

Teaming Up in Child Welfare: The Perspective of Guardians ad Litem on the Components of  
Interprofessional Collaboration

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#### Abstract

Policies and researchers have emphasized the need for interprofessional collaboration (IPC) in the child welfare system. However, few child welfare studies have sought to identify the components of IPC and no studies have been conducted in the U.S. to examine the perspective of guardians ad litem (GALs) on these components. Understanding the GAL viewpoint is warranted as they are mandated to be appointed in court-involved child welfare cases. This qualitative study addresses these gaps by exploring the GAL perspective on the main components of IPC. Interviews were conducted with 12 GALs in a mountain region state. Nine components of IPC emerged from the analysis, including communication and information sharing; problem-solving; respect and appreciation; joint decision-making; clarifying roles, responsibilities and expectations; sharing ideas and perspectives; mutual trust; shared responsibility; and establishing shared goals. The findings can inform the development of strategies to improve IPC in child welfare and guide future research.

Keywords: Interprofessional collaboration; guardians ad litem; child welfare

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#### 1. Introduction

In 2016, approximately 1.9 million children received preventative services and 1.3 million children received post-response services from the U.S. child welfare system (U.S. Department of Health and Human Services [DHHS], 2018). Numerous professionals work together to serve child welfare-involved children and their families. Child protective services caseworkers (caseworkers) assess families' strengths and needs, provide or arrange for treatment services, monitor family progress, and determine if a child should be removed or returned home (DePanfilis & Salus, 2003). Service providers, such as substance abuse counselors and mental health therapists, assist families in resolving the issues that brought them to the attention of the child welfare system. In cases resulting in court involvement, a guardian ad litem (GAL) is appointed to represent and advocate for what they determine is in the best interests of the child (Child Abuse Prevention and Treatment Act [CAPTA], 2010). While each of these professionals has their own role and responsibilities, they come together to work with the family and each other to achieve the main goals of the child welfare system: keeping children safe, improving child well-being, and ensuring that children have a permanent living arrangement (DHHS, 2017). In order to work efficiently and effectively together, these professionals must achieve some level of interprofessional collaboration (IPC).

CAPTA—the federal policy which effectively established that child welfare system—explicitly calls for a multidisciplinary approach to preventing and treating child maltreatment. It states, “the problem of child abuse and neglect requires a comprehensive approach that integrates the work of social service, legal, health, mental health, domestic violence services, education,

and substance abuse agencies and community-based organizations” and “the failure to coordinate and comprehensively prevent and treat child abuse and neglect threatens the futures of thousands of children (CAPTA, 2010, §5101). Moreover, child welfare scholars frequently identify IPC as a necessary component of effective child welfare practice (Han, Carnochan, & Austin 2008; Jones, Packard, & Nahrstedt, 2002; Lalayants, 2013; Nicholson, Artz, Armitage, & Fagan, 2000). The extant literature, however, provides little guidance regarding how professionals in the child welfare system should collaborate. In addition, the perspective of GALs on what IPC entails is absent from the literature. This is a significant limitation as CAPTA mandates that judges appoint a GAL in court-involved child welfare cases to represent and advocate for what is in the child’s best interests. The lack of a conceptual framework for understanding IPC between child welfare professionals may impede the efforts of policy-makers and administrators to promote or facilitate it. It also limits the ability of researchers to appropriately measure IPC in the child welfare context when attempting to determine if such efforts are successful or how IPC impacts child welfare-involved families. Addressing these gaps, this qualitative study explores the GAL perspective on the components of IPC between GALs and caseworkers.

## **2. Background**

### **2.1 The Role of the GAL**

CAPTA (2010) stipulates that judges appoint a GAL to represent the best interests of the child in court-involved child protection cases. GALs are key players in the child welfare system given that they can control which issues are discussed in the courtroom and their recommendations influence court decisions (Boumil, Freitas, & Freitas, 2011). In some states, GALs assume the additional responsibility of being the child’s attorney, requiring them to advocate for what the child wants, as well as the child’s best interest (Duquette & Darwall,

2012). States also vary in regard to who may serve as a GAL. Depending on the state, GALs may be attorneys, Court Appointed Special Advocates (CASAs), or other volunteers or professionals (Child Welfare Information Gateway, 2011). In general, GALs interview children and parents, review reports and records, monitor case progress, and make recommendations to the court (Child Welfare Information Gateway, 2011; Mabry, 2011). Their role and responsibilities require that they interact with caseworkers to assess what is in the child's best interests and ensure that those interests are being met. Given the prominent role of both GALs and caseworkers in the child welfare system, it is important to understand how they work together to meet the needs of the children they serve.

## 2.2 Defining IPC

The peer-reviewed literature offers an array of definitions of IPC (see Table 1). These broad definitions indicate that IPC is a process whereby individuals from different professions *work together* to improve the quality of client services. However, in general, definitions of IPC are vague and fail to adequately provide specifics regarding *how* professionals should work together (i.e., the components of IPC).

[INSERT TABLE 1 HERE]

D'Amour, Ferranda-Videlo, Rodriguez, and Beaulieu (2005) conducted a literature review of definitions and frameworks of IPC to identify its core features. Their findings indicate that IPC is a process where interdependent professionals share responsibilities, decision-making, perspectives, data, and philosophies; form a collegial partnership characterized by mutual trust and respect, open and honest communication, and a valuing of one another's contributions and perspectives; and share power and authority while deferring to one another's expertise. Other IPC scholars have noted that working together on an interprofessional team requires clarifying

and negotiating roles and responsibilities (Billups, 1987; Claiborne & Lawson, 2005); recognizing how agency, state, and federal policies influence team functioning (Billups, 1987; Claiborne & Lawson, 2005); frequent, timely, and accurate communication (Gittell, 2011), conflict resolution (Billups, 1987; Claiborne & Lawson, 2005); goal-setting (Billups, 1987; Gittell, 2011); and evaluating team performance in order to make necessary changes to improve team functioning (Billups, 1987).

