



P R E V E N T I O N R E P O R T

national resource center on family based services

Winter/Spring 1989

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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 submissions to **Prevention Report** at the National Resource Center.

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special conference report

EMPOWERING FAMILIES '88

NATIONAL RESOURCE CENTER

*It is with real pleasure that we devote this issue of the **Prevention Report** to the second annual Family Based Services conference, **Empowering Families '88**, held in Boise on October 17-19. For some, it will jog the memory of a high-spirited meeting among some 700 family-based practitioners, administrators, and researchers. For those who were unable to attend, we hope it will provide an overview of some of the current concerns and thinking in a movement committed not only to placement prevention and family support, but to change in the very conditions and contradictions that make families' lives and livelihoods increasingly difficult to sustain. With this New Year, may the ideals of family-based work continue to guide us and motivate us in our efforts to empower the disempowered, create a vision that is holistic rather than fragmented, establish connections instead of exclusions, and share responsibility rather than blame.*

KEYNOTE ADDRESS

"ADVANCING A FAMILY-CENTERED AGENDA IN PUBLIC POLICY" by Michael Petit, Michael Petit Associates

Let me begin by commending the sponsors of this conference and all of you who are attending. The work you will be doing here in the next three days—and, more importantly, the family-centered work you are doing in your communities—is at the very front edge of where domestic policy on children **must** move. In order to ensure that what we **know** works best for children is put into place for all who need it, we will have to act on a simple truth: **the time has come** for all of us who work on behalf of children and families—social workers, teachers, health providers—to **close ranks** and join together in advancing—and insisting upon—more responsive local, state, and national political **agendas** for children, agendas that reflect the real needs of families and agendas that commit a fair share of the country's still-fabulous wealth to the immediate and future needs of its children.

I'm going to begin by describing some of the most urgent children's issues confronting us and the potential I see everywhere for broad-based public support for a much bolder children's agenda. I'll then lay out a framework which should, but doesn't yet, drive our public

policy toward children and families. You won't be surprised when I tell you it must be directed at enabling families to better protect and nurture their children. I'll describe the basic strategies for advancing a children's agenda and some of the results they produced in Maine, and close with a few ideas on how you might help advance these issues yourself, within your own states and local communities.

Since leaving my position in Maine nearly two years ago, I've flown 250,000 miles visiting 40 states to discuss children and public policy. The situation I encounter is basically the same across the U.S.

Alarm is expressed everywhere I go about the deteriorating status of millions of children and families. Almost everywhere, social service agencies, courts, welfare departments, hospital emergency rooms, mental health centers, special education programs, and district attorneys say they are nearly overwhelmed by the crush of desperate cases involving children coming through their doors. Let me mention just a few of the numbers that fuel this concern.

- Most conspicuous have been some notorious **child physical and sex abuse cases** that have been heavily publicized in virtually every state—not surprising in view of 2 million annual reported cases, including more than a thousand deaths.
- In terms of **poverty and income**, 11 percent or 24 million Americans were poor in 1978, 14 percent or 32 million in 1987. Income gap between the richest and poorest is now the widest it has been since records began being kept in 1948, with the lowest 20 percent getting 4.5 percent and the highest 20 percent getting 47 percent of the wealth. The only reason the gap has not widened even more is the introduction of women into the workforce, providing two wage earnings in many households but also no one to care for the children. Poorest families, the youngest families with children, have seen real income drop 26 percent since 1973.
- Look at the situation of **drugs**. In one county I visited last week, a 20-year-old mother had just given birth to her third severely retarded child.
- Look at **teen pregnancy**, where the U.S. abortion rate is higher than Europe's pregnancy rate. In one study we did, CPS

referrals were 10 to 20 times more likely among teenage parents.

—Look at **prisons** where our rate is the highest in the world; where in California alone they will spend \$10 billion by the mid 1990s; and where in a state I visited recently, the Maternal and Child director told me she, and the entire state Department of Social Services, had been ordered to submit 15 percent budget cuts because of new prison cells coming on line. Everywhere I hear candidates promising voters more prisons; almost nowhere do I hear **anyone** talking about the costs, the cases, and the prevention of the **need** for prisons. This in a country which holds personal freedom as one of its highest values.

—Finally, look at **child deaths** in the U.S. where the rate is 3 times higher in poor families than non-poor families, and the highest overall among 23 developing nations.

In sum, for America's children between 1983 and 1988, almost all the numbers are worse. But I won't go on. It's not hard to conclude that this generation could be the first generation worse off than the one that preceded it.

Does the public have any idea? Yes, from the looks of the Harris polls, governors' agendas, bills in congress, and *Children in Need*, where they ask

1. How will we compete with the Germans and Japanese?
2. Who will run our sophisticated military technology?
3. Who will prop us up in retirement?

Is the public willing to spend money or taxes in this way? Yes, from the looks of the Super Tuesday exit poll, the Florida tax for kids, and Washington state initiatives that demonstrate collaboration at the political level. The irony is that no one wants kids hurt, the country is loaded, and we know better than ever what works in the care and development of kids.

In other words, it doesn't **have** to be this way, and it's not in most of Western Europe because they've generally adopted more supportive policies that address the realities of family life in post-WWII western culture. Comparative studies show they surpass us in the provision of child care, health insurance, parental leave, children's allowances, and preschool education.

The answer is not more prisons or more social workers. **The answer is a community and political climate receptive to addressing these problems and to committing the necessary resources.** There is no one best way to do this in a country of 244 million. We need to do a lot of things. But the very first commitment we need to make will focus on families as the centerpiece of our strategies, not because of sentiment but because it's pragmatic.

We simply haven't figured out good substitutes to families—at any cost. Just as there is no nice way to lock people up, there is no nice way to remove children from their homes. I've always asserted that 99 percent of kids under 12 who have been removed from their families would rather be at home, no matter what the circumstances.

Some people think you can address children's problems the way you do a leaky faucet: call in the plumber. Let him get his hands dirty. Let him fix it. Well, you can't do that with an abused child or mentally ill teen. You can't just bring in a social worker or special education expert and expect the problem to be solved.

And the reason is simple: individuals and families are complex creatures. No one discipline has anything like the knowledge base and skills needed to fix hurt or hopeless people. None of our disciplines possesses the responsibility or authority. We need to cooperate if we are to achieve child well-being.

And that's what it seems that family-based services are all about. They recognize the primacy of families. They are integrative. They are generally less intrusive, sometimes less expensive, and certainly more effective than more traditional forms of intervention. And the thinking and programs you represent need to apply not just to a few agencies in each state, but need to be made a part of each major child-serving system's philosophy and practice—which in turn requires that it be incorporated into public policy at every level.

How to do that? We need to stop being defensive, apologetic, or victimized for what we do. And then those of us involved with the problems of kids need to go on the offensive for a change. I have this formula for creating social change: knowledge, awareness, concern, insistence upon action. These are all driven by a combination of one or more of the major elements for promoting change in a big, complex society: data, organizing, media, politics, and coalitions. That translates into developing a specific agenda, reducing it to yes or no propositions, challenging decisionmakers, and promoting a persistent sell.

Power in our society is too decentralized to permit one system or source of power to deliver lethal blows to the others. So 51 percent working majorities are the key, which in turn can be propelled by an effective coalition in each state, started by just a handful of people.

It's an approach we used at APWA and the NGA to help fuel the just-adopted welfare bill, and it was an approach we used extensively in Maine. Now Maine is far from perfect, but consider what happened there with this approach.

No cuts in human services between 1979 and 1987. A 42 percent increase in AFDC between 1980 and 1986, and a new job training program that put thousands of welfare recipients to work. The lowest infant mortality rate in the country in something like three of the last six years. An overall reduction of 11 percent in all children's deaths, all ages, all causes. No maternal deaths at birth from 1979 to 1987, in part due to free prenatal care to women at the poverty level. A 700 percent increase in child support payments. Large increases in Head Start slots using 100 percent state money. And many other expanded health and social services including annual columns for family planning, home-based care, and preschool handicapped services programs.

