

# PREVENTION REPORT

SPRING/SUMMER 1984

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## Prevention, Permanence, and Reunification: Family-Centered Helping in the Changing Field of Group Child Care\*

Richard W. Small

Several years ago I had the opportunity to participate in the first National Symposium for Children and Families on Home-Based Services sponsored by the National Clearinghouse. I still clearly remember the excitement which marked almost every session of that meeting, the sense that a renewed commitment to families was emerging to transform child and family services across the country. In the few years since this landmark First National Symposium, the expectation of change in the child welfare system has been realized with a vengeance. By far the most important event has been the continuing development of permanence/prevention as a guiding metaphor for child welfare, along with extraordinarily pointed attempts to translate metaphor into policy at the federal (P.L. 96-272) and state (e.g., the New York State Child Welfare Reform Act of 1979) levels.

As a practitioner and educator, I have been most interested in keeping track of the not-so-quiet revolution which mandated permanency planning has helped create in the field of residential group child care. Maluccio and Fein (1983) have defined permanency planning as

... the systematic process of carrying out, within a brief time-limited period, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime relationships.

As the authors so clearly indicate, a commitment to permanence is much more than a philosophy stressing the primacy of continuous, stable family relationships and the prevention of placement whenever

possible. It is also a program based on early intervention, time-limited goals, and mandated work with the biological parents; a case-management method utilizing periodic case review and goal-oriented contracting; and, by implication at least, a collaborative service delivery system including parents and community agencies as partners in the helping process.

All of this presents both difficulty and great opportunity for group child care. Part of the *difficulty* is that group care is often delimited by advocates in the prevention/permanence movement as the "failure outcome," with too little attention paid to the fact that children in group care (the majority of whom are now adolescents in the 12- to 17-year-old age range) present the most problematic difficulties in adjusting to family life, to the school, and to the community. Increasingly stringent regulation of intake and service delivery in group care designed to safeguard permanence may, in some cases, unnecessarily restrict viable service options to children and families. The *opportunity* is that the pressure of changing policy gives impetus to a long overdue reconceptualization of group care as an integral part of a continuum of services in support of the most troubled children and their families and communities. Indeed, Professor James K. Whittaker at the School of Social Work, University of Washington, has characterized the shift from child-centered care to child-, family- and community-centered service as "the challenge of the 80s" for public and private group child care. His pioneering work (e.g., *Caring for Troubled Children* 1979) calls the group care field first to *refocus* practice theory by an emphasis on teaching portable competence skills transferable to family and community living; second, to *retool* by focusing less on treatment techniques based on relationships with helpers and more on techniques designed to promote relationship with the child's significant others; and third, to *restructure* the way services are delivered, redefining the boundaries between child care workers and parents, experimenting with innova-

\*Many of the ideas briefly presented here were first developed within the framework of a conference entitled "Permanency Planning: Impact on Practice in Group Child Care" held in October 1983 at the Andrus Children's Home, Yonkers, New York. Keynote speakers were Professor Anthony Maluccio from the University of Connecticut and Professor James K. Whittaker from the University of Washington.

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## La Plata County Youth Home

The La Plata County Youth Home has been operated by the La Plata County Department of Social Services in Durango, Colorado, since February 1980. The increasing need to treat adolescents and their families in the community, the high number of out-of-community placements, and lack of local placements for teenagers provided the impetus for the development of the Youth Home.

The program serves ten youngsters (aged 12-18) who are in the temporary legal custody of the Department of Social

Services. Youths must participate in the home's educational program and attend Durango public schools; and family involvement in treatment is sought. An individualized treatment plan geared toward meeting unique family needs is developed with each adolescent and family. Weekend family visits are encouraged, and problems in and outside the home are dealt with in weekly two-hour family therapy sessions. The home uses a five-level system based on behavior modification principles. Each resident is evaluated weekly regard-

ing progress made in attaining behavioral goals. The average length of stay in the home is 1.7 months.

A program evaluation completed one year after the home opened indicated that children placed in the home were returned to their families in 71 percent of the cases. Regular family involvement was achieved in 64 percent of the cases involved.

Further information can be obtained from Stephen Schrader, Director, La Plata County Youth Home, 1073 Third Avenue, Durango, Colorado 81301.

