

PREVENTION REPORT

Winter 1986/87

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PREVENTION REPORT is a publication of the National Resource Center on Family Based Services, The University of Iowa School of Social Work, N240 Oakdale Hall, Iowa City, Iowa 52242, 319/335-4123.

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new phone numbers for the nrc

The National Resource Center on Family Based Services has a new telephone number: 319/335-4123. For those of you who have made the acquaintance of our electronic bulletin board, AUNT FABS also has a new number: 319/335-4130. So if you haven't been able to reach us lately, please try again using our new numbers.

THE FAMILY WORKER AND THE INCESTUOUS FAMILY: INTEGRATING LEVELS OF UNDERSTANDING

Part 1: Issues and Models — by Charles Mowrer, Ph.D.

(This is the first in a two-part series on working with incest. Part 2 will appear in the Spring issue of the Prevention Report.)

ISSUES

Working with incestuous families presents special problems for family-based workers. In addition to the social, legal, and moral complexities, it is clinically difficult to assess the multiplicity of factors within which incest behavior is embedded and still differentiate individual and family contributions to the problem. These difficulties hinder assessment as well as effective case management and treatment planning.

It is difficult to be neutral when approaching families where incest has occurred. Few workers can completely disengage themselves from the emotions surrounding incestuous behavior, especially when it involves child molestation. Workers who are inclined to be morally outraged cannot help viewing the offender and other parent figures with hostility, but in so doing, they may ally themselves with forces already at work in the disintegration of the family. Other workers who consider the preservation of the family most important may overlook the serious, long-term damage incest can do to victims and work too quickly to place children back in the family context that originally supported the sexual abuse.

These emotional and moral attitudes are replicated in legal systems, protective services, and clinical models that emphasize victim advocacy, external control of the family, and a view of the offender as criminal and pathological. Most of us agree that incest is morally wrong and that offenders are, for the most part, in need of clinical intervention and often external control; but it is increasingly evident that incest cases do not easily fall into traditional legal and clinical models. Although the best interests of the child victim must remain paramount, these interests may not always be maintained by entering the family and treating the offender as a criminal deviant.

Sometimes the traumatic effects of incest pale in comparison with the damage wrought by well-intentioned but misinformed legal and social efforts to rescue the child from the offender and impose external controls on the family.

Family workers must also struggle with competing explanatory models when they try to understand and assess an incestuous situation. In the traditional view of the offender as pathological, incest is understood solely as a form of individual deviancy from normal psychosexual development. But this view fails to account for the multiplicity of factors that underlie incest and for situations where individual pathology does not seem so evident. The other side of the coin is the view that incest is the product of a dysfunctional family system. Though it incorporates a more complex understanding of the context of incest behavior, this approach may result in either discounting the offender's responsibility or denial of the presence of pathology.

THE OFFENDER AS SEXUAL DEVIANT

The individual-as-sexual-deviant model fails to take into account the variation among intrafamilial offenders. Some are pedophiles whose sexual preferences are "fixated" on children and who are as likely to commit sexual offenses outside as within the family. But a significant number of offenders seem to limit their molestation to their own children (Groth, 1977). These offenders do not demonstrate a consistent preference for children as objects of sexual arousal and have previously preferred and shown the ability to function sexually with adults of the opposite sex. Their sexual activities with children seem to occur as a "psychosexual regression" when they have been overwhelmed by life distresses.

The role played by power and control varies widely in the motivation for molestation. Some intrafamilial offenders seem to be meeting needs for affection and attention to compensate for a general sense of loneliness and isolation, while others seem to seek dominance and control in response to a sense of powerlessness. These different motivations are reflected in the patterns of behavior used to persuade or coerce the victim. Generally, the more "fixated," compulsive and/or controlling the offender's behavior is in the incestuous situation (enforced by violence or the threat of it), the more pathological the individual. The diagnostic issue is further complicated, however, by the fact that offenders show mixed degrees of fixation (in contrast to regression under stress) and predilection toward violence.

Since incest behavior does not fit neatly into categories of deviancy, the traditional model of individual pathology cannot provide the family worker with an adequate understanding of why an apparently nondeviant individual becomes an incest offender. Other models of explanation are necessary.

