THE PREVENTION REPORT

National Resouce Center on Family Based Services [Fall 1990]

HOW DO WE KNOW THAT FAMILY-BASED SERVICES ARE EFFECTIVE?

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, Oakdale, IA 52319, 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 Anne Zalenski, Prevention Report, at the National Resource Center.

by Kristine Nelson, DSW

Increasingly, the effectiveness of family-based services is a subject of investigation. To be sure, there have always been skeptics as well as enthusiasts. In 1981 Magura gloomily reviewed the research on services to prevent foster care and found little persuasive evidence that they did. Despite persistent voices reminding us that we had little scientifically solid evidence that family-based services achieved its related objectives of improving family functioning, preventing placement, and saving money, enthusiasm and funding, especially for brief and intensive family preservation services, continued to grow.

Research Background

The earliest studies cited to support the expansion of family-based services were usually very limited. They did not involve outside evaluators, studied a relatively small number of cases, and did not compare outcomes to those of similar families receiving other kinds of service. Outcome measures typically included placement rates (low) and cost savings (spectacularly high), calculated on the assumption that all the families would have experienced placement had they not received family-based services.

In response to these inadequacies, three studies using comparison groups or randomly assigned control groups were fielded in 1987 and 1988 (Feldman, 1990; Mitchell, Tovar, & Knitzer, 1989; Yuan et al, 1990). These studies found that family preservation services did not result in a decrease in agency-recorded child placements six to twelve months after the termination of services when compared with a similar group of families who received other services. This overall conclusion, however, does not mean that family preservation services are ineffective. This article will discuss the limitations of these studies and suggest alternative explanations that have yet to be tested.

The three studies, in the Bronx (NY), New Jersey, and California, employed a brief, crisis intervention approach (see Nelson, Landsman and Deutelbaum, 1990; or Prevention Report, Fall 1989, for further definition). With some variations, all the projects were modeled in length, intensity, and service approach on the Homebuilders program.

Table 1
Program Characteristics

	Bronx	New Jersey	California
N (families)	45	96	692*
Length (days)	35	37	49
Contact (hrs)	44	37	32

*Based on entire sample of 8 agencies

In each project, services consisted mostly of counseling, skill training, or other clinical services supplemented by much less frequent concrete services. Two of the studies reported that fewer than 10% of the families received concrete services.

Despite the similarity in program model, the projects served different populations. The California projects involved the youngest children and the highest proportion of two-parent families New Jersey targeted the oldest children. The Bronx project population was evenly divided between child welfare (younger) and juvenile justice (older) cases and had the highest proportion of single parents and minorities.

Table 2
Family Characteristics

	Bronx	New Jersey	California
N (families)	45	96	152
Child's Age (m)	10	13	7
Non-White	86%	48%	45%
Single Parent	76%	58%	52%

The comparison group in the Bronx comprised 12 families with older children who were referred for status offenses but could not be served because the program was full. The New Jersey control group consisted of 87 families randomly assigned by the researchers after they had been deemed eligible for services. Both comparison groups were very similar to the families who received family preservation services. In California, however, even with random assignment of an equal number of families (152) to the control group by the researchers, there were several significant differ-

searchers, there were several significant differences between the control and treatment groups including ethnicity and reason for referral. The comparison group contained significantly more hispanic and neglecting families than the family preservation group.

Measures and Outcomes

All three studies used CWLA's Child Well-Being Scales (Magura & Moses, 1986) at intake and termination to measure family and child functioning and all found significant improvements that were related to placement prevention for the FPS families. In the one study that obtained CWBS measures from the control group (New Jersey), the family preservation group improved significantly more than the control group on the composite and parental scales, but not on the child or household scales. In the other two studies family functioning in the comparison groups was not measured. Without knowing whether or how much FPS families changed in comparison to control families, it is difficult to know whether placement was due to differences in family functioning or other factors, such as lack of sufficient resources.

On the other hand, we also do not know how much of the measurable change in family functioning was due to intervention, whether from a family preservation program or another source, and how much was due to "natural" healing and stabilization of families in crisis. Since ethically we cannot assign families to a no-treatment or "placebo" control group, we can only discover differences between interventions, not the overall effectiveness of the interventions, compared to doing nothing. In all clinical research this makes it difficult to achieve differences large enough to verify with statistical tests.

The other primary outcome measure in the studies was occurrence and length of placement. Each of the studies defined placement differently with only the New Jersey research counting all placements of any length. The California study excluded placements that terminated before the end of family preservation services and the Bronx project excluded placements of two weeks or less and those with friends or relatives. All relied on official records for their data, thus leaving undetected placements that were not known to the public agency or were in case records not available to the researchers.

Although the New Jersey study did find significantly fewer placements in the family preservation group, one to nine months after termination, and both the New Jersey and California FPS families used fewer days of placement, none reported significant differences in placement rates by the end of the follow-up period (8 to 13 months after referral).

Table 3
Placement Rates at Follow-Up

	Bronx	New Jersey	California
Time	12-month	12-month	8-month
N (families)	34	183	304
Treatment Group	27%	46%	25%
Comparison Group	25%	58%	20%

Discussion of Findings

Even though all the programs defined the target population as families with children at "imminent risk of placement," several alternative interpretations of these findings are possible. The families referred may not have actually been at imminent risk since different approaches to determining level of risk were applied to populations initially defined as at risk by referring workers. In the Bronx, both referring agency supervisors and project intake workers screened cases. In California, referring workers affirmed that "some action toward placement" was likely to be taken within two weeks. New Jersey had the most rigorous approach with a screening committee and a pre-established protocol. Even though carefully screened, 22 of the 118 referred cases were turned back in New Jersey within three days because they did not meet the selection criteria, the caretaker refused to participate, or the children could not be safely left in the home.

Imminent risk is proving to be a very elusive standard for referral to FPS. Not only does its definition vary from community to community, but, since a clear behavioral definition has not been established, workers may label a child "at imminent risk" in order to qualify the family for services.

In addition to the subjectivity of the criteria for acceptance, two projects changed the criteria as the studies progressed. For example in New Jersey, initially only families with a child at risk of a first-time out-of-home placement (30 days or less) were eligible for the program, but this criterion broadened over time to accept families with children with previous placements of 90 days, 6 months, and eventually unlimited placement histories.

Furthermore, since it is very likely that the referring agencies were aware that families denied services were in a research study control group and since they had already determined that the families were in need of intensive services, they may have made special efforts to piece together other counseling and concrete services for the families. Little or no information was gathered about the services that the comparison groups received and herein lies one of the chief weaknesses of the studies. Without specific measures of the services received by the control groups or the "as usual" services for an unreferred group, we are limited in our ability to compare family preservation to other services in terms of effectiveness.

Overall, reduced placement rates may also result when financial or other constraints limit the availability of placement. Or, a general feeling that placement is not in the best interests of children may permeate the human services, perhaps as a result of prior placement prevention efforts, and push workers to actively seek alternatives. Such "contamination" (from a research point of view) is unavoidable when a service is being promoted and studied at the same time. These influences are also present during the follow-up period when many control and treatment group families are receiving the same community services. Just as it is very difficult to untangle the specific effects of different interventions within family preservation programs when they are all being delivered at the same time, it is difficult to know if subsequent services enhance or diminish any effects of family preservation services.

Applying these observations to the studies at hand, we might speculate that the low placement rates in both the FPS and comparison groups in the Bronx and California reflect a lack of availability or unacceptability of placements or that the large increase in placements in New Jersey from termination to the twelve-month follow up (FPS: 7.3% to 45.8%; C: 14.9% to 57.5%) was due to a lack of effective alternative or follow-up services or a preference for placement.

Results of the cost-analysis in California were similar to the findings on placement. No significant difference in placement costs was found between the FPS and comparison group. Since the primary placement in both groups was with relatives (33.9% FPS; 63.9% comparison) and these are the lowest-cost placements, the authors conclude that FPS programs may have to target children headed for more expensive group and residential programs to demonstrate significant cost savings.

These studies illustrate several problems in trying to do controlled experiments in field settings. In the two studies with random assignment, referring workers showed considerable resistance for the duration of the studies. Since the programs were dependent upon referrals to create the groups served and studied, all had some difficulty in getting adequate numbers of referrals to keep the program fully subscribed and create a comparison group that did not receive family preservation services. It proved difficult to persuade workers it was worth referring to small programs with few openings, especially when half the families were assigned to a control group.

Further, to be successful, a family preservation program needs to involve the whole community. Once service providers are convinced that it is both a good thing and possible to avert placement in many cases, "business as usual" is changed and it is impossible to obtain a control group untouched by the ideas of family preservation.

