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ORIGINAL PAPER

Analysis of Social Work with Families in the Chilean Child Protection System: Difficulties and Challenges for the Consolidation of the Clinical Approach

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Abstract
One of the fields of social work where the clinical approach is highly relevant is family intervention. In the case of Chile, such intervention mainly occurs in programs for prevention, repair, and protection of children and their families. However, while family support programs have been extensively studied in Anglo-Saxon countries, yielding valuable information that has allowed for the adaptation of intervention models and the improvement of services provided, studies in this area and linked to the protection system are scarce in Chile. This qualitative longitudinal research aims to analyze the practice with families carried out by social workers to assess the extent to which the clinical approach is deployed within such practice and what would be required to advance in greater legitimacy. For eleven months, six dyads formed by a social worker and a family caregiver were followed. Data were collected both at the documentary level, with an in-depth analysis of the reports issued to courts, and at the level of empirical collection through observation, in-depth interviews, discussion groups, and session-to-session interviews. Finally, a thematic analysis was conducted. The results show that the clinical approach of social work in Chile is present in practice, but further training is required to advance its consolidation and legitimacy. It is observed that interventions that reach a higher level of reflexivity are those that would facilitate greater subjective change than those of an exclusively socio-educational nature. This could impact the relevance of Clinical Social Work in the field of child protection. Then, challenges for training and the relevance of a relational-collaborative, contextual-anti-oppressive, and feminist perspective are discussed to facilitate new paths of transformation where families are considered experts in their own lives.

Keywords Child protection system · Clinical social work · Families · Longitudinal study · Relational approach

Introduction

The Clinical Approach and Social Work

The clinical approach is understood not as an exclusive field of one profession, but as an approach that various disciplines have incorporated. In the case of the social sciences, the use of the clinical approach refers to working with unique cases, which not only pertains to individuals but also to groups, organizations, events, particular social situations that are considered from their specificity (Sevigny in Taracena, 2010). The clinical approach is thus understood as an epistemological stance that allows one to know the other, put oneself in their place, and at the same time observe what happens to oneself in that intersubjective space, or listen to oneself from the resonances with the other, sustaining the incoherences, contradictions, and opacity of what is ultimately revealed over a temporal axis (Andreucci, 2012).

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This implies daring to involve oneself subjectively and develop spaces for the co-construction of meanings around disagreements or tensions.

The clinical approach in social work refers to three components: (a) training for the exercise of clinical practice; (b) the object of clinical practice composed of two related elements: psychosocial distress and psychosocial reality, whose understanding is the basis of the psychosocial help process; and (c) direct intervention with the client or the clinical event (Ituarte, 2017). Regarding the specialty, there are those who understand specialization as training in psychotherapy, but there are also those who distinguish training in other types of treatments and models (IASSWW-AIETS, 2023; Ituarte, 2017; Northen, 1982; Regalado, 2017).

The latest definition of clinical social work by the International Association of Schools of Social Work (IASSWW-AIETS, 2023) recognizes it as a specialized area with individuals, couples, families, or groups, promoting human functioning and well-being with the aim of "achieving social change and development, social cohesion, empowerment, and the liberation of people" (para. 1) through direct interventions, whether therapeutically oriented or socio-educational.

Another term used by some authors is the therapeutic dimension of social work (Alicea, 2022). According to Rojas (in Antipan & Reyes, 2014), this is understood as research-intervention processes that aim to achieve the subjective, relational, and communicative change of individuals with the purpose of addressing or overcoming subjective suffering or breaking patterns in personal, family, or community history that hinder their well-being or that of their context.

As a conclusion, López-Davadillo (2021) based on Ituarte (2017), provides a summary of what clinical social work entails, which serves as a reference for this study: specialized practice beyond the university degree; a therapeutic process because it intervenes in emotional, cognitive, or behavioral distress; helping individuals by working with psychosocial conflicts, psychosocial distress, and improving relationships; working with personal capacities from a perspective that centers on the individual; and working with contextual resources.

Clinical Practice in Social Work: Establishing Itself Amid Controversies

Clinical practice in social work has a long history that dates back to casework, which has been present since the early days of the profession (Goldstein, 1996; Ituarte, 2017), achieving legal, social, and academic recognition in Anglo-Saxon countries (Cohen, 2003). However, in the case of Ibero-America and specifically Chile, where this study is situated, clinical practice has been controversial because it has been questioned whether social workers can engage in clinical practice—even though therapeutic-oriented work has historically been conducted (Antipan & Reyes, 2014; Fombuena, 2012a; Barria, 2021; Reyes, 2017). The closure of training spaces and the difficulties in specializing as a clinical social worker in Chile and Ibero-America in previous decades, despite the demand for clinical care, have meant that social workers conduct a clinical practice with a therapeutic purpose from general social work training or non-clinical sub-specializations (Fombuena, 2012a; Barria, 2021). This is a barrier to the consolidation of the clinical approach in the practice.

