

Stacy Gehringer ([00:06](#)):

Hello. Welcome everyone. Thank you for tuning into the CASCW Podcast Channel. My name is Stacy Gehringer and I'm the Outreach Director at the Center for Advanced Studies in Child Welfare. We are excited to share our latest podcast series with you. This series is titled Early Development and Child Welfare and features interviews with a variety of professionals in the fields of early childhood and child welfare listeners will enjoy content related to attachment, culture, screening, brain development, infant mental health, and more. Please be sure to subscribe to our channel for future episodes. Thank you for listening and take care.

Tanika Eaves ([00:50](#)):

Good afternoon. My name is Tanika Eaves and I am from Fairfield University in Connecticut and also the Connecticut Association for Infant Mental Health. And I am so happy and excited to be here with Andrea Penick, who is a Central Endorsement, Central Services Coordinator for the Alliance for the Association of Infant Mental Health out in Michigan. And with Cassandra Thomas, who is a medical social worker with St. Joseph St Joe Mercy, Oakland Hospital, in Pontiac, Michigan. And we're going to be talking today about cultural perspectives and child welfare practice, and really doing some thinking together about how we bring who we are into our work in terms of our culture identity, and also our biases. We're also going to reflect on how does our identity and our belief systems sort of impact the relationships we develop with often the vulnerable children and families that we work with.

Tanika Eaves ([01:56](#)):

And what you know, thinking about over the past year with everything that has taken place in our society, in terms of racial and social justice, what is sort of foremost in child welfare practice and perhaps policy you know, in this moment. So I guess I'll start with just a broad question. So you are both have well-experienced, well-versed in infant mental health, and you have mental health skills that support working with babies and young children, as well as their families in order to keep children safe in order to keep their development on track. And you often do this through a social work lens. So what does that look like in your current role, how do you sort of marry the social work with the infant mental health in your practice?

Andrea Penick ([02:52](#)):

Yeah, so I'm currently working for the Alliance for the Advancement of Infant Mental Health, and we're a national organization that, has a credential that many states are using. And my role is supporting the infant mental health associations in different states, and then helping people, infant mental health professionals go through the endorsement process and build their professional development. So in my role, being a social worker hugely impacts it in, I mean, I'm very social justice oriented. That's why I got into the field. And I think the biggest piece I pull from is understanding the systems that impact our society and the individuals in our society. And so I'm doing a little bit more macro work than I used to where I'm really looking at the organizations that are impacting our professionals that are then impacting the families that we're working with.

Tanika Eaves ([03:47](#)):

And my infant mental health lens is used all the time in that, one of the biggest pieces that infant mental health is so relationship based. And in understanding systems, you have to understand the people in the systems you have to develop relationships in that way. And I've been most successful when I bring my relationship lens to my understanding of that work, so that I know that the parallel process of me

working with them is going to pass down to them, working with staff. It's going to pass down to the staff, working with families.

Tanika Eaves ([04:20](#)):

Great. So, I mean, it almost sounds like the way you're describing it, social work in the infant mental health and, and practice, and in theory, it almost fits intuitively that we have this ecosystem and that relationships exist within and drive the ecosystem. And I love how you mentioned the parallel process of sort of how does, how does each system behave or correspond in relationship to one another?

Andrea Penick ([04:52](#)):

Absolutely. And understanding that barriers and stressors that impact an infant is going to be addressed through relationship and same way barriers and stressors that are going to impact an organization or a system or a policy is going to be addressed through the relationships that are interacting with that and those, and the other systems that are interacting with that system. And it may change. You have to look at it from that lens.

Tanika Eaves ([05:21](#)):

Cassandra, we'd love to hear from you. How do you merge those two viewpoints of infant mental health and social work together in your role?

Cassandra Thomas ([05:30](#)):

And so I would say for me, the merger is really just a part of the process, in order to ensure that children will be safe. And when you're working with families and you're working with individuals that you have that skillset and that it's pretty much the basis of the work that you're doing. I know that we look at it as a merger in terms of how we're processing things. But I think that it really has to be just a part of that process. Although I'm doing some work in infant, mental health, lots of history and background in child welfare, it's really just a part of you know, what we're doing and keeping that at the forefront of the work that we're doing and a primary focus when we're engaging with families and individuals that we're working with.

Tanika Eaves ([06:21](#)):

So I love that you said it's sort of part and parcel. I have a funny little ten second story to tell. When I was in my Master's in Social Work program, there was a Infant Child Specialist Certificate Program in the Educational Psychology Department at the university I attended and that program was set up so that graduate students could sort of be in speech therapy or social work or psychology, and then specialize in early childhood. And I will never forget going to my team for, for permission to, you know, to do this. And she asked, well, what do you, what do babies have to do with social work? And so it makes me sort of think about what both Andrea and Cassandra you're saying about, infants live in systems, and if bad things are happening to grown ups, that's probably affecting the babies. So you, you know, it's almost like it's hard to think to not think about early life experience in a social work context,

Cassandra Thomas ([07:22](#)):

It's the foundation and the basis for their being, it really is the start and the foundation and how healthy those relationships are. And how supported that development is really has a major, it had everything to do with social work and how those infants will have a healthy upbringing and development.

