



PREVENTION REPORT

national resource center on family based services

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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.

We welcome 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. Address inquiries or submit copy to Marcia Culver, Editor, at the National Resource Center.

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THE FAMILY WORKER AND THE INCESTUOUS FAMILY: integrating levels of understanding

**Part 2: Implications for Risk Assessment and Treatment—
by Charles Mowrer, Ph.D.**

(This is the second in a two-part series on working with incest. Part 1 appeared in the Winter 1986/87 issue of the Prevention Report.)

In part one of this article, we examined two explanatory models of incest, one focusing on individual pathology and one using a family systems approach, neither of which alone seemed sufficient to account for the range of incestuous situations we as family workers encounter. We proposed instead a third model which views incestuous behavior as the outcome of a whole range of interacting predisposing conditions.

Thinking about incest as an outcome of vulnerabilities or predisposing conditions enlarges the context within which we understand offenders. We do not deny the existence and risks of individual pathology; rather, we see in the family's internal dynamics and social circumstances a context in which the behavior makes a kind of sense, achieves something, without minimizing the offender's accountability or responsibility. This context can help us evaluate the family's potential for changing these predisposing conditions.

The underlying assumption of our model is that there is no single cause of incestuous behavior, but that all families have a degree of vulnerability based on individual, family and environmental factors which may be expressed in some form of incest if (1) a precipitating situation exists, and (2) the family's level of functioning and coping behaviors are insufficient.

By systematically evaluating these multiple factors and locating the family along a continuum of competence and vulnerability, we can answer a number of the important questions we must address in risk assessment, case management and treatment.

RISK ASSESSMENT: INDIVIDUAL AND FAMILY ISSUES

Assessing Individual Predilection

The single most powerful variable in risk assessment is, of course, the offender's predilection: to the extent that he or she cannot or does not control the incestuous behavior, strict limits and firm controls must be placed, and the usefulness of family therapy for the offender may be limited. Groth (1985) proposes a set of criteria which we can use in assessing risk and considering what sorts of controls are appropriate. In cases where the offender uses violence, has a history of sexual or criminal offenses, has no pattern of stable relationships or work history and denies the act or blames others for its occurrence, levels of control will need to be maximized, e.g., inpatient vs. outpatient treatment, incarceration vs. probation, no contact with children vs. some form of contact. Treatment in such cases should focus on group and individual therapy for the perpetrator apart from the family. On the other hand, family treatment may be appropriate for an offender who has not used violence, shows no signs of sexual pathology, demonstrates adequate life skills and clearly assumes responsibility.

Evaluating the individual offender's level of pathology and potential for family treatment is only the beginning; assessment of the whole family is an essential part of the risk assessment process (Sgroi, 1985). Family assessment and therapy can help other family members (including the victim) deal with the aftermath of the disclosure and prevent incestuous patterns from arising again. When individual assessment indicates that the incest is the result of regressive behavior

rather than of a pathological fixation in sexual preference, family assessment becomes even more important in understanding the extent to which family interactional patterns generate or maintain the behavior. These issues need to be evaluated in order to assess the feasibility of future family reconciliation and the direction treatment needs to take.

Availability of Protective Alliances

Incestuous families are highly vulnerable to recurrent incidents of incest even when the initiating offender is out of the picture. To prevent such recurrence, we must assess the ability of non-offending caretaker adults, like parents, grandparents, or adult siblings, to form a protective alliance with the victim. What are their reactions to the disclosure: hostile, disbelieving or open? What is their historical relationship to the victim: supportive or undermining? What is their current attitude toward the child: are they more concerned with the victim or with the disruption caused by the disclosure? To help and protect the victim, a caretaker must (1) believe that the sexual abuse occurred, (2) hold the victim blameless, and (3) be perceived as a trustworthy figure by the victim.

A caretaker's capacity to take an active protective role may be impeded by other factors, such as dysfunctional relationships elsewhere in the family that hinder the alliance, overwhelming environmental stresses that require coping skills not available, or a lack of supportive community resources for the family in the face of the needs created by the disclosure. A powerless parent in a dependent position who is isolated from external support systems is not likely to be able to play a strong protective role.

Family Functioning

Family systems can be assessed along a continuum according to their level of functioning and corresponding vulnerability to the evolution of incestuous behavior. Families are evaluated according to their "competency" in various areas, such as parenting skills, relationships with extended family, ability to feel and express emotion, capacity to communicate and resolve conflicts, ability to recognize and adapt to differences and change, and involvement with the outside world. The continuum ranges from extremely dysfunctional families at one end to highly functional families at the other, with a middle area of families who are at moderate or borderline levels of competency.

As family workers we generally do not have much contact with families who are functioning very well. Families in which incest is a problem or risk are unlikely to be

functioning more than merely adequately; the occurrence of incest implies some dysfunction. In fact, incest families tend to be dysfunctional across a wide range of dimensions. They are not able to identify resources and organize with sufficient complexity and flexibility to adapt to their circumstances.