All this with no tax increases, in a state with about the forty-fourth lowest per capita income at the time, using the children's issue to help impose rigorous cost-containment programs on hospitals, nursing homes, and physicians' fees, in order to free money in part for home-based family services. And the legislature bought into prevention.

What was Washington's response in the face of all these problems? That's another

speech really, but suffice it to say that we saw an administration, with complicity from the congress—at least in the early years—which has stood the concept of social justice for children on its head. Since 1981 we've seen tens of billions of dollars in cumulative cuts in children and family services. The Department of Health and Human Services, long a key player in planning federal policy on family issues, was long ago supplanted by OMB as the foremost architect of domestic social policy. In program after program, there is less real spending for low-income families and for women and children than five or ten years ago. The numbers show it, and the consequences should be visible to all of us.

A major funding source has always been the Social Service Block Grant, now stuck at \$2.78 billion. This is small stuff, of course, compared to the Star Wars systems that will cost \$1 trillion dollars. I don't know about you, but after about \$10,000 all other numbers are kind of blurred. So let's put it in terms we understand.

For \$1 trillion, you could build a \$75,000 house and place it on a \$5,000 parcel of land, furnish it with \$10,000 worth of furniture, put a \$10,000 car in the garage—and give all of this to each and every family in Oregon, Idaho, Wyoming, Washington state, Montana, Utah, Nevada, New Mexico, North Dakota, South Dakota, and Colorado.

And with the money left over, you would still have enough left to build a \$10 million hospital and a \$10 million library for each of 250 cities and towns throughout the area. And you could still invest the balance to produce dividends that would allow you to pay a salary of \$25,000 per year for an army of 10,000 family-based practitioners and 10,000 teachers, plus provide an annual cash allowance of \$5,000 for each and every family throughout the same states—not just for one year but forever.

We know that 10 million—mostly women and children—have been hurt the most by budget cuts, especially those on AFDC. But you may be interested to learn that one kind of AFDC program positively prospered. Of course, I'm not talking about the Aid for Families with Dependent Children program, but rather the Aid for Financially Dependent Corporation program.

According to conservative columnist James Kilpatrick, who writes the column entitled "A Conservative View," in the three years ending in 1985 General Electric had profits of \$6.8 billion, Dow Chemical \$776 million, Union Carbide \$613 million. None of them paid a dime in federal income tax and together these companies claimed refunds of more than half a billion dollars. This is in contrast to a single mother of three children who paid \$1,400 on

her \$11,500 income, plunging her below poverty.

Incidentally, the gap in the share of annual income going to the poorest 20 percent of families and wealthiest 20 percent of the population is at its widest in nearly 40 years, with the former getting 5 percent and the latter getting 43 percent. And our richest families have positively prospered in the last decade. Ten years ago these families controlled 25 percent of the nation's wealth. Today it is 33 percent.

How have we gotten to this state of affairs in a country as rich and educated as this one? There are a number of reasons, but let me mention just two politically important ones. One is simply demographics: there are fewer children today, both as a percentage of the population and in absolute numbers.

In the early 1950s, nearly 2 of 3 voting households had children under 18; today it's about 1 in 3. Children's needs are less visible because they are more segregated from the rest of us—and easier to ignore.

Another reason is the composition of elected bodies, especially the Congress. Twenty-eight percent of Maine's legislators are women—which may not sound like much until you compare it to a national average of about 14 percent in other state legislatures and 5 percent in Congress, a congress which often resembles more a private men's club than a representative body of America's diverse population.

Think of it, just 25 of Congress's 535 members are women, or one female in the Congress for every 5 million in the population. In Maine during much of the last eight years, our house majority leader and the chair of human resources, education, and most importantly, appropriations committees, were women. It made a difference. They saw more clearly that promotion of children is sound public policy.

And at some point that requires real money. Yes, we need volunteers. Yes, we need to have joint efforts between the public and private sector. But as someone with extensive involvement with the largest private fundraiser for Health and Human Services—United Way—I know, for example, that every cent they raised in Maine equalled perhaps just 1 percent of public spending on human services. Ultimately it will require tax dollars. And there's no shortage of good ideas.

Let me cite a few suggestions from the Children's Defense Fund recent federal budget report.

1. You could spend \$1.8 billion for prenatal care to cover every uninsured low-income woman. It's less than the \$2.5 billion we'll spend in first-year costs alone for 330,000 low-birth-weight babies.
2. Restore cuts and spend \$40 million more to immunize children—the number of children not immunized has risen significantly in recent years. We would save \$10 for every \$1 we spent. It's less than we spend each year on military bands.
3. Spend at least the \$2.5 billion in the ABC bill for child care, an amount equal to what we spend to store surplus crops the feds buy.

"Nothing urgent about it," said the Senate majority leader about parental leave. Are we living in the same country?

4. Head Start is a proven success, saving \$4.75 for every \$1.00 spent. It reaches only 18 percent of eligible families. \$400 million new money for 5 years would increase the percentage to 50 percent. \$400 million equals spare parts for B-1's. Incidentally, one of our 100 B-1's costs \$280 million. Federal support for family violence prevention, child abuse prevention, and Title IV-B child welfare services together is \$273 million.

Or how about a prison prevention program? By one estimate, providing a child with prenatal care, preventive health care through age 18, Head Start, compensatory education, summer jobs during high school, and 4 years of public college would cost \$39,000. That equals what 17 months of prison costs per inmate, the average time served for a first conviction is 15.9 months. A year in prison costs \$28,000.

How could you finance all this? Hopefully, there will be unveiled, shortly after the election, a proposal to add .6 percent payroll tax, similar to Social Security, resulting in \$24 billion in new spending.

What about this presidential race? Both candidates have been falling all over themselves on the subject. They have offered few details, but what we have seen has been modest, nothing of a magnitude to make a serious impact, so don't look to them.

What can we do? We need steady, long-term involvement in public education and the political process at all levels. I know the value of the work you do. It is not receiving sufficient recognition. We are not marketing ourselves. Promote your programs with numbers and emotion, that's the kind of society we live in. Get a copy of **The First 60 Months, Within Our Reach, and Children in Need**. Park somebody in D.C. and in your state capitols. Know your local and state press: invite reporters to site visits, go in and see editors. Find someone to sponsor hearings on kids; create local forums where you can regularly meet with others; register people at your place of work in the next two weeks; call your governor, mayor, and county commissioner, and ask them to organize a children's agenda. If they don't, you should. Challenge them directly, both publicly and at election time if necessary. I was in a state last week with a per capita income among the top five, yet Medicaid, AFDC, Social Service spending, infant mortality, and teen pregnancy were among the worst. How to account for this contrast with Maine, one of the poorest states? It is strictly a different climate.

Other ideas? Challenge organizations, charities, and others to help finance services. Set up a referendum (in Washington state, contact Jon Levesque at the Alliance for Children, Youth, and Families in Seattle). Ask welfare administrators to adopt policies and make changes in Medicaid reimbursement. Create fact books. Form coalitions. Get CDF's and CWLA's soon-to-be-released scorecards

Cecelia Sudia, family services specialist since 1980 at the Children's Bureau, was chosen by the National Association to receive the First Award for Distinguished Achievement in Family Based Services for her exemplary leadership in promoting family-based service programs throughout the United States. A healthy survivor of 20 years in the federal bureaucracy, Cecelia is a woman whose innovative efforts have made dreams come true. She came to the Children's Bureau in 1968, where she worked first on research on the effects of children growing up in fatherless homes and the adoption of Black children and handicapped and special needs children. As project officer for the Oregon Freeing Children for Adoption demonstration project, Cecelia helped change child welfare practice in this country by making a child's need for a permanent home a routine consideration in all child welfare cases.