The reasons for the invisibilization of clinical practice and the controversy are diverse (Barria, 2021; Reyes, 2019). On the one hand, there are internal reasons, as the discipline itself relegated casework in the 1960s and 70s during the reconceptualization of social work, when structural reasons became more significant for understanding the phenomena encountered in the professional practice. Another reason for the invisibilization is that social work has been a profession primarily practiced by women and, by default, there has been an association with charity or care in a private sphere (González, 2017). This could lead to the hypothesis that there were certain difficulties in gaining validation in an academic world that previously had a predominantly male character. Thirdly, the controversies have arisen in relation to the boundaries with other disciplines that engage in clinical practice, questioning whether it is possible to conduct clinical intervention without training in psychotherapy (Regalado, 2022; Reyes, 2017, 2019). Consequently, there has been less academic development and research in the area, and although this situation has been changing in recent years with the opening of postgraduate spaces in clinical social work, these questions and doubts remain.

Such controversy in Latin America is similar to what happened in the late 1960s in the United States when the term clinical social work was established. One of the first controversies in the U.S., where there is a large number of mental health users served by social workers, was whether they could access training in psychotherapy (Cohen, 2003). Subsequently, another controversy was whether the focus of social work was on the oppressive conditions of the system or on the individual, questioning whether clinical social work had abandoned its mission to defend the oppressed by attending to the individual or by using psychotherapy, thereby being constrained by the system (Specht & Courtney, 1995). There were also criticisms regarding its apparent connection to neoliberal ideals in countries where there is a private practice of social work (Ingram, 2015; McLaughlin, 2002). Similar controversies continue to occur in Puerto Rico, where there is debate about what type of clinical practice should emerge from the discipline, discussing the dominance of the medical model that does not highlight social and oppressive factors related to mental health, or

the hegemony of the independent care model that does not respond to the social reality of that country (Alicea, 2022).

Currently, the debates put the clinical practice and its compatibility with justice and social reform in tension. For Ingram (2015) and McLaughlin (), advocacy becomes relevant when structural conditions threaten subjective well-being. That is, when there is a recognition that certain restrictions experienced by individuals are not the result of personal problems, but real limits imposed by unequal environments. In this regard, Compton et al. (2005) are more cautious, appealing to the risks of social action on the self-determination of individuals. One identified risk is that the pursuit of resources on behalf of users leads to instrumental stereotypes of social workers (McLaughlin, 2009). McLaughlin (2002) concludes that the tension between clinical social work and social justice is valuable and directs the discipline toward a dual approach. In this way, what Richmond (1917) stated remains relevant: the strengthening of the individual and the improvement of society need to progress together.

The Practice of Social Work with Families in the Protection System

Given this background, the aim of this article is to explore the practice of social workers and families within the child protection system, with the purpose of distinguishing to what extent a clinical approach is deployed and how progress can be made toward greater legitimacy of clinical practice. In the case of Chile, the child protection system includes evaluation programs, outpatient programs, and residential programs, mostly implemented by collaborating entities (Mejor Niñez, 2023). There, children and their families are attended to by a psychosocial duo among other professionals. While the psychologist primarily attends to the children, the social worker attends to the family. The psychosocial duo intervention model has been a reference for other countries in the region (Barria, 2021).

Based on the review of the technical foundations of the various programs (Mejor Niñez, 2023), documents that provide guidelines and establish minimum standards for intervention in each programmatic line, it is evident that social workers carry out interventions consistent with the previously described objectives of clinical social work. It is clear that there is a demand for clinical care, as they seek to strengthen the personal and social resources available for greater biopsychosocial well-being and social justice. However, they do not explicitly recognize it as clinical practice or therapeutic work.

As context, it should be added that these programs and the work of social workers are framed within the Convention on the Rights of the Child, ratified in Chile in 1990. However, these programs have been harshly criticized for violations within the system, adding to the experiences of violence and exclusion of children, continuous exposure to precarious conditions in associated centers, long waiting lists, insufficient staff, and lack of specialized support (Oficina del Alto Comisionado para los Derechos Humanos, 2018). This context also impacts social workers who are exposed to a set of system bureaucracies, a high number of cases per professional, an undervaluation of their professional work, and a constant tension between meeting organizational expectations and connecting with families, which jeopardizes the processes of change (de Toro & Sharim, 2023; Steens et al., 2018).

On the other hand, while family support programs have been extensively studied in Anglo-Saxon countries—providing valuable information that has allowed for the adaptation of intervention models and improvement of services delivered—in Chile, studies in this area and related to the protection system are scarce (Gómez & Haz, 2008). Thus, this research emerged with the general objective of investigating the therapeutic alliance between social workers and caregivers from the experiences of its protagonists. One of the guiding questions was how the practice with families was conducted, to understand to what extent a clinical approach was deployed and how to advance towards greater legitimacy. The results associated with this question are presented in this article.