The authors were unable to identify any models, frameworks, or literature reviews in the peer-reviewed literature that specifically relate to IPC in the child welfare system. Bronstein's (2003) model of interdisciplinary collaboration in settings where social workers practice (e.g., hospitals, schools, and mental health systems) may be the most relevant to the current study. After reviewing the theoretical and social work practice literature, Bronstein identified five core components of IPC in social work settings. Similar to other scholars, she determined that interdependence, collective ownership of goals (i.e., shared responsibility), and reflection on team processes were necessary. In addition, Bronstein concluded that IPC in social work settings requires flexibility (e.g., compromising, assuming responsibilities outside of their role, adaptability, and developing creative solutions to complex problems). Bronstein's model also includes the creation of new professional activities as a component of IPC. More specifically, she proposes that collaborators develop structures, programs or processes to enhance their capacity to work together (e.g., team meetings, interprofessional task forces, and colocation of staff). It is unclear if Bronstein model is generalizable to the child welfare context. Bronstein's literature review focused on IPC in health care settings, schools, and mental health centers, and a review of her references indicates she did not examine collaboration in the child welfare system when developing her model. Moreover, the authors were unable to located any studies in the peer-

reviewed literature that examined how well Bronstein's model captures the process of collaboration in the child welfare system.

### 2.3 Collaboration in the child welfare System

An ample amount of research has been conducted to identify the elements of interagency collaboration in the child welfare system and how they may benefit children and families (e.g., Bai, Wells, & Hillemeier, 2009; Chuang & Lucio, 2011; Chuang & Wells, 2010; Foster, Wells, & Bai, 2009; He, Lim, Lecklitner, Olson, & Traube, 2015; Hurlburt et al., 2004). These studies frequently operationalize interagency collaboration as the type or number of interagency structures and processes developed (i.e., "linkages"). Such linkages may include joint budgeting, cross-training, developing memoranda of understanding, protocols for information-sharing, shared funding, and colocation of staff. The literature contains mixed findings regarding how interagency collaboration impacts children and families. For example, one longitudinal study found that more linkages between CPS and community mental health agencies was linked to improved child mental health (Bai et al., 2009). However, another longitudinal study found that a higher number of linkages between CPS and community mental health agencies was associated with *increased* externalizing behaviors among boys, and that the number of linkages was not related to changes in boys' internalizing behaviors, girls internalizing behaviors, or girls externalizing behaviors (Foster et al., 2010). Similarly, in a longitudinal study of an intervention where an inter-organizational service coordination team managed child welfare cases, greater coordination was found to have no relationship with changes in children's mental health. One possible explanation for these findings is that the professionals who work directly with child welfare-involved families may not collaborate despite the presence of agency-level policies, procedures, or structures intending to foster collaboration. Smith and Mogro-Wilson (2007)

found that the frequency of IPC between caseworkers and substance abuse treatment providers showed more variation within agencies than between agencies with varying levels of interagency collaboration. They also found that administrator reports of the number of pro-collaboration policies in their agency was not related to caseworker and treatment provider reports of their intent to collaborate. The cross-site evaluation of the Children's Bureau's Systems of Care initiative—a program intending to improve interagency collaboration in the child welfare system—found that only two of the nine sites showed significant increases in the collaborative practices of caseworkers despite the implementation of structures and procedures to improve collaboration (e.g., multi-disciplinary team meetings, joint-funding, and cross-training; DHHS, 2010). These findings indicate a need to examine and better understand collaboration between professionals working on the frontlines of the child welfare system.

**2.31 Components of IPC in the child welfare System.** Relative to the body of literature on interagency collaboration in the child welfare system, less research has been conducted to determine how professionals working with child welfare-involved families should work together. It can be challenging for professionals working in the child welfare system to collaborate given they have different clients, mandates, goals, and educational backgrounds (Beeman, Hagemester, & Edleson, 1999; Darlington, Feeney, & Rixon, 2005). Therefore, it is perhaps not surprising that child welfare scholars exploring IPC have largely focused on identifying factors that promote or impede it. These studies have uncovered numerous factors, including understanding other professionals' roles and responsibilities (Green, Rockhill, & Burrus, 2008; Phillips, 2016), mutual trust and respect (Lalayants, 2013; Phillips, 2016; Spath, Werrbach, & Pine, 2008), turnover (Carnochan et al., 2007), workload (Carnochan et al., 2007; Darlington et al., 2005), and viewing collaboration as beneficial to themselves or their clients (Carnochan et



al., 2007; Green et al., 2008; Phillips, 2016; Spath et al., 2008). A significant limitation of this body of literature is it fails to provide a clear and concise conceptual understanding of what IPC entails.

Only two studies located in the peer-reviewed literature directly sought to identify the components of IPC between professionals working in the U.S. child welfare system. Lalayants (2013) interviewed 91 professionals serving on clinical consultation teams (caseworkers, mental health therapists, substance abuse counselors, and domestic violence professionals) in one public child welfare agency in New York City. The purpose of the teams was to facilitate consultation and coordination between professionals. One theme that emerged from the qualitative analysis was the need for professionals to trust one another and respect their respective roles, responsibilities, and opinions. Another theme was that IPC involves formal communication (e.g., regularly occurring scheduled meetings) and informal communication (e.g., impromptu phone calls and emails as-needed). A final theme was “building a shared identity,” a process where professionals learn about one another’s roles, responsibilities, and professional cultures and philosophies; address interprofessional conflicts; and put aside their differences to meet the family’s needs.

The second study located in the literature which sought to identify the components of IPC between professionals working in the child welfare system explored collaboration between caseworkers and substance abuse counselors (Blakey, 2014). Through a qualitative analysis of interview transcripts and case records, two components of IPC emerged—“same vision” and “presenting as a unified team.” The former component involves professionals understanding how their disparate roles complement one another and contribute to achieving the case goals (e.g., the caseworker understands that helping a parent refrain from substance abuse increases child

safety). The latter component entails supporting one another's role and actions (e.g., the substance abuse counselor encourages the parent to comply with the caseworker's requests, and vice versa).

Several studies have explored how IPC between professionals working in the child welfare system impacts team member satisfaction and the quality and effectiveness of the services they provide. While these studies did not directly seek to uncover the components of IPC, their findings shed light on what they may be. Professionals serving on child welfare teams have been found to be more satisfied with the team decision-making process and the overall way the team works together when they *establish common goals, clarify team member roles and responsibilities, and respect one another's perspectives* (Lewandowski & GlenMaye, 2002). When child welfare professionals openly and regularly *communicate and share information*, families are better monitored and less likely to receive competing or over-whelming demands (Green et al., 2008; Haight et al., 2014). *Joint decision-making* can assist in ensuring that families receive services matched to their needs in a timely manner (Green et al., 2008). *Sharing ideas and perspectives* can lead to professional growth, such as greater knowledge about the problems confronting families and increased skills for working on teams or with families (Spath et al., 2008). One noticeable gap in this collection of studies is that the perspective of GALs is absent. While several of them had samples that included attorneys and other court personnel (e.g., Carnochan et al., 2007; Green et al., 2008; Lewandowski & GlenMaye, 2002), it is not clear if GALs specifically were represented.