When Cecelia became a family services specialist in 1980, her first task was to write the request for proposals that resulted in the funding of the National Resource Center on Family Based Services. Since then, she has worked with the center and with states and agencies funded to develop and evaluate family-based programs. This year, Cecelia's work is focused on assisting seven new family-based programs within Indian tribal organizations; on efforts to assist courts in defining reasonable efforts; on improved medical, educational, and independent living services for kids in foster care; and on new demonstration services for children with HIV infection. Cecelia's early involvement in child abuse and neglect research earned her the Mary Ellen Award from the National Committee for Prevention of Child Abuse, and two subsequent awards from the Children's Bureau have paid tribute to her work there. With this First Award for Distinguished Achievement in Family Based Services, the association salutes Cecelia Sudia's knowledge, skill, and tenacity.

Her efforts have been felt not only by innumerable children and families in this country, but also by the many social service administrators, providers, and researchers she has consistently supported and encouraged along the way.

on the 100th Congress. Run for office yourself—Tip O'Neal was fond of saying that "all politics is local." Remember there must be a receptive political climate, and if you can't change the minds of your officials, change them.

Finally, recall Tolstoy who said, "When will justice come? When those who are not injured are as indignant as those who are."

"ISSUES IN MINORITY-FOCUSED TREATMENT: PERSPECTIVES ON BLACK, INDIAN, HISPANIC, AND LATINO HOME-BASED SERVICES" by Jacqueline Jones, Executive Director, Black Family Development, Inc.

The **Empowering Families '88** conference offered timely opportunities for conferees to explore the relevance of minority-focused treatment issues within the home-based services movement. Treatment issues with Black, Indian, Hispanic, and Latino families were highlighted in workshops provided throughout the three-day conference.

Workshops were presented by minorities who shared experiential backgrounds with the ethnic groups being discussed. Sharon Enjady and Chris Wallin from the Minnesota Indian Women's Center in Minneapolis presented a wealth of information in "Reunification Services for American Indian Families and Their Children"; issues related to counseling Black families were discussed in my own workshop, "Preserving Black Families through the Home-Based Model"; Josie Torralba Romero from Santa Clara County Health Bureau in San Jose provided an in-depth look at serving Hispanic and Latino families in "Clinical Interventions for Engaging Hispanic, Latino Individuals and Families"; and Mark Mannes, Ying-Ying Yuan, and David Giles presented "Developing Family-Based Programs for Indian Country."

Enjady's overview of American Indian history from the precolonial to the post-1965 self-determination era provided information critical to serving Indian families. The Indian Prayer, "All My Relations," reflects strong ties to family and tribal practices and indicates that no resource has been seen as more vital to the continued existence and integrity of Indian tribes than their children. For Indians, the life experience has traditionally been viewed as a circular process beginning with the spiritual phase at conception: ceremonies, preparations, and teachings carry an individual from the spiritual to the physical (the spring of one's life, marriage), to the emotional (the fall of one's life as a grandparent), back to the spiritual (death, the winter of one's life as an elder and a child again). Death was not seen as the ending.

According to Enjady, external factors throughout history have forced Indian life-style outside this circular process and into a square. Some of these external educational, religious, and social influences that have negatively affected Indian people are family separation; loss of language; dehumanization; denigration of Indian life; poor parenting skills; loss of unity of faith; destruction of traditional rituals; denigration of religious values; racial prejudice; loss of tribal identity; technology; loss of land, rights, and power; and the high rate of institutionalized children. The institutionalization of children is being addressed by programs like the Minnesota Indian Women's Center where Enjady and her colleagues operate a home-based services program.

Along with other authorities on Indian family life, the center describes seven Indian family forms. The first form is the **traditional**, in

which the family attempts to preserve older ways of organizing and managing family affairs. Such groups are usually found on reservations and have a predominantly rural orientation. The second family form is the **nontraditional or bicultural**, in which families have adopted many of the characteristics of the dominant society, including nuclear family living arrangements. While found on reservations, bicultural families are more common in the urban areas, particularly among persons who aspire to upward mobility within the dominant economic system. In the third or **pantraditional** form, family members struggle "to redefine and reconfirm previously lost cultural styles of living" as an alternative to other family patterns. Four other family forms include the **Christian**, the **assimilated**, the **no man's land**, and the **acculturated**.

Each family has to choose the form they fit. Just as importantly, helping professionals need to recognize that the form a family has chosen is critical to the development of a family case plan. The family case plan is one part of a ten-step process followed by the center's home-based program: 1. screening assistance, 2. admission, 3. family needs assessment, 4. family case planning, 5. direct client services, 6. concurrent referral services, 7. network services, 8. discharge planning, 9. posttreatment referral, and 10. discharge. Cultural traits practitioners should consider in working with Indian families are self-reliance, noninterference, nonconfrontation, diversity, respect for elders, and extended families.

Many of the issues highlighted by Enjady came up again in my discussion of Black families. I began by explaining the need for specialized services for Black families. Typically, Blacks have not been perceived as possessing their own unique cultural practices but rather as having been totally acculturated into American white society. This is not the case, of course, nor is it for any ethnic group. Cultural understanding requires acknowledging that ethnic groups have cultural factors that make a people intrinsically who they are. Cultural understanding acknowledges that one's own attitudes and sensitivity toward an ethnic group serve as the guiding map to our relationship with a family. This map, or frame of reference, helps us use cultural patterns as explanations for actions, as predictive factors for behaviors, and as tools for problem resolution.

To develop cultural sensitivity, I suggested that counselors begin by accepting culture as an important therapeutic tool; by developing an attitude of openness to culture; by reading materials written by such Black family researchers as Doctors Robert Hill, Andrew Billingsley, and Asa Hilliard; by taking advantage of opportunities to associate with Blacks who are nonclients; and by maintaining one's own ethnicity and behaviors.

Cultural sensitivity is an integral part of the Black Family Development's home-based model, which consists of a philosophy that Black families have strengths and that services should build around these, an outreach assuring that services are accessible and counselors understand a family's total environment, and support services.

Support services involve not only home visits or the provision of material goods, but also an array of material items and services such as transportation, child care, and counseling services. Counselors act as motivators, teachers, supporters, advocates, option-builders, information specialists, and perhaps most importantly, as providers of options instead of answers. These counselor roles are designed to implement three basic concepts: empowerment, intactness, and parent remaining in charge—all suggesting the goal of preventing children's separation from their families while strengthening and enabling families to become self-determining.

I also discussed interventions with Black families and mentioned the use of extended family and informal systems, the use of self, a focus on self-esteem, using the concepts of pain and pleasure, understanding the impact of racism, appropriate assessment of client resources, self analysis, and confrontation. Other options used by Black Family Development Inc.'s home-based model include the integration of therapeutic techniques such as spirituality, behavior modification, and Dr. Ted Thompson's Onion Theory, and the encouragement of family participation in ancillary parenting training groups, child-play therapy, and substance abuse support groups.

Josie Romero's presentation provided further support for the relevance of culturally specific treatment. Romero reported that the Hispanic/Latino population is the fastest growing ethnic/minority population in the United States. She identified several different groups as Hispanic—Mexicans, Puerto Ricans, Peruvians, and so forth—all having common variables of language, family values, and customs.

Romero stressed that assessment, diagnostic, and treatment services need to be free from cultural and linguistic bias. Critical dialogue helped participants learn to assess the degree of acculturation within Hispanic families and its treatment implications. Participants were encouraged to use a multidimensional approach that addresses the Hispanic/Latino family's socioeconomic, cultural, and linguistic realities. Accurate assessments and engagement of families in treatment also require culturally appropriate protocol. A model for "empowering family systems by networking" was outlined that included community groups, political units, the media, and bureaucratic institutions since an increase in the network of support services for ethnic/minority population is critical to any program. Romero described problems in Hispanic families similar to those seen in Indian and Black families, with some difference in typical drug use patterns: Hispanics tend to use PCP while Blacks tend to use crack cocaine.