Conclusions and Implications

A concise statement of the conclusions related to placement that can be drawn from these experimental studies would be: In samples of 57, 183, and 304 families with varying characteristics and problems studied in 10 different sites in the Bronx, New Jersey and California, brief (averaging 35 to 49 days), intensive (32 to 44 hours of face-to-face contact) family preservation services did not result in a decrease in officially recorded child placements six to twelve months after the termination of services, when compared to a similar group of families who received other unspecified services.

As outlined above, these findings do not necessarily mean that family preservation services are ineffective, since a number of other explanations remain untested. For example, these studies do not analyze different sites and subpopulations individually. When broken down into subgroups such as neglect, physical abuse, status offenders, etc., different results may emerge. Different program models (eg., longer term, less intensive, teamed or office-based programs) may also have different effects, depending on the subgroups studied.

Finally, we need to realize that human behavior is hard to predict, that even with the most rigorous of selection criteria a large element of chance remains, and that just as no program is ever perfect, no research design is ever perfect. Studies fall upon a "continuum of fallibility". We must retain a sense of "humility about our understanding of what it is that constitutes 'good scientific research' and show considerable tolerance for statements that convey relativity and tentativeness" (Mahoney, 1978).

Sophisticated experimental designs to control all threats to the validity of the research findings including expectations and testing require double-blind studies with six groups not two groups, a condition that would require even more referrals in a situation where this is unlikely. Alternatively, programs could provide similar family preservation services to all families and randomly assign them to groups in which only one factor is varied e.g., teaming, a specific intervention, length of service, location of service, etc. Or, as clinical researchers recognize, change in individual families could be scientifically compared to their functioning when they entered the program through the use of single subject research designs. Detailed observation of the process of treatment in individual families can also be used to identify effective service components.

We also need to study the whole organism of child welfare, not just the few cells that comprise family preservation services. How do families and services differ in different parts of the system? Are placements more appropriate, shorter-term, or more stable if a family has had family-based services first? What makes workers decide to refer a family for family preservation services? What difference does the community or agency environment make in the availability and selection of services?

We already have persuasive qualitative evidence of the effectiveness of family-based services: the uniformly enthusiastic response of the agencies, workers, and families that family based services are different and that they do make a difference. Since family-based services represent a movement toward empowering families by involving them in service planning and respecting their strengths and integrity as well as a systemic approach that assesses and treats the family as a unit in the context of its economic, social, and cultural environment, we may never be able to quantify its effects precisely.

Indeed the values and approaches embodied in family-based services may be more important than the specific interventions employed. These values and approaches represent a fundamental break with the individualistic, hierarchical, child-saving orientation traditional in child welfare services in the United States. The importance of this kind of change cannot be measured in necessarily limited empirical studies, no matter how carefully designed.

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These studies and others will be the subject of presentations and discussion at the afternoon session of the Research Pre-Conference Institute preceeding the Empowering Families Conference this year. Details are available elsewhere in this issue.

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ON THE LEGISLATIVE FRONT

Congress will soon be acting on legislation which is extremely important to those of us concerned about family-based programs. The Family Preservation Act of 1990 **H.R. 5020,** introduced by Representatives Downey (D-NY), Miller (D-CA), Ford (D-TN), Matsui (D-CA) and Andrews (D-TX), enhances services to strengthen families and protect children. Under the Act, The Title IV-B Child Welfare Services program is ensured and significantly expanded and the states' obligations to implement the protections for children in P. L. 96-272 are reinforced. States are given until **Fiscal Year 1994** to implement preplacement preventive services (including family preservation services) reunification services, and aftercare services on a statewide basis.

In addition, the Family Preservation Act earmarks funds for services to substance abusing families, expands foster care for abandoned children and respite care for foster parents caring for children with disabilities, enhances adoption assistance for children with special needs and provides demonstrations for improving staff retention and recruitment and joint training of staff from several systems of care. For more detailed information about the Act, please contact **Lisa Mihaly** (223) or **Mary lee Allen** (222) at the **Children's Defense Fund, (202) 628-8787.**

The National Association for Family-Based Services urges you to help your congressional representatives make an informed decision about the Family Preservation Act. Please send your representatives a brief description of your family-based program including 1) what services you provide. 2) who your clients are. 3) approximate costs of the program, and 4) the outcomes you have achieved, including the results of any program evaluations. A short family vignette might also be appropriate. This description should not exceed one page, but you may attach additional information such as newsletters and brochures. The Family Preservation Act will mean more to your representatives if they can relate its contents to people and services in their own communities.

INTENSIVE FAMILY PRESERVATION SERVICES: AN UPDATE FROM THE FAMILY-BASED INTENSIVE TREATMENT RESEARCH PROJECT

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Home-based service programs have many different names and vary in clinical methods, duration of treatment, caseload size, nature of concrete services (if any) provided, and a host of other program characteristics. A growing network of child welfare organizations active in this program area have promoted the use of the term "Intensive Family Preservation Services" to denote a particular form of home-based service.

This loosely-knit network of service providers, policy analysts, and foundation representatives agree that Intensive Family Preservation Services (IFPS) must have certain characteristics. For example, program staff should deliver a variety of clinical and concrete services in the home setting, and be available 24 hours a day. Services should be tailored to meet each family's needs. In addition, the service should be of short duration (4-6 weeks), and should be intensive (a minimum of 4 hours of face-to-face client contact per week). To make this possible, therapists' caseloads are limited usually to 2-4 families at one time.

While working with families in the home, the IFPS therapists focus upon preventing child abuse and neglect, decreasing teenage runaways, and reducing the need for placement in substitute care. In addition, and not unlike therapists who subscribe to other models, they seek to improve child and family functioning. Services are crisis oriented, intensive and brief. Workers spend 10 hours a week with a family during the initial stages of treatment and five to eight hours a week thereafter.[1] One of the oldest and most well-established IFPS programs is HOMEBUILDERS,[tm2] which was founded in 1974 in Tacoma, Washington. This model of family preservation services is the focus of this report. The study summarized in this article was undertaken to identify characteristics of this service and the families served, "out-of-home" placement rates for children who were initially targeted for substitute care, and correlates of success and failure. In this brief report, the research design and some of the treatment outcomes are highlighted.

Research Design

To identify changes in child and family functioning, as well as the factors associated with treatment success and failure, a quasi-experimental design ("one-group pretest-posttest") with a partial 12 month follow-up period was employed. Between September, 1985 and June, 1987, pre- and post-treatment data on 453 families that received intensive family preservation services were collected. Data regarding family functioning and child placement were collected 12 months after IFPS intake from 263 families that had entered treatment sufficiently early in the course of the study to be eligible for inclusion in a one-year follow-up. In addition, a small case overflow comparison group was used to strengthen the basic study design.[3]

Data were collected at two IFPS program sites in Utah and four sites in Washington. Utah's services were provided directly by public child welfare employees of the Department of Social Services; while in Washington, the Department of Social and Health Services contracted with the Behavioral Sciences Institute (BSI) -- a private agency--for the provision of HOMEBUILDERS services. With the exception of caseload size and length of treatment, the casework methods employed by both programs were somewhat similar, as most of the Utah therapists had received over 30 hours of training in the HOMEBUILDERS model.

In both states, families were eligible for service if, and only if, one or more of their children were deemed at "risk of imminent out-of-home placement." To meet this criterion, referring workers must have been planning to place a child in foster or group care within one week if IFPS were not provided. State-funded child placement episodes were monitored through computerized information systems that tracked placement payments in both states. In addition, placements of any kind and runaway episodes were identified by maintaining contacts with referring and IFPS therapists, and conducting interviews with primary caretakers at service termination and at the end of the twelve month follow-up period. If at any time during the monitoring period of the study a child from a participating family ran away or was placed with non-relatives for two weeks or more, service was considered to have failed. In both states, cases were accepted only when a child's safety could be maintained with service, and at least one parent was willing to schedule an initial meeting with the IFPS therapist.

Definition of Service Success and Failure

"Service failure" was defined as: "The placement of a child outside the home for two weeks or more in a non-relative setting during the provision of family preservation services or within 12 months following IFPS intake." (Runaway behavior or privately paid placements for two weeks or more were also included in this failure category.) This measure of success may have elevated "failure" or "placement rates" by the inclusion of children who ran away from home or who went to live with neighbors or friends, or spent any time in a short-term placement -- whether or not the "placement" was agreed upon as the best outcome. Comparisons with other studies may also be difficult because some programs rely only on worker reports and case records at case termination for placement information (thereby not detecting some runaway episodes or private placements).

Results

Across all 581 children from 446 eligible families, the placement prevention rate at case termination was 92.9 percent. For Utah (n = 172), the rate was 90.7 percent and for Washington (n = 409) it was 93.9 percent. That is, on average, 93 percent of the at-risk children receiving IFPS remained with their families or relatives (See Table 1). If failure is redefined to include placements with relatives, then the treatment success rate at case termination for the total sample of children (n = 581) becomes 92.3 percent. For the Utah cases, it was 89.5 percent. For Washington cases, it was 93.4 percent. (For information regarding longer term results, please see Note 3).

