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F.A.S.T.
A Prevention Program That Works
by Lynn McDonald

In 1986 Family Service, a not-for-profit mental health agency in Madison, Wisconsin, initiated an intensive in-home family preservation program called F.I.T. (Families In Transition). All of the clients were court-ordered adolescents about to be placed in a residential treatment center for long-term care. Rather than focusing only on the troubled adolescent, the entire family unit was ordered to participate involuntarily in family therapy to deter placement. After 3 months of family focused intervention, 74% of F.I.T. families were reported still together one year later, and indicators showed increases in family harmony.

As a social worker/family therapist in the mental health system, I wondered whether early intervention using a family-based approach might not have a powerful impact on these at-risk families. In addition to preventing costly placements for adolescents, could we not work to prevent initial involvement in the court or child welfare system? The first challenge was to establish a procedure for early identification. If the child is not "in the system," and if the parent has not initiated the therapeutic intervention, who would be most able to identify the at-risk child? Family Service turned to the schools and found in one a responsive, welcoming elementary school principal. Together we agreed to address the challenge of prevention for children at risk for truancy, school drop out, substance abuse, and delinquency.

Schools can do thorough screening of all children in kindergarten through third grade (ages 5 to 9) with efficiency. Research on teachers' track records indicates that their astute and practiced observational skills can be relied upon to identify high-risk youngsters. However, until the late 1980's, schools maintained a discreet distance from the mental health, social services, and medical systems. Recently this has changed. The crushing effects on children of poverty, joblessness and transiency have crossed over into the classroom. Schools are now searching for help in addressing these problems outside. (See "What it Takes: Structuring Interagency Partnerships to Connect Children and Families to Comprehensive Services," January, 1991, a joint publication of the Education and Human Services Consortium, 1001 Connecticut Avenue, NW, Suite 310, Washington, DC 20036 [202-822-8405].)

In January, 1991, a model prevention program called F.A.S.T. (Families and Schools Together) was first funded by United Way of Dane County and by the Wisconsin State Department of Health and Human Services. F.A.S.T. is a collaborative program whose partners are teachers, mental health workers, substance abuse counselors and parents working with 5 to 9 year old children who have been identified within the school system as being at risk. It is based on family therapy principles and targets the whole family unit.

F.A.S.T. is now being used in over 40 schools throughout Wisconsin with 35 other potential sites around the country. The F.A.S.T. program received national honors and recognition in 1990-1991 through three separate independent reviews of prevention programs. The U.S. Office of Substance Abuse Prevention made it one of 10 exemplary programs in 1990 and recently awarded a $11.4 million 5-year grant to further adopt and evaluate the F.A.S.T. program. The national reviews underscored four distinguishing features of the F.A.S.T. program:

> "F.A.S.T. is now being used in over 40 schools in Wisconsin . . ."

1) collaboration, 2) early intervention, 3) careful evaluation and replication and 4) a family systems approach.

The program is simple: the family receives 8 weeks of multi-family weekly sessions followed by 2 years of monthly multi-family sessions. The meetings take place at schools in the evening and the multi-disciplinary collaborative team staffs the program. The number of families served at a time can be between 8 and 45, and F.A.S.T. aims at graduating 12 per group. The format is structured and developmentally appropriate to 5 to 9 year olds, while flexible enough to include other siblings and intergenerational groups. Building stronger families, building better links between families, schools and community agencies, and increasing each child's functioning level are the three central goals of F.A.S.T.

The method is process oriented rather than didactic. It involves parent support, rather than parent training. Every structured activity focuses on building and sustaining relationships: 1) within each family unit; 2) between parents and the at-risk child; 3) between adult dyads; 4) among all the parents; 5) between parents and various professionals; and 6) among the families and professionals in each of the F.A.S.T. classes.