## Family After-Care Program: Four Oaks

The Family After-Care Program began at Four Oaks in Cedar Rapids, Iowa, in August 1982 as a continuation of this residential treatment facility's (formerly Boys Acres) comprehensive services to families. The program's goals are to reduce children's lengthy placements and to improve reunited families' long-term chances of success.

The four family-centered components of the program are family therapy, parent skills training, family recreation, and home

management skills development. Family after-care is carried out by professionals and paraprofessionals who are skilled in these areas and who have already worked closely with the children and families through the residential component. Decisions on services to be provided, intensity, and length of service are negotiated on an individual family basis and contracted with the Iowa Department of Human Services. The program seeks to keep families in charge of their circumstances and to coor-

dinate community services to support the family. Service through the Family After-Care Program lasts an average of six months, at an approximate cost to the agency of \$880 per family. Between August 1982 and December 1983, 19 families were treated.

Further information about this program can be obtained from Joan Vagts, Family Services Director, Four Oaks, 1341 Bertram Road, Cedar Rapids, Iowa 52401.

## Family-Based Services: San Diego Center for Children

The San Diego Center for Children, a residential treatment facility located in San Diego, California, has operated a family-based service component since May 1981. Program goals include strengthening and maintaining families, preventing family dissolution, promoting family self-sufficiency, encouraging development of support networks, and working with parents to discover the best educational setting for their children in the community.

Family-based services is based on systems and brief family therapy theories,

servicing the total family (with children between the ages of 5 and 16 at home) experiencing difficulties with one or more members. Intensive services are tailored to meet the special requests and unique circumstances of each family and may include training in home management, parenting, budgeting, communications skills, and family therapy. There must be significant home and/or school problems to warrant intensive in-home treatment; the community must be able to provide an appropriate school setting for the children in-

involved; and families must be willing to pay a prescribed fee determined by a sliding scale. Twenty-six to 30 families are served annually at a cost of approximately \$3,000 per family. The average duration of service is four months, with a time limit of six months.

Additional information about family-based services can be obtained from Kenneth Heying, Program Manager, San Diego Center for Children, 3002 Armstrong Street, San Diego, California 92111-0017.

## Resource Center Beginning Fourth Year

The National Resource Center on Family Based Services recently sent letters inviting state agency administrators who have not previously worked with the center to apply for technical assistance and training for their agencies beginning August 1. Response thus far has exceeded our expectations despite the new requirement that participating agencies pay travel costs for on-site visits. (The latter has become nec-

essary since the federal grant is being reduced with the expectation that the center will become self-supporting.)

The center staff plans to continue the functions of this and previous grant years, including publication of the *Prevention Report* and dissemination of information related to family-centered research, policy, and practice. Several new items developed by the center's staff and consul-

ants are announced in this issue, including the *Annotated Directory of Selected Family Based Service Programs*, which we hope to add to over the coming months. And, in addition to the new project states, center staff will continue to work (on a fee-for-services basis) with those agencies with which we've developed a working relationship.



# The Alternative-to-Foster-Care Project States

## Louisiana in Profile

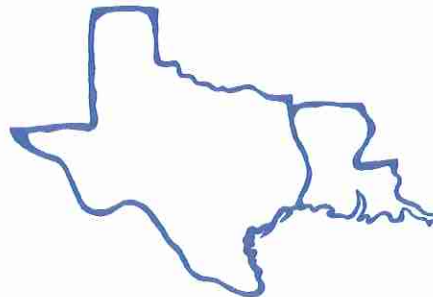
The Department of Evaluation and Services of the Louisiana Department of Health and Human Resources has set statewide implementation of family-centered services as a long-range program development goal. Beginning with the East Baton Rouge Parish Office, the National Resource Center staff has been working with state and regional administrators and with parish office supervisors in developing an implementation strategy. Supervisory staff, with the assistance and direction of the regional supervisor, has been tackling the problems related to high case loads and expediting services to families at intake.

Supervisors and administrators have conducted case-by-case reviews with the objective of closing out those cases for which services have not been provided for several months and for which no further services appear to be necessary. A paperwork audit has been initiated to identify reporting requirements that can be omitted or which can be appropriately assumed by clerical personnel. A functional analysis of worker time allocations is also being performed to see if certain nontreatment functions can be assumed by case aides or can be allocated to workers who are not prepared to or desirous of working in a treatment capacity with families.

Direct communication linkages between the East Baton Rouge Parish Office and the state administration have been developed to expedite the family-based service planning and developmental processes and to report on the progress and results of the management analysis.