Tanika Eaves ([07:47](#)):

So now what led you both to pursue this kind of work and to combine these two areas of expertise? What inspired you?

Andrea Penick ([07:57](#)):

I'm just a social worker for life. It's like aligns with me to my core. And I found infant mental health really early in my career. And I think sunk into it for a couple of reasons. You know, everything we just talked about that the baby is supported by systems around it. At the bare minimum infant mental health is dyadic work and the impact of that I've found to be amazing and effective. And it's so important for me to be effective in my work. There's no individual therapy in infant mental health, but in a lot of other systems, there is the expectation that change comes from within, or is totally individually based. And, and selfishly, I really like to work in an environment where it's understood that it's dyadic work at the minimum. It's understood that I'm not going to have to face an individual or a family or an infant, and expect them to change on their own.

Andrea Penick ([09:00](#)):

I have multiple dyads and multiple systems that we can all work together. It feels way more like teamwork and way more centered around the family, which was really important for me in starting my career. And then the other piece that I really leaned on hard early on was that the parent is the expert in infant, mental health, us, like, you know, right out of grad school. I've heard people say like fake it till you make it, like get in there. And I like felt so uncomfortable with that. And so leaning on instead the fact that I am a guest in this home, and I'm a learner still, and I don't want to deny that I'm learning. And I want to look to the experts around me and then incremental. I mean, just aligns perfectly. Like I never want to stop seeing the parent as an expert.

Andrea Penick ([09:50](#)):

I transitioned really quickly into understand like a reverse hierarchy sort of thing where my sole purpose is to serve this family. And so supporting from beneath and supporting from an understanding that they've given me is how I've been able to do that effectively. And I've never had to fake it. I've never had to like pretend to be somebody I'm not or pretend to know things that I don't know. We can learn together. We can grow together and I can support this dyad through what already exists already has been existing for them for their whole life. And I'm newly learning it.

Tanika Eaves ([10:26](#)):

Wow. You just, you said that with such sort of this humility and authenticity of entering a relationship yeah. Yes. With families and, and recognizing, right, that we're not experts going in to tell people what to do. Maybe perhaps our role is more facilitative and that the parent or the family really holds then information and the solutions. I also think it's really important. What you pointed out about this idea of this is dyadic work. It's never, we're never really talking about one-on-one individual alliance. And that oftentimes in my experience in infant mental health work, it isn't just the child and parent, but it's perhaps if there's a family that, where it could be the baby mom, grandma, or mom, dad, baby, you know, extended family. And so really the family becomes a unit of, care in that way. Cassandra, what are your thoughts?

Cassandra Thomas ([11:29](#)):

And so I would say, I mean, she said it's so very, very well, very, very well said. And I definitely agree with a lot of what she says, but in working in this field, you begin to quickly, I think understand and appreciate the vulnerability of the young population that you're working with. And for me, it's that they just deserve that chance at success and we can support the families and we can support the communities and enhance those, all the parts that make up the foundation for this particular infant, as they began to grow and learn things, then we can definitely, Impark on them. Something that's going to be beneficial for them as they continue to grow. I love and echo what she says about the parents and individuals in the lives, being an expert. I too had to learn that early in my career.

Cassandra Thomas ([12:23](#)):

You spend a lot of time learning and thinking of yourself as the specialist or the expert in these fields. But you quickly learn as you're doing this nature of the work that there's so much for you to learn from the families that you're serving and the individuals that you're working with and that they are the experts in their home, they have learned to manage and maneuver, and really get things done and make things happen in their home. And my role is often I try to look at, but I'm not coming in to change that, but maybe enhance what's already there helping to learn from them about them so that I can provide resources and knowledge and suggestions that they, that can enhance and grow their family. So it very similar to what she said. I've always been a social worker at heart. I've always loved the idea of assisting mentoring and coaching individuals, um, because it in fact helps mentor coach and help myself. And that when you love that idea of what you're trying to do, it becomes very easy to continue in this field and do this challenging work.

Tanika Eaves ([13:32](#)):

I just love what you said about that this isn't just about the family's growth and development, but your own that this idea that I'm not sure we explore or talk about enough that we learn from our families, our families impact us. Right. And have meaning for us too, as professionals, but as people. And that's so important.

Andrea Penick ([13:57](#)):

And our culture at large, like American culture is the opposite of that. Like we go to school to be experts and like, we value letters after our names. And like, we have to present ourselves as competent or else somebody will like chew us up for not knowing. And so it's, there's that social push and drive to enter the field as a young professional, as somebody who knows things, who's learned things and can offer it, but changing that cultural norm and like sinking into that, which infant mental health, like if you're in a mental community, ideally it nurtures that opposite idea that you don't have to come with that sort of energy. You don't have to bring that standard. And it, and it's not really valuable in that space.