The F.A.S.T. program has been very successful at recruiting families of at-risk children who participate voluntarily. These families generally have been isolated, uninvolved, and "hard-to-reach" families. Ninety percent are single parent families, 80% are families on welfare, and most are stressed, chaotic and depressed, with substance abuse in the family history. Even including those families who have attended just one F.A.S.T. session, 80% have graduated from the initial eight week program. This success is due largely to a

> "Central to the success of F.A.S.T. are support and empathy -- rather than judgement and blame --"

heavy emphasis on recruitment strategies, use of multiple incentives, and on value clarification among the professional team members during training.

The F.A.S.T. program assumes that every parent loves and wants the best for his or her child and should be given the support needed to be his or her own child's prevention agent. Central to the success of F.A.S.T. are support and empathy -- rather than judgement and blame -- along with a non-hierarchical professional team which includes parents as team members.

Standardized evaluation is achieved through parent and teacher assessments of the at-risk child's behavior before and after the 8-week sessions. Average overall increases in the child's functioning consistently range between 20% and 40%. These data come from multiple sites over several years and include an experimental design with a control group. Specific areas most statistically significantly affected have been attention span improvement, motor activity reduction, improved conduct, and increased self-esteem. Family cohesiveness has also improved significantly. Long-term follow-up on truancy, school drop-out, delinquency, and substance abuse is planned. What seems clear, even at this point, is that this carefully developed prevention program -- crafted by combining and applying social science/social work research in family therapy, family stress theory, child psychiatry, stress and social support findings, group work, and community organization -- can work to help at-risk children from stressed families improve their functioning at home and at school. Although collaborative team programming is hard work, starting it early with the whole family is well worth doing.

THE FAMILY UNITY MODEL
The Advanced Skill of Looking For & Building on Strengths
(An option for your consideration)

by Larry Graber
and Jim Nice

In times of budget cutbacks and increased hardships for American families, child protection agencies are in a crunch to do more with less. Oregon has developed a simple tool to do a big job: finding and building on a family's strengths by bringing frequently untapped resources to bear on child protection issues. This article describes in detail the inner workings of this Family Unity Model, its uniqueness, why families and workers welcome it as refreshing and empowering, and why some offices have already adopted it as standard operation and credit it for their sense of hope and reduction in foster care placements. It is an ingeniously simple idea with dramatic implications. It challenges dominant practice in the field of helping and management.

Dominant Practice
In dominant practice, a tremendous amount of time and energy is spent looking for or defining "problems" and "giving advice." We believe this is a formula that weakens rather than strengthens people. Looking for problems basically empowers the problem and disempowers the person. Advice is disrespectful to people. There are options we believe are far more helpful and hopeful to families and practitioners.

The Goal
The main goal of the Family Unity Model is to strengthen families. We believe children are best protected and nurtured when families are strong. It is a useful tool both to avoid out of home placement and to return children from foster care to their families. The Family Unity Model was designed to promote ways not only to insure safety for children while they remain in their own families, but to increase safety by encouraging and using the resources and strengths of families, friends, relatives and communities themselves.

This idea, now called the Family Unity Model, began in Oregon as an audit. It was not a typical audit. Line workers and families involved with the agency were asked a simple question: "What are your best ideas to help strengthen families?" Important themes emerged. The very method of gathering information, a search to find strengths, instead of problems, was itself a major lesson in developing the Family Unity Model. Auditing for strengths generated cooperation, positive energy, and creativity. From this process, and from the wisdom of workers and families, came the ideas, the words and the values of Oregon's Family Unity Model.

Values and Beliefs
The model rests on eight values and beliefs. The crucial ones are:

* Families have strengths and can change. They deserve respect. Families have wisdom and solutions. Families, relatives, and communities are our allies and best resource.
* Strengths are what ultimately resolve issues of concern. It is important to set up opportunities for families to show their strengths.

An Advanced Skill
Looking for and building on strengths is an advanced skill. Whereas most everyone is good at finding out what is wrong with families, a national pastime, few people practice the skill of looking for and building on strengths.

There are valuable strengths in our families and communities. These strengths are often hidden from view to those unskilled in noticing them or focused solely on looking for what is wrong.