Supervisors and social workers in the East Baton Rouge Office began training in family systems theory and practical techniques in May. Roger Baron, Ph.D., training consultant to the Resource Center, is conducting the training, which will be continued in July. Full implementation of family-centered services in East Baton Rouge is targeted for the fall of this year, at which time several other parish offices will be selected to begin the implementation process.

The director of the Division of Evaluation and Services, Don Fuller, has demonstrated a strong commitment to a family-focused service approach, backed by the energies and commitment of Pepper Schales-Elkins, the family services administrator. The division maintains administrative and supervisory responsibilities for the child welfare services in the state. The East Baton Rouge Office is supervised by Paulette McCary and employs 24 social workers, five supervisors, four parent aides, and seven casework assistants. There are approximately 260 active family services cases at a given time.



## Texas in Profile

The Texas Department of Human Resources is sponsoring family-centered technical assistance and training in the Dallas County Child Welfare Unit and the Harris County Office in Houston. The Dallas pilot project involves the formation of a 90-day in-home crisis intervention service targeted to families of adolescents (10-18 years old). Intake and in-home service functions are being combined in order to fulfill the requirements of the research design for a random sample of cases and a control group.

Houston's pilot project will involve three of the nine family services units in a new service delivery system designed to offer family crisis counseling with entire families in their own homes. Services will be targeted to families where there is high risk of out-of-home placement and will be limited to 90 days with the option at supervisory discretion for continuation of services for another 90 days. The remaining six units will handle cases according to the present system and will serve as a control group for evaluation purposes.

The Department of Human Resources has contracted with the Resource Center for an additional 26 days of technical assistance and training beyond the number allotted to the department under the center's federally sponsored project. The additional days will be used to train staff in family crisis assessment, theory, and technique and to assist administrative and supervisory staff in organizational development. The pilot projects are slated to begin working with families in early summer.

## Conferences

"Keeping Families Together: Opportunities, Strategies, and Requirements in Preventing Unnecessary Out-of-Home Placement of Children," September 19-21, 1984, Chapel Hill, North Carolina

The National Child Welfare Leadership Center, University of North Carolina at Chapel Hill, is sponsoring this symposium which will focus on meeting agency and court "reasonable efforts" requirements of P.L. 96-272; critical management issues in providing services to keep families together; highlighting effective preventive programs, and promoting interdisciplinary approaches to prevention. Registration is limited to 250 people. For further information about this conference, contact the National Child Welfare Leadership Center, P.O. Box 3100, Chapel Hill, North Carolina 27515, (919) 966-2646.

## Submissions to Prevention Report

The editorial staff of *Prevention Report* welcome articles related to family-based services from practitioners, administrators, and other interested readers. Research, legislation, practice methods, responses to *Prevention Report* articles, upcoming prevention conferences, new materials for prevention are welcome. Please address inquiries or submit copy to Miriam Landsman, Editor, c/o National Resource Center.



# Child and Family Welfare Research

## Focus on Minorities

The Office of Human Development Services has released a series of brief papers ("Child Welfare Notes") which provides information of interest to the child welfare field. Particularly noteworthy are some of the findings related to minority children.

- In four different studies from 1977-1982, the percentage of the foster care population which is minority ranges from 35 percent (acknowledged to be an undercount) to 46 percent.
- Over one-third (36%) of the Caucasian children in care, 41.8 percent of Native American/Alaskan Native children in care, 51.7 percent of Hispanic children in care, and 55.6 percent of the Black children in care have been in foster care for two years or longer.
- Minority children are more likely to be free for adoption and are more likely to be waiting for an adoptive placement than Caucasian children.
- Although Black children constitute 14 percent of the child population, they are 25 percent of foster care, 33 percent of children free for adoption, and 37 percent of children free for adoption who are awaiting adoptive placement.
- The Black community is adopting children from the public child welfare agencies at a rate 4.5 times greater than the Caucasian or Hispanic community when family composition, income, and age are the same.

Data for these notes were drawn from the following sources: *The National Study of Social Services to Children and Their Families* (1977), *The Office for Civil Rights 1980 Survey*, *The Voluntary Cooperative Information System* (1982), *The National Child Welfare Indicator Survey* (1982), *Household and Family Characteristics: March 1982*, and *Money Income and Poverty Status of Families and Persons in the U.S.: 1982*.

Reprints of Child Welfare Research Notes can be obtained from the National Resource Center on Family Based Services for printing and postage costs—\$3.50.