Family, respect, trust, pride, shame, and language were identified as culturally specific Hispanic/Latino values, while the individual's level of acculturation affects the extent of these values and the impact of any psychological problems. In serving Hispanic/Latino families, it is important to recognize the kinds of acculturation conflicts that exist around allegiance to the native

country, language, intergenerational rates of acculturation, and the transmission of traditional versus bicultural versus "new" culture. Paradoxes were presented as useful techniques in helping families negotiate conflicts, and several bicultural strengths were viewed as important variables in the treatment process.

Intervention with Hispanic families must include outreach and education, prevention and coordination, and linkages between agencies serving the same families. Several termination issues were also identified—those of bonding, cultural expectations of the relationships formed between therapist and client, and agency flexibility in responding to clients who may return months or years after services end. Here are some of the general techniques Romero cited for engaging Hispanic/Latino families in treatment.

- “Reframe” the crisis at hand as an opportunity for change.
- Use tact and timing to protect the dignity and honor of the family and individual.
- Acknowledge the difficulty in expressing pain and in sharing the experience or problem.
- Honor and acknowledge the courage used to get help.

- Allow time to disclose sensitive subjects.
- Trust common sense and use life experiences to help interpret the situation.
- Take time for self-disclosure.
- Demonstrate respect through verbal and nonverbal cues.
- Allow for “confianza” (rapport, trust) to develop.
- Be clear; explain your agency’s role and legal responsibility.
- Clarify your role and the client’s role.
- Be sensitive to family member roles, female and male.
- Address reality with tact and respect.
- Assess language fluency.
- Limit jargon.
- Engage others in family as consultants.
- Use teaching/learning approach to increase personal empowerment (be a coach). Do not assume or make judgments.
- Actively listen.
- Validate life experiences.

In summarizing the conference presentations on minority focused treatment, it is important to highlight both differences and similarities. 1. The reason and process for immigration/migration/entry to this country was different for each population and directly

impacts their assimilation process. 2. Indian and Black history reflect a more violent and hostile relationship with white society than most other ethnic groups. 3. Within each population there are varying levels of acculturation, sometimes great ambivalence between choosing, and often much flexibility required to live in two or more cultural life-styles. 4. All three groups continue to be affected by racism. 5. All three groups have similar needs for support services. 6. Blacks do not have an identified language that is culturally distinguishing. 7. Indians and Blacks reportedly benefit more from home-based, family-focused services than from in-office services, while family focused (compared to home-based or in-office) appear more critical to Hispanic/Latino families. 8. People of color can easily acculturate, but find it difficult to assimilate. 9. Increased efforts are needed to sensitize service providers to the needs of ethnic/ minority families and for the provision of specialized ethnic services.

Empowering Families '88 offered a promising start for these efforts, as it validated the need for more work dedicated to ethnic-specific training.

family-based research highlights

“REPORTS FROM RECENTLY COMPLETED RESEARCH AND STUDIES II PROGRESS” by Kristine Nelson, Senior Researcher, National Resource Center.

Findings from many interesting research projects were presented at the conference. Here are highlights from some of these sessions.

In “Research on Family-Based Services: Latest Evaluation Findings and Practice Implications,” selected findings from three major research projects were presented by project staff in a session moderated by Cecelia Sudia of the Children’s Bureau. The National Resource Center’s study, “Factors Related to Success and Failure in Family-Based Child Welfare Services,” done in cooperation with the Regional Research Institute at Portland State University, examined program, social worker, and service characteristics in relation to placement outcomes in eleven programs in six states.

Representatives from the Social Research Institute of the University of Utah School of Social Work and the Behavioral Sciences Institute presented findings from their research, “Families in Crisis: Final Report on the Family-Based Intensive Treatment Project,” which tracked 453 families who received services from Homebuilders’ programs in Utah and Washington. Both of these projects were funded by the Office of Human Development Services, Administration of Children, Youth, and Families.

The third study, a three-year evaluation of eight demonstration projects, is being carried out by Walter R. McDonald & Associates, Inc.,

Sacramento, California. Highlights from “The Second Year Interim Report Evaluating Intensive In-Home Services under AB 1562 in the State of California” were presented. Copies of the reports are available from the sponsoring organizations.

In “Assessing Social Resources of At-Risk Families,” Elizabeth Tracy of Case Western Reserve University reported findings from a study of social supports for 50 families referred for child abuse and adolescent conflict. Assessments made use of a checklist of community interactions during the past 24 hours and a social network map that measured contacts, supportiveness, reciprocity, and closeness.

The results indicated that a larger social network was not necessarily better and that minimum interpersonal skills such as positive feedback to others, appropriate self-disclosure, and receptivity to asking for and receiving help were needed to maintain social networks.

Most contacts were with family members and other relatives, but relatives and friends gave the most support; the number and percent of friends were especially important. Reciprocity was also important—people won’t ask for help if they can’t reciprocate. Criticism from household members and relatives was negatively related to emotional support. Finally, networks fluctuated even within the space of one month. At one year, neighbors were more stable network members than family or friends.

In the session on “Risk Assessment Decisions,” Diana English reported on the state of Washington’s risk assessment

protocol. Four risk factors were especially important: age of the child, prior history/ chronicity, perpetrator access, and severity of injury. At the time of the initial investigation, only 9 percent of the families were assessed as high risk; after intake, 86 percent were assessed as low risk and 64 percent at high risk. Caretaker and environmental characteristics were the most predictive of risk, but generally not available at intake. There were differences in the accuracy of the assessment between sex abuse, neglect, and physical abuse cases that require further analysis. In a follow-up, 96 percent of the low-risk cases were confirmed, demonstrating the tendency to overclassify risk.

Diana Roberts discussed Oregon’s comprehensive assessment for risk, diagnosis, and case planning as well as their checklist for quick assessment of risk of child abuse and neglect. She cited a problem in utilization, since 70 percent of the workers used the assessment protocol only half the time and 75 percent of the workers were concerned about the additional paperwork. The protocol did help workers to explain the rationale for their decisions and to be more accurate, objective, and thorough in their assessments. Roberts cited alternative risk assessment formats—ACTION, CWLA, Illinois, Alaska (by type—abuse, neglect, sex abuse) Alameda County, California—and reminded the audience that scales don’t substitute for experience and practice knowledge.

In “Family-Based Services and the Public Sector: There is Hope,” Lynne McDonald, Pat Carruthers, Lynn Green, John Borquist, and

Mary Anne Fahl reported on an evaluation of a family-based program for adolescents in Dane County, Wisconsin. "Families in Transition" is a 90-day, in-home program designed to divert adolescents court-ordered into placement from residential placements. At the end of the program, 91 percent of the families were together, as were 77 percent at a 12-month follow-up.

Families presented serious problems of substance abuse, high stress, clinical depression, and rigid and disengaged patterns as measured by a variety of standardized instruments. The family's typical solution to these problems was to scapegoat and expel the child. FACES III, which measures family

cohesion and adaptability, was described as especially helpful in understanding family dynamics. Positive changes in families were evident after treatment. The data can be understood within the context of three alternative theoretical models: Family Stress, Social Learning Theory, and Family Systems.

national association reports

Greetings from the National Association for Family Based Services (NAFBS). We offer you best wishes for 1989, both personally and professionally. 1988 was especially kind to the national association: on August 18 we were officially "born," and since then the pace has been hectic and productive. We have been able to develop bylaws, select a 25-member board, elect officers— president (Jerry Lindskog), vice president (Neal Sheeley), secretary (Marcia Allen), treasurer (Bill Metcalfe)—and appoint subcommittee chairpersons—membership (Rachel Warren), public education (Sandy Stehno and June Lloyd), state association (Anne Gruenewald), conference (Neal Sheeley), and bylaws (Monty Sharobeem).