Cassandra Thomas ([14:47](#)):

Definitely not valuable when a family is able, see themselves as a part of the solution and having some value in bringing some work to the table about what's going to work for themselves and their family. Um, it just becomes, I've just seen better outcomes. I've seen it be more sustainable. I've seen it be, they're excited. And then now they've become the catalyst to a part of that change. And now they're embarking that on other family members, others in the community, because they now have been empowered to say, you know what, I have something to offer. I have some, and I've obviously learned some things. And so that's always a good thing when you can see that in families that you're working with,

Tanika Eaves ([15:30](#)):

Cassandra, you just, you basically illustrated for us that the ethical value in social work of self-determination and, and what that looks like that we're not saving people which is, which is so important.

Cassandra Thomas ([15:47](#)):

And I think that's where we talk about self-assessment that we kind of talked about a little bit earlier, or that readjustment, that need to remind myself as a professional. I've had to remind myself of that. When that is your focus to save and to correct you really are off task and you don't get the outcomes that you would hope for for those individuals. So I am not without flaw in that area and have had to remind and reassess myself as well.

Tanika Eaves ([16:18](#)):

I think in my supervisor experience too, I mean, and I, to Andrea, to your point, you're right. So much of the paradigm that we are all educated and trained in whatever field we're in is all about knowing and doing. And then you come into infant mental health, and what we hear, if we want to be more thoughtful, reflective practitioners, as we have to learn to tolerate not knowing sometimes. And that sometimes we can't do, we have to be, or we have to listen and we have to watch, and I've seen people sort of have to sit on their hands, you know, to, to, to say, I feel like I need to do something here, but, um, but, but is that really going to meet the need of the family or is it my need and what will it serve it, you know, and that decision to act versus observe or versus listening, or, so it

Cassandra Thomas ([17:11](#)):

Whose need are we meeting

Tanika Eaves ([17:12](#)):

It's a constant dance, I think. Yeah. So I'm going to shift the focus a teeny bit and really think more about what is, what does culture mean with regards to the issues that we've been talking about. And what does it mean to take on a cultural perspective in our practice and why does it matter? And what does, who we are, I call it a social location, but in terms of our race, ethnicity, background, religion, you know, where we are in the social totem pole, is that important in our work? And if so, why? So I don't know who wants to go first?

Andrea Penick ([17:54](#)):

I can, I have a story though, so I hope we have time, but, so I think about this a lot. And I recently was at a training and like a unbiassing training, which is like my least favorite type of trainings, but important. And it was a leadership group. And towards the end of it, people could kind of come to this, like, understanding that like, gosh, a really big barrier for them was that they could not reconcile that like their ancestors or their lineage, or like the people before them in their family were racist or were perpetuating systems of oppression, or were very closely in hand with some of the atrocities that we culturally now see as like, you know, atrocities. And I just left thinking so much about how that idea in your mind that you're immune to bias or that, that the people before you were so good.

Andrea Penick ([19:04](#)):

We're to the standards of where we're at now, even. Like you like the belief of superiority in who you are and that, and that you are different is so ingrained in some cultures and in some, in some ways that we interact in the world. And I think about that, that lens coming into a home of like, and you, and it plays out all the time and it, and it aligns with that same idea that, you know, we strive to, to show ourselves off and to like, show that we're experts. And so you go into the home with this understanding that, like, I know, I know better, I do better. I'd be a better parent. And I trust in that because not just me, the people before me were, my mother was my grandmother was this amazing person. And so I think about that a lot in how culture plays out in the families that we work with.

Andrea Penick ([20:01](#)):

And just if the struggle is on that level, if the inability to reconcile that bias is normal, that the people of our past would never be at the state we've made progress in something. So they would never have behaved in a way that we would find socially acceptable across the board now. And that even in these moments now that we are perpetuating ourselves systems of oppression every single day in many different ways, and being able to, to really find comfort in the fact that you're not superior, you're not better than, and it takes a lot of work and a lot of understanding, and there's many variables that fall into that cultural standard, but, and then with the history of racial division. So, so then you also have a history of, of being told that you're also better than because you're white or you're also better than because, you know, you were born in America and so it plays out in home. It, it has to, it is, we know it is.

Tanika Eaves ([21:09](#)):

Wow. That's a lot to unpack. I mean, yes. And I, you know, and I, this, I think too, when we're discussing bias, you know, then objectivity comes into it and I've heard many people say, well, I have no biases. I have to be completely objective as a social worker or as a practitioner because, you know, that's what we're told. But, and I don't know. So there's this, um, I don't know if you guys are into YouTube, there's like the divided states of the United or the divided states of America. And it's this really funny journalist sort of, I think she should moonlight as a comedian, but she interviews a psychologist and they're talking about implicit bias. And this woman basically says, if you have a brain, you have bias. So now that we've gotten that out of the way, you know, let's like, it's okay. You have bias and it's called being human. And so let let's think about how we can stay in touch with that and stay in conversation with that and consider alternative perspectives. So like this permission almost yeah,

Cassandra Thomas ([22:15](#)):

I was going to say, I think that's, what's important. I think that acknowledging that it's okay, it's not wrong that you have biases. It's a part of who you are. It's a part of your being, but it's what you do with that and how you work to keep them in check and making sure that you're you know, being intentional in your approach to, to not employ them or impact them, on those that you're working with or those that you're in relationship with or whatever is going on. And it's such an important for me, an important part of the work, um, that we do, or specifically the work that I do. When your workings specifically in the lower social economical class, like you have to be able and willing to acknowledge any bias that you have and then work to remove them and empower and employ individuals.