In contrast to these generally positive results, two recent studies from California[4] and New Jersey that used control groups have been less promising. Fears have been raised that these two important investigations show that IFPS and Family-Based Services do not work. These findings, however, must be viewed with caution, and understood within their particular program contexts and methodological limitations. Some problems being encountered with many of the recent studies include the application of summative evaluation to immature programs, the aggregation of outcomes across dissimilar models of treatment, and the use of inconsistently defined and implemented referral procedures.

This last point is a crucial problem that has not received sufficient attention. Said another way, the target group is not defined or screened sufficiently because intake criteria have not been specified, and/or well-trained case referral staff who use consistent definitions of appropriate treatment cases are not available. Frequently the problems lie within the agencies referring cases. Contrary to popular belief, it appears to be difficult for child welfare workers to accurately predict which children will be placed and which will not, even when those caseworkers have the power to place the children in out-of-home care.

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Furthermore, in rigorous experiments, random assignment can operate to place an agency at risk of failure to meet contractual obligations. Referrals may decline because the referral agencies are discouraged by the possibility that their clients have a 50 percent chance of not receiving the special service. It has been reported that occasionally referring workers spend extra time treating control group cases in an effort to "compete" against the new treatment service. It is also not unheard of for a study site to terminate prematurely their participation in an experiment because low referral rates are brought about by referring workers disgruntled because their clients are not receiving service. When this occurs, new IFPS programs may find it impossible to serve the number of cases called for in a service contract. Withdrawal from the evaluation study becomes necessary in these cases.

In the FIT study, we formed a case overflow comparison group of cases referred to the IFPS units in Utah who met the criteria for service but who could not be served due to full caseloads. (A similar procedure in Washington could not be implemented because of budget constraints.) Case- by-case matching was used to compare the outcomes of the overflow group with those of a sub-set of Utah treatment cases matched on a number of variables. The cases were followed for 12 months after intake or until the child was placed. The placement prevention rate for the comparison group was 14.8 percent whereas the placement prevention rate for the matched treatment group was 55.6 percent -- a significantly higher rate of placement prevention. (For more information regarding the comparison group analyses and 12 month follow-up data, see Note 5).

We hope that with the use of careful client tracking and follow-up methods, the findings from this project will contribute to the growing body of research regarding different types of Family-Based Services. Even when placements with relatives and privately arranged placements were defined as treatment failures, the treatment success rates of the HOMEBUILDERS program model were similar to those of most other treatment programs using comparable intake criteria. Thus the data from the FIT study indicate that combining the HOMEBUILDERS philosophy emphasizing client respect and advocacy, clinical services, concrete services, and the teaching of skills empowers parents with both the skills and resources necessary to create a safer, more enriching home environment for their children.

TABLE 1

Selected Program and Client Characteristics of the HOMEBUILDERS Program in Washington and the Family Preservation Services Program in Utah from the FIT Study

Characteristic	Washington	Utah
Length of service	30.2 days	62.8 days
Caseload size	2-3 families	4-6 families
Annual caseload	24	28
Client contact in-person & phone	36.35 hrs.	38.56 hrs.
% Families who received concrete services	74.4%	73.8%
Mean age of oldest child at risk of placement	11.9 yrs.	14.0 yrs.
% Single parent families	42.5%	38.3%
% Ethnic minority families	18.3%	13.5%
% Families referred by child protective services	45.5%	59.0%
% Families referred by youth services, family reconciliation, or juvenile court	54.5%	40.2%
Placement prevention rate at case termination*	93.9%	90.7%

*based on 409 children in Washington and 172 children in Utah, including runaways and private placements

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2. HOMEBUILDERS is a trademarked service name of the IFPS program operated by the Behavioral Sciences Institute.

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This summary is adapted from an article that will appear in Child Welfare.

NEW RESEARCH: CHRONIC NEGLECT IN PERSPECTIVE

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The National Resource Center on Family Based Services has just completed a study of child neglect in a large metropolitan county. Child neglect has received less attention than physical or sexual abuse, both in research and in practice, but is no less detrimental to the well-being of children and their families. Studies of family-based service programs have found neglecting families to be one of the less successful client populations and, according to social workers, among the most difficult families to work with. Yet the reasons for this are unclear, in part because little is known about the characteristics and dynamics of families referred for neglect.

In designing this research, the National Resource Center identified three groups of families referred for child neglect, with the objective of understanding similarities and differences between these groups:

1) **New neglect:** families found to be neglectful who had been known to the child protective system for less than three years;
2) **Chronic neglect:** neglecting families who had been involved in the child protective system for three years or more; and
3) **Unconfirmed neglect:** families who were referred for child neglect that was not confirmed.

The study was conducted in Allegheny County, Pennsylvania--Pittsburgh is its principal city--between October 1986 and December 1989, in collaboration with the Allegheny County Children and Youth Services agency and the University of Pittsburgh School of Social Work. Of the 345 families who were contacted, 182 (53%) agreed to an Intake Interview. Thirty-six of these families were new, confirmed cases; 55 were chronically neglecting cases; and in 91 cases, neglect was not confirmed.

MAJOR FINDINGS

All Family Groups

Families in all three groups were quite similar in many respects. They were overwhelmingly poor: 85% received food stamps, 78% received public assistance, and 80% reported that they ran out of money before their next check arrived. Three times more study families than families who lived in the same census tracts received public assistance.

For all three groups, inadequate supervision of preschool-aged children was the most common reason for referral (noted for nearly 50% of the study families). Yet only 11% had received day care services in the past year and 71% reported that they did not have enough money to pay a baby-sitter.

Two-thirds or more of the study families had experienced a death, birth, and/or change of residence in the past three years. Less than a third of families had stayed in the same house for three years, compared to two-thirds of their neighbors who had not moved in five years. More than 50% of the families reported one or more serious health problems for either adults or children. Contrary to previous research on neglecting families, this study found no differences between groups in the amount of social support they received from relatives, friends, and neighbors.

Race and marital status were related to particular characteristics of families and their environments. Black families were generally poorer, were more likely to receive public assistance, and lived in worse housing in worse neighborhoods in comparison with white families. Never-married caretakers were more likely to be black, had the lowest incomes, had the worst relationships with their families, and were least likely to get or use services in comparison with divorced, separated or married caretakers.

Chronically Neglecting Families

Chronically neglecting caretakers had more and older children than the newly neglecting and unconfirmed caretakers. The chronically neglecting families were poorer than the other two groups, supporting an average of one more person on the same income.

Chronically neglecting families were also more likely to be referred for inadequate housing than either of the other two groups, and were assessed at intake to the study as having more problems including child hygiene and nutrition, money management, unemployment, mental retardation in children and adults, medical neglect, parent-child conflict, child mental illness, truancy and other school problems.

On one of two parenting measures used in the study, chronically neglecting caretakers had less parenting knowledge and more inappropriate expectations, particularly regarding communication with their children.

Newly Neglecting Families

Newly neglecting families were under significantly more stress than the other two groups, and 75% had experienced a serious illness or injury in the prior three years. Psychological distress (except for perceived health problems) was higher among newly neglecting caretakers than the other two groups: they reported more loneliness, confusion, trouble concentrating, restlessness, fears, and feelings of helplessness. Family relationships were significantly worse for newly neglecting caretakers, particularly those who were never married. Newly neglecting families also reported a higher incidence of drug use in their neighborhoods.

Changes At 10-12 Month Follow-Up

In a longitudinal analysis, chronic and new neglecting families were combined into one group (confirmed neglect) and compared with the unconfirmed group. Examining patterns of service delivery over 10-12 months follow-up, crisis intervention was the only service received significantly more often by the confirmed than the unconfirmed neglect group. In spite of a lack of services, over time the neglecting caretakers made improvements in social support, overall mental health, and in their parenting knowledge and expectations. However, while the neglecting families improved significantly in their parenting knowledge and expectations, their feelings toward the child they regarded as most problematic became more negative over time. Over a third of the confirmed neglect cases, compared to less than a quarter of the unconfirmed cases, added a child to the family over the follow-up period.

For both the unconfirmed and confirmed neglect groups, improved mental health was significantly related to having enough money to manage and less stress.

RECOMMENDATIONS FOR POLICY AND PRACTICE

This study found overwhelming evidence implicating extreme poverty in the etiology of neglect, and especially of chronic neglect. Therefore, policy initiatives may well be more effective in ameliorating neglect than interventions with individual families.