The "Empowering Family '88" conference was extraordinarily successful: over 700 participants came from over 40 states and their evaluations rated both the conference's organization and its content as excellent. One could not help noticing a wonderful spirit of ownership and hope in the family-based movement, tremendous interest by some 24 states in developing state FBS associations, new involvement by and coordination with the National Institute of Mental Health's Child and Adolescent Social Service Plan (CASSP) initiative, and the notable occasion of the first annual membership meeting. For the dedicated and tireless work that went into putting together this productive meeting, we salute and thank the conference chairperson, Alan Himsl, and the staff from the Idaho Department of Health and Welfare. Thank you all.

Since the conference, national association members have participated in the development of Family Preservation Standards, spearheaded by the Child Welfare League of America, and on national legislation in coalition with the Children's Defense Fund, CWLA, and other national child welfare organizations.

This issue of the NRC's Prevention Report is also a chance to inform you that the national association will communicate with its members through donated space in this quarterly newsletter. The association's primary goals are to advocate on the national level for family-based services; to participate in the

development of public policy; to promote the exchange of knowledge, skills, and programming; to facilitate the development of state associations; and to sponsor and organize our annual conference. The next board meeting will be held February 23 and 24 in Charlotte, North Carolina, the site of our next national conference, November 13-15, 1989.

We look forward to working with you in the family-based services movement. If you would like more information on how to become involved in our growth, please contact Jerry Lindskog, President, National Association for Family Based Services, Human Services Building, 444 Lafayette Road, St. Paul, Minnesota 55155-3832, 612/296-3910.

STATE ASSOCIATION COMMITTEE REPORT, Anne C. Gruenewald, Chair.

Since the Board and State Association Committees' inception in August 1988, the interest in new state associations has been overwhelming. As of October 1988, state associations now exist in Iowa, Illinois, Michigan, Minnesota, New England, North Dakota, and Wisconsin. Interest in creating new state associations has been expressed from Alaska, Arkansas, California, Georgia, Idaho, Indiana, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Missouri, Nebraska, New Hampshire, New Jersey, North Carolina, Ohio, Oregon, Pennsylvania, South Dakota, Tennessee, Vermont, and Washington.

The State Association Committee (SAC) will carry out the following responsibilities:

1. Create a resource list of persons experienced in the development, implementation, and maintenance of family-based state associations who will provide consultation upon request.
2. Make available reference materials and assistance in the developmental process: preassociation, implementation, maintenance, and institutionalization.
3. Provide access to state/regional association products: newsletters, practice standards, legislative proposals, training curricula, conference and workshop planning, bylaws, service directories, public education, and speakers' bureau.

The State Association Committee will be composed of representative(s) from each state who have agreed to serve as contact and resource for emerging associations and adjacent states. As part of the national association's commitment to supporting state associations, administrative tasks will be purchased to handle requests for such materials as state bylaws, brochures, newsletters, and standards. These materials will be collected in a starter kit that will be available to all states indicating an interest in starting an association. SAC, along with the Membership Committee, will compile a central database of all contacts, NAFBS memberships, and identified leaders in each state. In time, SAC will offer a variety of consultation and technical assistance services such as on-site visits, teleconferences, lending libraries, mentor arrangements, conference planning, and financing/subsidy arrangements.

A special note of appreciation for the patience and interest demonstrated by one whole half of the country that has now communicated an interest in forming state associations! Inquiries and requests regarding SAC can be sent to Anne Gruenewald, Four Oaks, 5400 Kirkwood Blvd. SW, Cedar Rapids, Iowa 52404, 319/364-0259.

MEMBERSHIP COMMITTEE REPORT, Rachel Warren, Chair.

Over 300 participants at the "Empowering Family '88" conference received complimentary first-year memberships in the national association. Beginning in 1989, membership fees will be paid on a January 1 to December 31 basis.

Immediate priorities for the Membership Committee include creating a brochure, establishing a computerized mailing system, clarifying goals for different membership categories, and designing and implementing a nationwide campaign.

The Membership Committee consists of Rachel Warren, chair (National Resource Center on Family Based Services); Bill Metcalfe, treasurer (Village Family Services, Fargo, North Dakota); Ed Overstreet (Boysville of Michigan); Monty Sharobeem (Judson Center, Royal Oaks, Michigan); Joe Jenkins (retired from Family Care Services of Metropolitan Chicago).

resources for prevention

Beth A. Stroul. SERIES ON COMMUNITY-BASED SERVICES FOR CHILDREN AND ADOLESCENTS WHO ARE SEVERELY EMOTIONALLY DISTURBED—VOLUME I: HOME-BASED SERVICES; VOLUME II: CRISIS SERVICES. Available from the CASSP Technical Assistance Center, Georgetown University Child Development Center, Bles Building, 3800 Reservoir Road, N.W., Washington, D.C. 20007, Attention: Mary Deacon, \$10 each.

The first two volumes in a series of monographs on community-based services for children and adolescents who are severely emotionally disturbed provide comprehensive overviews of the state of the art in home-based and crisis-intervention services, detailed descriptions of exemplary programs, and profiles of other programs included in a two-year study of community-based services.

Michael S. Wald, J. M. Carlsmith, and P. H. Leiderman. PROTECTING ABUSED AND NEGLECTED CHILDREN. Stanford: Stanford University Press, 1988. 249 pages, \$32.50.

This book describes a longitudinal study of 67 abused and neglected children who either received in-home services to prevent placement or were placed in foster homes. A comprehensive battery of tests that measured the child's health, development, and attitudes; caretaker attitudes; and school and home behavior showed few differences after two years between the in-home and foster care groups. More differences were found between Black and white children. The authors call for more services in both settings to help children overcome the developmental problems associated with abuse and neglect.

James K. Whittaker, Jill Kinney, Elizabeth M. Tracy, and Charlotte Booth, eds. IMPROVING PRACTICE TECHNOLOGY FOR WORK WITH HIGH-RISK FAMILIES: LESSONS FROM THE "HOMEBUILDERS" SOCIAL WORK EDUCATION PROJECT. Available from the Center for Social Welfare Research, School of Social Work, University of Washington, Seattle, Washington 98105. 1988, 191 pages, \$10.

The authors of this guide to educating social workers for practice in family-centered services focus on one program model in detail, considering theory, practice, and policy in relation to the Homebuilders' program. Overview chapters on history; policy, service delivery, and educational implications; and theoretical, practice, research, and management issues consider family-centered services more broadly.

Ying-Ying T. Yuan and Michele Rivest, eds. EVALUATION RESOURCES FOR FAMILY PRESERVATION SERVICES. August, 1988. Available from the Center for the Support of Children, P.O. Box 2811, Alexandria, Virginia 22305, 703/548-0976. 138 pages.

A guide for program managers, evaluators, and policy-makers on issues and resources for evaluating family-based programs. Considers research and policy questions in defining target populations; describing program organization; measuring services, outcomes, and costs; and designing evaluation research.

Heather B. Weiss and Francine H. Jacobs, eds. EVALUATING FAMILY PROGRAMS. New York: Aldine De Gruyter, 1988. Cost: \$28.95.

This is a most useful book for individuals involved in program evaluation within family support programs. It presents an overview of the state of knowledge about program effectiveness, approaches to measuring child, parent and family outcomes, case studies of evaluation experiences, and current issues in theory and policy. The appendix includes a listing of the research instruments described and their sources.

