether Trudy had religious beliefs. She wasn't sure that it would be appropriate to ask.

Trudy brought Rickie back to the task at hand by motioning toward the phone. "If we do report," Trudy said, "we should move on it now."

I know the law says to report even if it does no good, Rickie thought, *but I could be making the situation worse. Debbie and Cheryl might be split up. Sandra could really hurt them. I really want to do what's best for these children.*