Methodology

Design

This study involved a qualitative, longitudinal multiple-case design, as it entailed an intensive examination of multiple specific cases over time, seeking a detailed description of themes related to the cases, such as the clinical approach. A case study is pertinent when seeking to answer how certain phenomena function (Yin, 2014). A case is understood as the dyad of a social worker and a family caregiver. The study was based on constructivism, recognizing that in the interaction between the researcher and the participants, individual constructions are produced and refined. This leads to qualitative research methods to obtain, through words, a description and understanding of the complexity of the phenomenon based on the subjective perspectives of the participants (Guba & Lincoln, 2002; Ponterotto, 2005).

Participants

The sample was one of convenience, as it emerged from the institution with which the researcher was able to establish a collaborative alliance. Six social workers from the institution were selected (three from an outpatient program and three

from a residential program), who were willing to participate voluntarily. Of the total, one social worker was male, and the rest were female. Two had less than five years of professional experience, two had between 5–10 years, and two had more than ten years. None had clinical training. To select the family caregivers, only the length of stay within the programs was considered, applying a criterion of randomness among those who had been in the program for the same amount of time, as the aim was to analyze dyads that were at different stages of intervention. Thus, six female caregivers were selected (three mothers between 25 and 35 years old, two grandmothers over 65 years old, and a non-blood-related aunt who was 40 years old) who had been in the institution for between 0 and 8 months of intervention. Of the six caregivers, one was a migrant from Peru. The exclusion criteria for participants were: diminished capacity to consent due to mental disability and being under 18 years old.

Each of the six dyads was followed for 11 months, starting in 2021 during the pandemic and ending in 2022. Although the number of participants is small, the experiences of research in psychotherapeutic processes were taken into consideration, where the depth of the analysis is prioritized, so it is common to work with small samples (Krause & Altimir, 2016). On the other hand, although the sample is small, it does not represent a small amount of data due to the number of meetings with the dyad and the various sources of information (see Table 1).

Techniques

Throughout the 11 months of research, a set of techniques were applied, which are described in Table 1. All the techniques followed semi-structured guidelines, i.e., they were based on a set of guiding questions, but the principal researcher had the freedom to include new questions/observations to clarify concepts or obtain more information on the topics of interest. For the development of the guidelines, the following dimensions were taken into account: description of the practice, expectations associated with the work of the social worker, relevance of the support provided by the social worker, and the significance of the therapeutic space.

Data Analysis

The analysis technique used was inductive thematic analysis. Following Braun and Clarke (2006), this method is used to identify, analyze, and report patterns from the data, exploring the congruencies and incongruencies among the participants. The steps for the analysis were: (a) familiarizing oneself with the data; (b) generating initial codes; (c) searching for themes; (d) reviewing the themes, generating a thematic map of the analysis; (e) naming and defining each theme; (f) producing the report.

Procedures

Initially, the study was presented to the coordinators of the institution, and then to the social workers of the institution in a group meeting to find out who was interested in participating voluntarily. Subsequently, there was a meeting with the program coordinators to select potential caregivers who met the inclusion criteria for the study. These caregivers were invited to participate by the social worker due to the pre-existing relationship. The caregivers who agreed to participate were subsequently contacted by the researcher to inform them about the study and to determine if their acceptance to participate was voluntary or if they preferred not to participate. All participants were asked to provide their informed consent.

Due to the restrictions of the COVID-19 pandemic, all these procedures and data collection techniques were mostly conducted online or via telephone. The implications of conducting a qualitative study during the pandemic, which is not the same as any remote research due to its impact, were discussed by a study group with doctoral students during the first semester of the pandemic. The results of the discussion, including the ethical implications, were systematized and subsequently published (Cornejo et al., 2023), serving as a guide for this remote research. The study is part of the doctoral thesis in Psychology of the main author and has the ethical approval of the Pontificia Universidad Católica de Chile (ID: 210401002).

Results

The following section characterizes the practice of social workers, including its scope and methodological aspects. Then, certain difficulties for the therapeutic support provided by the professionals to achieve greater legitimacy are described:

Description of the Practice with Families

Therapeutic, Contextual, and Control Intervention

According to the professionals and caregivers interviewed, the interventions aim to achieve a subjective change in family functioning, along with changes in the family's interactions with their immediate environment. It is also seen as a space for mutual transformation: *"I experience the intervention processes as mutual growth; I believe that is something very therapeutic." (Social Worker 3).*

A significant and valued change noted by the professionals is when a caregiver starts to recognize a situation of violation that was previously not seen as such: *"Before, Mrs. (caregiver's name) had quite normalized and incorporated*