NORTH AMERICAN DIRECTORY OF PROGRAMS FOR RUNAWAYS, HOMELESS YOUTH, AND MISSING CHILDREN. This new publication of the American Youth Work Center is designed to be used as a desktop reference for staff and volunteers working directly with at-risk youth. With names, addresses, and telephone numbers, the directory contains over 500 descriptions of shelters for runaways, programs for homeless youth, and services available to assist parents in locating missing children. Additional features of the directory include a section on AIDS education for at-risk youth, national resources available for community-based programs, hotlines and toll-free numbers, federal funding sources and ways for utilizing volunteers in grassroots programs. Copies of the directory may be purchased for \$15 from the American Youth Work Center, 1751 N Street, NW, Suite 302, Washington, D.C. 20036. For additional information contact Ginny Hines at 202/785-0764.

Nan Bauer Maglin and Nancy Schniedewind, eds., WOMEN AND STEPFAMILIES: VOICES OF ANGER AND LOVE. Temple University Press, 1989. This is the first book to describe the unique and varied experiences and perspectives of women in stepfamilies as told by the women themselves. Through letters,

journal entries, poetry, fiction, personal narratives, interviews, and analytic essays, this anthology brings a feminist perspective to the experience of millions of women now involved in stepfamilies.

THE 1989 ANNOTATED DIRECTORY OF SELECTED FAMILY-BASED SERVICE PROGRAMS. National Resource Center on Family Based Services. This is a new revision of the annotated directory. The directory now contains more than 300 family-based programs nationwide, with information on goals, background, services, clients, staff, evaluation, funding, and contact person.

The directory was originally scheduled for availability in October 1988, but due to the large number of agencies requesting to be added to the directory we were unable to finalize the revision. Now in the last stages of editing, this updated and larger version of the annotated directory will be available in March 1989. Information on ordering the directory is found in the NRC materials list.

COMMUNITY ALTERNATIVES: INTERNATIONAL JOURNAL OF FAMILY CARE is a new publication to be published twice yearly beginning in the spring of 1989. Each issue will be composed of articles, brief notes on recent research, policy and program developments, and book reviews. The purpose of the journal is to provide human service practitioners, administrators, policy developers, and teachers with a forum for the exchange of current information on the use of family care as an alternative to the inappropriate use of institutional care for dependent, neglected, emotionally disturbed youth and adults, developmentally disabled persons, juvenile and adult offenders, and the elderly. The language of the publication is English although reports on international developments will be included. For further information, contact Human Service Associates, 333 Sibley St., Suite 777, St. Paul, Minnesota 55101.

program profiles

THE BEACH CENTER ON FAMILIES AND DISABILITIES

The University of Kansas has received a U.S. Department of Education grant to open the first federally funded national rehabilitation research and training center on families and disabilities.

The center, named in honor of Marianna and Ross Beach of Hays, Kansas, will engage in research, training, and dissemination of information relevant to families who have members with developmental disabilities or serious emotional disturbances, members who depend on technology for life support, or members who are disabled and elderly.

The Beach Center on Families and Disability will focus on the life-span needs of those families. "People with disabilities at every age and the members of their families have a right to positive, enduring, and supporting relationships with each other in the

least restrictive environment of their home, neighborhood, and community," says Ann P. Turnbull, one of the center's three codirectors. "The purpose of the center's research and its dissemination and application in programs and in training is to advance that right."

KU has received \$644,000 from the Department of Education's National Institute of Disability and Rehabilitation Research to support the center for the first year. The institute also made a commitment to continue funding for a total of five years. The first-year grant began July 1.

Individuals wanting further information, especially regarding the work done relative to a specific disability population or issue, can contact Gary Brunk, Beach Center on Families and Disability, University of Kansas, Lawrence, Kansas 66045, 913/864-4950.

materials available from the national resource center

ANALYSIS OF FACTORS CONTRIBUTING TO FAILURE IN FAMILY-BASED CHILD WELFARE SERVICES IN ELEVEN FAMILY-BASED SERVICES AGENCIES: EXECUTIVE SUMMARY (1988). \$2.50. (Final Report. \$15.00) Summary and final report of a 2-year federally funded study analyzing social worker characteristics, family characteristics, services provided, and the relationship between these factors.

ANNOTATED DIRECTORY OF SELECTED FAMILY-BASED SERVICE PROGRAMS (1989). \$20. Descriptions of 269 family-based service programs across the country, including information on program goals, background, services, client characteristics, staff, funding and whom to contact.

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 project 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.

POSITIVE PARENT NETWORK (PPN) OF RAPID CITY, SOUTH DAKOTA, American Public Welfare Association (1986). \$2.50. Describes a typical rural primary prevention program, including program context, background, management, operations and monitoring, evaluation, and sample materials.

RESOURCES FOR FAMILY BASED SERVICE PRACTICE: AN ANNOTATED SOURCE BOOK, 2nd edition (1987). \$3.50. 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 unpublished materials prepared by social service departments and not generally available in libraries.

THE SUPPORTIVE CHILD ADULT NETWORK (SCAN) OF PHILADELPHIA, American Public Welfare Association (1986). \$2.50. Describes and documents this representative urban placement prevention program, with information on history, philosophy, goals and objectives, organizational structure, staff, funding, management and services.

SUMMARIES OF EVALUATION STUDIES OF PREVENTION PROJECTS IN VIRGINIA AND WISCONSIN (1985). \$3.50. Placement prevention project 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 policymakers. Includes an 8 page study guide.

Use the form below to order any of these materials or to notify us of address changes, additions or deletions for our mailing list.

mailing list/order form

Add to mailing list. Delete from mailing list. Address change.

Name _____

Address _____

City/State/ZIP _____

Title	Price	Qty.	Total
Analysis of Factors Contributing to Failure (Ex. Sum.)	\$ 2.50	_____	\$ _____
Analysis of Factors Contributing to Failure (Fin. Rpt)	15.00	_____	_____
Annotated Directory of Selected FBS Programs	20.00	_____	_____
A Comparative Analysis of Costs of Substitute Care and FBS	n/c	_____	_____
Evaluation of Fourteen Prevention Projects in Wisconsin	3.50	_____	_____
Evaluation of Nebraska's Intensive Service Project	2.50	_____	_____
Family-Based Job Descriptions	7.50	_____	_____
Family-Centered Services Employees Manual, Iowa DHS	3.75	_____	_____
Family-Centered Social Services: Model for Agencies	7.00	_____	_____
Measuring the Cost-Effectiveness of Family-Based Services	5.00	_____	_____
Placement Prevention: Practitioner's Handbook	7.00	_____	_____
Placement Prevention: A View from the Child Welfare Sector	2.00	_____	_____
Positive Parent Network (PPN) of Rapid City, South Dakota	2.50	_____	_____
Resources for FBS Practice: Annotated Sourcebook	3.50	_____	_____
The Supportive Child Adult Network (SCAN) of Philadelphia	2.50	_____	_____
Home-Based Family-Centered Service (A/V-purchase)	77.00	_____	_____
Home-Based Family-Centered Service (A/V-rental)	10.00	_____	_____
Shipping/Handling	1.50	_____	1.50
TOTAL:		_____	\$ _____

Payment enclosed. Please bill me.

Make checks payable to National Resource Center on Family Based Services.

EMPOWERING FAMILIES '89: THIRD ANNUAL NATIONAL FBS CONFERENCE

The 1989 National Family Based Services Conference will be held November 13-15, 1989, at the Adam's Mark Hotel in Charlotte, North Carolina. The conference will focus on

- building on the success of the first and second national conferences
- family-based research, evaluation, practice, and policy
- developing partnerships across professional and cultural lines
- showcasing an array of family-based models
- promoting state and national family-based service associations.

This is a unique opportunity for program administrators and practitioners to share their experiences, discuss issues, and network with colleagues from around the nation.

Located at the base of the Appalachian Mountains, Charlotte is the Carolinas' largest city, bustling with entertainment, dining, shopping, and such cultural places of interest as Discovery Place, a "hands-on" science museum; the Mint Museum, housing collections, exhibits, and programs reflecting America's past; and the Afro-American Cultural Center, which displays an array of Black historical artifacts.