Looking for the good requires a different set of skills, such things as listening, patience, not giving up on people, moving at the pace of others, not getting sidetracked or trapped by "problems," listening and connecting with people's pain, going to the place of people's strengths, giving credit, paying attention to others and looking at crisis as an opportunity to grow rather than as a failure. An important piece is a willingness to step out of a one-up position. The wish or need to "control" others is a major culprit in weakening people.

Thinking differently
Language reflects thinking. As thinking changes, so our language is changing.

Issues of Concern: The word "problem" cripples the helping process. It is energy draining. It carries considerable amounts of shame, blame and guilt. It leads to taking one-up positions on people; to labeling people; to making negative assumptions when people are hesitant to share their "problems." The overall focus on problems is very paralyzing to both helper and family. Problem focus is basically a stuck position.

We began experimenting with other words to describe family dilemmas and finally settled on "issues of concern" as opposed to "problems." Families accept this terminology much better than the "problem" terminology. The "issues of concern" are often not the same as what had previously been identified as "problems.". The word "concerns" takes issues to a different and often times more workable level and opens avenues to pursue strengths and the good will behind the difficulties many families experience.

Options: We began talking about "options" as opposed to "advice" recognizing that options provide choices and choices empower. This is critical to any empowering relationship. When parents and families choose their own solutions, they bring a special energy, creativity, and commitment to the task.

Listening: The profound value of listening emerges as a centerpiece to strengthen families. Carl Jung once said, "The first act of love is listening."

Respect: We look for ways to be respectful to people as though respect were the "active ingredient" in strengthening families. "If this were my family, or my children, or my relatives, how would I like to be treated?" We look at ways we are not being respectful to people. We question the advisability of having meetings about families and children without at least parents being there to present their own point of view. We avoid language that refers to people as "cases" or "clients."

Reservoirs of Strength: No matter what the nature or seriousness of concerns expressed by the community, worker or family, it is important to explore the reservoir of strengths that exist in the family, extended family and community from which they might draw to resolve the issues of concern. The assumption that no strengths exist is most often inaccurate. To discover people's strengths, we listen, observe, compliment, encourage, ask, and talk about the things going well in their lives, their successes. We talk about the "exceptions"[1] to the concerns, instances when they are able to deal with the concerns and can recognize that they already have some skills in this area. Most powerfully, we treat them as experts in their own lives. It is not helpful for workers to get into a position of feeling the need to "fix" or "control" a family, or to figure out the solutions to a family's problems. A very respectful question is, "What is your best thinking about how to make things better?" Listen to their ideas. Support them when you can. Look for the good intent in every idea. Build on the good intent. Look at and talk about "options" with people. Co-create options together as a team.

The Family Unity Meeting
The Family Unity Meeting itself is a tool to find and build on a family's resources. The purpose of the meeting is to help the family in any way we can. It gives families specific opportunities to share their best thinking about working out solutions for themselves. It gives the family the opportunity to bring in their support systems, including neighbors, relatives, and friends to help with solutions.

The family is given a Family Unity Meeting outline before they come in. The meeting outline is uncomplicated and respectful. The Family Unity Meeting deals up-front and honestly with the toughest issues of concern that exist, without referring to them as "problems." Families have opportunities to show their strengths.

Touchpoints Partnership
Whenever a decision is made to leave a child with his or her family, or to return a child from foster care to his or her own home, certain risks are inherent in that decision. The safety of the child is always of primary importance. Touchpoints[2] is a way to lessen the risk, to offer support to the family and the worker, and to maximize protection for the child. Touchpoints is a strength oriented, visual service agreement, a copy of which is given to each person agreeing to a specific part of helping the family. It is simple and easily monitored.

Touchpoints works to extend the circle of people who care, and creates partnerships of people who agree to help in specific ways. It is a visual way of insuring the family is not being overloaded with services or obligations to the point where they have little time to practice being a family.