Table 1 Techniques applied over 11 months

Technique	Quantity	Application period	Objective
Field notebook	n/a	Month 1 to month 11	To note the various reflections that emerged throughout the process in relation to clinical social work
Passive participatory observation of a session of the dyad	6 observation sessions (4 online and 2 in-person)	Month 1	This was the first technique to be applied, as the aim was to observe the interaction and communication within the dyad without having extensive knowledge of the relational experiences of the participants and the methodology employed by the social worker
In-depth interviews	12 interviews with caregivers and 12 interviews with social workers (24 interviews in total, 4 in-person and 20 online or by phone)	Month 2 to month 7	To address beliefs and experiences related to clinical social work and the relational experience between social workers and caregivers
Final interview	12 interviews in total (11 online and 1 by phone)	Month 10	To create a space for feedback and discussion of the results with each participant to evaluate to what extent the initial interpretations of the researcher matched the participants' experiences
Semi-structured session-by-session interview	Approximately 2 monthly contacts per participant via phone or voice messages (240 contacts in total)	Month 1 to month 10	To follow up after each meeting between the dyad. Its use is justified because, while some attitudes can be understood through interviews that collect past information, such impressions are the product of the interaction between various experiences that participants may have over time
Discussion group	1 in-person meeting	Month 9	To discuss the initial results with a team of three participating social workers concerning clinical social work
Review of reports submitted to family courts	6 family case files	Month 11	To obtain information about the intervention methodology

mistreatment as a way of resolving conflicts, as a way of setting rules, something she is not doing today." (Social Worker 1).

In the interviews, the professionals emphasize the importance of developing a safe space and a bond to facilitate change, a bond that would develop from the first meetings and during the different moments of interaction, including the greeting:

> "These are details that I believe need to be considered when one is building a bond because they are not people who come to seek a document; they are people who are scared, probably very damaged, who have historically been violated by the system." (Social Worker 3).

The above is complemented by a clinical work attitude based on respect and empathy, which was observed in the sessions in which we participated and was confirmed by some caregivers:

> "She first asks me how I'm doing. It's not like '(caregiver's name), why did you do this;' she's not like that. She's more personal, like, she comes and brings out my tender side, you know? She looks for my good side." (Caregiver 3)

The interviews also show that professionals have a contextual and relational understanding of the circumstances that led to the family issues being judicialized, highlighting the strengths of the families and an intention to develop collaborative work with (and not on) the individuals:

> "My approach is co-construction or working together. Regardless of knowing what should be done to improve care or being able to say something, I try to have that something emerge from her rather than me telling her or assigning her a task." (Social Worker 5).

Regarding the relevance of a clinical intervention, professionals emphasize that not everyone would feel comfortable with a more traditional psychotherapeutic intervention, citing logistical issues or difficulties in expressing themselves due to a lack of education. They also highlight the intervention that is carried out at the level of the context or with the resources of the environment that accompany the therapeutic work, given the set of exclusions that families experience, marked by gender or immigration status, among other factors:

> "They should see the reality of women, mothers, grandmothers, aunts, because, just as I am a mother, there are many women who are unfortunately belittled or that get stressed, and that's how bad things happen and neglect occurs." (Caregiver 2)

It's worth noting that the relationship with families is accompanied by a component of parenting control, which, although necessary to prevent further violations, creates contradictions for the professional and conflicts within families. This fear is based on present and/or past experiences:

> "They took a child from me when he was in kindergarten (...) When the child left, he had nothing, nothing, nothing on his body, nothing, and he left... he left looking really nice. Because I always took care of him; he was well-groomed, healthy*." (Caregiver 5)*

Although the professionals question the possibility of facilitating change when the other person is obligated to attend, favorable changes thanks to the support of the social worker are observed, highlighted by all caregivers:

> "Thanks to the evaluations, I was able to understand that sometimes, as a mother, I exploited or looked for an otherness in my children. I changed this; I was able to understand other ways. The social worker saw that change on my part, because I had so much trust to tell her my things. She helped me a lot as a mother." (Caregiver 6)

Methodology of Working with Families

Regarding how the intervention is conducted, the professionals generally acknowledge the approaches outlined in the technical guidelines of the programs (Mejor Niñez, 2023). On the other hand, the reviewed reports and interviews revealed a variety of interventions that depend on: family factors (age of the child or children, personal resources of the adult, presence of crises, parenting support needs); factors related to the professional (experience, skills, training); the timing and objectives of the intervention; and the modality (in-person or remote; involving one caregiver or multiple family members). Interventions at various levels of reflexivity were observed Thus, there are interventions limited to asking caregivers how they are doing, others that seek to manage a service, learning-oriented actions, and other practices that aim at questioning and reflecting to enhance parental self-monitoring and the well-being of the individuals involved:

> "Depending on what needs to be addressed, sometimes a semi-structured interview suffices and works well, the session, where we sit down to talk, analyze, and reflect. In other cases, that doesn't work as well, and we need more concrete elements, a more behavioral intervention. For example, with someone who is more concrete, with slightly fewer reflective resources, we need to go to their home for the intervention and show them, because from the office and with abstract projections, it's not achieved." (Social Worker 2).
> "In some cases, we realize that it's not a good strategy to start with reflective topics. 'Give me tips, give me

tips, I imagined... that you were going to tell me what to do when my child throws a tantrum.' So, in those cases, we start with that, regardless of knowing that we need to work on aspects of bonding with the children to be able to understand them well (...) and when the person already feels that the space is safe for them, then we move on to the other things." (Social Worker 3).