The most dysfunctional families tend to operate as isolated, closed systems, fearful and distrustful of the outside world, with little capacity to adapt to external demands or developmental transitions. Roles are blurred; children are pressed into meeting adults' needs regardless of age or sex; differentness and autonomy are viewed as alienation and disloyalty; and emotional survival is seen as depending solely on other family members. Family subsystems are either non-functional or dysfunctional. The adult parents, for example, are emotionally distanced, if not in open conflict, and cannot agree on parenting functions. The same problems are mirrored in parent-child relations as well.

The abuse of power by adults is common in these most intractable incest families. Powerful individuals gratify their emotional needs, particularly those for sexual gratification and the expression of hostility and anger, by taking advantage of their status or physical size and exploiting the relative weakness of their victims. Partly, members feel powerless to have any impact on each other, and abusing power relations is seen as the way to get one's needs met. For example, a husband convinced that he will get a negative response from his spouse if he expresses his resentments may victimize a vulnerable child, disguising his intentions and motives.

Members of such families cannot identify emotionally with the impact of their behavior on others. Because of their distrust and emphasis on power, they are unable to nurture one another or share affection. They are thus vulnerable to regarding less healthy processes (sexual contact, for example) as indications of belonging and recognition. Incest families typically have difficulty controlling their impulses or setting limits on behavior. Behavioral guidelines tend to be either rigid and unadaptive to developmental issues or chaotic and contradictory. Thus, sexuality may not be discussed, and yet nudity and sexual innuendos may pervade the family's behavior.

Families who show many of these characteristics have poor prospects for family therapy, especially before extensive group and individual therapy has occurred with the most central and influential family members. The closer to the extreme dysfunctional end of the continuum the family falls, the greater the risk of further abuse; separation of the offender from the rest of the family is almost always

necessary. Such families are also likely to require a higher level of effort and a longer period of treatment and other services.

Families functioning in the middle range of competency are likely to have moderate problems in expressing emotion and solving problems, but they have also shown some ability to maintain adequate social relations, a functional relationship between the couple both in their marriage and in their parenting, mutual affection and support, the capacity to identify and take responsibility for anger and hostility, a recognition of the difference in power between adults and children, and the ability to establish flexible but clear behavioral limits. Under sufficient stress these families can fall back into a more dysfunctional state and may be vulnerable to the evolution of incestuous behavior if there is some predilection in one of its members.

These midrange families are good candidates for treatment through marital and family therapy aimed at modifying the dysfunctional patterns which have contributed to the incestuous situation. When they come to us for treatment, they are likely to be in crisis, but they often immediately demonstrate strengths and are highly motivated in utilizing treatment. Separation is not always required in these situations.

Developmental and Environmental Factors

Social structure, environmental stress, and the transitions associated with certain developmental stages in life can all play an important role in the evolution of incestuous situations whenever they: (1) increase the family's isolation; (2) limit the capacity of family members to fulfill needed roles; (3) require members to assume roles for which they are not suited; and (4) challenge and exceed the family's current problem-solving capacity.

Environmental and developmental stress is cumulative for families, just as it is for individuals. Death, illness, unemployment, or conflict with extended family can diminish a family's level of functioning over time, moving them from the functional to the dysfunctional end of the continuum. In assessment it is important to evaluate the level of stress surrounding the family and whether it is chronic or acute. Acute distress (such as that caused by death or temporary illness) is likely to diminish with time; it requires supportive functions in treatment. But chronic stress (due to lack of education or long-term unemployment, for example) requires protracted efforts and greater resources in order to appropriately address the problem. Families under high levels of stress are likely to remain at risk of continued or repeated abuse.

Family of Origin

Because patterns of abuse tend to be mirrored from one generation to the next, understanding the family of origin of abusive families can be useful in assessing risk and establishing treatment directions. The less dysfunctional the previous generation, the more hopeful treatment is for the current situation, since the behavioral patterns are less likely to be embedded and intractable. The cumulative effects of developmental and environment stress can also be carried across generations. A competent family hit hard by early death, protracted illness, and other tragic circumstances which create large holes in the family structure can in the space of three generations develop a pattern of functioning that mirrors that of a dysfunctional family.

A MODEL OF FAMILY VULNERABILITY TO ABUSE

A family's ability to successfully negotiate stressful situations, transitory crises, and the inevitable changes associated with different life stages depends upon their current level of competency and flexibility. For families living with chronic levels of stress due to poverty, lack of education, unemployment or disabilities, each new demand increases their vulnerability. Whenever a family faces a crisis for which they lack sufficient resources, the previous strategies by which they maintained structural integrity begin to fall apart and the likelihood of abuse increases.