Overall, the extant literature on IPC in the child welfare system fails to adequately provide the perspective of GALs. Only two studies located in the peer-reviewed literature specifically examined IPC involving GALs who work in the child welfare system. Phillips'

(2016) qualitative study focused on the GAL perspective on factors that facilitate or impede their ability to collaborate with caseworkers rather than the components of IPC. In a qualitative case study of IPC between a GAL and caseworker working together in England, Jeffrey and Lloyd (1997) found sharing information, open communication, and mutual respect of roles to be the most noteworthy collaborative processes exhibited. The transferability of their findings to the U.S. child welfare system, however, is limited given that only one GAL-caseworker relationship was examined and the study was conducted in England.

### **3. Research Questions**

The extant child welfare literature fails to provide a clear or comprehensive framework that identifies the components of IPC in the child welfare system. In addition, scholars have yet to explore the perspective of GALs on how GALs and caseworkers should work together to serve children and families in the U.S. child welfare system. Examining the GAL-caseworker relationship is a logical first step to identifying components of IPC in the child welfare system as both professionals are mandated to work with court-involved child welfare families and thus are forced to work together. With this in mind, the authors sought to answer the following research question: What is the GAL's perspective on the components of IPC between GALs and caseworkers in the U.S. child welfare system?

### **4. Methodology**

#### **4.1 Qualitative Approach**

The authors opted for a qualitative approach to explore this research question. Qualitative research designs are appropriate when a deeper level of understanding of the perceptions, attitudes, and processes is the ultimate goal of the study (Glesne, 2011). Qualitative methods are also useful for exploring topics and processes which are understudied and complex (Creswell,

2013). Overall, given the dearth of research on the components of IPC in the child welfare system and the desire to obtain an insider's perspective, a qualitative approach was deemed most appropriate for the current study.

## 4.2 Sampling

This study was conducted in a mountain region state with a state-supervised, county-administered child welfare system where GALs are required to be attorneys and only represent the best interests of the child (i.e., they do not act as the child's attorney as well). The population of interest for this study was GALs who are appointed on dependency court cases (i.e., cases brought to the court because of child abuse and neglect). The sampling process involved convenience and snowball sampling. As no publicly available list of GALs was available, the authors emailed or called all GALs with contact information available on the Internet who indicated they worked on dependency court cases ( $n=14$ ). Seven of the nine GALs who responded were interviewed and two were not interviewed (one did not work on dependency court cases and the other had been a GAL for less than one month). The seven GALs initially interviewed were asked to provide contact information for other GALs working in the child welfare system. Seven additional possible participants were contacted using this information, four of whom agreed to participate and were interviewed. Three GALs initially agreed to participate but ceased responding to emails when attempts were made to schedule the interview. Contact information for a twelfth participant was obtained from the director of a child's advocacy center who assisted with recruitment. The director preferred to contact GALs directly on the authors' behalf and provide contact information for those interested in participating. The total number of GALs she emailed is unknown to the authors and therefore the number of GALs who did not respond is unknown.

The final sample consisted of 12 GALs from six urban counties. Participants had been employed as GALs from 1 to 30 years, with an average tenure of 10 years ( $SD=10.07$ ). Three quarters of the participants (75.0%) were female and all participants were attorneys. No additional demographic information was collected.

#### 4.3 Measures

The interview protocol contained three questions designed to identify the components of IPC between GALs and caseworkers: (1) How would you describe your working relationship and collaboration with the Department of Human Services? (2) What does it look like when collaboration with caseworkers is going well? (3) What does it look like when collaboration with caseworkers is not going well? Questions two and three were followed by a prompt which asked participants to provide an example of a time when collaboration was/was not going well.

#### 4.4 Data Collection

The first author conducted semi-structured interviews at a time and location convenient for participants. In-person interviews were completed with 11 participants. One interview was conducted by telephone at the participant's request as it proved difficult to schedule a time for an in-person interview. The interviews were audio recorded and ranged in length from 27 to 68 minutes ( $M=52.5$ ,  $SD=12.21$ ). Participants were not required to sign a consent form as the institutional review board determined this study was exempt. The participants were provided with an information sheet that described the purpose of the study, the voluntary nature of their participation, and the potential risks and benefits associated with their involvement in the study. The authors did not provide any incentives or compensation to the participants.

#### 4.5 Data Analysis

The first author transcribed the audio recordings and sent the transcripts to the participants for review and comments. No participants elected to change the content of their transcript, though one participant asked to make grammatical changes to some of their statements. Transcripts were coded in Dedoose Version 7 (2017) by the two authors using the consensual coding method recommended by Hill and colleagues (2005). First, the authors chose one transcript at random and independently and deductively applied the broad code “component of IPC” to excerpts which illustrated a “component or process” of IPC. Second, the authors independently placed the excerpts they coded as a component of IPC into a table and then inductively grouped them into categories that represented a common and distinct component of IPC (e.g., communication and information-sharing, problem-solving, joint decision-making, etc.). When it appeared necessary to the authors, components were further divided into sub-components which captured a more nuanced aspect of an identified component of IPC (e.g., timely communication emerged as a sub-component of communication). Third, the authors compared how they coded and categorized the excerpts and then developed a consensus version for the transcript. The authors followed this process for each transcript.

The fourth step was a cross-transcript analysis. The authors placed all of the excerpts across transcripts that characterized a similar component or sub-component of IPC into a table. The authors reviewed the combined excerpts to make sure they captured a similar component of IPC. As a result, the authors re-categorized or removed some excerpts from the analysis. In addition, the authors revised the names of some components and sub-components to more accurately reflect all of excerpts associated with them. For example, a component that was originally named “respect” was renamed to “respect and appreciation” to better capture the

excerpts and both aspects of IPC which are strongly related yet not entirely the same. Finally, the authors calculated the number and percent of participants endorsing each component and sub-component by tallying the number of unique participants with excerpts contained in each.