Cassandra Thomas ([23:12](#)):

I just think that families are going to respect you more. They're going to engage with you more, and that's where you really are able to do that work. I work in the child welfare field, and I've been in this

field for 22 years. And we've been talking about, the disproportionality of people of color in the system, but we've been talking about it for 22 years. And I just said to someone the other day that we've been talking about this for awhile. It rolls around every so often, and we're talking about, but what are we going to in our, an intentional approach to do something about that, to acknowledge it as one thing. And I think that it's great because you can't do anything until you acknowledge it. But at some point we have to shift that from acknowledgement to application, we have to be doing something affective, you know, training awareness to know why is it the numbers are staggering when you really look at that.

Tanika Eaves ([24:13](#)):

Andrea, you, I mean, you, something you said that was particularly, it struck me, what was this idea. And this is sort of going back to who am I on the social totem pole and, and, and how do, how do I bring that into the space of like, so parenting, who gets to decide what makes a good parent or what makes a good intact family? And you said something about this idea of, well, if my mom was great and my grandmother was great, and this is how they did it, then this must be how it is. And, you know, I think too with babies, I don't know any people who don't have strong opinions about what's best for babies, you know, how they should be handled right. Or not handled. Um, and so I think that's also, you people you're very strong opinions and feelings about that often grounded in our own experiences and how we were parented and how much culture, race, economic status plays a role in that.

Andrea Penick ([25:17](#)):

Yeah. Cassandra, you had me thinking when you were talking about just the value of digging into your own bias and the value of the impact on the family, just thinking about like culturally to have a shift where there's no expert, you don't arrive your best self. And there is so much more benefit in experiencing the journey and experiencing the change. And I think oftentimes we want to be done. We want to be done with DEI work. We want to have like finished racism. We want to have a finished, you know, abuse and neglect. We want it to be gone and we'll never like with change and growth in society, we will, we will never not be changing. We are always going to be adapting and learning and growing and so on somehow a shift in values where we can really hold that standard up of like it, I see no value when you arriving thinking that you're an expert, I see a lot of value in you arriving open for change and growth. And, and a lot of that is looking at bias.

Tanika Eaves ([26:24](#)):

That's a great, that's actually a great segue into the next question, which has to do with sort of, if, either of you have had some personal experiences you'd like to share where in one instance, perhaps there was alignment between the families background, social location and your own. And then when, where maybe a situation where there was not and what you learned from those experiences,

Cassandra Thomas ([26:51](#)):

I can start with, with sharing one in particular, a recollection that I have of when it was not that when that misalignment was present. So I'm serving as a, at this time I was working in the capacity of a foster home licensing specialist. So I was assessing homes throughout the Tri-County area in Michigan that had an interest in becoming licensed foster parents to care for children. When we talk about the disproportionality of children in care and unfortunately children of color find themselves more frequently and our foster care or child welfare systems. And so I'm assessing foster homes throughout the various communities. And consistently what I was hearing was that the families were willing to accept all types of children, any male or female, but the exception came when it came to race. And they

would indicate that they would take any child in their home except maybe children of color, not maybe except children of color.

Cassandra Thomas ([27:50](#)):

And I can recall as a, I would say probably young person in my career and in my professional career, that just being very difficult for me to hear it was striking me in a manner in which, I was probably making lots of biases. I'm being biased about some things, thinking about things in a very negative way. And really I'll be honest. I was just struggling with understanding why, how, why would that be the case? How could you accept any challenge to your home with the exception of children of color, but once I began to reshift and reassess put whatever thoughts and feelings, and I'll be honest, even just personal hurt because they were talking about individuals that looked like me when I was able to put that to the side and really have some quality conversations with other professionals, participate in some trainings.

Cassandra Thomas ([28:45](#)):

I was able to enhance my understanding of maybe even if the family didn't know why they were making these decisions, potentially what that meant for, children of color that were not necessarily being placed there. That may be although I was looking at it negatively, the families were doing some self-assessment of their own to determine what's not just their household was like, but maybe even their community and whether that would be welcoming and what kind of impact that would have on children that were already experiencing trauma. If they came into a community or a neighborhood where they maybe weren't seen as a value or supported. And so after having these experiences in these discussions, I was able to shift my own thinking and not necessarily seeing it from a negative point of view, but being more complimentary of individuals that were able to self-assess and acknowledge that, but really even having some discussion, am I here to say that everybody really thought of it that deeply, that I can't say, and I don't know, but I think as being a part of a catalyst for change, I've been able to assess it myself in that manner and then taking that experience and making it a part of my training, and engagement with other individuals that my peers, other individuals that I later supervise.

Cassandra Thomas ([30:00](#)):

And I think that that's a part of where we begin to be comfortable having some of those conversations about culture, race, and what impact it's having on our daily lives. That was the, I mean, the very basic conversation that was just so profound for me as a professional. And I think it set the foundation for my, um, willingness to be always open to having those conversations and trying to, to self-assess and learn some things and seeing what I can gather from that, how I could potentially not jump into help, but enhance those situations. So I was very, this obviously, like I said, was a situation where it wasn't aligned. But I felt that the conclusion of that, I found myself in a much better situation and was able to use my experience and, that to mentor and coach and work with some others.