Families at the dysfunctional end of the continuum with rigid or chaotic patterns carried over from previous generations are of course the most vulnerable to each succeeding life stress. As the tasks at one stage are incompetently met, the family becomes even less able to handle the next. Sexual abuse evolves in these families over time from an incidental response to an immediate crisis into a pattern of behavior embedded in the family's ongoing functioning.

More functional families with stable family histories are less vulnerable to each life cycle transition. But if such changes are juxtaposed with severely stressful events (such as death or unemployment), a family may become less organized and more vulnerable. With sufficient stress, families who once functioned adequately may express sexually abusive behavior, if some predilection exists in an individual member.

Case management decisions and treatment directions require that we assess developmental and environmental stress as well as individual and family vulnerabilities. Families with multiple problems need external resources and help in addressing these stressors. Key stressors must be sufficiently diminished before family patterns can

usefully become the focus of treatment. A newly formed family where the offender is a stepfather presents different issues than a fifteen-year-intact family where the offender is a 45-year-old natural father. Nor are decisions the same when the victim is three as when the victim is seventeen.

We have examined here a range of factors that can contribute to the evolution of incestuous situations: individual predilection or pathology, the ability of family members to form protective alliances, the family's general level of functioning, the stress of certain life stages and social and environmental situations, and the family's intergenerational history. Incestuous behavior evolves over time, across generations, and over the family life cycle. Not all incest families are hopeless, but we need assessment and treatment methods which reflect both our paramount responsibility to protect the victims of sexual abuse and our deep commitment to helping families learn change and grow together. In identifying this multiplicity of predisposing conditions and recognizing some of the ways in which

they interact, we have taken a step toward developing a truly systemic model of family vulnerability which can guide family workers in assessing risk, developing treatment plans, and making crucial management decisions for cases involving incestuous families.

References cited:

Groth, A. Nicholas. "The Incest Offender" in *Handbook of Clinical Intervention in Child Sexual Abuse*, ed. Sgroi. Lexington, MA: D.C. Heath, 1985.

Sgroi, Suzanne, ed. *Handbook of Clinical Intervention in Child Sexual Abuse*. Lexington, MA: D.C. Heath, 1985.

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resources for children: sexual abuse prevention

The following materials are available from the publishers:

Kerry Bassett. *MY VERY OWN SPECIAL BODY BOOK*. PO Box 3910, Redding, CA: Hawthorne Press, 1982. Ages 3-9.

Explains "good" and "bad" touch and instructs children to tell their parents or a grown-up friend if anyone touches them in a bad way. Illustrations of children of various ages and races.

Frances Dayee. *PRIVATE ZONE: A BOOK TEACHING CHILDREN SEXUAL ASSAULT PREVENTION*. 7821 175th St., Edmonds, WA: Charles Franklin Press, 1982. Ages 3-9, \$3.50.

Teaches children about the areas of their body that are private and what to do if someone touches them in a way that is not appropriate.

Lory Freeman. *IT'S MY BODY: A BOOK TO TEACH YOUNG CHILDREN HOW TO RESIST UNCOMFORTABLE TOUCH*. Seattle, WA: Parenting Press, 1984. Ages 3-6, \$3.50.

Without referring to sexual abuse, *It's My Body* emphasizes that a child's body is his/her own and teaches a child to say "don't touch me." Delightful illustrations, accompanying book for parents available.

Linda Walvoord Girard. *MY BODY IS PRIVATE*. 5747 West Howard St., Niles, IL: Albert Whitman & Company, 1984. Ages 4-8, \$10.25.

In this story, a young girl learns what private is: it begins with portraying acceptable and caring touch and concludes with identifying harmful touch.

Sol and Judith Gordon. *A BETTER SAFE THAN SORRY BOOK: A FAMILY GUIDE FOR SEXUAL ASSAULT PREVENTION*. Fayetteville, NY: Ed-U Press, 1984. Ages 3-9, \$6.95.

Emphasizes that children should tell a trusted adult about threatening situations and that they should "get away" right away. The illustrations are multi-ethnic and a parents' guide is included.

Pat Palmer. *THE MOUSE, THE MONSTER AND ME*. San Luis Obispo: Impact Publishers, 1982. Ages 8-12.

Teaches children to be assertive: how to ask for what they want, how to say no, and how to be strong and in control of their lives. Teachers' guide available.

Jo Stowell and Mary Dietzel. *MY VERY OWN BOOK ABOUT ME*. 1226 Howard, Spokane, WA: Lutheran Social Services, 1982. Ages 3-9.

A workbook in which children fill in blanks, draw pictures, and answer questions. Teaches basic concepts of prevention: touching, telling, saying no; what a child should do if a friend tells them about "bad touching." Parents' guide available.

Phyllis E. Sweet. *SOMETHING HAPPENED TO ME*. 224 State St., Racine, WI: Mother Courage Press, 1981. Ages 5-9, \$4.25.

Encourages children to tell about the abusive experience, reinforcing self-esteem. The illustrations are multicultural. Used in clinical settings.