# Resources for Prevention

*Annotated Directory of Selected Family-Based Service Programs*. National Resource Center on Family Based Services: Iowa City, Iowa (April 1984). \$10.00.

This directory provides a state-by-state listing and one-page description of over 130 family-based programs in state and voluntary agencies nationwide. Information on background, goals, services offered, client characteristics, staff, evaluation, funding, and contact person(s) is provided for each program. An index containing specific agency and client focuses is included at the end of the directory for easy reference.

Programs included in the directory were identified through a survey of over 2,400 individuals and agencies. The directory will be updated biannually to include new programs. Administrators of family-based programs interested in having their programs included should contact the National Resource Center at (319) 353-5076.

Order from National Resource Center on Family Based Services.

*Evaluation of Nebraska's Intensive Services Project: Lincoln and McCook, Nebraska, March 1983-February 1984*. Stephen J. Leeds. National Resource Center on Family Based Services: Iowa City, Iowa (March 1984). \$2.50.

This report is an evaluation of two family-based services projects for the Nebraska Division of Public Welfare and includes cases handled from the projects' beginnings in March 1983 through February 1984. An intensive services unit comprised of three caseworkers and a supervisor was established in the predominantly urban Lancaster County (serving the city of Lincoln). One intensive services caseworker serving a small town and rural population was stationed in the McCook County of-

ice. The report's findings indicate that the projects, although not without problems, were successful and cost-effective in preventing out-of-home placement.

Order from National Resource Center on Family Based Services.

*Family-Centered Social Work Practice*. Ann Hartman and Joan Laird. New York: Free Press, 1983. 419 pp. \$19.95.

This excellent book presents a family-centered model of social work practice, drawing from family therapy and systems theory, ecological and intergenerational family theories, and practice techniques. It provides a context for family-centered practice (policy and theory), agency and case management issues in beginning family-centered practice, and an in-depth discussion of the assessment and intervention processes. A review of this book will appear in the next edition of *Prevention Report*.

Order from Free Press, Division of Macmillan Publishing Company, Inc., 866 3rd Avenue, New York, New York 10022.

*All About Home Care: A Consumer's Guide*. National Homecaring Council, 235 Park Avenue South, New York, New York 10003. \$2.00.

This booklet, prepared and published jointly by the National Homecaring Council and the Council of Better Business Bureaus, is designed to answer basic questions about home care. It gives the consumer the knowledge needed to choose home care services wisely, suggests action to take if the community has a serious gap in home care services, and alerts the consumer to common problems faced when seeking good home care—and ways to overcome them.

Order from National Homecaring Council.

Please notify us of address changes, additions, or deletions to our mailing list.

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Address \_\_\_\_\_

Return this form to The National Resource Center on Family Based Services, N118 Oakdale Hall, The University of Iowa, Iowa City, Iowa 52242.



## Hardware, Software, and Warmware: Services and Information in the 80s

John Czelen, J.D.

The rapid development of personal microcomputers and their newer kin, the supermicros, has created ripples of change through many areas of organizational management. Personal micros provide new tools that were not available even to the mainframe time-share user five years ago. The challenge now is to keep our human systems—our “warmware”—as up-to-date as our technical systems—our hardware and software. We should now begin to consider the possible revision—in ways that were not feasible before microcomputer distributed processing became available—of the human procedures and “person systems” in which our computers are embedded and must function. If we do so, human services delivery may be able to leapfrog the burdensome middle stage that many organizations went through when they introduced massive central databases and long-distance on-line systems into their bureaucracies.

Although many aspects of organizational design and management are affected by the availability of micros and supermicros, one area in particular deserves special attention: “span of control.” Span of control is the breadth or extent of a manager’s ability to supervise and coordinate subordinates and resource elements. For example, in an operating room the surgeon’s span of control extends both directly over other professionals in the operating room—the anesthesiologist, nurses, other doctors—and indirectly over secondary nursing staff who will care for the patient after surgery, orderlies who will move the patient, laboratory staff, and others. Outside the surgeon’s span of control would lie the hospital administration and other, nonsurgical physicians. In the case of the surgeon and generally in all systems, the extent of control of people and resources is based upon detailed procedures and systems established to enable an individual to coordinate and supervise many necessary support functions.