These initiatives should include: increasing income supports for poor families, increasing educational and vocational opportunities and low-skill jobs with adequate wages, providing affordable and flexible child care, increasing the supply of adequate low-income housing and rent subsidies, barring discrimination in housing against large families, decreasing drug trade and violence in urban neighborhoods, increasing access to drug treatment, medical and family planning services, and increasing attention to minority population needs. (Continued on page 16.)

STATE SURVEY ON PLACEMENT PREVENTION AND FAMILY REUNIFICATION PROGRAMS

by Margaret Tyler, MA

Since the passage of P.L. 96-272, placement prevention and family reunification programs have been implemented in various forms and to varying degrees across the United States. States, counties and districts, and private agencies have all played a role in initiating and maintaining these programs. The National Resource Center on Family-Based Services is currently completing a national exploratory survey designed to assess the extent to which placement prevention programs have been implemented across the United States and to examine some of the general characteristics of these programs. To date, information has been provided by child welfare administrators and family services specialists in 35 states.

The state survey questionnaires were mailed to persons previously identified through various sources (e.g., professional communication with NRC staff, or the 1988 Public Welfare Directory) as those most likely to be in a position to provide comprehensive information about their state's child welfare systems, and more particularly, their placement prevention and reunification programs. Survey respondents typically served as Family Services Specialists or Program Coordinators in state child welfare systems. Questions addressed the type of child welfare system (state or county administered); whether state legislation regarding placement prevention and reunfication programs had been passed; the extent to which placement prevention or reunification programs had been initiated by the state, by individual counties or districts, and by private agencies; and finally, the overall availability of these services throughout the state. Information about types and amounts of funding for placement prevention and reunification programs was also requested. In addition, more specific questions regarding program models and service delivery issues were asked (e.g., caseload size, average length of service, eligibility requirements, contract requirements for purchase-of-service agencies, etc.) Finally, questions concerning program evaluation, how well the programs were thought to be doing, and the types of training received by child welfare personnel were included.

Major findings include the following:

* In states with state-administered child welfare systems, services tend to be provided through purchase-of-service agreements with private agencies. In county-administered states, they are more often provided directly through the public agency.

* Public agency programs tend to have larger caseloads (10.3 vs. 4.7 families per worker) and longer maximum time limits on services (105 days vs. 80.6 days) than purchase-of-service programs.

* Public and purchase-of-service programs are similar in terms of the average cost per family ($2390 vs. $2643), the average percentage of the state covered by their services (51.6% vs. 52.8%), and the percent of states with services available statewide (39.8% vs. 37.0%). In-home services are the most common type in both public and purchase-of-service programs.

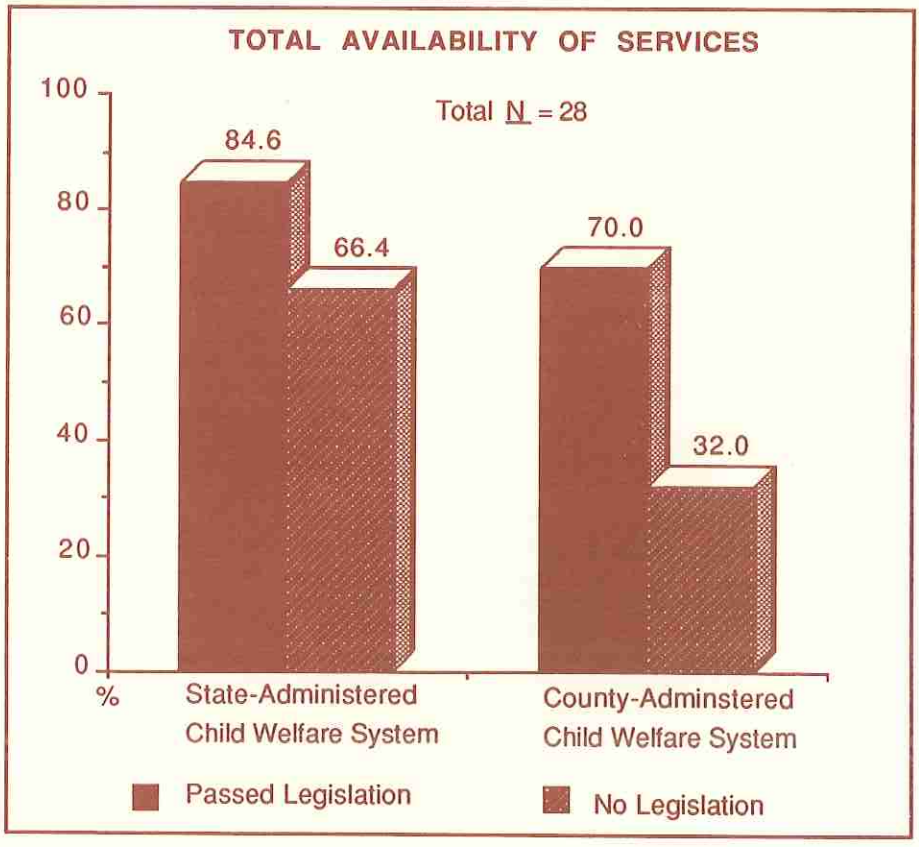
* In both public and purchase-of-service programs, a child's risk of placement, the goal of family reunification when a child is in placement, and a child's risk of abuse or neglect are the most common considerations in determining eligibility for services. Situations which threaten the safety of the worker, chemically dependent caretakers refusing treatment, and chronic mental illness of the caretaker are the most frequently mentioned factors which may exclude families from services.

* When placement prevention or reunification services are contracted out to purchase-of-service agencies, states differ regarding which case management duties are retained by the public agency, which are assumed by the private agency, and which are shared. In general, however, purchase-of-service agencies tend to take responsibility for providing or arranging concrete services, developing informal support networks, advocating for the family, and accompanying family members to appointments. The public agency more often retains responsibility for testifying and attending court hearings, and for ccordinating services.

* On the whole, placement prevention and reunification services are considered successful. Most states reported that the programs were either meeting or exceeding expectations, explaining that placement rates were either declining or increasing at a lower rate than would have been expected in the absence of the services. Services were expanding in most states.

* Passage of state legislation regarding placement prevention and family reunification was associated with both greater availability of services within the state and with larger amounts of funding for services (see Table). Although data were not available from every state, these results suggest that state legislation is instrumental in making placement prevention and reunification services available to families who need them.

The final report on the State Survey on Placement Prevention and Family Reunification Programs is available from the National Resource Center on Family Based Services.



THERAPY WITH ADOPTIVE FAMILIES: AN INNOVATIVE APPROACH

by Cheryl Prew, MSW

The field of family therapy is constantly seeking more effective ways of helping families to resolve problems and to develop and sustain healthy relationships. This, of course, applies to families established in non-traditional ways. A new program in the State of Oregon Children's Services Division is designed to work specifically with families who adopt special needs children. The program targets families having difficulties establishing functional family relationships. The families are therefore at high risk of disruption (having the adopted child or children permanently removed from the family).

The program, called Post Adoption Family Therapy (PAFT) combines the expertise of an adoption worker and the skills of a family therapist. Both are Licensed Clinical Social Workers and work as co-therapists. Using this approach, over the past year and a half the PAFT program has provided services to more than 60 families including over 75 identified adopted children. The length of the placement of these children with their adoptive families ranged from one week to thirteen years. PAFT project families have experienced a disruption rate of 6% compared to the projected disruption rate of 50% for the targeted families.

WHY THIS MODEL WORKS

The PAFT team has begun to recognize and unlock the confused belief systems of many adopted children. These confused beliefs can keep children locked into behavior such as lying, stealing, talking back, and displaying an apparent lack of remorse over these inappropriate behaviors. Traditional therapy has frequently viewed lying, stealing, and similar inappropriate behaviors as ways for children to separate and disconnect from their parents. The PAFT team has discovered that many adopted children use these behaviors as ways to connect to their parents while still remaining at a safe emotional distance. This cycle between connection and distance frequently begins at adoption and may continue as long as the child lives in the home.

The PAFT team works with the family to intervene in this cycle and develop more positive, healthy ways of relating. Using an understanding of how these children make sense of their world, the team has developed techniques that challenge this thinking and change the conflictual relationships which have developed within the family. For example, the team may ask: "How is it that you have been tricked into believing you don't deserve a family?" "When will you know it is safe to share your inner treasures or feelings?" "Who will notice first when you are showing the real you instead of the protected you?" "Do you want your mom to continue as your reminder person or would you like to be your own reminder person?" When this style of questioning is used, the team has observed changes in the family within the first two sessions.

Another technique, called externalization (speaking as if the problem behaviors were external to the child) has also been very effective. Frequently, both parents and children come into therapy feeling hopeless and powerless to make changes. Through externalization and looking for exceptions, the family members begin to regain their hope that things can be better. Examples of this technique can be seen in such statements as the following: "It really sounds like the problems have taken up residence in your house." "It sounds like the temper has really gotten in the way of you and your mom being able to talk things out." "So, do you want to continue to let the habits push you around or would you like to push the habits around more than you are doing now?" Challenging oppositional children to gain power over habits and problems can create dramatic changes in their behavior.