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news from the national resource center

GOOD NEWS/SAD NEWS

The sad news is that Janet Hutchinson, our Director since 1983, left the National Resource Center in January to take up a new challenge as Deputy Director of Allegheny County Children and Youth Services in Pittsburgh, Pennsylvania.

Janet will be greatly missed here at the Center, as a friend and as a leader. It is no exaggeration to say that it was largely her dedication, energy, and creativity that enabled the Resource Center to become a leading contributor to the dramatic development of family-based services around the country.

The good news is that her new position is a sign of the growing acceptance of family-based services, as she will be assisting the Allegheny County CYS in implementing the family-based approach throughout its service system. The agency's decision to move in this direction was based in part on an evaluation study conducted by the National Resource Center for CYS in 1986, and the Resource Center will continue to be involved with the agency's efforts through a training program for CYS staff and supervisors beginning in May 1987. We hope to be able to bring you periodic reports on the progress of this new family-based services initiative.

Janet Hutchinson will continue to work with the NRC as an advisor and consultant. Her departure will be a gain for the family-based service movement as well as a loss for the Resource Center, and her vision and commitment will continue to guide us here at the NRC, where we are busier than ever before.

WHAT'S GOING ON AT THE NRC?

The Center is currently involved in two significant research projects: a study of factors contributing to success and failure in

11 family-based service programs located in 6 states, and a study of chronic neglect cases in Allegheny County, Pennsylvania. Some preliminary data from the first study was reported in the last issue of PREVENTION REPORT; further results should begin to be available in July. For more information on these research studies, contact Kristine Nelson or Miriam Landsman, here at the Center.

We are also involved with significant family-based training programs in progress in Iowa, Kansas, Pennsylvania, Ohio and Wisconsin. The Center is offering a Summer Residency Program on Family Systems Theory, Diagnosis and Treatment here in Iowa City in June, and is co-sponsoring major conferences: the National Leadership Conference for Permanent Families for Children in Detroit in June and the National Family-Based Services Conference in Minneapolis on September 30-October 2. Agencies or organizations interested in discussing training possibilities or workshops should contact Wendy Deutelbaum, Director of Training, at the National Resource Center.

The NRC is continuing to develop and make available new information resources on family-based services: a new **Intensive Family Services Prevention Service Model** manual developed by the Maryland Department of Human Resources, as well as a new **Primary Prevention Typology and Sourcebook**. We are updating our annual *Annotated Directory* of family-based service programs and our annotated sourcebook, *Resources for Family Based Service Practice*. Work is in progress on a series of **annotated bibliographies** on topics in the Center's resource library index; we hope to begin making these available this summer.

SPECIAL PREVENTION REPORT ISSUE ON AIDS

It's practically impossible to pick up a newspaper or magazine these days that isn't talking about AIDS. But we are just beginning to recognize the profound effects this disease will inevitably have on families, particularly those most dependent upon social services — the urban poor who are especially vulnerable to the associated problems of drug abuse and sexual abuse. Unless we begin to seek and develop strategies, AIDS may become an overwhelming burden both for families already at risk of abuse and dissolution and for our medical and social support systems.

In a future issue of PREVENTION REPORT we will address aspects of the AIDS problem relevant to family-based service practice and policy, including a report from Jean McIntosh, Assistant Director of the Los Angeles County Department of Children's Services, on the emerging issue of AIDS and children, and information on resources on the topic.

If you know of articles, books, or other information resources dealing with the impact of AIDS on families and children, we'd like to hear from you. Please call or write Marcia Culver, Editor, PREVENTION REPORT, at the National Resource Center.

AND FINALLY . . .

Wendy Deutelbaum, our Director of Training, has taken on the role of Acting Director of the Resource Center — which is one reason that she has not had time to write her **Arts & Entertainment** column for this issue of the newsletter. We do hope to have her back in print for the Summer issue.

from AUNT FABS 319-335-4130 . . .

AUNT FABS is on-line and waiting for your call each week from 8 a.m. Monday through 5 p.m. Friday (Central Time).

Anyone calling AUNT FABS may request a **free database search** of the Resource Center's library holdings, which includes the most comprehensive collection of family based services resources in the country. By calling AUNT FABS and viewing the index to the library, you can request a database search on the subject terms displayed and receive a bibliography of the results. Some of the library's subject

headings are: FAMILY BASED SERVICES, PERMANENCY PLANNING, PROGRAM EVALUATION, FAMILY THERAPY, SEXUAL ABUSE, CHILD ABUSE AND NEGLECT.

AUNT FABS can also relay **messages** between callers. If you have news items or comments you would like to make public, leave a message with AUNT FABS and it will be made available to everyone who calls.

Remember, AUNT FABS has informa-

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

If you would like a copy of the instructions for calling AUNT FABS, write or call the National Resource Center (319/335-4123) and we'll send them to you. If you already have the instructions (printed in the last few issues of PREVENTION REPORT) but are having problems or have any questions, call us at 319/335-4123.

resources for prevention

The resources listed below are available from the publishers.