INCEST AS AN EXPRESSION OF FAMILY DYSFUNCTION

By focusing on the family rather than on the individual, family systems theorists have offered alternative explanations for the development of incest (Trepper and Barrett, 1986), viewing it as a symptom of dysfunctional family interaction. The "prototypical" incestuous family is defined as one where the daughter is elevated to the mother's role because emotional relations between the parents are impaired and where the father struggles to maintain the facade of competent patriarch while the mother withdraws emotionally and sexually. But like the sexual deviancy model, this approach has some serious limitations.

Although father/daughter incest is the kind professionals see most frequently, it is not in fact the most common form of incest. Family theorists have not paid enough attention to other categories, such as incest among relatives and siblings. And while supporters of the sexual deviancy model give too little attention to family issues, family therapy models in turn have not adequately accounted for the offender's pathology. As many as 45% of incestuous fathers have engaged in extrafamilial molestation; as a group, they demonstrate developmental histories and personality profiles remarkably similar to those of pedophiles (Finkelhor, 1986).

Another weakness in the family systems model is that its explanatory concepts apply equally well to many other family problems and don't go very far in helping to locate the specific factors contributing to incest. Family workers who base their assessments on this model may find themselves without clear enough guidelines for determining the risk of recurrence.

Family systems explanations can also downplay the offender's culpability by focusing on the functional role the incest plays in the family (Sgroi, 1985). For example, incest may be seen as placing the daughter in the wife's role and thereby allowing unexpressed hostility between parents to be deflected and relieved. This interpretation can make the mother seem as responsible as the offending parent because of her passive participation in the triangle that maintains the incest. But the passivity observed among spouses of offenders can be understood systemically, as well, as a consequence of the kinds of repressive relationships which are encouraged by social, political and economic inequality between the sexes. Above all, it is essential to recognize that understanding incest does not excuse the offender from responsibility.

BRIDGING THE MODELS

Neither model can totally account for the array of incest situations the family worker faces. What we need is a model that incorporates the strengths of both. We might begin by reminding ourselves that the systems perspective is not limited to the family system, but also includes internal psychological systems and the larger social systems in which families live (Larson and Maddock, 1985). In this sense, family treatment may or may not include family therapy: assessment should range across the intersecting systems to integrate individual systems (targets of sexual arousal, emotional needs and cognitions that maintain behavior) with extra-individual systems (patterns of interaction within dyads and triads). Treatment should be multimodal, incorporating individual, group, marital, family and supra-family formats.

The two approaches can be further bridged by considering the various explanatory models as interacting predisposing conditions: the individual offender's predisposition to sexual abuse; impediments or reinforcements inherent in the family context; and environmental stresses that the offender and the family have had to deal with over time, such as unemployment, illness or discrimination.

Thus, individual predisposition to sexual abuse can vary greatly in strength and is in part determined by the offender's developmental history, the highest achieved level of psychosexual development and any inhibitors that serve to restrain inappropriate impulses (moral injunctions, fear of exposure). The family context offers a second set of important determining factors, such as intergenerational repetition (incest from generation to generation); functioning of the marital pair; clarity and appropriateness of generational and gender roles; and relative rigidity of family and social boundaries.

The level of individual predisposition is probably the single most significant of these conditions. Regardless of other con-

tributory factors, for incest to occur there must be some pre-existing potential for the offender to attach his sexual responses to children. A highly "fixated" offender with a history of child-focused sexual activity since adolescence will attempt these activities with little respect to family functioning and the level of environmental stress. On the other hand, a healthy, functioning family — one in which autonomy is valued, roles are well defined, communication is flexible and clear, and relations among family members are good — would provide many impediments to incest for all but the most compulsive offenders. Stress factors are in turn more important for offenders whose predilection for sexual relations with children is weaker; given sufficient levels of stress and a resulting degeneration of family functioning, even a nonpathological individual of weak proclivity might manifest behavior that could evolve into incest.