Adoptive families frequently feel a lack of mastery over their lives due to the adoption process. To restore a sense of mastery, the team holds the philosophy that the family is its own expert and that the family is doing the best it can to combat their problems. Rather than taking the approach that children who suffer abuse are damaged for life, the team looks for those times when children have been victorious over the subjugation they experienced, and the team members encourage the children to recognize their own inner courage and uniqueness. The team may be impressed by and explore how a child was able to think about giving in to a particular, inappropriate habit, but then resisted it. Questions such as "What does this dad notice about you that your abuser was blind to?" help by implying that there is nothing wrong with the child. The child may even be asked, "What do you know about yourself that you were blind to a month ago?" when she or he has begun to make progress.

Adoption issues are interwoven throughout the sessions in a normal, relaxed manner. Issues discussed may cover such things as the divided loyalties a child feels between birth parents, foster parents, and adoptive parents; worries about whether the birth parents are all right; and concerns that to love their adoptive parents means they can no longer love their birth parents. Invariably, children are not able to spontaneously express these wonderings, even with very open parents who are comfortable discussing the child's past. The team may discuss these issues in general ways and ask the child if she has ever wondered the same things.

The team has also found that these adoption issues are frequently recycled at each stage of development throughout the child's life. However, parents may not think adoption is an issue because the child hasn't mentioned it or because the child was adopted as an infant.

CONCLUSION

Because of dynamics unique to adoption, therapy with adoptive families is challenging and exciting. The treatment model developed by PAFT identifies conflictual bonding patterns within the family and intervenes with nontraditional therapeutic techniques. This approach has been very effective in helping the families interrupt the protective cycle and build healthy, caring ways of relating.

For further information, contact either Cheryl Prew or Susan Suter at (503) 645-6281, P. O. Box 17653, Portland, Oregon, 97217.

The PAFT team is available for training in adoption dynamics and the therapeutic techniques they have developed.

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INTEGRATING THREE STRATEGIES OF FAMILY EMPOWERMENT: A WORKING CONFERENCE ON FAMILY, COMMUNITY AND ECONOMIC DEVELOPMENT

A working conference to develop ways of integrating three strategies of family empowerment will be held October 18-19, 1990 in Iowa City, Iowa. The conference, which celebrates 50 years of social work education at the University of Iowa, aims to bring together three important family-empowering approaches which usually operate separately - family-based services, community organization, and economic development.

The target audience for this working conference is administrators, practitioners, educators, and policy-makers, including legislators, government officials and business and civic leaders, people who have had experience with one of these three approaches and are interested in ways of integrating them.

The conference papers, panels, and working sessions are designed to promote interaction. The conference will be in three parts:

* a collaborative paper written by the faculty of the School of Social Work that sets the goals and lays the foundation for the intellectual work of the conference.

* three plenary speakers and three panels, each representing the values, principles and practices of the three approaches, including their involvement in multi-cultural, intergenerational and international issues.

* working sessions in which participants will explore ways to integrate the three approaches.

Participants will clarify similarities and differences among the three approaches, explore current projects that incorporate elements from all three, and identify new integrative strategies and ways to promote them.

The conference, supported in part by the American Association of Retired Persons, will be part of the School of Social Work's 50th anniversary celebration. The theme reflects both of the School's long-term commitments - the family as a central focus for social change, and the development of innovative change strategies.

Presenters on Family-Based Services

Ann Hartman, Dean and Elizabeth Marting Treuhaft Professor at the Smith College School for Social Work
Antonia Dobrec, President of Three Feathers Associates, Norman, OK
Barbara Ruppel, Director of Families, Inc., West Branch, IA
Gary Stokes, Director of Mid-Iowa Community Action Agency, Marshalltown, IA

Presenters on Community Organizing

Fr. Marvin Mottet, pastor of Sacred Heart Cathedral, Davenport, IA, and former national Director of the Campaign for Human Development
Jennifer Artis, Executive Director of St. Basil's Free Medical Center, Roosevelt University, Chicago, IL
Toby Herr, Director of Project Match, Northwestern University Center for Urban Affairs and Policy Research, Chicago, IL
David Ostendorf, Director of Prairie Fire Rural Action, Des Moines, IA

Presenters on Economic Development

Fred O'Regan, President of Community Economics Corporation, Washington, D.C.
Bonnie Birker, State of Maryland consultant on women's cooperative enterprises
Connie Evans, Executive Director of Women's Self-Employment Project (WSEP)
Michael Freedland, President of Interchange Inc., Washington, D.C. and
Kathy Keeley, President of the Women's Economic Development Corporation (WEDCO), St. Paul, MN

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*If you would like a brochure or additional information, contact:
Margaret Nelson
Conference Coordinator
School of Social Work
308 North Hall
University of Iowa
Iowa City, IA 52242
(319/335-1276)

NATIONAL ASSOCIATION FOR FAMILY BASED SERVICES 1990 EMPOWERING FAMILIES CONFERENCE

Detroit has been selected to host the fourth annual Empowering Families conference, November 5-7, 1990.

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**Sponsored by
The National Association
for Family Based Services.**

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**Featured Speakers
Salavador Minuchin,
William F. Nerrin,
Anne Robertson-Nerrin
Insoo Kim Berg.**

Over 800 professionals in the field of social work and family therapy will be meeting at the **Westin Hotel in Detroit, Michigan** on **November 5-7, 1990.** Presentations will focus on the latest developments in family-based therapy, skill development, research, policy and administration. Opportunities for discussion with others will be available.

Plan now to join us for what promises to be an exciting and enriching experience. Information concerning the conference can be obtained by contacting The Conference Center, 249 IMU, The University of Iowa, Iowa City, IA, 52242, 319/335-3231.

The Conference fee for early registration (prior to Oct. 15th) is $100.00 (NAFBS members), $125.00 (non-members); late registration fee is $115.00 (NAFBS members) and $140.00 (non-members).

If you are interested in becoming a member of the National Association of Family-Based Services, please write to NAFBS, P.O. Box 005, Riverdale, IL, 60627. NAFBS is committed to making innovative family-based services a permanent part of human service in the United States.

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FALL 1990 WORKSHOPS ACKERMAN INSTITUTE FOR FAMILY THERAPY

Oct. 19, 1990 -- Adolescent Problems and Family Therapy
Oct. 19, 20, 1990 -- The Tao of Family Therapy
Oct. 26, 1990 -- Treating the Adoptive Family
Oct. 27, 1990 -- Relationships in Context
Nov. 9-10, 1990 -- Breath and Depth: Experiential Methods in Family Therapy
Nov. 16, 1990 - Integrative Couples Therapy
Nov. 30 - Dec. 1, 1990 -- The Alcoholic Family: Assessment and Treatment
Dec. 7-8, 1990 -- DAY 1: Systemic Issues of Gay Men with AIDS Related Illness: Family of Choice vs. Family of Origin -- DAY 2: AIDS in the Inner City: Drugs, Minorities and Children
Jan. 11-12, 1991 -- Towards Family School Collaboration: Building a Fundamental Educational Resource
Jan. 18-19, 1991 -- Introduction to Family Therapy
Jan. 25-26, 1991 -- Improving Family Therapy Skills
Jan. 28-29, 1991 -- Family Systems Therapy with Individuals
Contact: Ackerman Institute for Family Therapy, 149 East 78th Street , New York, NY 10021 (212)879-4900

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CHILD WELFARE LEAGUE OF AMERICA (CWLA)

Feb. 26-March 1, 1991 (Washington, DC)
National Conference, "Children '91"
May 19-22, 1991 (Louisville, KY)
Southern Regional Training Conference
June 2-5, 1991 (Hyannis, MA)
North Atlantic Regional Training Conference
June 10-13, 1991 (New York, NY)
Mid Atlantic Regional Training Conference
Oct. 15-18, 1991 (St. Louis, MO)
Third National CWLA Out-of-Home Care Conference
Hosted by CWLA Mid West Region
Contact: Child Welfare League of America, Conference Coordinator, 440 First Street NW, Suite 310, Washington, DC 20001

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CONNECTING: ESSENTIAL ELEMENTS OF RESIDENTIAL CHILD CARE PRACTICE CW TRAINER'S WORKSHOP

Oct. 14-19, 1990 (Syracuse, NY)
Dec. 2-7, 1990 (Columbus, OH)
Jan. 27-Feb. 1, 1991 (Atlanta, GA)
Contact: Training Services Coordinator, Child Welfare Institute, 1365 Peachtree St., NE, Suite 700, Atlanta, GA 30309
(404) 876-1934 .