PRELIMINARY RESULTS
Although we have begun to introduce data collection systems, we recognize programs need time to develop before exposing them to statistical scrutiny. Preliminary results in using this approach have been very satisfying not only in terms of strengthening families and reducing the number of children in out of home care, but also in terms of strengthening workers. The worker's job is far more pleasant and optimistic. Families get excited about someone acknowledging their strengths. They have investments in their own ideas and put out great amounts of positive energy to make their ideas work. Most importantly, credit for positive efforts goes to the family.

Data collection systems being set in place involves monitoring all uses of Family Unity Meetings within Oregon so it can be tracked with substitute care data for specific impact. While foster care in Oregon had been on the rise in the three previous years, this last year it has dropped by 140 children. Total out of home care has dropped by 308 children.[3]

Oregon's Tillamook County Children's Services reports a 35% reduction in the number of children in foster care, and the branch manager attributes this to their efforts in applying the Family Unity Model[4] Other counties are showing significant reductions as well.

Returning from a statewide Town Hall tour, Bill Carey, Children Service's administrator commented, "You might be interested to know that . . . CSD has not been the lightning rod it was last year in terms of dissatisfaction. There must be something right happening out there!"[5] We believe Family Unity is a part of what is going right.

[1] Berg, Insoo Kim, "Exception Finding Questions" Solutions in Home Treatment. Milwaukee. 1990, pp. 57-60.
[2] Graber L.B., Family Unity Model, p. 7.
[3] Research Unit, Children's Services Division, Dept. of Human Resources, Salem, OR.
[4] Focus, Children's Services Division, OR, May "91, p. 6.
[5] Carey, Bill, "What's New" July 29, 1991.

Jim Nice also teaches the Family Unity Model as a part of the Reunification Workshop in the National Resource Center's Residency Program. This workshop will be offered again next summer.

For more detailed information about the Family Unity Model, write or call: Larry Graber, Family Based Services Manager, or Jim Nice, Family Unification Specialist, Children's Services Division, 198 Commercial St. SE, Salem, Oregon 97310-0450. Phone (503) 378-3016 (For a copy of the complete Family Unity Model, send a self addressed legal size envelope with 52¢ postage.)

POLICY, PROGRAMS, AND RESOURCES

by John Zalenski, Ph.D.

New books at the National Resource Center on Family-Based Services indicate important developments in the field in several different areas. First, there is a rising tide of concern among public policy specialists, politicians, and a growing segment of the general public about policies, programs, and services for children and families as the national society and the social service sector in particular face multiple interlocking crises in education, substance abuse, child care, health care and economics — all of which threaten the well-being of a current generation of children and their families. Next, in an era of diminished resources and heightened expectations, policies and programs increasingly emphasize a rhetoric of performance, efficiency, and effectiveness. This shapes (and limits) the types of family-based service programs considered viable — privileging, for example, intensive family preservation programs — and it also leads to an increased emphasis on evaluation, as program administrators seek to mon-itor the efficiency of the service delivery process, meet strict standards for accountability, and seek appropriate outcome measures. Finally there are the therapeutic resources. Central to any program seeking to treat families are current therapeutic resources. Clinical theory and practice continues to respond to challenges in the field.

Rebuilding the Nest: A New Commitment to the American Family (1990) offers an assessment of the contemporary American family. Based on the conference "What do Families Do?" held at Stanford University in 1989, it's aim is to push the discussion of family "values" and family policy beyond the arena of partisan political debate and to create a critical public consensus focused on the well-being of families. *Rebuilding the Nest* presents a descriptive analysis of the social value of the family as an institution and its importance in reproducing humane qualities necessary to a good society. It presents evidence of the variety of ways American culture is unfriendly to families. It concludes with a discussion of policy initiatives intended to revitalize what families do best: provide a place for nurturing children. *Rebuilding the Nest* seeks to build a public philosophy to advance the stature of families. Its policy agenda for the 1990's includes inspirational calls to "reinvigorate cultural ideals" of the family, provide larger tax credits for families, advocate workplace policies which halt the erosion of "family time," and reconstruct family law to support the institution of the family as a social unit rather than enshrining "personal autonomy as our reigning legal norm."