By taking into consideration all of these predisposing conditions, we can not only counter some of the weaknesses of the two models but also facilitate the family-based worker's tasks of risk assessment, case management, and goal development. The bridging concept of predisposition may help family workers understand incest from the perspective of both the offender and the family without either minimizing the offender's responsibility or overlooking ongoing risks. At the same time, we would be able to place the non-pathological offender in context and evaluate the potential for changing the factors in the family's dynamics or situation which contributed to the problem, thus setting the stage for appropriate reconciliation.

(In part two of this article, we will consider assessment of the incestuous situation more specifically by identifying important questions for the family worker to answer with regard to the predisposing conditions and their implications for case management.)

References cited:

- Finkelhor, David. *A Sourcebook on Child Sexual Abuse*. Beverly Hills: Sage, 1986.
- Groth, A. Nicholas, and Burgess, Ann W. "Motivational Intent in the Sexual Assault of Children." *Criminal Justice and Behavior: An International Journal of Correctional Psychology* 4 (1977): 253-64.
- Larson, Noel and Maddock, James. "Structural and Functional Variables in Incest Family Systems: Implications for Treatment" in *The Assessment and Treatment of Intrafamilial Sexual Abuse*, ed. Trepper and Barrett. New York: Haworth Press, 1985.
- Sgroi, Suzanne. *Handbook of Clinical Intervention in Child Sexual Abuse*. Lexington, MA: D.C. Heath, 1985.
- Trepper, Terry and Barrett, Mary Jo. "Treating Incest: A Multimodal Systems Perspective." *Journal of Psychotherapy and the Family* 2(2) 1986.

resources for prevention: sexual abuse

Charles P. Barnard, editor. *FAMILIES, INCEST, AND THERAPY*. Special issue of the *International Journal of Family Therapy* 5 (Summer 1983). Available from Human Sciences Press.

Contributors address issues ranging from the history of incest to treatment approaches. Of particular interest is Reposa and Zuelzer's description of a multilevel family intervention model using the family system, subsystems, and member dyads to break the incestuous cycle.

Mary de Young. *INCEST: AN ANNOTATED BIBLIOGRAPHY*. Jefferson, NC: McFarland & Co., 1985. 161 pp, \$29.95. (McFarland Publishers, Box 611, Jefferson, NC 28640.)

A survey of professional journals and books approaching incest in an empirical and theoretical manner using the following categories: Definitions; Father-Daughter Incest; Effects of Paternal Incest on the Victims; Father-Son Incest; Sibling Incest; Maternal Incest; Systems Intervention in Incest; Treatment of Incest Victims and Families; Statistical Studies; books and literature reviews.

Mary de Young. *THE SEXUAL VICTIMIZATION OF CHILDREN*. Jefferson, NC: McFarland & Co., 1982. 179 pages, \$19.95. (McFarland Publishers, Box 611, Jefferson, NC 28640.)

A clinical research study of incestuous families examining 80 victims of sexual abuse and 69 offenders and detailing the social origins and sexual typology of pedophilia. Extensive literature review and bibliography.

David Finkelhor, et al. *A SOURCEBOOK ON CHILD SEXUAL ABUSE*. Beverly Hills: Sage, 1986.

Describes published and unpublished research on child sexual abuse, concentrating on 5 areas: prevalence of sexual abuse, children at risk, offenders, effects, and prevention.

Henry Giarretto. *INTEGRATED TREATMENT OF CHILD SEXUAL ABUSE*. Palo Alto, CA: Science and Behavior Books, Inc., 1982.

Background of the Child Sexual Abuse Treatment Program of Santa Clara County, California, and a 10-unit training course.

Renitta L. Goldman and Virginia R. Wheeler. *SILENT SHAME: THE SEXUAL ABUSE OF CHILDREN AND YOUTH*. Danville, IL: The Interstate Printers and Publisher, 1986.

A comprehensive literature review presenting current trends and reforms in the treatment of sexual abuse of children and youth. Includes a helpful bibliography.

The chapter on treatment is particularly useful for reviewing and locating information on treating sexual abuse victims. 30 pages of available resources on the topic.

Beverly James and Maria Nasjleti. *TREATING SEXUALLY ABUSED CHILDREN AND THEIR FAMILIES*. Palo Alto, CA: Consulting Psychologists Press, 1983. 152 pages, \$12.95.