## Results

Table 2 presents the components and sub-components that emerged from the transcripts in order of most frequently endorsed to least frequently endorsed. The most frequently endorsed components of IPC were communication and information sharing, problem-solving, and respect and appreciation. The least endorsed components were mutual trust, shared responsibility, and establishing shared goals.

[INSERT TABLE 2 HERE]

### 5.1 Communication and Information-sharing

All twelve participants (100.0%) described how collaboration requires *communication and information-sharing*. Participants stated, “The good communicators are always easier to work with” and “The type of communication, you know, was also a good indication of the level of collaboration.” Participants indicated that GALs and caseworkers should share information with one another, such as assessments completed for family members, updates on parents’ compliance with the treatment plan, how parent-child visitation is going, the status of referrals for services, and crises to address. A lack of communication and information-sharing may be a sign that collaboration is not occurring or that the quality of collaboration is poor.

Several sub-components emerged which provide greater detail regarding how GALs and caseworkers should communicate and share information. Eight participants (66.7%) described the need for *timely communication*. When asked what it looks like when collaboration is going well, participants stated, “Reports are being sent out in a timely fashion” and “You’re not

waiting forever on emails or phone calls.” What is considered timely, however, may depend on the individual. Two GALs in the sample wanted information to be shared, and responses to questions provided, within a few days: “You’ve got to be able to return a phone call or email in a couple of days” and “Whenever any of us gets information, it’s immediately distributed, and maybe not that instant, but within a couple of days.” Two other participants expected caseworkers to respond more quickly: “You ask for a position on a motion, within 24 hours you get that response” and “I just have this rule in my head, like within 24 hours, even if the emails like, crazy day, you know what I mean, I will do this and that.” The timeliness of communication and information sharing may also depend on the nature of the information. As one GAL noted, “If there’s just any sort of emergency, obviously the caseworkers need to be contacting the GALs immediately.”

Two subthemes for this component pertain to the frequency of communication and information-sharing. Seven participants (58.3%) described the need for GALs and caseworkers to communicate on an “*as-needed*” basis. One participant commented that communication may be “weekly or daily, if required,” and another participant “[expected] updates if there’s anything unusual occurring.” Overall, the frequency with which GALs and caseworkers should communicate and share information may depend on what is happening on the case. One participant commented, “Just because you’re not communicating doesn’t mean, anything negative is happening. There’s maybe not a need for it. Everything is kind of going smoothly.” It should be noted, however, that one GAL in the sample indicated that more frequent communication was better: “The more that we are talking with each other about the issues, not just leaving it for a court hearing, the better our working relationships has been.” Four participants (33.3%) indicated GALs and caseworkers should have *scheduled, regularly occurring* meetings where they come



together to discuss the case. Several GALs in the sample described different types of regularly occurring (e.g., every 90 days) team decision-making meetings held in the county where they worked. They commented that these meetings “helped improve collaboration,” “[are] beneficial because it is a time when everybody gets together,” and “help keep people on track.” One GAL, however, thought these meetings occurred too frequently and were “a little overused.”

## 5.2 Problem-solving

Eleven participants (91.7%) described how collaboration between GALs and caseworkers entails *problem-solving*. Problem-solving is required when a GAL and caseworker have different perspectives or recommendations on a case (e.g., what service to provide to a family or what the permanency goal should be for a child). GALs and caseworkers also problem-solve when determining how to address a concern that arises with the family they work with (e.g., a parent relapses or a family needs child care services). Several subthemes of problem-solving emerged which are strategies used by GALs and caseworkers to resolve interprofessional conflicts and meet the needs of families.

Eight participants (66.7%) described how, when a GAL and caseworker disagree, it is important that they *identify and explore their differences*. This includes “being able to sit down and talk about it and figure out, okay, what's the ultimate goal, and is just a difference of perspectives of how we get there or is it just a difference in belief as to what the ultimate goal should be.” It also means that GALs and caseworkers should explore one another’s ideas and perspectives and explain the rationale behind their positions. Participants stated, “it's like, really, you don't think this kid needs this...what are you seeing that I'm not seeing” and “I make sure that my conclusions always tie back to a why so I'm not just saying here it is, take it or leave it.” Another GAL described the process as

Hearing each other's arguments and what's being presented and either being able to provide evidence or other information as to why that's not correct or why we're asking for something else. Really giving that, I guess, like I said, basis for the recommendation or basis for arguments and not just some kind of thing where it's no this is what I want or this is what I think should happen, but really explaining things and hearing the other side's explanation of what they think is best.

Four participants (33.3%) identified *finding common ground* as a problem-solving strategy. Participants stated, "I also find that...when there are differences of opinion, say between me and the caseworker, to try to talk about those and vet those to see if there is some common ground," and "being able to at least accept what can we agree on...and starting from there...if we can find some common ground I think that is what makes it work." Participants suggested that by identifying things they can agree on, they are then able to "work out a compromise" and "[come] up with creative ways to come in the middle and finalize an agreement."

Seven participants (58.3%) indicated it is important for GALs and caseworkers to *remain respectful* when they disagree. As shown in Table 2, respect emerged as a component of collaboration in and of itself. However, it was included as a problem-solving strategy as well because participants frequently mentioned the need to remain respectful when resolving disagreements. One GAL in the sample stated, "[We] build consensus where we can and then be respectful of each other when we can't." Other participants commented that "We disagree but respect where the other person's coming from" and "Even if we disagree, we can find a way to work together and we have enough mutual respect that it doesn't shut down communication."

Six participants (50.0%) highlighted the importance of *focusing on what is important* when attempting to resolve conflicts that arise. As described by participants, this includes focusing on what the child or family needs, what is in the child's best interests, and the case goals. One participant commented, "We all sit at the table and even if we disagree, we don't lose focus on what's important." Another participant explained, "At some point you just got to step back and say what's really important here. Is it me winning this fight or is it helping our people get through this process."