ACTIVE AND REASONABLE EFFORTS TO PRESERVE FAMILIES: A GUIDE FOR DELIVERING SERVICES IN COMPLIANCE WITH THE INDIAN CHILD WELFARE ACT OF 1978 (P.L. 95-608) AND THE ADOPTION ASSISTANCE AND CHILD WELFARE ACT OF 1980 (P.L. 96-272). Available from Northwest Resource Associates, (206) 632-1201.

Information about what kinds of services, in what kinds of cases and situations comprise reasonable and active efforts. It is intended to help users decide the extent to which appropriate efforts are made to preserve the family and meet the guidelines established in federal law.

Ivan Boszormenyi-Nagy and Barbara R. Krasner. *BETWEEN GIVE AND TAKE: A CLINICAL GUIDE TO CONTEXTUAL THERAPY.* New York: Brunner/Mazel, 1986. 432 pages, \$35.

The developers of the contextual approach to family therapy present an in-depth clinical manual on what contextual therapy is and how to use it successfully.

Linda Abrams Braun. *HELPING PARENTS IN GROUPS: A LEADERS HANDBOOK.* Boston: Resource Communications, 1984. 276 pages, \$18.50.

Useful for parent groups regardless of group orientation, this handbook describes how to organize the group, provides guidelines for leadership style and activities in various group circumstances, and includes direction on how to facilitate expected and unexpected responses from group members.

Martha R. Burt and Karen J. Pittman. *TESTING THE SOCIAL SAFETY NET: THE IMPACT OF CHANGES IN SUPPORT PROGRAMS DURING THE REAGAN ADMINISTRATION.* Washington, DC: The Urban Institute Press, 1985. 183 pages.

Burt and Pittman examine the effects of changes in recent federal social services policy on children in the welfare system, the chronically mentally ill, and the low-income elderly. Of particular interest is a study of the impact of policy changes between 1981 and 1984 on child welfare agencies in San Diego, Detroit, Richmond and Boston.

Beth Creagor Fallon, editor. *TRAINING LEADERS FOR FAMILY LIFE EDUCATION.* New York: Family Service Association, 1982. 124 pages, \$14.95.

Based on the family life education model developed by the Family Service Association of America, this manual is one in a series of workshop models designed to

train social workers in educational and leadership skills which can be used in family life education workshops.

William Meezan and Joan F. Shireman. *CARE AND COMMITMENT: FOSTER PARENT ADOPTION DECISIONS.* Albany: State University of New York Press, 1985. 247 pages, \$16.95.

This research study focuses on why some foster parents do not want to adopt and why some foster care adoptions fail. Families were chosen from the Illinois Department of Children and Family Service caseload and from three voluntary child welfare agencies. Results indicate that successful adoption of foster children is within the control of the sponsoring agency and its social work staff.

Emelicia Mizio and Anita J. Delaney, editors. *TRAINING FOR SERVICE DELIVERY TO MINORITY CLIENTS.* New York: Family Service Association, 1981. 202 pages, \$12.95.

Originally designed by Family Service of America as a training model for service delivery systems serving Black and Puerto Rican communities, this collection of training approaches can be applied to other ethnic groups as well. The intent is to prepare human service professionals to work within the cultural framework of minority groups and adapt services to meet their needs. Sections cover theory, culture, and practice.

Robert H. Mnookin. *IN THE INTEREST OF CHILDREN: ADVOCACY, LAW REFORM, AND PUBLIC POLICY.* New York: W.H. Freeman, 1985. 572 pages, \$15.95.

Insight into current legal policy and the legal status of children through examination of five atypical cases which "test the legal rules and the limits of the legal system by changing policies adopted by other branches of government." The five in-depth legal studies include cases involving foster care, adolescent abuse, residential care, financial assistance, and racial discrimination.

John P. Murray with H. Ted Rubin. *STATUS OFFENDERS: A SOURCEBOOK.* Boys Town, NE: Boys Town Center, 1983. 135 pages, \$7.50.

Two reports on the social issues surrounding the status offender: Murray's report "Status Offenders: Roles, Rules, and Reactions" and Rubin's "Status Offenses: The Law and the Law in Practice." Provides a useful 43-page bibliography.

Jean A. and John T. Pardeck. *YOUNG*

PEOPLE WITH PROBLEMS: A GUIDE TO BIBLIOTHERAPY. Westport, CT: Greenwood Press, 1984. 176 pages, \$29.95.

Introduces bibliotherapy (the use of books to treat emotional and behavioral problems) as a treatment technique and provides information on its application to alcohol and drug addiction, emotional and behavioral problems, physical handicaps, pregnancy and abortion, and other areas. Books on these areas are recommended and abstracted and reading- and interest-level is evaluated.