The Adam's Mark Hotel offers restaurants, pools, an exercise room, whirlpool, sauna, racquetball, and a fitness trail through a nearby park.

For further information contact Neal Sheeley, Conference Coordinator, Alternative Treatment Associates, P.O. Box 308, Postville, Iowa 52162, 319/864-7122.

CALENDAR OF UPCOMING MEETINGS

SIXTEENTH NATIONAL CONFERENCE ON JUVENILE JUSTICE: March 12-15 (Reno/Lake Tahoe, Nevada). Contact: Juvenile Justice Conference, National District Attorneys Association, 1033 N. Fairfax St., Suite 200, Alexandria, Virginia 22314, 703/549-9222.

CHILDREN '89—THE FIRST 100 DAYS: March 14-17 (Washington Hilton, Washington, D.C.). Contact: 1989 National Conference, Child Welfare League of America, 440 First St. NW, Suite 300, Washington, D.C. 20001-2085.

STRATEGIES FOR WORKING WITH AT-RISK YOUTH: March 19-22 (Inter-Continental Hotel, New Orleans). Contact: Delores Parker, NYPI Registration, 70001 Training and Employment Institute, 600 Maryland Ave. SW, Suite 300, W. Wing, Washington, D.C. 20024, 800/424-9105.

SEXUAL ABUSE TREATMENT CONFERENCE: March 30-31 (Stouffer's Hotel, Cedar Rapids, Iowa). Contact: Cindy L. Burke, Children's Home of Cedar Rapids, 2309 C St. SW, Cedar Rapids, Iowa 52404, 319/365-9164.

CHANGING FAMILIES, CHANGING RESPONSES—REORIENTING SERVICES AND PROGRAMS (American Orthopsychiatric Association's 66th Annual Meeting): March 31-April 4 (New York City). Contact: Terri Thal, AOA, 19 W. 44th Street, Suite 1616, New York, New York 10036.

CEC'S 67TH ANNUAL CONVENTION: April 3-7 (San Francisco). Contact: Harry Dahl, Program Chairperson, CEC, 1920 Association Dr., Reston, Virginia 22091-1589, 703/620-3660.

PARALLELS AND INTERSECTIONS—A NATIONAL CONFERENCE ON RACISM AND OTHER FORMS OF OPPRESSION: April 6-9 (Iowa City, Iowa). Contact: Women Against Racism, The University of Iowa, Women's Resource and Action Center, 130 N. Madison St., Iowa City, Iowa 52242, 319/335-1486.

TENTH ANNUAL CONFERENCE FOR CHILD AND YOUTH CARE ADMINISTRATORS: April 7-8 (Washington, D.C.). Contact: Nova University, Vera Flight, 800/541-NOVA, ext. 7440.

TENTH ANNUAL CONFERENCE FOR CHILD AND YOUTH CARE ADMINISTRATORS: April 7-8 (Ft. Lauderdale, Florida). Contact: Nova University, CAE, 3301 College Ave., Ft. Lauderdale, Florida 33314.

THE SECOND AMERICAN CONFERENCE ON THE FAMILY AND CORRECTIONS WORKING TOGETHER: April 9-12 (Albany, New York). Contact: Eastern Kentucky University, Training Resource Center Project, 202 Perkins Building, Richmond, Kentucky 40473-3127.

FIFTH INSTITUTE ON CRITICAL ISSUES IN HEALTH LABORATORY PRACTICE: April 9-12 (Scanticon Conference Center, Minneapolis, Minnesota). Contact: Gilda L. Jones, Training and Laboratory Program Office, Centers for Disease Control, 1600 Clifton Road NE (E-20), Atlanta, Georgia 30333, 404/329-4318.

EIGHTH ANNUAL CONFERENCE OF THE NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION: April 30-May 3 (San Diego). Contact: National CASA Association, 909 NE 43rd St., Suite 202, Seattle, Washington 98105, 206/547-1059.

MINIMUM SECURITY SYMPOSIUM: May 14-17 (Executive Inn, Paducah, Kentucky). Contact: MSS, Dept. of Correctional Services, Eastern Kentucky University, 202 Perkins, Richmond, Kentucky 40475.

REACHING FOR THE SPIRIT OF THE LAW—CAN ADMINISTRATIVE REVIEW FULFILL ITS PROMISE TO FOSTER CHILDREN AND THEIR FAMILIES?: May 17-20 (Denver, Colorado). Contact: Helaine Hornby, National Child Welfare Resource, Center for Management and Administration, 246 Deering Ave., Portland, Maine 04102.

NATIONAL JUVENILE SERVICES ASSOCIATION TRAINING INSTITUTE: May 21-24 (Paducah, Kentucky). Contact: Training Resource Center, Dept. of Correctional Services, 202 Perkins/EKU, Richmond, Kentucky 40475, 606/622-1497.

PROTECTING OUR CHILDREN (7th Annual National American Indian Conference on Child Abuse and Neglect): May 22-24 (Portland, Oregon). Contact: Central Registration Service, Continuing Education and Public Services, University of Oklahoma, 1700 Asp Ave., Norman, Oklahoma 73037.

FAMILY ISSUES AND INTERVENTIONS FOR THE '90s (1989 CWLA Regional Conference): May 23-26 (Chicago Hilton and Towers, Chicago, Illinois). Contact: Dr. Joan DiLeonardi, Children's Home and Aid Society of Illinois, 1122 N. Dearborn, Chicago, Illinois 60610, 312/944-3313 or CWLA, 440 First St. NW, Suite 310, Washington, D.C. 20001-2085.

ON THE LINE (CWLA's North Atlantic Regional Conference): June 7-9 (Mt. Washington Hotel, Bretton Woods, New Hampshire). Contact: CWLA, 440 First St. NW, Suite 310, Washington, D.C. 20001-2085.

TWENTIETH ANNUAL SOUTHERN STATES CORRECTIONAL ASSOCIATION CONFERENCE: July 9-12 (Louisville, Kentucky). Contact: Bruce Wolford, 202 Perkins, Eastern Kentucky University, Richmond, Kentucky 40475-3127.

SIXTH ANNUAL INTERNATIONAL FOSTER CARE EDUCATION CONFERENCE: August 6-12 (Ypsilanti, Michigan). Contact: Institute for the Study of Children and Families, Eastern Michigan University, Ypsilanti, Michigan 48197.

A DIRECTION FOR THE '90s—DEDICATED TO TRAINING: October 11-14 (Knoxville, Tennessee). Contact: Robert A. McCluskey, Tennessee Corrections Institute, 500 James Robertson Parkway, Suite 740 Volunteer Plaza, Nashville, Tennessee 37219, 615/741-3816.

THE WAR AGAINST OURSELVES—ADDICTION AND VIOLENCE (Community Program Innovations' Seventh Annual National Conference): November 29-December 1, 1989 (Boston, Massachusetts). Contact: CPI, P.O. Box 2066, Danvers, Massachusetts 01923, 508/774-0815.

NATIONAL RESOURCE CENTER RESIDENCY PROGRAMS 1989

The National Resource Center on Family Based Services is offering five intensive residency programs at The University of Iowa in Iowa City in 1989. Each is designed for professionals with a different level of experience, from those just beginning family systems work to those who wish to become certified to train family-based service techniques. These programs offer individuals and smaller agencies the opportunity to participate in the NRC's nationally recognized family systems training.

Participants will study with National Resource Center trainers, who are experienced family therapists familiar with public and private social services systems. Training days run from 9:00 to 4:00, with Wednesday and Friday afternoons free. Registration for workshops 1, 2, 3, and 4 is \$250. Housing is available at extremely reasonable rates on campus at the Iowa House. Credit for course work is available in the form of 3 Continuing Education Credits for 30 hours of instruction (\$3 per credit).