1990 CHILD WELFARE PARTY LINE TELECONFERENCES:

Oct. 16, 1990 -- The Use of the Media in Adoption Practices
Nov. 13, 1990 -- Implementing Continuous Learning Through an Individual Training Plan
Nov. 20, 1990 - Expanding Independent Living Programs to a Younger Population
Nov. 27, 1990 -- Non-Traditional Day Treatment Programs Forum
Dec. 4, 1990 -- Prosecution of Child Abuse Cases: State of the Art
Dec. 11, 1990 -- Program Strategies for Helping Incarcerated Parents Build Relationships with their Children
Contact: National Child Welfare Resource Center for Management & Administration, University of Southern Maine, 96 Falmouth Street, Portland, ME 04103-9989
(207) 780-4430.

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BUILDING COMMUNITIES: FAMILY RESOURCE AND SUPPORT PROGRAMS FAMILY RESOURCE COALITION 3rd NORTH AMERICAN CONFERENCE

Oct. 17-21, 1990 (Chicago, IL)
Contact: The Family Resource Coalition, Suite 1625, 230 N. Michigan Ave., Chicago, IL 60601, (312)726-4750

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INTEGRATING 3 STRATEGIES OF FAMILY EMPOWERMENT: FAMILY, COMMUNITY, AND ECONOMIC DEVELOPMENT THE IOWA SCHOOL OF SOCIAL WORK 50TH ANNIVERSARY CONFERENCE

Oct. 18-19, 1990 (Iowa City, Iowa)
Contact: Center for Conferences and Institutes, Iowa Memorial Union, University of Iowa, Iowa City, IA 52242 (319) 335-3231 FAX (319) 335-3407

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TEEN PREGNANCY ROOT CAUSES REAL SOLUTIONS 1990 NOAPP ANNUAL CONFERENCE

Oct. 18-20, 1990 (Atlanta, GA)
Contact: NOAPP Annual Conference, 4421 A East-West Highway, Bethesda, MD 20814

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PRIMARY & INTERMEDIATE CERTIFICATE TRAINING PROGRAMS IN RATIONAL-EMOTIVE THERAPY 1990 PROFESSIONAL TRAINING SERIES HELPING CLIENTS MANAGE STRESS, ANXIETY AND ANGER: AN RET APPROACH

Oct. 20, 1990 (Janesville, IA)
Contact: Dr. Ann Vernon, Director, Midwest Center for Rational-Emotive Therapy, P.O. Box 351, Janesville, IA 50647,
(319) 987-2980, (319) 273-2226

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FAMILY CAREGIVING ACROSS THE LIFESPAN A NATIONAL CONFERENCE

Oct. 22-23, 1990 (Cleveland OH)
Contact: Kathleen Fant, The Family Caregiving Project, Mandel School of Applied Social Sciences, Case Western Reserve University, 2035 Abington Road, Cleveland, OH 44106, (216) 368-3945.

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37TH ANNUAL MEETING OF CHILD AND ADOLESCENT PSYCHIATRY

October 24-28, 1990 Chicago, IL
Contact: AACAP Annual Meeting, 3615 Wisconsin Ave. NW, Washington, DC 20016
(202)966-7300

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OVERCOMING CULTURAL BARRIERS IN CHILD & YOUTH CARE WORK: MELTING POTS VS COOKIE CUTTERS

Oct. 25, 1990 (Milwaukee WI)
Contact: The Child and Youth Care Learning Center, Division of Outreach and Continuing Education, Univ. of Milwaukee-Wisconsin, P.O. Box 413, Milwaukee, WI 53201

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6TH NATIONAL CONFERENCE ON ADVOCACY FOR CHILDREN IN THE STATES

Oct. 25-28, 1990 (San Francisco, CA)
Contact: The Association of Child Advocates, P.O. Box 5873, Cleveland, OH 44101-0873, (216)881-2225

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FAMILIES: PROMOTING FAMILY-CENTERED SERVICES IN THE 90'S WISCONSIN FAMILY-BASED SERVICES THIRD ANNUAL CONFERENCE

Oct. 31-Nov. 2, 1990 (Eau Claire, WI)
Contact: Eau Clair Dept. of Human Services, 202 S. Eau Claire, PO Box 840, Eau Claire, WI 54702

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THE FIFTH NATIONAL CONFERENCE ON CHILDREN AND THE LAW

Nov. 1-3, 1990 (Arlington, VA)
Contact: American Bar Association, Center on Children and the Law, 1800 M St. NW, Washington, DC 20036
Attention Conference Coordinator

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SOCIAL PROBLEM-SOLVING WITH YOUNG ADOLESCENTS: THE YALE/NEW HAVEN APPROACH FAMILY RESOURCE CENTER OF FAMILY SERVICE LEAGUE

Nov. 2-3, 1990 (Waterloo IA)
Contact: Elaine Pfalzgraf, Family Resource Center of Family Service League, 2530 University Avenue, Waterloo, IA 50701
(319) 235-6271

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PRECONFERENCE INSTITUTE ON RESEARCH FOURTH ANNUAL EMPOWERING FAMILIES CONFERENCE

Nov. 4, 1990 (Detroit, MI)
Contact The Conference Center, 249 IMU, The University of Iowa, Iowa City, IA, 52242, 319/335-3231.

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EMPOWERING FAMILIES 4TH ANNUAL CONFERENCE OF THE NATIONAL ASSOCIATION FOR FAMILY BASED SERVICES

Nov. 5-7, 1990 (Westin Hotel, Detroit, MI)
Featuring: Dr. Salvador Minuchin, William F. Nerin, Anne Robertson-Nerin, & Insoo Kim Berg
Contact: The Conference Center, 249 IMU, The University of Iowa, Iowa City, IA, 52242, 319/335-3231.

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3:00 TO 6:00 P.M.: PLANNING PROGRAMS FOR YOUNG ADOLESCENTS

Nov. 7-9, 1990 (Chapel Hill, NC)
Contact: Center for Early Adolescence, University of North Carolina at Chapel Hill, Suite 211 Carr Mill Mall, Carrboro, NC 27510, (919) 966-1148

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CHILDREN AND THEIR FAMILIES NCFR 1990 ANNUAL CONFERENCE

Nov. 9-14, 1990 (Seattle, WA)
Contact: National Council on Family Relations, 3989 Central Ave. N.E. #550, Minneapolis, MN 55421, (612) 781-9331.

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HIV/AIDS PREVENTION FOR AT RISK YOUTH: A TRAINING FOR SERVICE PROVIDERS

Nov. 13-15, 1990 (Los Angeles, CA)
Nov. 27-29, 1990 (St. Petersburg, FL)
Contact: CWLA/AIDS Training, 440 First Street, NW, Suite 310, Washington, DC 20001-2085, (202) 638-2952

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CHALLENGE TO CHANGE: RESPITE CARE IN THE 90'S

Nov. 27-30, 1990 (San Antonio, TX)
Contact: Texas Respite Resource Network, National Conference, P.O. Box 7330, 519 W Houston Street, San Antonio, TX 78207-3198, (512)228-2794

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ADVOCACY IN ACTION: THE FUTURE IS NOW

Nov. 30-Dec. 1, 1990 (San Antonio, TX)
Jan. 4-5, 1991 (Scottsdale, AZ)
Contact: National Victim Center, 307 West 7th Street, Suite 1001, Fort Worth, TX 76102, (817) 877-3355

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THE CHALLENGE OF THE '90'S: CHILDREN AT RISK, PARENTS AT RISK

Dec. 8-11, 1990 (Chicago, IL)
A national, multidisciplinary training forum on drugs, alcohol, pregnancy and parenting
Contact: NAPARE (National Association for Perinatal Addiction Research and Education), 11 E. Hubbard St., Suite 200, Chicago, IL 60611, (312) 329-2512

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WORKING FOR A BETTER SYSTEM OF JUSTICE THE 4TH ANNUAL CONFERENCE ON JUVENILE RESTITUTION

Jan. 13-16, 1991 (Orlando, FL)
Contact: Peter R. Schneider, Pacific Institute for Research and Evaluation, 7315 Wisconsin Ave., Suite 900 East, Bethesda, MD 20814

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DEVELOPMENTAL CHILD AND YOUTH CARE WORK

Mar. 27, 1991 (Milwaukee, WI)
Contact: The Child and Youth Care Learning Center, Division of Outreach and Continuing Education, University of Wisconsin, Milwaukee, P.O. Box 413, Milwaukee, WI 53201

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ALBERT E TRIESCHMAN CENTER 5TH ANNIVERSARY CONFERENCE

Apr. 3-6, 1991 (Cambridge, MA)
National Conference for practitioners involved with high risk children, youth, and families.
Contact: Albert E. Trieschman Center, 1968 Central Ave, Needham, MA 02192, (617)449-4500

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CHILDREN AND YOUTH THE FUTURE IS NOW 3RD INTERNATIONAL CHILD AND YOUTH CARE CONFERENCE

May 14-17, 1991 (Montreal, Canada)
Contact: GEMS, Conference Services, ICYCC, PO Box 1016, Snowdon Station, Montreal, Quebec, Canada H3X 3Y1

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THE 1991 CWLA SOUTHERN REGIONAL TRAINING CONFERENCE

May 19-22, 1991 (Louisville, KY)
Contact: Mark Riley, Southern Regional Staff, Child Welfare League of America, 440 First Ave. NW Suite 310, Washington, DC 20001-2085, (202) 638-2952

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materials available from the national resource center

ANNOTATED DIRECTORY OF SELECTED FAMILY-BASED SERVICE PROGRAMS (1989) $20.00
Descriptions of 330 family-based service programs across the country, including information on program goals, background, services, client characteristics, staff, funding & contact person.