Theodore P. Peck. *THE TROUBLED FAMILY: SOURCES OF INFORMATION.* Jefferson, NC: McFarland & Co., 1982. 258 pages, \$19.95. McFarland Publishers, Box 611, Jefferson, NC 28640.

A guide to directories, journal articles, books, reports, and dissertations covering topics in child abuse, drug abuse, teenage pregnancy, and mental health.

Robert Sunley. *ADVOCATING TODAY: A HUMAN SERVICE PRACTITIONER'S HANDBOOK.* New York: Family Service America, 1983. 176 pages, \$15.95.

A model for family advocacy which can be used as a handbook in advocating for any group, particularly useful for working effectively with state and local governments.

Mark Testa and Edward Lawlor. *THE STATE OF THE CHILD: 1985.* Chicago: The Capin Hall Center for Children at the University of Chicago, 1985. 126 pages, \$12.

Using statistical data from federal and state sources, Testa and Lawlor explore trends in the treatment of Illinois' children since 1980, concluding that "the collective condition of children and youth in our society has worsened," that "the care provided to children in families increasingly involves only one parent, usually the mother," and that "children are at greater risk of poverty."

Susan J. Wells. *HOW WE MAKE DECISIONS IN CHILD PROTECTIVE SERVICES INTAKE AND INVESTIGATION.* November 1985, 66 pages. Available from: American Bar Assn., National Legal Resource Center for Child Advocacy and Protection, Order Fulfillment #549, 750 North Lake Shore Drive, Chicago, IL 60611.

Explores workers' personal decision-making criteria and presents guidelines for making thorough, logical decisions in at-risk situations, explaining how to develop accurate risk assessment instruments and presenting examples.

TOUCH. 108 Wilmot Road: Deerfield, IL: MTI Film & Video, 1983. Elementary age children, film-\$495/\$80, video-\$395/\$80. 32 minutes, color.

Film version of the Illusion Theatre's Sexual Abuse Prevention Education presentation teaches the difference between "good" and "bad" touching and the right to say no.

Joy Williams. *RED FLAG, GREEN FLAG PEOPLE*. PO Box 1655, Fargo, ND: Rape and Abuse Crisis Center of Fargo-Moorhead, 1980. Ages 4-9.

A coloring book identifying harmful touch from "red flag" people and good touch from "green flag" people. Children are encouraged to tell an older trusted person immediately if they encounter a red flag person. Designed for use with a program guide, but also effective alone.

Additional Resources on Sexual Abuse:

CHILD SEXUAL ABUSE EDUCATION & PREVENTION: A SELECTED BIBLIOGRAPHY OF MATERIALS FOR SALE. SIECUS, 80 Fifth Ave., Suite 801, New York, NY 10011.\$2.00

CHILD SEXUAL ABUSE PREVENTION RESOURCES. The National Committee for prevention of Child Abuse, (312) 663-3520.

Carol A. Plummer. *PREVENTING SEXUAL ABUSE: ACTIVITIES AND STRATEGIES FOR THOSE WORKING WITH CHILDREN AND ADOLESCENTS*. Learning Publications, Holmes Beach, Florida.

RESOURCES FOR THE PREVENTION OF CHILD SEXUAL ABUSE. Judge Baker Guidance Center, Boston, MA (617) 232-8390.

Kay Clark, ed. *SEXUAL ABUSE PREVENTION EDUCATION: AN ANNOTATED BIBLIOGRAPHY*. 1986-1987 edition. Network Publications, Santa Cruz, CA.

STRATEGIES FOR FREE CHILDREN: A LEADER'S GUIDE TO CHILD ASSAULT PREVENTION. Child Assault Prevention Project, Columbus, OH (614) 291-2540.

program profiles

Project CHILD (Children's Home-Based Intervention for Learning and Development)

The Providence Center for Counseling & Psychiatric Services' Project CHILD provides therapeutic interventions for young children who are at risk of delays in cognitive and emotional development because of the mental illness of a parent. The children of schizophrenics have a 30 percent chance of developing serious emotional disorders themselves, compared to a 2 percent risk in general, and the children of emotionally disturbed parents are also more likely to develop speech, emotional and learning disabilities by the time they enter school. Project CHILD hopes to lower these risks by stimulating age-appropriate development and improving the relationship between the child and the mentally ill parent.

Begun under a grant from the U.S. Department of Education, the Project CHILD treatment program has three targets: the child's delayed development, the parent's illness, and interaction between parent and child. Project staff includes a child psychologist and two early childhood educators, who test the child for developmental delays and then work through home-, Center- and community-based programs to overcome these problems.

In the Project's "baby school," parents learn to interact with and stimulate their in-

fants, share tips on child care and discuss child development. A nursery school program focuses on language development. Staff also make home visits to help mentally ill parents learn how to care for their children, physically and emotionally.

The Project works closely with community agencies like Head Start and the Department of Children and Families to encourage their involvement in programs for preschool-aged children and to ensure community support for these families.