Three participants (25.0%) described how GALs and caseworkers should *not make it personal* when they disagree. This problem-solving strategy includes, but goes beyond, not making "personal attacks," which could be considered part of remaining respectful. Not making it personal also means that GALs and caseworkers put aside "personal feelings" they may have towards one another and not "hold grudges" which may negatively impact their ability to resolve a conflict and work together. It also means that GALs and caseworkers should recognize that they serve different roles in the child welfare system and may view cases differently and therefore not take it personally when the other disagrees with them. One GAL stated, "some people also don't understand that when I disagree, it's not a personal thing, I just think the facts lead me to this conclusion and you to that conclusion. It's not that I think you suck, it's just I don't agree." Another GAL commented, "I can go into court and say, hey we're disagreeing and both of us can be like yeah and that's okay. Because that's why we have different roles, we're not supposed to agree all the time."

GALs and caseworkers may also solve problems by *subverting the system* ( $n = 3$ ; 25.0%). This occurs when the caseworker receives directions from a supervisor regarding a case decision (e.g., what service to provide or where to place a child) that he or she may disagree with, but the

caseworker does not feel comfortable speaking up or challenging their supervisor. Instead, the caseworker may approach the GAL and ask that he or she advocate for the decision the caseworker believes is appropriate. This provides a means for the caseworker to obtain his or her goal for the case without ignoring orders from supervisors. One participant stated, “[Caseworkers] will say I can’t talk about this because my supervisor, my administrator, won’t let me, but if you could bring it up in a meeting that would be great.” Similarly, two other participants described how caseworkers will tell them they think a family needs a service that their agency is unwilling or unable to provide so that they GAL can advocate for it.

When GALs and caseworkers are unable to resolve their differences, they may need *to agree to disagree* ( $n = 5$ ; 41.7%). One participant commented, “and part of collaboration sometimes is agreeing to disagree.” In these situations, GALs and caseworkers may rely on a third party, such as a judge, to resolve the issue. As one participant explained, “Sometimes we can reach the same opinion but sometimes we can just say, well this is what I’m going to tell the judge, you know, you tell the judge that, and we’ll just see what happens.” Another GAL stated, “Even though you don’t agree you’re still able to work together...and show up at court and have your differences of opinion.”

### **5.3 Respect and Appreciation**

Eleven participants (91.7%) indicated *respect and appreciation* is a component of collaboration between GALs and caseworkers. The importance of having mutual respect when trying to resolve differences of opinion and solve problems was described earlier. Participants also indicated that GALs and caseworkers should respect and appreciate one another’s opinions and perspectives during all interactions. They show this by making an effort to consult with each other when a decision needs to be made and being responsive (e.g., returning phone calls and

emails). It also means that GALs and caseworkers listen to and consider the other's viewpoint and concerns. The analysis revealed a distinction between respect and appreciation for the person versus the role. The former entails respecting the individual because of how hard they are working or their level of experience (e.g., "I can at least appreciate how hard she's working" and "I'm listening really hard because she's really experienced"); The latter involves respecting and appreciating individuals based on their position on the team and the important role they play on the case (e.g., "they would respect my role and I would respect theirs").

#### **5.4 Joint Decision-making**

Ten participants (83.3%) indicated that GALs and caseworkers should make decisions together (i.e., *joint decision-making*). One participant stated, "When decisions have to be made, we're talking it through." Another participant described collaboration as "a team approach where you've got different eyes and different perspectives looking on it and then coming up with decisions." Participants wanted caseworkers to include them when developing case goals, selecting services, determining where to place a child, and implementing a schedule for parent-child visitation. Participants valued formal team decision-making meetings which occur on a pre-determined schedule (i.e., every 90 days) or when an emergency arises because they facilitate joint decision-making. However, decisions may need to be made outside of these meeting, and GALs in the sample wanted caseworkers to include them. Participants described situations where caseworkers did not involve them in making decisions regarding parent-child visitation, where to place a child who was removed from their home, and what type of treatment to provide a parent. GALs in the sample had different hypotheses for why a caseworker may not include a GAL in the decision-making process. Some believed caseworkers did not understand the GAL's role and that they should include them when making case decisions. Others described situations where the

caseworker knew they should consult with the GAL but forgot to do so. Two GALs had experiences where caseworkers intentionally excluded them. In one situation, the caseworker's court report omitted a standard recommendation that a child's placement may be changed upon agreement of the GAL and caseworker. The GAL believed this was intentional as she and the caseworker disagreed over where to place the child. In the other situation, the GAL stated she was explicitly told she could not be involved in making the decision as to where to place a child.

### **5.5 Clarifying Roles, Responsibilities and Expectations**

Nine participants (75.0%) described a need for GALs and caseworkers to *clarify their roles, responsibilities, and expectations* of each other. Several GALs in the sample suggested caseworkers may fail to share information with them or involve them when making a decision because they do not understand that GALs are required to assess what is in a child's best interests and if the child's best interests are being served. Another consequence of not understanding roles and responsibilities is that assumptions are made. Participants believed that some caseworkers view GALs as "difficult," "obstructionist," or "adversarial." They attributed this to the caseworker's lack of understanding of the GAL's responsibility to ask questions and monitor cases to assess and advocate for what is in a child's best interest. As one GAL explained,

I think sometimes they think we just like to get in their business because we have control issues or because we think we know what's best, or because we don't think they're doing their job. Sometimes that's true, and sometimes it's just because truly our role is to be in there, finding out what's going on for the kids. And I know they don't like it because it creates more problems for them, but that's our job too. Like we all have our jobs to do, and were not just doing our jobs to be pains in their ass.

To address the lack of understanding caseworkers may have of the GAL's role and responsibilities, some GALs take it upon themselves to explain it to caseworkers:

I try to promote my role pretty clearly to social workers... I usually just talk to them and say, hey, don't freaking move the kids and don't authorize this without telling me that you're doing it because I have a say so in this.

I think defining the GALs role to the caseworker is helpful. So, like for example, when we we're left out of the IEP meeting and followed up and said, look this is something we're expecting that you keep us updated on.

Several GALs in the sample acknowledged they lacked a clear understanding of the caseworker's responsibilities and day-to-day activities, but they did not elaborate on this issue.

In addition to clarifying professional roles and responsibilities, GALs and caseworkers should identify their responsibilities and establish clear expectations of one another for the case they share. One participant stated, "We'll have a conversation right away like, okay, what are you going to do, what do you want me to do." Another described it as "sitting down and hashing out whose job was to do what."