From the follow-up conducted session by session with the dyads, it became evident that interventions of a reflective nature facilitated more change in families than those with a socio-educational nature or counseling component. Regarding socio-educational work, although it is regulated by the technical bases, both families and professionals highlight its limitations:

"One cannot strengthen parenting skills without generating a transformation in a person, as there are underlying aspects of your personality that make you the mother you are. I think it's very naive to think about teaching this mother to establish rules and boundaries when there's so much behind why she can't establish rules and boundaries (...) Probably, she doesn't establish rules and boundaries in her life." (Social Worker 2).

"I try not to be too directive or use this role as an advisor or assistant, saying, 'Look, I am going to tell you what you have to do'. In my opinion, that does not have the same impact as it does when what has to be done appears from her, when what to do appears from a reflection, of realizing it there, in a conversation, in something that is happening at home." (Social Worker 4).

According to the interviews, some interventions occur with the children, others with a primary caregiver, and others with multiple family members either simultaneously or separately. Some are carried out by the social worker alone and others alongside the psychologist from the psychosocial duo. Interventions involving different family members are less common, mainly due to time constraints on the part of the professionals, although they are considered necessary by the families. Finally, professionals highlight virtual interventions as an opportunity for caregivers with mobility difficulties, but it also presents other challenges in terms of privacy, confidentiality, setting boundaries, and reaching agreements within a therapeutic space.

"This year we conducted workshops via Zoom, which was novel for everyone. We didn't know how we would connect through this platform, and it yielded excellent results. People who lived in San Bernardo [a distant municipality] rarely came to the foundation for interviews; however, they attended all sessions via Zoom (…) many interventions will be conducted in group settings, which would be beneficial to study further." (Social Worker 5).

Legitimacy of Clinical Practice

Internal Legitimacy: A Role Experienced with Guilt

Despite the therapeutic dimension of the work emphasized by the professionals in the interviews, there is hesitation when it comes to presenting or naming their work as clinical/therapeutic or acknowledging that they work in subjective realms. This can be linked to a lack of clarity about what "clinical" means, because from their perception, other disciplines have been reluctant to open the boundaries of the clinical realm, or it could also stem from methodological insecurity. Regarding this latter point, professionals appear to have greater confidence in how to conduct investigative or evaluative actions, but there may be more difficulties and insecurity in mobilizing a change in family dynamics or in deploying a therapeutic communication that is less discursive and more intentional than intuitive:

"I have a deficit in the intervention part; I have a few techniques, of course, interviews, visits, supervision, but perhaps generating better-constructed sessions with other types of techniques. There is room for improvement and learning to incorporate. Not just sticking to interviews, not just visits and coordinating with other programs. Something that we can also do is family therapy." (Social Worker 1).

"I feel that my career is a very ambiguous, very non-specific career. And from that perspective, I always have the feeling that I lack more knowledge." (Social Worker 6).

Another issue related to the above would be the lack of systematization or research within social work regarding therapeutic processes within the practice with a clinical approach:

"Over all these years, I've seen countless processes. They're like stories to be written in a book, about how people have truly managed to change. And if you ask me what all these cases have in common, I don't know, because I've never been able to stop and look at the intervention processes and say what things made this really work well in order to replicate them." (Social Worker 2).

However, faced with the theoretical definition of clinical social work, the professionals express that it resonates with their work, acknowledging that it's what they have been doing consistently, even if they don't label it as such or aren't aware that they're doing it:

"Clinical is the word that comes to answer what we as social workers do on a daily basis (...) Clinical social work, more therapeutic, is like a field feared by social workers, which has always been very reserved for psychology, as if we can't cross a line because we are entering this more psychological therapy area. I feel that clinical social work comes to suppress that gap that is neither psychological therapy nor social work conceived from assistencialism." (Social Worker 4).

"Assessing the home or income, anyone can do that. Our role as social workers goes beyond that, and we build relationships. When you establish a meaningful connection with others, I believe you're practicing clinically." (Social Worker 5).

Linked to this point, professionals highlight in interviews the clinical supervision conducted by social workers external to the institution as an element that has allowed them to reflect on their actions:

"It's a supervision that doesn't function like a case analysis; rather, we put names to the things that happen. I feel that social work supervisions center us, like they bring together everything that we have scattered, and they lead us a bit toward the theory and the approach that we have, but that we don't know (...) One gets used to running around all day in this job, like a machine, but this is a space for thinking." (Social Worker 1).