A lovely river town, Iowa City offers a wide array of theater, music, films, walks, and restaurants. A 4-hour drive from Chicago, 3.5 hours from Madison, 5 from St. Louis, and 6 from Minneapolis, Iowa City is also served by the Cedar Rapids Airport.

FAMILY-BASED SERVICES I— July 10-14, 1989

For those with limited experience in family systems work, this program provides an introduction to family systems theory, family assessment, and intervention tools.

AGENDA*

Day 1

- Introduction to Family-Based Services
- The Structure, Sequences, Context, and Development of the Family
- Thinking Systems
- Tools for Systems Diagnosis at Intake: Genograms and Ecomaps

*Agendas are subject to change based on participants' needs and interests.

Day 2

- Tools for Systems Diagnosis at Treatment: The Structured Family Interview
- Practicing the Structured Family Interview
- Identifying Strengths: Reframing and Relabeling

Day 3 (a.m. only)

- An Overview of the Treatment Process
- Case Presentations

Day 4

- Structural Family Theory and Techniques
- Minuchin Videotape
- Practice of Structural Techniques

Day 5 (a.m. only)

- Practice of Structural Techniques, continued

FAMILY-BASED SERVICES II— September 25-29, 1989

For individuals who have experience with family systems work. Special focus will be given to working in a systemic way with multiproblem families, including when and how to use strategic or indirect techniques with families who do not respond to more direct, structural work.

AGENDA*

Day 1

- Review of Structural Techniques
- Circular Questioning
- Videotape on Strategic Treatment with Families
- The Integrated Structural/Strategic Model

Day 2

- Presentation on Strategic and Indirect Interventions
- Practice of Strategic Interventions
- Interventions at the Family and the Community Level

Day 3 (a.m. only)

- Roles and Dynamics in Chemically Dependent Families
- Engaging Chemically Dependent Families in Treatment

Day 4

- Dynamics and Interventions with Incest, Child and Spouse Abuse, Neglect

Day 5 (a.m. only)

- Interventions, continued
- The Workplace as a System (optional)
- Self-Care for Family Workers

FBS SUPERVISION—October 16-20, 1989

For individuals who supervise staff working with families. Participants will analyze their own role systemically and learn three models of family-based supervision, in addition to predicting and acquiring solutions for inevitable problems that face family workers.

AGENDA*

Day 1

- Prerequisites to Supervision: Oneself as Supervisor, Systems Concepts, and Diagnostic Tools
- The Structural/Strategic Model of Family Work

Day 2

- Supervision as a System
- Sibling Position and Core Triangles
- Supervisee Developmental Stages
- The Supervisory Process

Day 3 (a.m. only)

- Live Supervision Model: Presentation Using the Structured Family

Interview

Day 4

- Consultative Supervision Model: Presentation and Practice
- Trouble Shooting: Assessing Case Development
- Worker Error

Day 5 (a.m. only)

- Structuring Professional Development: Peer Consultation Model
- Problem Solving for Family-Based Services

FAMILY-BASED SERVICES III—November 6-10, 1989

FBS III is designed for advanced practitioners and supervisors who have completed the FBS I and II training programs or equivalents. The focus here will be on specific cases where chemical dependency, abuse, and neglect are at issue, families typically seen as resistant, helpless, or hopeless. Each day, participants and leaders will review theory and formulate hypotheses and interventions. In large and small groups, participants will work through specific cases to increase knowledge, skill, and confidence in assisting families. Fast-paced and fun!

FBS CERTIFICATION: TRAINING OF TRAINERS—July 17-21, 1989

This program is for public and private agencies whose staff need to provide on-going training, consultation, and supervision in family systems work. Trainees will go through the following three-part program: 1. a didactic 5-day residency program in Iowa City, 2. an in-agency practicum with videotape and phone supervision, and 3. an onsite evaluation leading to certification. The program is limited to ten participants, who should be either clinical supervisors, in-house consultants, or staff development personnel who have been through the NRC nine-day training and/or have received equivalent formal training in family systems work (i.e., training at a family therapy institute, attendance at family therapy workshops, on-going supervision from a family therapist, or AAMFT certification). All trainees must have significant experience working with families.

For further information about any of the National Resource Center's training programs, contact Wendy Deutelbaum or Anne Zalenski, 319/335-4123.

Praise for the NRC's Training Programs

"The workshop exceeded my expectations—the content and presentations were very good, and the leaders were masterful . . . I leave feeling renewed professionally and personally."

"I can't get over how much my eyes were opened in just five days. I feel so good about all of the information presented; and better yet, I feel great about the possibilities of my using it. We were taught by two great therapists."

"As far as we are concerned, it is THE place for consultation and training."

Registration Form

NATIONAL RESOURCE CENTER ON FAMILY BASED SERVICES: Residency Programs 1989

Name _____ SS# _____

Address _____

City/State/ZIP _____

Phone (Office) _____ (Home) _____

Check program(s) you would like to attend.

Registration \$250:

- Family-Based Services I (July 10-14)
 Family-Based Services II (September 25-29)
 Family-Based Services Supervision (October 16-20)
 Family-Based Services III (November 6-10)

Fee to be announced:

- Please send me information on the Training of Trainers (July 17-21).

Single and double rooms are available at Iowa House on the University campus at \$33 per night for a single room, \$40 for a double room. If you wish to reserve a room, please indicate your choice.

- single \$165 (for 5 nights)
 double \$100 per person (for 5 nights) to be shared with: _____

FBS I, II, III, and Supervision are limited to 45 participants. Training of Trainers will be limited to 10. Registrations are accepted on a first-come, first-served basis.

Enclose your check or purchase order for the \$250 registration fee plus either \$165 (single) or \$100 (double) for your housing, payable to The University of Iowa, and return to Center for Conferences and Institutes, The University of Iowa, Iowa City, Iowa 52242. For additional information call the National Resource Center at 319/335-4123.

90532/2-89

call for presentations

1989 NATIONAL CONFERENCE ON FAMILY BASED SERVICES

The Steering Committee for the Empowering Families '89 conference is inviting individuals and organizations interested in presenting their treatment approaches or techniques, research results, training methods or materials, program or systems design, legislative or policy development, or innovative or unique applications in the family-based field to submit 300-word abstracts to the conference program committee chair Ellie Stein-Cowan, Familystrength, 72 North Main St., Concord, New Hampshire 03301, no later than May 1, 1989. Please include two self-addressed, stamped envelopes.

The Empowering Families '89 conference will be held in Charlotte, North Carolina, November 13-15. The three-day meeting is expected to draw over 800 participants from around the country. The program will be

designed to bring relevant and practical information to clinicians, administrators, and researchers in the family-based services field and will provide a unique opportunity for presenters to share their experiences, knowledge, and innovations with their colleagues.

Review and selection of presentations will be conducted by peer professionals appointed by the Conference Program Committee. Presentations in the following areas are particularly encouraged: judicial and legislative public policy initiatives; public-private agency partnerships; effective strategies for working in communities of color and in large urban areas; treatment, training, and supervision methods appropriate for experienced, advanced treatment staff. Applicants are asked to present in-depth exploration/analysis of pertinent areas of their work for maximum application and utilization by conference

attendees; presentations which are primarily program descriptions are discouraged.

Please stipulate the format **preferred** for presentation; and please specify and justify beginning, middle, or advanced level audiences.

1. Research Presentation: one of two to four, 15 to 20-minute presentations to describe, design, and summarize results.
2. Formal Presentation: a 30- to 90-minute lecture, panel discussion, or workshop.
3. Conversation Hour: one or two individuals will chair discussion of a relevant topic, lead a problem-solving session, or facilitate networking around an issue or concern of interest.
4. Poster Session: brief (15-20 minute) presentation of idea, program, technique, or model for a small group.

Presenters will receive reduced registration, but no honoraria or travel-related expenses.



National Resource Center on Family Based Services

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Iowa City, Iowa 52242

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