The concept of span of control is important in plans for using the new information technology. The increase in our ability to collect, organize, and disseminate information should enable organizations to manage themselves better. They should be able to institute mechanisms with greater oversight. The span of control of the operators and users of information systems will be greatly increased. But as management acquires greater controlling resources, we should also be willing to pro-

vide staff and subordinates with increased authority and power, to maintain the balance of managerial oversight and staff capabilities.

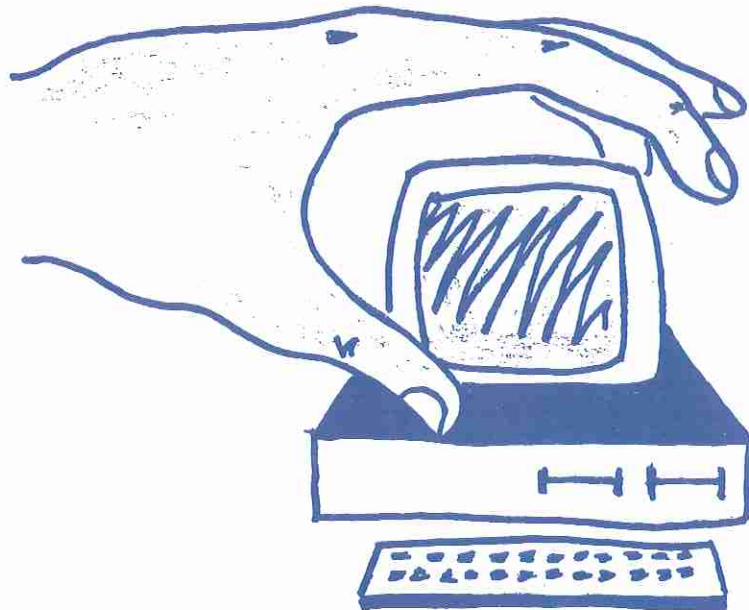
Human service delivery organizations are especially ripe for the introduction of new technologies and reorganization. For the social worker manager, span of control is linked to the information maintained on the client family—service plan, service history, and so forth. Any means of increasing or improving information collection will extend the span of control and presumably improve the effectiveness of management. Thus, we can offer social workers more immediate discretion in making decisions, while maintaining the ability to corroborate, amplify, amend, or ameliorate their actions with minimum delay. We must maintain our system of checks and balances by extending the span of control of the social worker in parallel with management’s increased power. We can seek new, integrated approaches to service delivery based on a balance of increased delegated authority and increased oversight potential.

One approach to this effort is to adopt integrated service reorganization strategies such as the family-based service delivery system. The family-based system increases the worker’s span of control by organizing the service delivery team through a matrix-management, integrated systems approach. The primary family workers can now be given increased authority and more powerful tools (access to information

and specialized workers), and they can therefore become more effective with their client families. The family-based approach provides workers with advanced tools, such as on-line information systems, and requires better supervisory management.

The challenge in using these new technologies and concepts lies in planning and implementing a revised, integrated, service-delivery information collection and management plan. All elements—hardware, software, and “warmware”—should be considered and introduced simultaneously. If human systems and procedures are reviewed in combination with the determination of information needs, reasonable trade-offs can be made so that concepts like span of control are fully recognized and reflected in the new service approach. Then the human and technological systems—hardware, software, and warmware—can mesh to achieve maximum efficiency and effectiveness in the delivery of human services.

John Czelen is the director of Systems Inc., the licensing agent for the Child and Youth Centered Information System (CYCIS) and the Juvenile Information System and Records Access (JISRA) programs. Systems, Inc. is a nonprofit organization with a board of directors composed of representatives of national child and family organizations, state social services administrators, and members of the judiciary. Systems, Inc. is located at 1346 Connecticut Avenue, NW, Washington, D.C. 20036.





## Readers Respond

A number of readers responded to the lead article in *Prevention Report* (Winter 1983-84) entitled "The Parent Aide Concept in Family-Centered Child Welfare Services." Comments centered on two issues: the importance of clear role delineation for the parent aide and the volunteer vs. employed parent aide.

Readers strongly supported the need to clearly specify role expectations for parent aides and family service workers (social workers) if team service is to work effectively. Representatives of programs using volunteer parent aides emphasized the role of the volunteer parent aide as a supportive friend to a parent, while parent aides who serve as members of a family-centered team have greater responsibility for service planning, teaching, and training.