User Legitimacy: Clash of Expectations

There are certain difficulties in establishing a clinical and reflective space with users since the expectations of professional support do not necessarily align with the therapeutic objectives of strengthening parental skills. For example, some caregivers have expectations associated with an assistance and social support management role. There are also expectations of a mediator role within the family group in case of conflicts, or of mediation with the judicial system to request information or appeal to the families' requirements: *"I believe her objective should be to be present in the family, providing security, ideas, giving advice on how we should function, react to any situation." (Caregiver 4); "I have also learned to see that what [caregiver's name] needs and expects from this tertiary network is tangible support, financial support, which the program cannot provide due to its guidelines and capacity, as it is not the assistance focus it has." (Social Worker 4); "What I understand is that their assistance is more to expedite the case, to keep me informed (…) to be able to send a good report to the court." (Caregiver 3).*

In this way, having expectations of various kinds and different roles and responsibilities that the social worker assumes in the field of protection, as described by the participants (mediation with the judicial system, family mediation, counseling, crisis intervention, assistance support, informational, control, network management, administrative support, among others), the relationship transcends the session. With this, the therapeutic and parenting support role becomes blurred or may not necessarily be what families expect. Some do not distinguish it from the professional role of a psychologist or that of a friend. It is observed that families, when encountering a more therapeutic role, if that is what they expected, value it, but if expectations are different, they feel disappointed, as well as when emotional support is not provided with the desired frequency and intensity: *"Mrs. (social worker's name) has been a support primarily as a mother; she has taught me many things and helped me identify factors that (daughter's name) has." (Caregiver 6); "The case is like a hindrance. I would like it to end soon so that I can rebuild my life, in the sense of no longer having this judicial issue over me, because not everyone sees it positively." (Caregiver 4).*

The assessment of the therapeutic space would also be mediated by how questioned and obligated the caregiver feels to be in the intervention program, and whether the support aligns with the issues felt by the families or their expectations. Lastly, the weight of social imaginaries about the profession is also acknowledged by the professionals:

"Perhaps the perception of social work isn't like that (...) I don't know, the social worker is the one who initiates protective measures, who removes children from the home, so the challenge is how one can deal with that in order to initiate a process of clinical social work." (Social Worker5).

Interdisciplinary Legitimacy: Boundaries of the Clinical Approach

According to the comments made by the professionals in the interviews and in the discussion group, a point that interferes with the legitimacy of clinical practice would be the resistance from other disciplines in the mental health field that have advocated for an exclusivity of the clinical approach. This translates into difficulties for professionals to assume the therapeutic role more confidently or to distinguish the clinical specificity of the discipline compared to others. They relate this to the difficulties at the national level in acquiring clinical competencies as a social worker, which implies that both professionals and some users may doubt the effectiveness of the intervention, or that, faced with insecurity, they end up referring the family group, risking over-intervention. Hence the interest of professionals in the new clinical social work programs that have emerged nationally.

Discussion

The present article sought to delve into the practice of social work with families in the child protection system in Chile to analyze to what extent a clinical approach is deployed, distinguishing from the impressions and experiences of the participants that we are facing a practice with an intentionality, objectives, and therapeutic consequences, since it seeks to generate an impact on the subjectivity of individuals, family functioning, and individuals' interactions with their closest environment. Specifically, the study documented a diversity of roles, responsibilities, and types of interventions observed in professional practice, where a therapeutic component prevails or a social work from the relationship for transformation, from emotional support for overcoming (López-Davalillo, 2021). The above aligns with the description of clinical social work and vindicates the validity of clinical social work as a specialty. Such vindication is also supported by an institutional demand for clinical practice and by professional interest in acquiring clinical competencies for better social intervention. In addition to this, historical background indicates that therapeutic care with families has been present since the beginning of the profession (Fombuena, 2012a).

Regarding this, López-Davalillo (2021) proposes three levels of the therapeutic component: (a) a low therapeutic dimension that relates to a specific and concrete action or procedure combined with an empathetic attitude, characterized by listening and reception of emotions; (b) a high therapeutic dimension that relates to a deep therapeutic intervention process, frequent, based on previous training in a specific approach and with supervision; and (c) a medium therapeutic dimension, which corresponds to the work carried out by the participating professionals, since although there is no training in any psychotherapy approach, emotional, cognitive, or behavioral support is provided based on certain objectives.

It was noticed that the intervention becomes more or less therapeutic depending on factors such as: the timing of the intervention, the objectives, the family situation and/or urgencies they may be experiencing, and the professional competencies to facilitate a dialogical space and to deploy therapeutic communication. Such practice would take on a different nuance compared to other disciplines, insofar as the intervention, as evidenced in this article, transcends the interaction with the professional and includes interventions with the context and in spaces other than an office. The above reflects the focus on the individual within their context as a hallmark of social work, and that working with the context is not exclusive to clinical practice. The challenge lies in how to handle different roles without neglecting the therapeutic potential of the relationship.