Evidence of the interest in family policy at the national level can be seen in *Beyond Rhetoric: A New American Agenda for Children and Families* (1991). This report from the bipartisan congressional group, the National Commission on Children, presents a comprehensive agenda of national policy for children and families for the 1990's. Recommendations cover ensuring income security, providing health care, encouraging educational achievement, increasing family support services, and others. The report emphasizes the importance of preventive services and early intervention, as well as the need for well integrated services to preserve, support and protect families in need. In the wake of this report announcing such an ambitious agenda comes the need for strong advocacy in order that policy recommendations become translated into legislation and adequately funded programs.

Complex social issues are likely to test this policy agenda.

(In)Justice for Juveniles takes stock of the juvenile justice system in the United States. Tracing twenty years of attempted and largely unsuccessful reform — administrative, legal, and fiscal — Ira M. Schwartz documents the inability of the juvenile justice system to respond constructively to its clients. In his analysis juvenile justice operates as a "hidden system" of incarceration in adult jails, detention centers, and psychiatric hospitals. Citing model programs in Massachusetts and Utah, Shwartz advocates community based programs, court reform, and legislative action designed to curtail unwarranted incarceration. It is a book combining important research, policy recommendations, and personal commitment.

Crack and Other Addictions: Old Realities and New Challenges for Child Welfare combines proceedings of a national symposium with policy recommendations to address the effects of epidemic levels of substance abuse on children and families. This collection begins with a presentation of the problem: trends in drug use and availability, the dynamics of maternal drug use, the character of the federal response to drugs, and the impact of drugs on the child welfare system. The overwhelming need is for innovative services to preserve and treat families. Meeting this challenge requires an unprecedented degree of service coordination to treat the medical, psychosocial, and legal facets of this problem. The policy agenda here includes basic research on the "extent and nature of alcohol and drug related child welfare problems," specialized training for professionals across disciplines, and adequate funding for an array of necessary services. An important qualification: drugs are not themselves the cause of social dysfunction but a symptom of long-standing societal problems. Understanding this is important to a balanced approach to this subject.

In *The Child Abuse-Delinquency Connection* (1989), David Sandberg, an educator, lawyer, and judge, assembles a multi-disciplinary perspective to address the connection between delinquency, crime, and violence and child abuse. The volume takes issue with "law and order" social policies that respond to public fears of violence and crime with an increasingly punitive approach to criminal justice because no clear cut evidence exists that a punitive approach to criminal justice produces a safer society. Sandberg's guiding principle is this: mounting evidence makes it increasingly clear that "a disproportionate number of highly destructive and self-destructive members of adult society share a common experience of severe maltreatment as a child." Sandberg advocates "preventive criminal justice" through primary prevention and early intervention in cases of abuse and neglect. Sandberg assembles important evidence to substantiate the claim that preventing child abuse would eliminate much crime and delinquency.

Medically Complex Child: The Transition to Home Care addresses the complicated needs of children (also known by names such as "medically fragile" or "technologically dependent,") requiring sustained, sophisticated medical care. Because of advances in technology, escalating health care costs, and the work of the family based services

reform movement generally, home care is seen as a goal for a medically complex child, necessary in promoting "a balance between the child's medical, psychological, and social needs by normalizing the child's life in a non-institutional setting." Because of the relatively high percentage of these children unable to return to their biological parents, the book gives special attention to specialized foster care and adoption. Emphasizing the importance of "discharge planning," "case management" (often the family functions as the case manager) and service coordination, the book cuts across issues from medicine, to social services, to education, to the stresses of caring for a medically complex child. It also contains a section on innovative models of specialized care. Because of this, it is a volume useful to anyone working in any part of the field. It also contains a useful resource directory.

A variety of new books explore therapeutic resources for working with individuals and their families.