Viewing child sexual abuse as a family dysfunction, the authors describe the dynamics of the sexually abusive family, including characteristics of the molested child, the victimizer, and the mother of the victim, outline the cycle of sexual abuse, and offer treatment techniques for both the abuser and abused. Includes a case study and treatment exercises.

David P.H. Jones and Mary McQuiston. *INTERVIEWING THE SEXUALLY ABUSED CHILD*. Denver: C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect, 1985. 42 pp.

A thorough review of the child interview process in sexual abuse cases: characteristics of the sexually abused child, the interview process, and the validation process.

Adele Mayer. *INCEST: A TREATMENT MANUAL FOR THERAPY WITH VICTIMS, SPOUSES AND OFFENDERS*. Holmes Beach, FL: Learning Publications, Inc., 1983.

A manual for practitioners treating incestuous families, describing family dynamics, therapeutic methods, and models for treating the family as a unit as well as individual members.

Eugene Porter. *TREATING THE YOUNG MALE VICTIM OF SEXUAL ASSAULT: ISSUES AND INTERVENTION STRATEGIES*. Syracuse, NY: Safer Society Press, 1986. 85 pages.

An introduction to the complexities involved in treating the young male victim of sexual abuse.

ATTENTION READERS!

The National Resource Center on Family Based Services welcomes articles related to family based services from practitioners, administrators, and other interested readers. Research, legislation, practice methods, responses to articles appearing in this publication, upcoming prevention conferences, and new materials in the field are all welcome. Please address inquiries or submit copy to Marcia Culver, Editor, at the National Resource Center.

Suzanne M. Sgroi. *HANDBOOK OF CLINICAL INTERVENTION IN CHILD SEXUAL ABUSE*. Lexington, MA: D.C. Heath and Co., 1985. 387 pages, \$18.

A how-to-do-it approach to recognizing and treating child sexual abuse. Examines the investigation, validation, case management, and treatment of child sexual abuse, addressing issues such as definitions, disclosure, and behavioral characteristics of abused and abuser, using case examples.

George Thorman. *INCESTUOUS FAMILIES*. Springfield, IL: Charles C. Thomas, 206 pp.

The incest taboo, incestuous family systems, and a method for helping victims and their families.

Terry S. Trepper and Mary Jo Barrett. *TREATING INCEST: A MULTIPLE SYSTEMS PERSPECTIVE*. New York: Haworth Press, 1986.

Articles by specialists in intrafamily child sexual abuse, providing theoretical and practical information for therapists on the multiple systemic approach to assessing and treating the incestuous family. Emphasizes the importance of treating the family in the context of individual and larger eco-systems. Incest is seen as a product of the problematic family and all members share in the development and maintenance of the problem.

children today: special issue on fbs

The November-December 1986 issue of *CHILDREN TODAY* focuses entirely on family-based services. Articles review a variety of efforts at federal, state and local levels to implement family-based programs and win legislative support for them.

Cecelia Sudia, Family Services Specialist with the Children's Bureau, ACYF, DHHS, begins with an overview of the role of the Children's Bureau and the impact of state efforts to meet the prevention requirements of P.L. 96-272. Contributors include Janet Hutchinson, Director of the National Resource Center on Family Based Services, Debra Ratterman of the ABA, and Robert Hunner of Northwest Resource Associates in Seattle. Other articles describe the experiences of the states of Kentucky and Florida in developing and implementing family-based services and profile two programs: SCAN of Philadelphia and Family Preservation Services in Utah.

CHILDREN TODAY is published by the Office of Human Development Services, U.S. Department of Health and Human Services. Copies of this special issue are also available at no charge from the National Resource Center on Family Based Services, N240 Oakdale Hall, Oakdale, IA 52319.

preliminary research results on fbs outcomes

At the Fifth National Conference on Research, Demonstration and Evaluation in Public Social Services, Professor Kristine Nelson of The University of Iowa School of Social Work presented preliminary findings from a 2-year research study on "Factors Contributing to Success or Failure of Family-Based Services" being funded by the Children's Bureau of the U.S. Department of Health and Human Services.