The Importance of Strengthening Clinical Training in Latin America

The results of this study highlighted the need to expand clinical training so that social workers can deploy assertive and transformative therapeutic communication. This is linked to the discussion between a generalist or specialized social work (Fombuena, 2012b). While the tradition in social work tends towards the generalist approach, which responds to a comprehensive view of the individual, group, or community it investigates or intervenes, the demand for attention and the job market is more specialized, with well-defined objectives. In line with the results of this study, Fombuena (2012b) emphasizes that professionals show an interest in such specialization to address the needs of a social intervention beyond the resources-needs dichotomy, institutional demands, and bureaucratized relationships that require elaborating files instead of discovering people. This was evident in this research, as the professionals acknowledged a greater proficiency in techniques related to diagnosis and investigative work over techniques to be applied after this phase.

In this sense, the new master's programs in clinical social work in Chile (e.g., at the Pontificia Universidad Católica de Chile or the Universidad de Valparaiso), the training provided by the Chilean Institute of Clinical Social Work, or master's programs in clinical social work or social work in healthcare with a clinical component in Spain represent a turning point in the trajectory of social work in Latin America. The above will likely impact user legitimacy, considering that there is a social imaginary about the profession that distances it from the therapeutic role. Families live in a symbolic world shaped by their experiences and their own preconceived ideas about the roles of social workers. Although their actions may not be considered paternalistic, at times, they can be perceived as such by families. These training spaces will likely also impact the legitimacy of other disciplines and internal legitimacy, but above all, they will affect the well-being of families who would benefit from more relevant care.

As long as the gap between the demand for clinical care and the availability of professionals with specialized training persists, it is suggested to strengthen external supervision spaces with a relational orientation so that social workers can learn from their own experience and improve their competencies through reflection and self-criticism (de Toro et al., 2023; Puig, 2011). It is also necessary to improve the conditions of protection programs so that they facilitate clinical practice and allow professionals to focus on the relationship (de Toro & Sharim, 2023). Policies and organizational factors directly influence the attitudes of professionals, with a warm organizational climate being more related to positive attitudes and a greater willingness of professionals to include research-based interventions (Giraldo-Santiago et al., 2023).

If the deficiencies of the system do not change, professionals can either change or improve their competencies through supervision, even though it is known that profound change would come from a systemic change that impacts the protection system (Berasaluze et al., 2023).

Contributions of a Relational-Collaborative, Contextual-Anti-Oppressive, and Feminist Perspective

It should be recognized that clinical practice within the protection system is not just any clinical practice given its mandatory nature for families and social workers. This can be experienced as either a support system or a social sanction (Escudero & Friedlander, 2017; Relvas & Sotero, 2014). De Toro and Sharim (2023), Escudero (2020) adds that a negative impact of mandated interventions is the distrust toward professionals, even when they have not initiated the protection measure. In this way, it becomes a challenge to balance work aimed at achieving family collaboration for change and empowering their resources with social control. For this, it is necessary to strengthen training in clinical competencies to sustain the relationship with others, as intuition and willingness are not enough.

This is highlighted by Madsen (2007) and Freedberg (2015), who demonstrate how change in family intervention is possible in non-traditional therapeutic contexts or mandated interventions, emphasizing the importance of a relational and collaborative approach in family intervention. This implies moving from highlighting strengths to finding new paths of transformation, where families have the role of experts, while professionals are rather the experts in facilitating the processes of change. Under this perspective, the concept of "intervention" is questioned, giving way to the concept of "working with." It is thus about making the person seeking help the protagonist and sharing spaces of power while understanding change as enabling individuals or families to have the conditions to make decisions regarding the preferred life they desire.

Thus, this article aims to promote a relational and collaborative clinical social work that conceives the therapeutic relationship as the main vehicle to trigger change in family functioning. From this perspective, change refers to the inherent interconnection between community, intrapsychic, interpersonal, and broader systems. It emphasizes an orientation towards interpersonal interaction and experiential learning, or the reflection we highlight in this article, rather than didactic or interpretative information (Rosenberger, 2014). This underscores the reflective nature as a practice with greater potential for change than the socio-educational or discursive, which would be more rational than relational.

The principles of relational practice align with clinical social work with diverse populations, such as in Latin America, where families using the system combine experiences of oppression due to the vulnerability situation, but also linked to their indigenous or migrant status. The challenge then lies in conducting a practice considering the families' values, life circumstances, and range of opportunities, which has become a fundamental aspect of contemporary social work (Rosenberger, 2014). This implies not neglecting the role of advocacy against social injustice, in line with the person-in-environment approach and the horizon of social justice. This specific dimension of clinical social work practice becomes increasingly important, especially when working with users who present multiple afflictions and systemic vulnerabilities that can hinder the possibility of developing a reflective process. Therefore, working with families can and should consider the context that interferes with their subjective well-being.