As follow-up to this article, the National Resource Center on Family Based Services surveyed 40 programs which include parent aides as members of the family-centered service team. The survey was designed to identify similarities and differences between programs in such areas as

team composition, service planning, parent aide activities, use of informal helping networks, and training. Eighteen programs responded to the survey. Major findings include the following:

**Team Composition:** The majority of respondents (60%) compose teams in one of two equally distributed ways. In 30 percent of the programs, the same parent aide and family service worker consistently team together; in the remainder, teams are composed specifically for each client situation.

**Service Planning:** There was considerable variation among respondents regarding whether or not parent aide services were routinely included in the service plan. Thirty-one percent of the programs involve parent aides to some degree with all family service clients; and 26 percent assign parent aides to less than a quarter of their client families. The remaining 42 percent of the responses fell somewhere in between these percentages.

Family-centered programs using the team approach actively involve parent aides in service planning, counseling, and case consultation. Ninety-four percent of

the respondents indicated that parent aides are *always* involved in service planning. In 75 percent of the programs, parent aides are involved in family counseling sessions sometimes or always, and in 75 percent, social worker/parent aide consultation occurs from one to five times per week. Goal planning was most frequently cited (by 60% of the respondents) as a joint effort between social worker and parent aide.

**Training:** In 60 percent of the programs surveyed, workers are trained in a combination of joint and separate sessions for parent aides and social workers. Trainers are usually supervisors, agency training specialists, or specialists from outside the agency. There was general agreement among respondents concerning subject areas believed to be important in joint training programs, such as family-centered teamwork, family systems, cross-cultural issues, dynamics of abuse and neglect, development of family support systems, child development, communication skills, and family-centered services.

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### Group Child Care, continued from page 1

tive partial placements, and shifting inter-ventive resources to intake (or "pre-care") and aftercare. For James Whittaker, Anthony Maluccio, and his colleagues (e.g., Maluccio, Fein, et al. 1982), and a growing number of other group care advocates around the country, the key is for child welfare professionals both in and out of group care to begin to look at unavoidable placement as one intervention point in an ongoing process of helping special children and their families—neither an end point *in itself* curative, nor a last resort disaster when all else fails.

Of course, the most important question still remains—can the group care field respond to the challenge of new ideas? My other vivid memory of the 1978 symposium on home-based services was the polite skepticism of many participants to the idea that group care can and should be considered a family supportive service (Small and Whittaker 1979). Our response then, as now, was to point out that practitioners have already been moving to make family-centered group care a reality. Expanded day treatment models, applications of family therapy to placement situations, group care agencies expanding to provide adoption, prevention and community-based aftercare programs, and many other family-centered innovations have been described in the practice literature with increasing frequency over the last few years

(see, for example, Finkelstein 1980, 1982; Keith-Lucas and Sanford 1977; Littauer 1980; Maluccio and Sinanoglu 1981; Van Hagen 1982; Whittaker 1979). My own view is that the coming decade will see more and more innovative linkages between group care and home-based services. Of course, there are some unresolved issues. The willingness of group care settings to change the way they provide services must be supported by flexibility and appropriate reimbursement on the part of state agencies. Perhaps most important, all of us in child welfare will need to continue to develop more realistic definitions of permanence and more effective intervention strategies for the troubled adolescents and devastated families increasingly making up the group care population. Yet despite these serious issues, there has never been a more exciting time in the group care field for partnership with families and with all of our colleagues in child and family services.

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# The National Resource Center on Family Based Services Announces

## Training for Family-Centered Services: Intensive, Experiential Learning from Six Nationally Recognized Curricula

October 16-18, 1984  
Holiday Inn, Iowa City, Iowa

Implementing family-centered social services presents two major challenges. The first is to design a service system that motivates agency and community human resources to respond quickly and appropriately to the social needs of client families within the context of the family's environment. The second challenge is to inspire supervisors, social workers, and paraprofessional staff to adopt effective family-centered practice strategies.

The purpose of the Family-Centered Services Training Institute is to introduce selected, nationally recognized family-centered training resources to those who have accepted these challenges and are interested in reviewing and participating in training experiences that can be used in their agencies.

**Agenda:** The training institute's three-day format is designed to permit participants to experience one of the principal family-centered curricula described below and to discuss the others with their developers.

### I. Basic Family-Centered Curriculum for Professional and Paraprofessional Workers

This is a basic curriculum for family-centered social services and provides introductory training for specialized units, family specialists, and supervisors. It includes content designed to sensitize workers to the importance of functioning effectively with members of other ethnic and cultural groups. The paraprofessional component prepares parent aides to work with family service workers in a coordinated team effort using complementary techniques.