With projections indicating that perhaps more than one million American families will have to confront AIDS over the next decade, *In the Midst of Winter* is an especially significant work, a comprehensive investigation of family therapy for individuals and families with AIDS infection. Gillian Walker situates the AIDS epidemic within the family and larger cultural context, and at the same time, introduces the principles of systemic family therapy applied to cases of chronic illness. She then leads readers through "The Illness Journey," a narrative construct embracing the course of the disease from the first hint of infection through the reorganizations of the family network necessary to accommo-date the illness. Walker then addresses "Death and Bereavement" the process of coping with last tasks, the medical system, grieving their loved one, and care for surviving family members. Finally Walker examines "The Inner City Experience," with special attention to pediatric AIDS and the consequences for children when parents die of the disease.

Women and Power addresses the difficult question of power relations between the sexes in the therapeutic context. The volume recognizes power as a central organizing principle within families, and it draws attention the different cultural messages for women and men concerning access to power, the desirability of power, the pursuit of power, and the ways of exercising it. The volume pays particular attention to the subordinate position typically occupied by women in their power relations within the family, exploring the effects of such subordination, as well as the consequences and strategies for change.

Living Beyond Loss breaks new ground in the exploration of the meaning of death within the family system. Rather than focusing particularly on the pathological effects of loss on a bereaved individual, this volume examines the impact of loss on the entire family system, the long term effects of death on the family's "life cycle passage" and the relevance of cultural context in the process of grief and recovery. The volume is also especially useful for addressing the complexities of anticipated loss and the long term complications for family members engaged in the process of "living beyond loss."

Two significant new books address evaluation in family preservation services:

Preserving Families offers a comprehensive assessment of evaluation resources for practitioners and policy makers. It provides a sound overview of the uses of evaluation, as well the construction of study designs, including defining a target population, fitting evaluation to a program environment, appraising outcome measures, and cost analysis. This collection is valuable to any professional working in the field of family-based, home-based, or family preservation services.

Family Preservation Services consists of two parts: 1) reports on empirical studies of family preservation programs; and 2) conceptual and policy issues. It is particularly timely because the volume focuses disproportionately on Intensive Family Preservation Services, a model of short term crisis intervention services. IFPS programs are intended to improve family functioning in a timely, efficient, and cost effective manner. Because of this claim, these programs are gaining the attention of policymakers who must work around constricted budgets. The possibility for an unintended shift in priority from empowering families to containing costs makes the critical scrutiny of IFPS programs very important in the years ahead.

Books Reviewed

Beyond Rhetoric: A New American Agenda for Children and Families. Final Report of the National Commission on Children. Washington: U.S. Government Printing Office, 1991. (Available from the National Commission on Children, 1111 Eighteenth Street, Suite. 810, Washington, DC 20036.

The Child Abuse-Abuse Delinquency Connection. By David N. Sandberg. Lexington MA: Lexington Books, 1989.

Crack and Other Addictions: Old Realities and New Challenges for Child Welfare. Child Welfare League of America, 440 First Street, NW, Suite 310, Washington DC 20001-2085.

Family Preservation Services: Research and Evaluation. Edited by Kathleen Wells and David E. Biegel. Newbury Park, CA: Sage Publications, 1991.

(In) Justice for Juveniles: Rethinking the Best Interests of the Child. By Ira M Schwartz, Lexington, MA: Lexington Books, 1989.

In the Midst of Winter: Systemic Therapy with Families, Couples and Individuals with AIDS Infection. By Gillian Walker. New York: W. W. Norton, 1991.

Living Beyond Loss: Death in the Family. Edited by Froma Wash and Monica McGoldrick. New York: W. W. Norton, 1991.

Preserving Families: Evaluation Resources for Practitioners and Policymakers. Edited by Ying-Ying T. Yuan and Michelle Rivest. Newbury Park, CA: Sage Pulications, 1990.

The Medically Complex Child: The Transition to Home Care. Edited by Neil J. Hochstadt and Diane M. Yost. New York: Harwood Academic Publishers, 1991.