Tanika Eaves ([30:54](#)):

So it sounds like in that situation, what you did was quite extraordinary because you were able to sort of take on or try on these alternative perspectives, even though they were probably hurtful and upsetting and disturbing to you, which so I taught, so I, yes, on the one hand, so as, probably better than a child of color is not on a home where someone specifically says, I don't want, but I'm just what you said. So you said any other child, but a child of color. Well, what does that really mean? And that's not unique to Michigan, that is pervasive throughout this country, throughout this system in child welfare. So then it leads, so it leads to questions of, so, so these are individual families saying this, but individuals make up



institutions and societies. And so, right. What is, what are the, what are the ramifications? And then, and then if children of color are disproportionately represented and then they are more likely to have to be unwanted in placement. So that's, yeah, it's fascinating, but also really remarkable how you turned it around,

Cassandra Thomas ([32:17](#)):

Because I had to, I mean, I think that this is where I'm training individuals and I'm discussing with individuals. If you're going to do this type of work, you're going to be faced with a constant reminder of issues surrounding diversity and culture and race and disproportionality. And it definitely wasn't, I'm because I've gotten some feedback from some individuals, well, this is just an excuse that you try to put on it so that it doesn't feel bad, but I truly believe I know that there were some individuals that I work with that they just had an awareness for their community. They had an awareness for, I'm always tell individuals that children are not, not just foster children, but children themselves are not just raised inside of your households. You're going to family functions. You're going to the local store, you're outside, engaging in your community.

Cassandra Thomas ([33:05](#)):

And, that's a part of their upbringing. And if you're not comfortable with the further challenge comes with that is what do you do about that when your home, your environment or your community isn't supportive of others? You know, but that's a personal decision for individuals to make, but, I can respect and appreciate the fact that if you're aware of that, that you don't want to cause future or additional trauma to, um, individuals that are in have already been unfortunately removed from their home and are experiencing that, you know, the trauma that they are. So it's quite, it can become quite heavy. But this is where I think we have to be armed with that education, that experience, that patience and that willingness to continue to readjust, to shift and learn. Yeah.

Tanika Eaves ([33:59](#)):

Wow. Andrea, what are your thoughts?

Andrea Penick ([34:02](#)):

Gosh, I think with cultural alignment, I think one of the biggest things, and not to, I don't want this to sound trivial at all, is like a hope for families like to hope that they're going to be heard and seen. And it sounds so simple, but it's historically not happened. And I mean, it's the ultimate gas light to enter into someone's home, offering help and to not be able to hear or see them. Like it makes me sick to think about it in that way, just like the basic hasn't been done and doesn't get done. And so I think a lot of my work has been in with families. It's like a translator, and I'm not talking about language, but like people, when you have hold your own values and you're holding someone else up to that standard, you're missing all other strengths.

Andrea Penick ([34:55](#)):

And so helping people understand, like, what is, what does this family value and where are their strengths landing and what are we seeing that's going really well. And it impacts whether their kids are going to get removed. It impacts whether their kids are going to get returned. It impacts how the judge sees them. If I'm able to speak at a court hearing and it's for a family to be able to have that advocacy, I think strengthens them. Like you can feel like the empowerment, because especially if they historically haven't had it, you can see the comfort, it changes our dynamics and our relationships when we can sink

in. And, and when I, when they know I see their strengths, when they know, I see that they want to take care of their kid, because everybody wants to take care of their kid. Then they can talk about the areas where they struggle.

Andrea Penick (35:50):

They can talk about the areas where they're vulnerable. But if that level of hearing and seeing hasn't been met, why would they expose that? Why would they welcome you in their home? So I think that's the biggest piece with alignment that has stood out to me. And then misalignment, the biggest learning piece for me was moving from Chicago to Michigan. I encountered a trailer parks for the first time and was horrified, like never had experienced it, lot of stereotypes in my head about what to expect and even like a year into going to them consistently, still not for me. And I, I think about the drive that I had in, when I got a family that lived in a trailer home. And if I'm dreading it, why would like sit? Like why would they welcome me into their home? Like what, what are they feeling then?

Andrea Penick (36:47):

And it led oftentimes to like, if a family canceled, it was like a win for me because I was dysregulated because I was uncomfortable because I didn't want to be there. And so then, like, I can just think of the infinite ways that that plays out in. Did I, did I do a follow-up call? Did I do a drive by, did I do the same efforts that I would with another family? Yeah. So I took, I mean, I did a lot of work of looking inwards in myself and trying to figure out what, what I was bringing in, what stereotypes I was bringing to these relationships that were impacting dyads and babies. And my sole purpose is to serve them. And I, and here I was not able to do that. And I think a big piece of learned a lot of things. I learned a lot about my own body regulation, and I learned how to, I learned like practical, real skills and how to be aware of what's happening in my body.