## 5.6 Sharing Ideas and Perspectives

Nine participants (75.0%) indicated that *sharing ideas and perspectives* is a component of collaboration. While this is part of problem-solving and joint decision-making, it also occurs outside of these contexts, on an as-needed basis when a second opinion is desired. Participant stated, "Sometimes I'll call them and I'll say, I just know something's wrong I need your eyes" and "The best social workers are the ones that say okay, you're a GAL, what do you think about this idea and this idea." Other participants explained that, when collaboration is going well, "[caseworkers are] coming to us with anything that comes up to get our position on things,"

“we’re all sitting in a meeting, we’re all saying here's what I'm noticing,” and “I could just say, this is what I’m thinking.”

### 5.7 Mutual Trust

Six participants (50.0%) described a need for mutual trust between GALs and caseworkers. This includes trusting that the information one receives from the other is accurate and credible. Participants commented, “They feel that they can trust what I’m saying and respond to what I’m asking for or feeling like needs to happen in a case” and “I certainly will rely on information [I receive from the caseworker], if they say these are his grades, these are his attendance issues, I have no reason to go look that up myself.” According to participants, collaboration between GALs and caseworkers also involves trusting and having confidence that the other is doing their job. One GAL described an interaction where the caseworker was trying to determine if they could trust the GAL’s assessment:

It’s like, so what do you think about their living situation and what do you think of this kid, and there's four kids and they're living in a two-bedroom apartment. And I said, you know, what I see is that they figured out places, they each have their own space and stuff like that. And what she was actually doing is saying, are you actually doing your job, have you seen the kids and is your opinion worth taking. Because you know there are GAL's that don't do that shit or whatever. And then you go, well why would I listen to you...She wasn't really asking my opinion of their living situation, she was really asking, like are you doing your job, can I trust you in your decision making.

### 5.8 Shared Responsibility

Having a *shared responsibility* for a case was endorsed by six GALs in the sample (50.0%). This component of IPC entails having a team mentality where everyone has a role to



play. One GAL in the sample stated, “I think that the workers that I work with, they really do see it as a team approach and we each have our little niche.” A second participant commented, “The probation officer and I and the social worker were a team. And it was a difficult case but the four of us...I knew that sitting down with the four of us, we’d work it out.” Sharing the responsibility also includes “dividing and conquering” the work and helping others complete their own responsibilities in order to accomplish whatever needs to get done on a case. One participant described a situation where the caseworker “wasn’t getting anything done”:

Like I’m here to help, are you nervous talking to this mom, just be honest. Okay, “well well well,” and then finally, “Well, yeah, I’m a little uncomfortable.” Okay, no problem, this is my part. This is what I’m used to dealing with. So let me help you or let me go with you on a home visit.

### **5.9 Establishing Shared Goals**

Four participants (33.3%) made comments indicating that *establishing and working towards shared goals* is a component of IPC between GALs and caseworkers. One GAL in the sample was explicit, “Collaboration is getting along. And that is working towards a common goal.” Another participant explained their process of establishing goals with caseworkers:

I mean when I case plan with my caseworkers, we do like short-term and long-term. Okay, right now just want to get the kid out of [detention] and we want to get them enrolled in school. We want to get their therapy started. You know long-term, what are our goals, how do we get out of this case.

## **5. Discussion**

While CAPTA and the peer-reviewed literature emphasize the need for collaboration between professionals working with child welfare-involved families, the extant literature

provides little clarity and few guidelines regarding how this should occur. Moreover, the viewpoint of GALs—who are mandated to be appointed on court-involved child welfare cases—on how GALs and caseworkers should work together in the U.S. child welfare system is absent. This study begins to fill these gaps in the literature by providing the GAL perspective on the main components of collaboration between GALs and caseworkers.

Three components of IPC were endorsed by all or all but one of the GALs in the sample: Communication and information-sharing; problem-solving; and respect and appreciation. The findings suggest that IPC between GALs and caseworkers involves the sharing of information, including assessments that have been conducted, the status of services to be provided, the extent of progress being made by clients, and crises or emergencies that have occurred. The findings offer some general guidelines for how communication and information-sharing should occur. GALs and caseworkers should share information and respond to calls and emails in a timely manner. What is considered timely, however, may vary from professional to professional. The findings also suggest that establishing regular meeting times where communication and information-sharing takes place may be a necessary but not sufficient component of GAL-caseworker collaboration. Specifically, communication and information-sharing should occur on an as-needed basis as well, depending on the nature of the information and what is happening on a case. Overall, the findings regarding communication and information-sharing align with those of prior studies of IPC in the child welfare system which indicate it should occur regularly (Green et al., 2008; Lalayants, 2013), on an as-needed basis (Lalayants, 2013) and in a timely manner (Carnochan et al., 2006; Green et al., 2008).

Almost all participants endorsed problem-solving as a component of IPC. As they work together, GALs and caseworkers are forced to resolve conflicting perspectives or

recommendations and address crises that arise with clients. Several problem-solving strategies emerged from the analysis. The most commonly endorsed were identifying and exploring differences to develop a mutual understanding of why each person holds a particular perspective, remaining respectful, and focusing on what is important for the family. It is noteworthy that problem-solving emerged in this study as a component of IPC considering it has not been found to be a main component of IPC in prior child welfare studies. Addressing interprofessional conflict was included as *part* of “building a shared identity” in Lalayants’ (2013) study of professionals working together on clinical consultation teams. This theme also included learning about one another’s roles, responsibilities, and professional cultures and philosophies. Problem-solving was more prominent in the current study, as indicated by the fact that it emerged as its’ own component and was the second most endorsed component.