The study will provide an empirical basis for the development of family-based child welfare services and will identify organizational, social worker and client characteristics which contribute to success and failure in family-based services. The first phase of the project has just been completed: a survey of approximately 100 social workers in 11 agencies providing family-based pre-placement prevention services in 6 states (5 public agencies and 6 private).

Preliminary analysis of the 105-item social worker questionnaire indicates that family-based service workers are generally both highly qualified and highly satisfied with their jobs. More than 50% of the workers surveyed had graduate degrees, and 46% had MSW degrees; they averaged 8 years of experience in child welfare services. The average income of the workers surveyed was \$19,800. Their caseloads are relatively low (8 to 10 families) and services are relatively intensive, averaging 2 hours per case per week. On the average, family-

based workers spent 50% of their time in direct, in-person client contact; paperwork consumed only 10% of workers' time. Fully 97% indicated that they were satisfied with their jobs.

When asked to identify the factors which contributed most to the effectiveness of family-based services, 96% of the workers agreed that encouraging families to assume control over their own lives was one of the most important elements of their program; 81% emphasized the philosophy that most children are better off in their own homes. The use of goal-oriented case plans in which families were allowed to determine their own goals was also considered an important feature. 93.6% of the workers agreed that families who sought help voluntarily benefited most. They also felt that families new to the social service system and in immediate crisis (possibly facing imminent placement) were most likely to be helped by family-based services. Approximately 75% of their clients received AFDC, half were single-parent families, and half had been involved with protective services prior to being referred for family-based services.

The family-based workers reported that out-of-home placement was recommended in less than 10% of their cases, usually because the child was at risk of serious harm, parenting was inappropriate, or the family had rejected the child. Overall,

workers judged that family-based services were ineffective in about 20% of their cases because case objectives were not met, parenting was still inappropriate, no change had been achieved, the family was still in need of outside help or unstable, or because the family simply stopped keeping appointments.

The workers felt that lack of motivation to change was the primary factor contributing to such failures, and that in many "failed" cases, the family had been referred to them too late for effective family-based prevention services. These findings suggest that greater emphasis on early referral and on techniques for dealing with client resistance could significantly improve the effectiveness of family-based services.

The research project also involves a review of 550 family-based service cases from the 11 participating programs. The completed study will provide a data base and analysis relevant on a national level which may assist the social services field in designing differential diagnosis and assessment methodologies, in redesigning service delivery systems, in developing alternative programs for families unable to benefit from family-based services, in the efficient allocation of scarce resources, and in developing appropriate hiring practices and staff development and training programs.

from AUNT FABS (319/335-4130) . . .

How to call AUNT FABS:

First of all, you need a computer. If you have a personal computer, you will also need a compatible modem; AUNT FABS is accessible to 300, 1200 and 2400 baud modems. Once you have the computer and modem, you will need a telephone line designated for on-line communication. Finally, you need a communications software package. To link up with AUNT FABS, set your communications parameters at E,7,1 or N,8,1 (parity, databits, stopbits).

Below, in bold type, are the questions AUNT FABS will ask when you connect with her. Following her questions are the responses you need to type at your terminal.

What is your first name? Type your first name.

What is your last name? Type your last name. Use the same name every time you call.

What type of system are you calling from (press enter if IBMPC)? Type the

name of the system you are calling from; if an IBM-PC, press return.

What is your city and state? Type your city and state.

You now see the information AUNT FABS gives to all users of the bulletin board.

(C)hange name/address, (D)isconnect, (R)egister? Type r to register and continue.

Enter PASSWORD you'll use to logon again? Choose a password and remember to use it whenever you call AUNT FABS.

Re-enter PASSWORD for verification (dots will echo)? Re-enter your password.

Can your terminal display lower case (Y/N)? Type y or n depending on whether your terminal can display lower case.

File transfer default type (A)scii, (X)modem, (C)xmodem/CRC, (Q)uit. AUNT FABS is not available for downloading files at this time, so this does not apply. To move on, type x.

Want nulls? (Y/N)? Type n. You will not need nulls since AUNT FABS doesn't download files.