Andrea Penick (37:45):

If my heart rates up, if I'm fidgety, if I'm ready to go earlier. And I learned skills on how to manage that. But then I also learned a lot about fear and what that does to people. And so thinking about if your bias is racial and you are scared of Black people, your instinct is to pull back, your instinct is to avoid all of that physical reaction that you're having. So I think of my experience opened me up to really understanding cultural bias a little bit better. Cause I have anger towards it. I have frustrations towards how it impacts our communities. And, my experience of it definitely helped me think through what's happening for me is very likely what's happening for somebody else. And, and it's not just trailer park. It's not just Black families. It's so many ways in which we become reactive in a situation because of what we're, what we're bringing to that space.

Tanika Eaves (38:49):

And we all have our own triggers, right? Like there's like, there's all, there's something that impacts everyone. And I mean, I think especially in this line of work and if you're going into different communities and people's homes, there's always, you know, for me it was cockroaches. There's always some sort of like, oh my God, I can't, you know, and you're right. And how do you, how do you not let that get in the way of seeing the family.

Cassandra Thomas (39:15):

the work that needs to be done

Tanika Eaves ([39:17](#)):

Right. And having the family be seen and known and valued. And it is very intentional attentive, internal work that we have to do. And that's not easy. It's, it's much more difficult I think, than people realize.

Andrea Penick ([39:35](#)):

And it's not quick and it's not done. Like I still, I'm not like on the whole about going to trailer parks now because I've done all this internal work. Like I still have feelings, I just work really hard to navigate them and work really hard to understand how it may be impacting the relationship then.

Cassandra Thomas ([39:55](#)):

But I think that's that application that we were talking about, that it, you know, it's there, you've learned some things. And so now you're intentionally making the, the, you know, the plan to address those so that, you know, I'm acknowledging it's there. I can't do anything about that, but I want to keep trying and keep working on improving that so that I, it, my I'm not showing any bias or I'm not, I'm just comfortable enough to, to assist and work with that family. And the other part about that is that when we are working and doing this kind of work and we're having that discomfort and thinking that it's not visible and that individuals aren't aware of it.

Tanika Eaves ([40:41](#)):

Well families are always more perceptive than we assume, aren't they? Oh, you know, that that's, I think that's more our blind spot than the you know, the families are, they know, they know when you want to be there. They know, you know what your intentions are. I think on some level. And so I we've talked a lot sort of about application. And so if someone were listening to this, I mean, what are some things, maybe more concretely that practitioners can do, to successfully engage with families with all families, but particularly with families from backgrounds that are different from their own. And should they be acknowledging that? I mean, I hear a lot of what I've heard throughout my career was sort of that, that perhaps the background of the family is irrelevant or that it's irrelevant that we're of different backgrounds because a good practitioner can work with anyone. So what's the counter argument to that?

Andrea Penick ([41:49](#)):

Irrelevant,

Tanika Eaves ([41:50](#)):

Or is that true?

Andrea Penick ([41:51](#)):

I was going to say irrelevant to who cause it's not about me. It's not about the work that I'm doing is for this family and supporting them. So if I'm dismissing it as irrelevant, I'm guessing I'm dismissing it. And trying to say that it doesn't matter for me, I'm going to serve them well. But is that true for the parent? Is their experience different in what they're perceiving is happening? And what's important in this relationship, what I'm perceiving is happening or what they are, maybe a mixture. But I think, you know, there's a humility that comes with this work in challenging ourselves to not be perfect human beings to not be experts. And that's the space where growth comes is when we can really pause and sink into like the many, many variables that we're already juggling as, especially home visiting or child welfare

workers. Like we are juggling so many dynamics and being able to slow down enough to be able to look at that extra dynamic, which is yourself and being able to be in an environment that supports you to do that, that recognizes that that has to happen in order for you to be successful in that not doing it just isn't acceptable either.

Tanika Eaves ([43:14](#)):

So it sounds like you're talking also about supervision at yeah. Yeah. That well, and, and which we know is not for some, that's a luxury that, you know, it, we, it is not as much as we, and with an infant mental health or are promoting and talking a lot about supervision and what does it look like and what constitutes good supervision? Um, that's not, I worked with many people in child welfare where supervision was a luxury.

Andrea Penick ([43:46](#)):

Absolutely and supervisors are just as vulnerable to their own bias and to their discomforts and talking to clinicians about race. And so there's, it's, it's that parallel process layers and layers of support. Having the system built into this process to support people, to be successful in talking about race, addressing their own bias, serving families appropriately.

Cassandra Thomas ([44:15](#)):

And I would say for me, some of the things that seems quite so simple that can be done. It's really just, I think for me, I always say this being honest, if this is, if this is a challenge for you, if you find yourself being very honest with yourself about your inabilities or the challenges that presents for you to work with certain cultures or to work with women, or to work with individuals that are transgender, then choose not to do that work. Be honest. And I know this is where some employers have to be open to respecting that honesty and allowing individuals to say, you know what? I don't know that I'm the best fit for this particular family or this particular culture. But being honest about that, I mean, obviously there's other work that has to be done in terms of your, if you're going to remain in the profession and how you, address that.