Studies of IPC in non-child welfare contexts have identified problem-solving or conflict resolution as a key aspect of collaboration on interprofessional teams (Billups, 1987; Temkin-Greener, Gross, Kunitz, & Mukamel, 2004; Shoemaker et al., 2016). Prior studies may not have found problem-solving to be a distinct component of IPC in the child welfare system given that—with the exception of one study conducted in England (Jeffrey & Lloyd, 1997)—collaboration between GALs and caseworkers has not been explored. Conflicts may be more likely to arise between GALs and caseworkers relative to other pairings of professionals given that GALs and caseworkers are involved in making major case decisions, including what services to provide, whether to remove a child from their home, choosing a child’s permanency goal, and whether to reunify a child. Other professionals who work with child welfare-involved families, such as service providers and teachers, do not play as large a role in making such decisions. Moreover, GALs and caseworkers are the only professionals who advocate for their

decisions in court. Another reason why participants in this study may have emphasized the need for problem-solving is the GALs in this study's sample were attorneys, and caseworkers and attorneys are highly susceptible to interprofessional conflict given their different training, philosophies, and professional cultures (Carnochan et al., 2007; Han et al., 2008). While past studies have explored factors related to IPC (e.g., factors that influence collaboration and the benefits of collaboration) between caseworkers and legal professionals (e.g., judges, attorneys for parents and children, and court-appointed special advocates; Lewandowski & GlenMaye, 2002; Carnochan et al., 2007; Green et al., 2008), they have not directly examined how these professionals collaborate. Overall, prior studies may not have identified problem-solving as a component of IPC in the child welfare system because they have not focused on GAL-caseworker collaboration or because they have not directly sought to identify the components of IPC.

While the findings suggest that mutual respect can facilitate problem-solving, it also emerged as a component of GAL-caseworker collaboration in and of itself. GALs and caseworkers should show respect and appreciation for one another's roles, experience, and perspective during all of their interactions with one another. Similarly, prior child welfare studies have also that collaboration on interprofessional teams involves mutual respect for roles, responsibilities and perspectives (Lalayants, 2013) and that when this occurs, professionals are more satisfied with team functioning (Lewandowski & GlenMaye, 2002).

Three components of IPC that emerged from the analysis were endorsed by more than half of the participants but less frequently than those described above: Joint decision-making; sharing ideas and perspectives; and clarifying roles, responsibilities, and expectations. Joint decision-making is a process where GALs and caseworkers present their perspectives and

opinions and decide together what needs to happen on a case (e.g., whether a foster child is ready to be reunified or how frequently parent-child visitation should occur). According to the GALs in this study, while this often occurs during formal team decision-making meetings, caseworkers should involve them when decisions have to be made outside of these meetings. The finding that joint decision-making is a component of IPC compliments the findings from prior studies which indicate that when professionals working in the child welfare system make decisions together, families are more likely to receive services matched to their needs (Green et al., 2008) and better decisions are made because multiple perspectives are presented and inaccuracies are corrected (Crea, 2010).

The findings suggest that while GALs and caseworkers share ideas and perspectives when making joint decisions and resolving differences of opinion, it occurs outside of these contexts as well (e.g., to get a second opinion or “check” one’s assessment of a situation). While the sharing of ideas and perspectives has not emerged as a component of IPC in prior child welfare studies, it was found to be associated with professional growth in a study of collaboration between public and private child welfare agencies (Spath et al., 2008). More specifically, professionals gained insight into the issues confronting families and enhanced their knowledge and skills for working on teams and with families. Furthermore, in their review of definitions and frameworks for IPC, D’Amour and colleagues (2005) identified the sharing of ideas and perspectives as part of the collaborative process.

The findings from the present study indicate it is important for GALs and caseworkers to clarify roles, responsibilities, and expectations when they work together. Doing so sets a foundation for collaboration and may reduce the likelihood of interprofessional conflict arising. For example, caseworkers may be more likely to share information with GALs and include them

in the decision-making process when they understand that one of the GAL's responsibilities to assess and advocate for what they believe is in the child's best interest. When GALs and caseworkers understand one another's roles, responsibilities, and expectations, they may be less likely to make inaccurate assumptions regarding each other's behaviors. The variation within the sample regarding some components of collaboration (e.g., how quickly caseworkers should respond to requests for information and how frequently communication should occur) highlights the fact that individuals within a profession may have different views on how professionals should collaborate. This finding suggests that GALs and caseworkers assigned to the same case should identify their responsibilities and establish clear expectations for that particular case. Overall, the findings regarding the importance of clarifying roles, responsibilities, and expectations complement those of other studies of IPC in the child welfare system which found that doing so can prevent misunderstandings (Carnochan et al., 2006) and lead to greater satisfaction with team functioning (Lewandowski & GlenMaye, 2002).

Three components of IPC were endorsed by 50% or less of the participants: Mutual trust, shared responsibility and shared goals. The findings indicate that when GALs and caseworkers are collaborating well, they trust that the information provided by the other—including their assessment and perspective of a situation—is accurate and credible. Similarly, Lalayants (2013) found that establishing a trusting relationship was an important component of IPC in her study of clinical consultation teams in child welfare. Respondents in the present study indicated that having a shared responsibility means that GALs and caseworkers working together have a team mentality where each professional has a role to play and each professional feels responsible for ensuring that case issues and family needs are addressed. While this component has not been identified in prior studies of IPC in child welfare, it is akin to the process of establishing

“collective ownership of goals” in Bronstein’s (2003) model of IPC for social workers. Bronstein describes this component as a “shared responsibility in the entire process of reaching goals, including joint design, definition, development and achievement of goals” (Bronstein, 2003, p.301).

Establishing and working towards shared goals was the least endorsed component and it was not described in detail by participants. This may be surprising given that identifying common or shared goals is frequently considered a component of collaboration in the child welfare system (Lewandowski & GlenMaye, 2002) and non-child welfare contexts (e.g., Abramson & Rosenthal, 1995; Billups, 1987; Gittell, 2011). More participants in this study may not have discussed working towards a shared goal because they viewed it as self-evident. They may believe that GALs and caseworkers are automatically working towards shared goals as they both work in the child welfare system where the overarching goals of child permanency, safety, and well-being are predetermined by federal policy. There is also the possibility that participants in this study’s sample have not considered how, or do not believe that, establishing and working towards shared goals is a component of IPC.

The findings in this study show how IPC is a complex process consisting of distinct yet intertwined components. Communication and information-sharing emerged as a component in and of itself, but it also occurs during other collaborative processes, including joint decision-making and problem-solving; Professionals may share ideas and perspectives when making a joint decision, as well as to get a second opinion or “check” their assessment of a situation; When professions come together to make a decision, they may be forced to resolve conflicting viewpoints regarding what needs to happen on a case; While professionals should respect one another’s expertise, roles and opinions during all interactions, it is particularly important to do so

when attempting to resolve conflicts that may arise. Disentangling these components during the analysis of the data proved to be difficult and time-consuming. There were several times during the analysis where the authors questioned whether two components should be combined or remain separate (e.g., communication/information-sharing and sharing ideas/perspectives, sharing ideas/perspectives and joint decision-making, and remaining respectful and not making it personal). In these instances, the authors focused on the voice of the participants and returned to the interview transcripts to view the coded excerpts in their context to ensure they captured a distinct component of IPC.