Families with a child under age 5 and a parent with a mental illness which has been stabilized medically are eligible for referral to Project CHILD. The program has achieved dramatic successes in remediating developmental delays in the children and in enabling families who were at risk of separation to remain together. The Project reports that the cost of treating a child for one year is about \$4,000; the annual cost of institutionalizing a child would be about \$50,000.

The Program Coordinator for Project CHILD is Haven Miles, MSW. For more information about the program, contact her at The Providence Center for Counseling & Psychiatric Services, 520 Hope Street, Providence, RI 02906 (401/274-2500).

new from the nrc: two fbs program reports

Prepared by the American Public Welfare Association (APWA) for the National Resource Center on Family Based Services, these reports describe the operation of two family-based child welfare placement prevention programs, one (SCAN) serving an urban community with a large minority population and the other (PPN) emphasizing primary prevention efforts.

THE SUPPORTIVE CHILD ADULT NETWORK (SCAN) OF PHILADELPHIA (1986). \$2.50.

This report provides urban child welfare managers with concise descriptive information about the operation of a typical placement prevention program in an urban setting. The report describes the SCAN program's environment and target population; program history, philosophy, goals and objectives; organizational structure, staff recruitment and training, funding base and budget, and management tools; eligibility requirements, caseload, intake, assessment and case planning, service provision, coordi-

ination with community services, case monitoring, closure and follow-up services; and service outcome monitoring. Appendices include the program's own public relations and educational reports, information brochure, and case management forms.

POSITIVE PARENT NETWORK (PPN) OF RAPID CITY, SOUTH DAKOTA (1986). \$2.50.

Designed to strengthen families and enhance the parent-child relationship, PPN serves families in Rapid City, South Dakota, and surrounding Pennington County, and was chosen as a typical primary prevention program in a rural setting. The report provides information on program context, background, management, operations and monitoring and evaluation, as well as appendices including information on recruitment of volunteers, PPN policy statements, a sample newsletter and evaluation form.

materials available from the national resource center

ANNOTATED DIRECTORY OF SELECTED FAMILY-BASED SERVICE PROGRAMS (1986). \$12. Descriptions of 238 family-based service programs across the country, including information on program goals, background, services, client characteristics, staff, funding and who to contact.

CHILDREN TODAY. SPECIAL ISSUE: FAMILY BASED SERVICES. (November-December 1986). No charge. This special issue of *Children Today*, published by the U.S. Department of Health and Human Services, offers both an introduction to the concept of family-based services and up-to-date reports on programs around the country, with an introduction by Cecelia Sudia (Family Services Specialist at the Children's Bureau), articles by Janet Hutchinson, Debra Ratterman, and Robert Hunner, and profiles of family-based programs in Kentucky, Florida, Utah and Pennsylvania.

A COMPARATIVE ANALYSIS OF THE COSTS OF SUBSTITUTE CARE AND FAMILY BASED SERVICES (1982). No charge. A method for comparing costs of foster care and family-based services, using the present-value-of-money concept to demonstrate savings in foster care maintenance expenditures.

EVALUATION OF FOURTEEN CHILD PLACEMENT PREVENTION PROJECTS IN WISCONSIN (1985). \$3.50. Funded by the Wisconsin Division of Community Services, this study followed 14 programs during the period from 1983 to 1985 and describes project backgrounds, client characteristics, services, outcomes and related factors, and achievement of project goals. Data collection instruments included.

EVALUATION OF NEBRASKA'S INTENSIVE SERVICE PROJECT: LINCOLN AND MCCOOK, NEBRASKA (1984). \$2.50. Background, findings and evaluation of 2 family-centered service projects in Nebraska from March 1983 through February 1984, including data collection instruments.

FAMILY BASED JOB DESCRIPTIONS (1986). \$7.50. A compilation of job descriptions for family-based service workers (including social workers, supervisors, administrators, family therapists and paraprofessionals) which are currently in use by selected public and private family-based programs throughout the country.

FAMILY-CENTERED SERVICES EMPLOYEES MANUAL (1985). \$3.75. The Iowa Department of Human Services' family-centered services regulations, which define and structure the preventive services program, with accompanying procedures manual.

FAMILY-CENTERED SOCIAL SERVICES: A MODEL FOR CHILD WELFARE AGENCIES (1983). \$7. Planning and implementing family-centered services for public child welfare agency administrators, including a proposed model of service delivery, family typology, data collection instruments, comparative cost analysis, and extensive bibliography.

MEASURING THE COST EFFECTIVENESS OF FAMILY-BASED SERVICES AND OUT-OF-HOME CARE (1983). \$5. Data from the state of Maryland.

PLACEMENT PREVENTION AND FAMILY UNIFICATION: A PRACTITIONER'S HANDBOOK (1984). \$7. Applications of family-based services, initiating the program, family assessment, functions and activities of the in-home worker, staff supports, case closure, and service techniques.