CHRONIC NEGLECT IN PERSPECTIVE: A STUDY OF CHRONICALLY NEGLECTING FAMILIES IN A LARGE METROPOLITAN COUNTY: (1990)
EXECUTIVE SUMMARY: no charge
FINAL REPORT: $15.00
A research study examining three groups of families referred for child neglect: chronic neglect, new neglect, and unconfirmed neglect. The report presents descriptive data about these groups of families, changes over time and differences between the three groups. The study was conducted in Allegheny County, PA, and funded by OHDS and the Vira I Heinz Endowment.

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.

EMPOWERING FAMILIES: PAPERS FROM THE THIRD ANNUAL CONFERENCE ON FAMILY-BASED SERVICES (1989) $ 7.50
A collection representing the first published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Five major sections -- Programs and Practices, Program Issues, Practice Issues, Evaluation and Policy, and Family-Based Services and Social Change -- reflect the interdisciplinary nature of family-based services and offer new perspectives on children and family services.

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 & MCCOOK, NEBRASKA (1984) $2.50
Background, findings and evaluation of two family-centered service projects in Nebraska from March 1983 through February 1984, including data collection instruments.

FACTORS CONTRIBUTING TO SUCCESS AND FAILURE IN FAMILY-BASED CHILD WELFARE SERVICES
EXECUTIVE SUMMARY (1988) $2.50
FINAL REPORT (1988) $15.00
Summary and final report of a 2-year federally funded study analyzing social worker characteristics, family characteristics, services provided, outcomes, and the relationship between these factors in 11 family-based placement prevention programs.

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-BASED SERVICES FOR JUVENILE OFFENDERS (1989) no charge
An analysis of family characteristics, service characteristics, and case outcomes of families referred for status offenses or juvenile delinquency in eight family-based placement prevention programs. Forthcoming in Children and Youth Services.

FAMILY-CENTERED SOCIAL SERVICES: A MODEL FOR CHILD WELFARE AGENCIES (1983) $9.00
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.

INTENSIVE FAMILY PRESERVATION SERVICES RESEARCH CONFERENCE CLEVELAND, OH SEPT. 25-26, 1989
FINAL REPORT: no charge
BRIEF REPORT: no charge
Final report of a two-day conference on family preservation services research. cosponsored by the Bellefaire Jewish Children's Bureau, the Mandel School of Applied Social Sciences at Case Western Reserve University, and the Treu-Mart Fund. The final report includes the history and definition of family preservation, implementation in child welfare, juvenile justice and mental health systems, review of existing research and recommendations for future research. The brief report focuses exclusively on needed research in the area.

INTENSIVE FAMILY SERVICES: A FAMILY PRESERVATION SERVICE DELIVERY MODEL (1985) no charge
Manual providing detailed descriptions of the State of Maryland's Department of Human Resources Intensive Family Services (IFS) pilot projects in eight local department of social services -- including chapters on funding principles, interventions, closure and evaluation.

MEASURING THE COST EFFECTIVENESS OF FAMILY-BASED SERVICES AND OUT-OF-HOME CARE (1983) $5.00
Data from the state of Maryland.

PLACEMENT PREVENTION AND FAMILY REUNIFICATION: A PRACTITIONER'S HANDBOOK (1984) $9.00
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 REUNIFICATION: A VIEW FROM THE CHILD WELFARE SECTOR (1980) $2.00
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.

PROGRAM BLUEPRINT FOR NEGLECTFUL FAMILIES, Oregon Children's Services Division (1987) no charge
Presents a program model based on recurring evidence about the nature of neglectful families.

RESOURCES FOR FAMILY BASED SERVICE PRACTICE: AN ANNOTATED SOURCEBOOK 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. Includes 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.

THREE MODELS OF FAMILY-CENTERED PLACEMENT PREVENTION SERVICES (1989) no charge
An analysis that defines and compares family-centered services by identifying three models whose primary goal is tertiary prevention, the prevention of out-of-home placement of children from seriously troubled families or

materials available from the national resource center

reunification once placement has occurred. Also examines data from 11 family-centered placement prevention programs that further specifies and compares these models. Published in Child Welfare 19(1): 3-21.

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.

BIBLIOGRAPHIES

The National Resource Center maintains a list of bibliographies covering more than 120 subjects relating to family based services. This list is available on request.

AUDIOVISUAL MATERIALS

EMPOWERING FAMILIES '89 PRECONFERENCE INSTITUTE: THE RESEARCH ROUNDTABLE
Audiotape 1: Sessions 1 & 2; Audiotape 2: Session 3 & 4. $6 each or $10 for both.
Session 1: Focuses on current debates in family based services. Session 2: Discusses measurement in family based services research. Session 3: Focuses on issues in research design. Session 4: Looks at the ethical and political issues in family based research.

HOME-BASED FAMILY-CENTERED SERVICES: A BASIC VIEW (1980) (Rental Only -- $10 @ month)
A 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.

OVERVIEW OF FAMILY-BASED SERVICES: A SPECIAL PRESENTATION (1990) $80.00 (plus $5.00 shipping)
Videotape: 24 minutes. A lively introduction to the history, philosophy, and practice of family-based services featuring interviews with policy-makers, agency administrators, family-based service workers and families who have received services. For use by advocacy and civic groups, boards of directors, legislators and social service workers. A video guide accompanies the taped presentation.

Use the form on page 15 to order any of these materials or to notify us of address changes, additions or deletions for our mailing list. Please enclose the mailing label for address changes or deletions if available.

family-based training opportunites

NATIONAL RESOURCE CENTER RESIDENCY PROGRAMS 1991

The National Resource Center on Family Based Services is offering five intensive residency programs at The University of Iowa in Iowa City in 1991. Each is designed for professionals with a different level of experience, from those beginning family systems work to those who wish to become certified to teach family-based services techniques. These programs offer individuals and smaller agencies the opportunity to participate in NRC's nationally recognized family systems training.

Participants study with National Resource Center trainers, all of whom are experienced teachers and family therapists familiar with public and private social services systems. Training days run from 9 to 4 Monday through Thursday. Registration for Workshops 1, 2, 3 and 4 is $300.

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 Units for 30 hours of instructions ($3 per credit).

A lovely river town, Iowa City offers a wide array of theater, music, films, walks and restaurants. A 4.5 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
May 6-9, 1991

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
- -The Structure, Sequences, Context and Development of the Family
- -Thinking Systems
- -Tools for Systems Assessment at Intake: Genograms and Ecomaps
- -Family Based Services: A Philosophy and Practice of Empowerment

Day 2
- -Tools for Systems Assessment at Treatment: Structured Family Interview
- -Practicing the Structured Family Interview
- -Identifying Strengths: Reframing and Relabeling

Day 3
- -The Brief, Solution-Oriented Approach
- - Applying Techniques to Presenting Problems

Day 4
- - The Structural Approach
- -Practice of Structural Techniques

FAMILY-BASED SERVICES II
August 5-8, 1991

For individuals experienced in family systems work, special focus will be given to working in a systemic way with multi-problem families, including when and how to use strategic or indirect techniques with families who do not respond to more direct, structural work. Participants will also examine their own workplace as a system and analyze their role within it. (This residency program is not a substitute for clinical training with supervision. It introduces participants to sophisticated family therapy theory and methods and forms a sound foundation for further work.)