### **6.1 Limitations**

The findings from this study have three main limitations. First, the caseworker perspective on how GALs and caseworkers should collaborate is not presented. The purpose of this study, however, was to uncover the GAL perspective on IPC given its absence in the extant literature. In addition, the extant literature currently provides insight into the caseworker perspective on IPC. Second, the transferability of the findings is limited because all participants worked in urban counties in one mountain region state. GALs who work in rural areas or other states may have a different perspective from the GALs in this study's sample. It should be noted, however, that the study was conducted in a state with a state-supervised, county-administered child welfare system which permits variation in policies and practices across counties, and the GALs in the sample represented six counties. Third, the transferability of the findings is limited by the fact that the GALs in the sample were all attorneys who represent the best interests of the child. Non-attorney GALs, and GALs who also represent the child's wishes, may view IPC differently than those in this study's sample.



## 6.2 Implications

Despite these limitations, this study provides insight into how GALs and caseworkers should work together to meet the needs of the children and families they serve. Perhaps most importantly, the findings highlight the need for GALs and caseworkers to learn about each other's roles and responsibilities and set expectations for how they will collaborate. Given that the study only presents the perspective of GALs on what IPC entails, the findings may have more implications for caseworkers who need to know how to collaborate with GALs. The results indicate that GALs would like caseworkers to communicate and share information with them; show respect and appreciation for their role and perspective; involve them when making case decisions; solicit their ideas and perspectives; and share the responsibility for achieving common goals. The findings also identify strategies for how caseworkers can work together with GALs to resolve disagreements and problems on cases when they occur. GALs and caseworkers who work together may also benefit from using the findings from this study as a guide for evaluating the quality of their collaborative relationship to identify and address areas for improvement.

The responsibility for achieving successful IPC between GALs and caseworkers extends to agency administrators. Administrators who oversee GALs and caseworkers must be aware of the components of IPC so that they may implement the structures and procedures that will facilitate it. These may include establishing case-level expectations for communication, information-sharing, and joint decision-making; providing trainings on interprofessional conflict-resolution strategies and developing processes to help GALs and caseworkers resolve disagreements; cross-training on the roles and responsibilities of GALs and caseworkers; and identifying and making GALs and caseworkers aware of their common goals.

The findings of this study also have implications for future research. While GALs are a key player in the child welfare system, they are just one professional tasked with the important work that child welfare teams address on a daily basis. Future research which seeks to identify the main components of IPC in the child welfare system should include other professionals who work with child welfare-involved families (e.g., caseworkers and services providers) in order to refine the components identified in this study. By including multiple types of professionals in the sample, such studies may also shed light on similarities and differences between professionals regarding their expectations for IPC. Identifying divergent perspectives is particularly important as they would likely impede the ability of child welfare professionals to work together. Relatedly, future studies should examine if non-attorney GALs have a similar or different viewpoint of IPC than the GALs who participated in this study, all of whom were attorneys. Additional research is also needed which explores the importance of IPC in the child welfare system. Specifically, future studies should test if the components of IPC that emerged in this study are related to outcomes for professionals (e.g., job satisfaction, self-efficacy, and burnout) and the children they serve (e.g., child safety, permanency, and well-being). Finally, once the critical components of IPC are identified, child welfare scholars should examine factors that facilitate or support them. The findings from the present study indicate these factors may include cross-training on roles and responsibilities, conflict-resolution procedures and trainings, implementing policies that require and set guidelines for IPC, and identifying shared goals.

**Conflict of interest**

The authors have no commercial or associative interest that represents a conflict of interest in connection with the work submitted.

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Table 1.

Example of definitions of IPC in the peer-reviewed literature.

| Definition  | Source                              |
|---|-------------------------------------|
| An interpersonal process through which members of different disciplines contribute to a common product or goal.   | Berg-Weger & Schneider, 1998, p.698 |
| An effective interpersonal process that facilitates the achievement of goals that cannot be reached when individual professionals act on their own.   | Bronstein, 2003, p.299              |
| An interprofessional process for communication and decision making that enables the separate and shared knowledge and skills of care providers to synergistically influence the client/patient care provided. | Way, Jones, & Bushing, 2000, p.3    |
| Two or more people from different professions working together to improve services to consumers.  | Claiborne & Lawson, 2005, p.95      |
| The process by which the expertise of different categories of professionals is shared and coordinated to resolve the problems of clients.   | Abramson & Rosenthal, 1995, p. 14   |

Table 2.

Endorsement of components of IPC across participants ( $n = 12$ ).

|   | Participants who<br>endorsed component<br><i>n</i> (%) |
|---|--|
| Communication and Information-sharing:                  | 12 (100.0)   |
| Timely  | 8 (66.7)   |
| Frequency: As-needed                                    | 7 (58.3)   |
| Frequency: Scheduled/Regularly occurring                | 4 (33.3)   |
| Problem-solving:  | 11 (91.7)  |
| Identify and explore differences                        | 8 (66.7)   |
| Remain respectful                                       | 7 (58.3)   |
| Focus on what is important                              | 6 (50.0)   |
| Agree to disagree                                       | 5 (41.7)   |
| Find common ground                                      | 4 (33.3)   |
| Don't make it personal                                  | 3 (25.0)   |
| Subvert the system                                      | 3 (25.0)   |
| Respect and appreciation                                | 11 (91.7)  |
| Joint decision-making                                   | 10 (83.3)  |
| Clarifying roles, responsibilities, and<br>expectations | 9 (75.0)   |
| Sharing ideas and perspectives                          | 9 (75.0)   |
| Mutual trust  | 6 (50.0)   |
| Shared responsibility                                   | 6 (50.0)   |
| Establishing shared goals                               | 4 (33.3)   |

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1. Communication was the most frequently identified component of IPC.
2. Problem-solving may be particularly important in the GAL-caseworker relationship.
3. Establishing shared goals only endorsed by one-third of participants.
4. GALs and caseworkers may benefit from cross-training on roles and duties

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### **Conflict of interest**

The authors have no commercial or associative interest that represents a conflict of interest in connection with the work submitted.