PLACEMENT PREVENTION AND FAMILY UNIFICATION: A VIEW FROM THE CHILD WELFARE SECTOR (1980). \$2. Reasons for and advantages of family-centered services, for use with legislators, boards, advocacy groups, and civic organizations.

RESOURCES FOR FAMILY BASED SERVICE PRACTICE: AN ANNOTATED SOURCE BOOK (1986). \$2.50. Descriptions

and ordering information for selected resources on: family therapy, fbs theory and practice, research and evaluation, legal issues, family-based services management, and training. Lists fbs service associations and program directories. Many are unpublished materials prepared by social service departments and not generally available in libraries.

SUMMARIES OF EVALUATION STUDIES OF PREVENTION PROJECTS IN VIRGINIA AND WISCONSIN (1985). \$3.50. Placement prevention projects in Wisconsin and Virginia were studied using similar methodologies, with results demonstrating substantial success in preventing out-of-home placement.

audiovisual materials:

HOME-BASED FAMILY-CENTERED SERVICES: A BASIC VIEW (1980). \$77. (Rental \$10) An 18-minute, 80-slide synchronized presentation providing an introductory overview; for use by advocacy and civic groups, boards of directors, and policy-makers. Includes an 8-page study guide.

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conference notes

CONFERENCE UPDATE: EMPOWERING FAMILIES: A CELEBRATION OF FAMILY-BASED SERVICES September 30-October 2, 1987

Planning continues on the 3-day national conference on family based services to be held in Minneapolis this fall.

The program will open with a performance by the Minneapolis-based women's theater group AT THE FOOT OF THE MOUNTAIN, and will feature lectures, workshops and panel discussions by clinical, financial, legal and policy experts in child welfare services and by conference participants from around the country.

Scheduled speakers include Harry J. Aponte (Family Therapy Training Program of Philadelphia), Dr. Edgar Auerswald (noted author and therapist and founder of the Center for Applied Epistemology), Robert Horowitz (National Legal Resource Center for Child Advocacy and Protection), Douglas Nelson (Center for Policy Studies), Janet Hutchinson (Allegheny County Children and Youth Services), and Joy Duva (Child Welfare League of America).

Empowering Families: A Celebration of Family Based Services will offer a unique opportunity for all those involved in or interested in learning about family-based services to meet, talk, share our experiences and insights and learn together. So do plan to join us in Minneapolis.

Mark the date on your calendar, and

keep an eye on your mail in the next few weeks for the conference brochure, with complete registration information.

NATIONAL LEADERSHIP CONFERENCE ON PERMANENT FAMILIES FOR CHILDREN: Detroit, June 8-9, 1987

The Children's Charter of the Courts of Michigan is sponsoring a 2-day conference at the Westin Hotel in Detroit's Renaissance Center, June 8-9, 1987, to provide judges, attorneys, legislators, social services experts, child advocates and community volunteer leaders with an opportunity to meet and discuss a wide variety of child welfare issues, including child abuse prevention, risk assessment, family preservation programs, reasonable efforts protocols, adoption innovations, model volunteer programs, minority children's issues, legislative initiatives, and advocating for systems changes.

In addition to two general sessions, participants will choose from a series of special workshops and institutes being sponsored by various national child welfare organizations, including the National Resource Centers for Child Abuse and Neglect, Child Welfare Law, Special Needs Adoption and Family Based Services, The National Institute for Black Child Development, the National Council of Juvenile and Family Court Judges, the Youth Law Center, the Association for Child Advocacy, and the Junior League of Michigan.

The registration fee is \$160. For more information, contact Lisa Kaichen, Children's Charter of the Courts of Michigan, 115 West Allegan, Suite 500, Lansing, MI 48933 (517/482-7533).

1987 EARLY CHILDHOOD INSTITUTE: Chapel Hill, June 22-26, 1987

The Frank Porter Graham Child Development Center will be holding its 1987 Early Childhood Institute, Programs for Infants, Toddlers and Their Families, from June 22-26 on the campus of the University of North Carolina at Chapel Hill. The Institute offers early childhood and special education professionals the opportunity to consider key research and policy issues and to acquire new skills. Keynote speakers will be Dr. Sandra Scarr on day care, Dr. Sue Aronson on health, Dr. Sharon Landesman on research applications, and Dr. James Gallagher on public policy. Participants may select in-depth workshops in three areas: Families, Environment, and Curriculum. The demonstration Child Care Center at Frank Porter Graham will also be available for observation of infant and toddler groups that mainstream handicapped children.

Registration is \$200 for 3 CEUs or \$250 for 2 semester-hours graduate credit; enrollment is limited. For further information, contact: Nancy Striniste, FPG Summer Institute, 300 NCNB Plaza, Chapel Hill, NC 27514 (919) 962-7360.



NATIONAL RESOURCE CENTER ON FAMILY BASED SERVICES

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