Cassandra Thomas ([45:15](#)):

But if you're not, it will definitely have some impact on how you're servicing that family, the work that you're doing, you, you remove your ability to be effective. And so now you're working with a vulnerable family or individuals that have not received the help service or support that they, that they need. And I go back to, and they know it, they, they are able to sense feel and know when it's not there. So religious being honest about that and respecting how important you, you talked about how they're saying it doesn't matter. Like she said, it doesn't matter to who it does matter. And so being aware of that and knowing that, acknowledging that of how important that is. You can't say that racism is important. You can't say that the sex isn't important. You can't say that if I have a disability, then all that's not important. I just see you for who well that's who, that's a part of who I am.

Tanika Eaves ([46:18](#)):

Yes, it goes back to the social work value of how does who we are, in this context in the society, community, family will live in; how does that shape our lived experience and how we look physically and our gender and the range of our physical abilities and the amount of skin pigmentation, all of those things matter because we live in a society that has made it matter. So we can't ignore it and pretend that it doesn't.

Andrea Penick ([46:49](#)):

I appreciate cause there's your comment so much about, um, the honesty and I, you know, doing DEI work on a macro level, and just thinking about, you know, we're, we're moving towards shifts in paradigms shifts in values shifts in, especially as we have more diverse representation in the positions to make changes and to make, and to set the values. And as that shifts, you know, being able to do the amount that our culture protects, white fragility is astounding. And as we shift our values, understanding that your bias work is you doing your job, your ability to engage families and to like assess what's happening. If you're struggling with that is the job. And at some point, if you can't do the job, like there can't be a space for that. And we're not there yet, like in the end. And I'm not saying that people there there's a learning and growth, and that is hugely a part of the work, but there also has to be a paradigm shift in what's the expectations and what's tolerated. And at what, what at one point at some point is not acceptable, we would never say like a doctor can just like not see black people, like, that'd be insane, or like a dentist.

Tanika Eaves ([48:22](#)):

Well, that's only been true. So that's

Cassandra Thomas ([48:29](#)):

Well, you can just, you can't say it, but that doesn't mean you can't do it. Yeah.

Tanika Eaves ([48:33](#)):

Well, and 50 years ago you could say it. Or 60 years ago I'm dating myself, but yeah, you that was the law and it was perfectly acceptable.

Andrea Penick ([48:42](#)):

And maybe a better example is like, you can't, you could never say that a dentist can, I don't floss the teeth though. Like I'll polish them but I won't floss them. No, it's all part of the cleaning. It's all apart of the job.

Tanika Eaves ([48:54](#)):

Right, right. Wow. That's, that's a great metaphor.

Cassandra Thomas ([49:02](#)):

or analogy.

Tanika Eaves ([49:02](#)):

That's a great analogy that you're right. You can't, we can't, piecemeal.

Cassandra Thomas ([49:07](#)):

Oh, I'm just going to clean them. We won't floss them.

Tanika Eaves ([49:09](#)):

Right. Right.

Cassandra Thomas ([49:11](#)):

The interesting part about that analogy is that it all works together though. So if you just do one part of that and say, I'm going to clean, but not floss, then you're not being effective. So when you think about this analogy, when you want to take bits and pieces of what you're going to do, it's all a part of the processes, all the part of the plan.

Tanika Eaves ([49:31](#)):

So I'd like us, the three of us to take a minute and think about it. You know, it's been quite a year, this is, this is June. So I mean, if I think back to where I was sort of emotionally and in my own head last June, it was not a happy place. And particularly with regards to racial and social justice. And so, you know, what are the two of you think in terms of, you know, as this connects to child welfare, what are the biggest needs or issues right now? And, and do you have any hope moving forward mean, you know, what feels like it should be at the forefront in terms of thinking about race and its implications for vulnerable children and families?

Cassandra Thomas ([50:20](#)):

For me, I can start is I think that we have to, again, I said this before, we've been talking this proportionality, but we have to do something. We have to be willing to really take a dive and look at why is it that if you are male, if you're African-American, if you live at a certain area that you have a extremely higher probability of experiencing trauma being in foster care or being removed from your home or whatever the, the, the statistic of this week is, and that's, that's not by happen chance. There are some things that are in place. There are some biases that are there that have to do with our assessments, our, the way we view individuals, what we're determining as abuse or neglect in one community or area that may not necessarily be viewed as abuse and neglect and the other area.

Cassandra Thomas ([51:20](#)):

So for me, that's a very urgent, a very urgent need, and we're not just talking obviously race. There is a certain class of people that will find themselves involved in this system more frequently. Ae just have to deal with that. We have to train our professionals better, but it's just not those that are on the frontline doing the work in terms of the social workers and our court involvement. There are so many factors that sometimes even when you're trying to provide a chance, because you're saying, you know what, this may just be a part of the cultural workup. Even our policy, some of our policy says that you're mandated to take certain action when ABC or D is present. And I often question that sometimes I find myself asking, do we really believe in change? Do we really believe in rehabilitation? Do we really believe that those things can occur? And so for me, that's where I would say there's an urgent need to address some of those issues as it relates to child welfare, the work that we're doing and race and our race relations.