Welcome to AUNT FABS! You will automatically see the Bulletins Menu, where you can view *JOBLINE* and the index to the Resource Center library. To view any of the bulletins, type the number of the bulletin and press return. When you are finished reading the bulletins, press return and you will return to AUNT FABS' main menu. You can choose the functions represented by typing the letter of the function you want. AUNT FABS will walk you through the bulletins and main menu by explaining as you go.

Remember, AUNT FABS has information on job openings nationally. If you would like any listings advertised, send the pertinent information to *JOBLINE* at the National Resource Center on Family Based Services.

If you would like to call AUNT FABS but are still not sure how to go about it or have any questions, call the National Resource Center at 319/335-4123.

annual survey of family-based service programs

The National Resource Center on Family Based Services is gathering information for the 5th edition of the Annotated Directory of Selected Family-Based Service Programs, to be published in June 1987. One of the NRC's most useful and popular resources, the Directory describes family-based programs from all around the country. Organized alphabetically by state and crosslisted by type (public or private), target population and program emphasis, the listings also include information on background, staff and funding.

We are interested in learning about both new family-based services and any older programs not already included; we also plan to update the 238 program entries in the 1986 edition of the Directory. If you belong to or know of a family-based service program which you think should be listed,

please complete the following survey form or pass it along to an appropriate person and return the completed survey to us here at the National Resource Center. We would also appreciate copies of any supporting materials available: brochures, evaluations, annual reports, etc.

If your program is already included in the Directory, please update your listing, completing only those portions of the survey for which information has changed. Or just write us a letter to let us know how you are doing!

Each annual edition of the Directory has reported on at least 50 new programs, reflecting the exciting expansion of family-based services throughout the United States — and the equally important spread of information about these services. Please help us continue to get the word out and keep the family-based services community growing.

FAMILY-BASED PROGRAM DESCRIPTION

Program Name: _____

Agency Name: _____

Address: _____

Telephone: (_____) _____

Person to Contact: _____ **Title:** _____

A. PRIMARY GOALS AND OBJECTIVES OF THE PROGRAM:

B. BACKGROUND OF THE PROGRAM:

1. Date program was established: _____

2. What programs, if any, was this program modeled after? _____

3. What basic theories or treatment approaches are employed? _____

4. Check all that apply: public agency program; private agency program; pilot program; specialized unit within the agency. Does entire agency use a family-based approach? yes no

C. PROGRAM DESCRIPTION:

1. Services provided directly by the program: _____

2. Services purchased from other agencies: _____

3. Eligibility requirements: _____

4. Check all sources of referral received/accepted: self family 3rd party
 State DSS medical court other agencies

5. Are clients seen: individually only; individually and as a family; in family groups only

6. What is the average length of time clients receive services? _____

If services are time-limited, maximum length of services: _____

7. Average weekly service hours to client or family: _____

Estimate the percent of services provided: _____% in office _____% in home

8. Describe any emergency/crisis services provided (e.g., 24-hour availability; hotline; emergency shelter): _____

9. What follow-up procedures or services are provided? _____

10. Average cost of service to agency: per family \$_____ (or person \$_____)

11. Are clients charged fees for service? ____yes ____no. If yes, on what basis? _____

12. Number of clients served per year? _____ families (_____ persons)

D. CLIENT CHARACTERISTICS:

1. Racial/ethnic composition: ____% Caucasian ____% Black ____% Hispanic ____% Native American ____% Asian. Other: _____

2. Income/socioeconomic status: ____% low ____% middle ____% high

3. Family composition: ____% 2 parents; ____% single parent; ____% blended; ____% adoptive; other: _____

4. Geographic area served: _____

Check if area is predominantly ____rural ____urban ____suburban

5. What presenting problems are most commonly experienced by your client families? _____

E. STAFF:

Please describe your **program's** staff: number, position/title, educational qualifications, average caseloads: _____