AGENDA

Day 1
- -Review of Structural Techniques
- -Circular Questioning
- -Videotape on Strategic Tape with Families
- -The Integrated Structural/Strategic Model

Day 2
- -Presentation on Strategic Theory and Interventions
- -Practice of Strategic Interventions

Day 3
- -Application of Theory and Techniques to Family Work with Chemical Dependency, Incest, Child and Spouse Abuse, Neglect

Day 4
- -Case Presentations continued
- -Applying Systems Concepts to Intra and Inter- Agency Dynamics
- -Self-Care for Therapists (optional)

FBS CASE MANAGEMENT
June 26-29, 1991

For supervisors and line social workers in agencies committed to family-centered practice. Participants will become familiar with family systems theory and how it applies to the functions of case management. They will learn basic assessment tools to analyze family and community dynamics as well as how to engage families in treatment, inter-view for behavioral objectives, assure family progress toward change and effectively terminate services.

AGENDA

Day 1
- -Family Based Services: A Philosophy of Empowerment
- -Another Look at Case Management
- -Systems Formation Exercise
- -Family Structure and Development

Day 2
- -Assessment Tools: Genograms, Ecomaps, Timelines and Sequences
- -Family Case Analysis

Day 3
- -Engaging the Family and Responding to Resistance
- -Case Planning: Developing Objectives with the Family

Day 4
- -Plan Implementation: Assuring Progress and Coordinating Services
- -Termination of Services

FBS SUPERVISION
September 23-26, 1991

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

AGENDA

Day 1
- -Prerequisites to Supervision: Oneself as Supervisor, Systems Concepts, and Diagnostic Tools to the Workplace
- -The Structural/Strategic Model of Family Work

Day 2
- -Supervision as a System
- -Sibling Position and Core Triangles
- -Supervisee Developmental Stages
- -Supervisory Process

Day 3
- -Live Supervision Model: Presentation Using the Structured Family Interview
- -Consultative Supervision Model: Presentation and Practice

Day 4
- -Trouble Shooting: Assessing Case Development
- -Worker Error
- -Structuring Professional Development: Peer Consultation Model
- -Problem Solving for Family Based Services

FBS REUNIFICATION
April 8-11, 1991

This four-day workshop will focus on issues central to reunification work including: 1) Separation--developing a process of separation that is functional, and a useful context for reunification; 2) Transition--helping families understand and accomplish change so reunification can be permanent; 3) Successful Reunification--assessing work with families to evaluate when and how to reunite families so reunification is most likely to be successful. This new curriculum, which has been enthusiastically received around the country, blends traditional techniques from structural, strategic and breif therapeutic work with new strategies from story-telling and myth.

FBS CERTIFICATION: TRAINING OF TRAINERS
April 22-25, 1991

This program is for public and private agencies who want to provide in-house training, consultation and supervision in family systems work. Participants follow a 3-part program: 1) a didactic 5-day residency program in Iowa City; 2) an in-agency practicum with videotape and phone supervision; 3) an on-site evaluation leading to certification. The program is limited to 10 participants, who should be either clinical supervisors, in-house consultants, or staff development personnel who have been through NRC family-based training and /or have received 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 more information about the program, please call or write to Anne Zalenski at the Center. Cost: $3,250 per person/ $5,500 for two people from one agency.

National Resource Center on Family Based Services Residency Program 1991 Registration Form

Name:

Address:

City/State/Zip:

Phone (Office) (Home)

SS# *

* Requested by the University of Iowa for registration purposes

FBS I, II, Case Management, Supervision, and Reunification are limited to 45 participants. Minimum class size is 15. Registrations are accepted on a first-come first-serve basis. Please check program(s) you would like to attend.

__ 1) FBS I -- May 6-9, 1991
Registration deadline **Apr. 22, 1991**
[91-126-01/L467]

__ 2) FBS II -- Aug. 5-8, 1991
Registration deadline **July 22, 1991**
[91-217-02/L039]

__ 3) FBS Case Management -- Aug. 26-29, 1991
Registration deadline **Aug. 12, 1991**
[91-238-01/L048]

__ 3) FBS Supervision -- Sept. 23-26, 1991
Registration deadline **Sept. 9, 1991**
[91-266-01/L055]

__ 4) FBS Reunification -- Apr. 8-11, 1991
Registration deadline **Mar. 25, 1991**
[91-098-01/L247]

__ 5) Training of Trainers--April 22-25, 1991
Registration deadline **April 8, 1991**
[91-112-01/L059]

In the event of cancellation, the National Resource Center will not be responsible for an individual's airline reservation.

Single and double rooms are available at Iowa House on the University campus at $45 per night for a single room, $50 for a double room. If you wish to reserve a room, please indicate your choice:

__ single $172 for 4 nights
__ single $215 for 5 nights
(Training of Trainers only)
__ double $192 for 4 nights
__ double $240 for 5 nights
(Training of Trainers only)
Room to be shared with:

Enclose your check or money order for the registration fee and 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.

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TITLE/DESCRIPTION	PRICE	QTY	TOTAL
Annotated Directory of Selected Family Based Service Programs	$20.00	___	_____
A Comparative Analysis of the Costs of Substitute Care & FBS	nc*	___	_____
Chronic Neglect in Perspective: A Study of Chronically Neglecting Families in a Large Metropolitan County: Final Report	15.00	___	_____
Chronic Neglect in Perspective: A Study . . . : Executive Summary	nc*	___	_____
Empowering Families: Papers 3rd Annual Conference on FBS (1989)	7.50	___	_____
Evaluation of Fourteen Child Placement Prevention Projects-WI	3.50	___	_____
Evaluation of Nebraska's Intensive Service Project	2.50	___	_____
Family Based Job Descriptions	7.50	___	_____
FBS: Factors Contributing to Success & Failure: Executive Summary	2.50	___	_____
FBS: Factors Contributing to Success & Failure: Final Report	15.00	___	_____
Family Based Services for Juvenile Offenders	nc*	___	_____
Family Centered Social Services: A Model Child Welfare Agencies	9.00	___	_____
Intensive Family Preservation Svcs. Research Conference, Cleveland, OH Sept.. 25-26, 1989 *Please specify __Final Report and/or __Brief Report	nc*	___	_____
Intensive Family Services: A Family Preservation Delivery Model (MD)	nc*	___	_____
Measuring the Cost-Effectiveness of FBS and Out of Home Care	5.00	___	_____
Placement Prevention & Family Reunification: Practitioners Handbook	9.00	___	_____
Placement Prevention & Family Reunification: View from Child Welfare	2.00	___	_____
Program Blueprint for Neglectful Families, Oregon Children's Svs. Div. (1987)	nc*	___	_____
Resources for Family Based Svcs. Practice: An Annotated Sourcebook	3.50	___	_____
The Supportive Child Adult Network (SCAN) of Philadelphia	2.50	___	_____
Summaries of Evaluation Studies of Prevention Projects in VA & WI	3.50	___	_____
Three Models of Family Centered Placement Prevention Services	nc*	___	_____
Home Based Family Centered Service: A Basic View (AV slide/rental)	10.00 @ mo.	___	_____
Family Based Services: A Special Presentation Video (includes shipping)	85.00	___	_____
Empowering Families '89 Preconference Institute: Research Roundtable Audiotape 1: Sessions 1 & 2.___ or Audiotape 2: Session 3 & 4. ___	6.00 ea 10.00 both	___ ___	_____ _____

* for 1 copy -- multiple copies will be charged actual shipping costs

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FOR MORE INFORMATION PLEASE CHECK BELOW:

____Bibliography List ____Family Based Services ____Training & Technical Assistance ____Research

While policy interventions are clearly most needed to address the problems of neglecting families, specific services and service approaches may well offer hope of improvement to individual families. Human service agencies should: provide comprehensive, in-home services, provide paraprofessional services focused on parenting skill development, provide individual and group counseling focused on stress management and issues of grief and loss, provide family counseling to families experiencing relationship problems, and create a service delivery system which recognizes the varying needs of families with a continuum from non-intrusive family support to long-term family maintenance services.

In attempting to understand why neglecting families have generally not fared well in family-based programs, this research suggests some possible explanations. Family-based programs do not typically address policy initiatives (described above) which these families clearly need. Furthermore, recent studies have found that family-based programs provide relatively few concrete services to their client families (such as housing and income assistance, day care, etc.). In keeping with an ecological view of families in their environments, it is imperative that practitioners understand the impact of economic deprivation on the daily lives of families referred for child neglect.

In beginning to identify differences between chronic and newly neglecting families, the new neglect group (characterized by a high degree of stress and more likely to have troubled family relationships) may be more amenable to a shorter-term service program than the chronic neglect group, which has a more extensive range of needs. Further research in this area is needed, however, to validate the findings of this first attempt at differentiating groups of neglecting families.

This research was funded by the U.S. Department of Health and Human Services and the Vira I. Heinz Endowment of Pittsburgh, Pennsylvania. The final report, including research instruments, is available from the National Resource Center on Family Based Services. (See page 15 for information. on how to order)

THE PREVENTION REPORT
National Resource Center on Family Based Services
The University of Iowa School of Social Work
N240 Oakdale Hall
Oakdale, Iowa 52319

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