This contextual perspective is necessary; otherwise, we would be demanding that families take responsibility for changing their situations without providing them with the opportunities that facilitate change. According to Gladstone et al. (2014), relational competencies are not enough to facilitate a working alliance. Competencies are also needed to build a cooperative and anti-oppressive relationship with families to challenge oppressive conditions at a macro level, as well as at a micro level through professional reflection that allows us to question our biases and power dynamics in the relationship. A contextual perspective also allows for exposing the influence of organizational structure and policies on the intervention. Of concern are the working conditions and workload of professionals, which interfere with the implementation of a clinical approach (de Toro et al., 2023).

Additionally, given the female gender of the participants—a situation that seems to be repeated in other countries in the region where social workers are mainly women and it is also women who predominantly take on childcare tasks as well as responsibilities in protection programs—it is essential to highlight the feminist perspective (Waterhouse & McGhee, 2015). The above allows us to visualize the intersectional nature of the vulnerabilities that affect caregivers and their children, while also questioning as professionals to what extent the expectations regarding childcare respond to an ideal of motherhood that reinforces the patriarchal ideology about the division of responsibilities and the status of women in society. Butler (in Waterhouse & McGhee, 2015) highlights the importance of communication that does not evoke fear but rather promotes an ethic of equality between the two parties.

In this regard, Ríos (2020) points out that, as a profession deeply feminized both among professionals and users, social work must necessarily incorporate feminism, which, like social work, presents an interdisciplinary and emancipatory conception of social intervention, with objectives associated with the elimination of inequalities and social change. As Gladstone

et al. (2014) proposed, the focus on structural change should not forget the most urgent individual needs arising from the consequences created by the intersectionality of oppressions, which limit the ability to act, or in this case, to parent.

Study Limitations and Future Lines of Research

Although the present study does not obtain absolute, definitive results about the clinical practice of the involved social workers, the results indicate that the trend is interesting and moving in the right direction. Some limitations of the study are related to the fact that the follow-up was done on the work of professionals from the same institution, which may constitute a bias in the study. Additionally, the small sample size does not allow for generalizations, although that was not the aim of the study. Thirdly, data collection was conducted during the pandemic, and the therapeutic relationship was marked by a highly stressful context and a shift to virtual interactions, which differs from a traditional in-person setting. Although there have been significant advances in remote interventions in the field of psychotherapy, it is considered that virtual family interventions by social workers require further research due to the inherent difficulties of socio-family intervention contexts. Therefore, future lines of research should focus on how to implement a clinical approach through digital platforms. In this regard, Fiorentino et al. (2023) question whether digital platforms can promote the core focus of social work, namely social justice, inclusion, well-being, and empowerment. This is a promising area that requires further development in training spaces.

Lastly, it is important to highlight an ethical dilemma that arises in longitudinal research conducted *from within*, especially since this study involved research on fellow social workers. Conducting research from within on a topic that is familiar to the researcher has a different connotation than if the researcher is not familiar with the situation experienced by the participants. Although it has positive aspects (e.g., it can facilitate access, trust, communication, and understanding of the situation-problem), there is a risk that the researcher may impose their hypotheses, judgments, or preconceived ideas about clinical practice, and these beliefs could become a barrier that affects the relational space with the participants. Levitt et al. (2017) highlight a set of strategies to mitigate the influence of the researcher's perspective, which were used in this study, such as sharing the results with third parties or allowing feedback from participants, known as instances of inter-analysis.

Conclusions

Finally, returning to the objective of this article, it is concluded that the clinical approach within social work with families in Chile is in the process of consolidation. Its validity is supported by the nature of the practice carried out daily in the protection system, with a strong therapeutic component, and the needs of family care (Barria, 2021). This brings us back to a final topic, which relates to the boundaries of the clinical approach among different disciplines. Given the complexity of the psychosocial issues or needs of individuals, restricting the clinical approach to certain specialties or enforcing boundaries between disciplines that limit its expansion or the interdisciplinary training of social workers is a mismatch with the current needs of society (Taracena, 2010). This reclaims the clinical approach as a way of positioning oneself as a professional, not exclusive to any single profession. This openness, which is more resolved in the Anglo-Saxon world, remains a disciplinary struggle in Latin America that we hope this article has helped to clarify.

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Data Availability The datasets generated and analyzed during the current study are not publicly available due to the fact that they constitute an excerpt of research in progress but are available from the corresponding author on reasonable request.

Declarations

Conflict of interest The author declares no competing interests.

Informed Consent Informed consent was obtained from all individual participants included in the study. The participant has consented to the publication of the data. The study is part of the doctoral thesis in Psychology of the main author and has the ethical approval of the Scientific Ethic Committee of Social Sciences, Arts and Humanities, from Pontificia Universidad Católica de Chile (ID: 210401002). The study was performed in accordance with the ethical standards as laid down in the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards.

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