Tanika Eaves ([52:32](#)):

It sounds like to some extent you're asking questions about, in what ways might be, we be reproducing mechanisms of oppression in child welfare or in this field, right. And you know, who develops the screenings to assess for risk and based on what frame of reference or what template who, you know, in terms of you mentioned court decisions, which I know. And I mean, there's, there's been a lot of dialogue about this, not so much around the, the racial inequities, but, but around the fact that most judges don't know squat about child development or parent infant attachment, or, you know, so, and they're the ones, I mean, you know, everybody thinks the perception is sort of, oh, it's the child welfare worker who decides no, it's a judge who often doesn't know anything about, you know, the things that

they should be know about to make these life altering decisions. Um, so, so Andrea, what about you? What, what do you think

Andrea Penick ([53:35](#)):

I'm going to say this, but I just want to, I don't, I don't want it to sound unhelpful. Cause I do think that everything that Cassandra just talked about fits into this exactly. But a full deconstruction of the child welfare system is what has to happen like absolute dismantling and rebuilding. And it sounds far-fetched, and I know people get a little worked up about ideas like that. It can happen and it already is happening in other sectors. Like there are people who are doing work to dismantle white supremacy, there's people doing work around racist policy, racist procedures. There are people who are already putting in research into like, who is writing the assessments, who was the, who was the study done on when we determined these measures? So it's already flowing in place, but like really intentionally understanding that what we are doing is deconstructing white supremacy on purpose because it's problematic because it's negatively impacting all of us.

Andrea Penick ([54:36](#)):

And I think there's also a shift is a mentality shift that has to take place as well. In that, I mean, many mentality shifts like we already talked about a lot of the value shifts that like need to fall in line in order to like have results. But also shift around there's an ill belief in our society that we include diversity because we want to help the brown people who haven't had a chance. And that's like the most bottom line reason for inclusion. And like including diversity, diversity will positively impact everybody. Every layer of society benefits from improved, new thinking, change, growth. And we will not have it if we have the same people making the same decisions. And so really shifting our understanding of the importance of that, like as a White professional understanding that you benefit, you will be better at your job and you will be working in a better functioning system once we bring in diverse ideas,

Cassandra Thomas ([55:48](#)):

But you have to believe that.

Tanika Eaves ([55:49](#)):

Right.

Andrea Penick ([55:51](#)):

That's the shift.

Tanika Eaves ([55:52](#)):

It's a huge, it's a huge change. And it, and it deconstructs everything people thought they know about or knew about who they were and the power they have. And, and so it's, it, it is, it's a big shift that I saw. I don't know if either of you are familiar with this term. I, um, so I I'm, I'm in higher education and there's been a lot of talk about diversity equity inclusion, and there's a group with the new England, um, Association of the Higher Board of Ed. They're talking about re re parative justice because the idea is that diversity equity inclusion sort of, like you said, Andrea, is that's one point of view about, okay, well, I guess we have to bring these people in now and include them. Which, and so 20 years ago it was tolerance. I guess we have to tolerate these people.

Tanika Eaves ([56:43](#)):

And that, you know, that just speaks volumes about the thinking behind that. Um, and so reparative justice is really more, the, the ideas are sort of restoration, nourishment and support. So it's like this acknowledgement of harm, this investment of resources, and in a way that encourages growth for everyone, you know, demographically in less than 20 years, half of the U S population will be people of color. Um, and I guess, you know, I do some work in maternal infant mortality, um, racial disparities, and it's just, how can we even begin to talk about being competitive internationally, or as a country? How can we be the greatest place in the world, if almost like half of our population, the children and mothers are three to four times more likely to die than what you know. And that's just an example, like how so you're right back to your point of this is for everybody, because what has gone on up to this point is not sustainable. It's not sustainable. Um, and it hasn't, it's done a lot of damage to everybody.

Andrea Penick ([57:52](#)):

Yeah. It's, and it's, it's not sustainable and it's not that great. Like we know we have the evidence that it's not.

Cassandra Thomas ([57:58](#)):

So do we want to sustain it?

Tanika Eaves ([58:01](#)):

No, we don't. That depends on who you are. It depends on who you are any, any final thoughts from either of you? This has been an incredible conversation.

Cassandra Thomas ([58:15](#)):

I'm thankful. I'm just going to say, I'm just thankful to, you know, that there is space and opportunity to have these types of discussions, and for University of Minnesota and others that are involved to just make sure that it's remaining in the forefront as a part of the discussion for improvement. So I'm just thankful for that.

Tanika Eaves ([58:40](#)):

Yeah, I would agree. I think this is amazing work. That's being done by CEED. Um, and I feel like it's a model for the rest of the country. Andrea, were you gonna say something?

Andrea Penick ([58:51](#)):

Yeah, I fully agree. Just having spaces like this, having content that is given to professionals, that really is, is just about this, because you can't do the work without this. Like, it is so intertwined and it should be intertwined in every facet of our society. And so maybe social work is paving some paths for that, but, um, it's so important.

Tanika Eaves ([59:18](#)):

Well, thanks. Many, many thanks to the both of you. So many, thanks again to Andrea Penick, who is the Endorsement Central Services coordinator for the Alliance for the Advancement of Infant Mental Health, and many thanks to Cassandra Thomas, who is a medical social worker at St. Joe Mercy, Oakland Hospital in Pontiac, Michigan.



Stacy Gehringer ([59:41](#)):

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