**Presenters:** June Lloyd, Associate Director, National Resource Center on Family Based Services  
Mary Whaley, Child Welfare Specialist,  
National Child Welfare Training Center,  
University of Tennessee

### II. Homebuilders Intensive In-Home Crisis Intervention

Developed over ten years of serving seriously disturbed families, the Homebuilders training program prepares therapists for short-term, intensive treatment using specific strategies for in-home crisis intervention, assessment, and helping families at risk resolve their problems and learn new coping skills. Participants will learn strategies of the Homebuilder model and selected intervention techniques.

**Presenters:** Charlotte Booth, Assistant Director and Shelley Levitt, Director of Training, Homebuilders, Behavioral Sciences Institute, Tacoma, Washington

### III. Oregon Intensive Family Treatment

This intensive family treatment model was developed by Oregon Children's Services Division. It is a time-limited (90 days) service based on systems theory and family therapy. The workshop will be both experiential and didactic, focusing on concepts of family treatment and techniques of family therapy.

**Presenters:** Bill Showell and Marcia Allen, Intensive Family Services Specialists, Oregon Children's Services Division

### IV. Family Crisis Counseling

Family counselors' most powerful tools are themselves and their own family experience. These concepts will be developed through discussion and role play to illustrate the family as a system, family homeostasis, and the difference between content and process. Experiential techniques such as family drawing and sculpting will also be demonstrated with workshop participants.

**Presenter:** Roger Baron, National Resource Center on Family Based Services, Iowa

### V. The Parent Provider Partnership: A Training Program for Family Service Paraprofessionals

This workshop will provide an in-depth examination of the competency-based training and assessment program for paraprofessionals which has been field-tested in ten Minnesota counties. In this program, paraprofessionals in county social service agencies are trained and then assessed in 11 different competency areas. Participants will be introduced to the entire program design as well as the newly published curriculum materials.

**Presenters:** Mary Lou Gilstad, Program Director,  
Continuing Education in Social Work,  
University of Minnesota  
Marlys Johnson, Training Supervisor,  
Parent-Provider Partnership  
Jerry Lindskog, Family Based Services  
Specialist, Minnesota Department of Public  
Welfare

### VI. Parent Training Service

This parent training curriculum is designed specifically for child welfare client families and to prevent out-of-home placement. It offers separate units for parents of children 0-3, 4-12, and adolescents, with "taking care of yourself" and "anger management" sessions common to all. Participants will learn how to use this curriculum with parent groups and in training parent aides.

**Presenter:** Robin Karr-Morse, Program Manager, Children's Services Division, Oregon

Enrollment for the three-day training institute is limited to 120 participants. Reservations should be made as soon as possible, before the September 4 deadline, by mailing this form and registration fee or purchase order to

National Resource Center on Family Based Services  
The University of Iowa  
N118 Oakdale Hall  
Iowa City, Iowa 52242  
(319) 353-5076

**Registration Form on back**

# Registration Form

Please indicate your choice of workshop:

I  II  III  IV  V  VI

**Registration Fee:** \$385 for three days

Please make check or purchase order payable to the National Resource Center.

Enclosed:  Check

Purchase Order # \_\_\_\_\_

The Cedar Rapids Airport serves Iowa City. Limousine service is available.

Hotel accommodations have been set aside at Iowa City's new downtown Holiday Inn, with room rates as follows:

Single Room— double beds \$36 plus tax  
king-size beds \$39 plus tax

Double Room— double beds \$42 plus tax  
king-size beds \$45 plus tax

Please indicate your room requirements. Reservations will be made for you by the Resource Center. Please include credit card number if you anticipate arriving later than 6:00 p.m. Central Time.

Single Room:

(\_\_\_\_\_ double beds \_\_\_\_\_ king-size beds)

Double Room:

(\_\_\_\_\_ double beds \_\_\_\_\_ king-size beds)

Oct. 15  Oct. 16  Oct. 17  Oct. 18

Late arrival

Credit Card # \_\_\_\_\_

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (work) \_\_\_\_\_

(home) \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

48280/6-84

The University of Iowa  
National Resource Center on  
Family Based Services  
N118 Oakdale Hall  
Iowa City, Iowa 52242

Nonprofit Organization  
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