If services are provided by **teams**, please describe team composition: _____

If the program or agency sponsors staff training, please describe: _____

F. FUNDING

Annual **program** budget (based on most recent available information): \$_____

Approximate percent of total agency budget: _____%

Sources of funding: ____% federal ____% state ____% local ____% private

Program has purchase-of-service contract with the State DSS? ____yes ____no

E. EVALUATION INFORMATION:

1. Have your program's services been formally evaluated? ____yes ____no.

If yes,

2. Date of most recent evaluation: _____

3. Evaluation conducted by: _____

4. Are results available? ____yes ____no. If yes, please enclose a copy or summary.

Please return this form and any supporting materials by May 1, 1987 to: **The National Resource Center on Family Based Services, N240 Oakdale Hall, Oakdale, IA 52317.** If you have any questions, please call us at (319) 335-4123.

training opportunities

NRC SUMMER TRAINING PROGRAM AGENDA JUNE 15-19, 1987

The National Resource Center on Family Based Services is offering a 5-day intensive residency program at the University of Iowa in Iowa City, June 15-19, 1987, to provide training in family systems theory, diagnosis and treatment for social workers and social service supervisors. The training emphasizes understanding and practicing family systems casework and therapy in the context of public agencies and affiliated service providers.

Participants will study with National Resource Center trainers, who are University of Iowa faculty and experienced family therapists. Sessions will run from 9 am to 4 pm, Monday through Friday. The registration fee is \$125. Housing is available at the University's Mayflower Residence Hall for 5 nights (June 14-18). Credit for course work will be available in the form of 3 Continuing Education Credits for 30 hours of instruction (\$3 per credit).

The program is limited to 45 participants; registrations will be accepted on a first-come first-serve basis. Deadline for registration is May 15, 1987.

A lovely river town, Iowa City offers a wide array of theater, music, films, walks and restaurants for summer visitors. A 4.5-hour drive from Chicago, 3.5 hours from Madison, and 6 hours from Minneapolis, Iowa City is also served by the Cedar Rapids airport.

SEARCH FOR CHILD WELFARE TRAINING RESOURCES

The National Resource Center on Family Based Services is designing a syllabus to be used for training child welfare workers in all areas of human services. Subject areas will include: Social Work Skills, Family Violence, Adolescent Parents, Status Offenders/Juvenile Justice, Substance Abuse, Child Abuse and Neglect, Sexual Abuse, Foster Care, Adoption, Mental Health, and Supervision.

Designed for use initially by the Iowa Department of Human Services, the syllabus will eventually be made available to social service agencies nationwide.

If you provide training or have developed training curricula in any of the areas listed above, please let us know. If possible, copies or descriptions of the training program and materials should be sent to the National Resource Center on Family Based Services.

FAMILY SYSTEMS THEORY, DIAGNOSIS AND TREATMENT

AGENDA*

Day 1

- Introduction to Family Based Services
- Systems Formation Exercise
- The Structure, Sequences, Context and Development of the Family
- Thinking Systems
- Goals of Family Treatment
- The National Resource Center's Family Based Service Model: Intake and Treatment
- Tools for Systems Diagnosis at Intake: Genograms

Day 2

- Tools for Systems Diagnosis at Intake: Ecomaps
- Integrating Systemic Concepts: Presentation of a Participant Case
- An Overview of the Treatment Process
- Tools for Systems Diagnosis at Treatment: The Structured Family Interview

Day 3

- Engaging the Family in Treatment: Establishing Control, Dealing with Initial Resistances, Relabeling, Reframing, and Circular Questioning
- Demonstration of Basic Communication and Structural Techniques

Day 4

- Presentation on Communication and Structural Techniques: Doubling, Distancing Dances, Supporting Generational Boundaries, Allying with a Subsystem and Enactment
- Practice of Interventions
- Demonstration of Strategic and Indirect Interventions
- Presentation on Strategic and Indirect Interventions: Paradoxical Interventions, Pretend Techniques, Rituals and Tasks

Day 5

- Practice of Strategic Interventions
- Roles and Dynamics in Chemically Dependent Families
- Interventions with Chemically Dependent Families
- Dynamics and Interventions with Special Populations: Status Offenders/Delinquents, Physical Abuse, Sexual Abuse, and Neglect

* This agenda is subject to change based on participant needs and interests.

registration form

registration fee: \$125

National Resource Center on Family Based Services Family Systems Theory, Diagnosis and Treatment

Name: _____ SS #: _____

Address: _____

City/State/Zip _____

Phone: (office) _____ (home) _____

Single and double rooms are available at the University's Mayflower Residence Hall. All Mayflower rooms are air-conditioned and have semi-private bath and kitchenette. If you wish to reserve a room, please indicate your choice:

_____ single - \$63.85 for 5 nights _____ double - \$44.40 per person for 5 nights; to be shared with: _____

Please enclose your check or purchase order for the \$125 registration fee plus either \$63.85 (single) or \$44.40 (double) for your housing, payable to The University of Iowa and return to Conference Center, The University of Iowa, Iowa City, IA 52242. For more information call the National Resource Center at 319/335-4123.

conference notes

call for presentations:

NATIONAL FAMILY BASED SERVICES CONFERENCE: Sept. 30-Oct. 2, 1987

The Planning Committee for the conference on **Empowering Families: A Celebration of Family-Based Services** is inviting individuals and organizations interested in presenting their family-based treatment approach or technique, training materials, program design, research study results, model administrative support systems, legislation and policy to submit 200-word abstracts for consideration. We are soliciting presentations in three areas:

Family Based Services Practice: The program committee for the practice track is interested in topics including (but not limited to) information, techniques and outcomes relevant to the direct provision and supervision of family-based services. Presentations will be selected based on the following criteria: 1) topical variety; 2) program variety; 3) historical development of family-based services; 4) related research; 5) minority service representation; 6) relevancy to family-based/in-home services; 7) systemic orientation, 8) clarity of presentation; and 9) geographical area.

Family Based Services Policy and Administration: The Policy and Administration track program committee seeks brief descriptive summaries (200 words) on topics related but not limited to managing family-based services in single- and multi-service agencies, successful models of public/private interface, outcomes research findings, employee assistance plans, program financing (including third-party payments and entrepreneurship), and ethics in FBS practice and management. Presentations will be selected by the committee based on: 1) topical variety; 2) demonstrated effectiveness, or in the case

of research, design and methodology; 3) general applicability; 4) innovativeness.

Family Based Programs: The planning committees are also seeking brief descriptive summaries of family-based program models that meet some combination of the following definitional criteria: 1) target families are at risk of child placement or have children already in placement; 2) services are delivered primarily in the families' own homes or neighborhoods; 3) services are intensive, especially during crises; 4) coordinated case planning involves the family as fully as possible; 5) services are comprehensive and include concrete services (e.g., housing, respite care, emergency cash assistance) as well as counseling and parent education; 6) services are time-limited. Please include information about: geographic location; client demographics; program auspices (private, public, etc.); areas of special expertise (e.g., sexual abuse, chemical dependency, adolescents, delinquency, young mothers, physical abuse, chronic mental illness, chronic neglect); services provided and who provides them. Selected programs will be invited to participate in luncheon table-talk presentations.

Please submit your abstract (identifying the area you are addressing) to Wendy Deutelbaum at the National Resource Center on Family Based Services. The deadline for submission of abstracts is May 15, 1987.

To be held at the Nicolett Mall Holiday Inn in Minneapolis from September 30 through October 2, 1987, the conference is being planned by representatives from the Illinois, Iowa, Minnesota and New England

family-based associations, the Child Welfare League of America, and the National Resource Center on Family Based Services.

ORTHO **64th annual meeting**

The American Orthopsychiatric Association (ORTHO) will hold its 64th annual conference from March 25-29, 1987, at the Washington Hilton & Towers in Washington, DC. The theme of this year's session is **Toward Empowerment of Families: Strategies for Change**.

The conference draws representatives from all mental health disciplines and will address theoretical and practical issues related to working with children, adolescents, adults, families, schools and community mental health. Special forums will allow participants to concentrate on and network in their areas of particular interest. Programs will cover a range of mental health issues, including adolescent suicide, advocacy skills, aging, Black families, counseling techniques, homeless children, working mothers, and sexual abuse.

One- and two-day institutes on March 25 and 26 will encourage intensive concentration on particular areas, while sessions, panels, workshops and audiovisual presentations will be held on March 27-29.

For more information about the conference, contact ORTHO, 19 W. 44 St., Suite 1616, New York, NY 10036, (212) 354-5770.

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