Rebuilding the Nest: A New Commitment to the American Family. Edited by David Blakenhorn, *et.al* . Milwaukee: Family Service America, 1990.

Women and Power: Perspectives for Family Therapy. Edited by Thelma Jean Goodrich. New York: W. W. Norton, 1991.

IN-HOME FAMILY-BASED REUNIFICATION SERVICES: PRELIMINARY EVALUATION FINDINGS POSITIVE

by Mark Fraser, PhD, University of Utah

The findings from an evaluation of in-home, family-based reunification services appear to be positive. Jointly sponsored by the Utah Department of Human Services and the Graduate School of Social Work, University of Utah, the project used a family preservation service model similar to Homebuilders™ to reunify foster children with their natural families. The study continues a program of research in the Department and at the School on applications of intensive, brief, family-centered, preventive child welfare services.

Specifically, the study compared the degree to which in-home, family-based reunification services (IFRS) and routine foster care case management were differentially effective in returning foster children to their biological homes. IFRS was initiated in four regional social services offices using both state and special federal monies for the extra staffing. Seven caseworkers received special training in the use of in-home treatment methods based on the Homebuilders model of family preservation services. IFRS emphasized relationship-building, provision of concrete services, and learning theory based training on parenting, problem-solving, decision-making, and anger management. However, the service differed from Homebuilders in important ways. Caseloads of six families were maintained (rather than four) and services lasted 90 days (rather than 30 days). Moreover, the workers did not receive ongoing supervision from Homebuilders trainers or supervisors. The initial project period was July 1989 to October 1990.

A post-test only experimental design was used, with 6-month follow-up. By random assignment, foster children were assigned to control (routine foster care case management) or treatment (transferred to a reunification worker for in-home services) groups. A total of 120 foster children were included in the final study sample, 62 in the treatment group and 58 as controls. Data were gathered about whether and when the children were returned home, family and child characteristics, attitudes and behaviors, services provided, service goal attainment, parent satisfaction, and worker characteristics, attitudes, and assessments of the program.

Compared to the control families, a significantly higher percentage of treatment families were reunified at the close of treatment and at a 6-month follow-up period. However, there was some erosion of the success by the end of 6-month follow-up:

Study Group	Children in sample group	Children at home at end of 90-day treatment period	Children at home at end of 6-mo. follow-up	Average days home in follow-up period
Treatment	62	59 (95.2%)	45 (72.5%)***	142.22***
Control	58	16 (27.6%)	22 (37.9%)	61.64

***p < .001 that the difference was a chance occurrence.

About RESEARCH EXCHANGE

In Home Family-Based Reunification cont...

As compared to controls, treatment group families were more satisfied with services and reported the acquisition of more new parenting skills.

Within the treatment group, factors predictive of successful reunification or greater length of time at home during the follow-up period were:

* positive parent attitudes towards their children
* attainment of the goal "increase parenting skills"
* parent belief that home was best place for the child
* parents better educated
* attainment of the goal "improve school performance" for children
* parent assessment that the treatment was helpful
* family less transient
* absence of child behavior problems (delinquency, drug/alcohol use, truancy, runaway)
* fewer prior out-of-home placements of the child
* less worker time on crisis intervention and outside referrals

The findings are considered preliminary and further follow-up study is occurring to identify the reunification status of treatment and control cases over a 12 to 18 month period. The Department staff who directed the evaluation were Robert Lewis, DSW, and Cathy Harlin, MSW. At the University of Utah, Mark Fraser, PhD, was the Principal Investigator and Elaine Walton, PhD, served as project co-ordinator. Her work resulted in a dissertation, The Reunification of Children with their Families: A Test of Intensive Family Treatment following Out-of-Home Placement (Walton, 1991). (See abstract on page 5 in this issue.) Peter Pecora, PhD, assisted with the design and implementation of early stages of the project.

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RANDOM THOUGHTS
by Kristine Nelson, DSW
National Resource Center on Family-Based Services

FBS RESEARCH COMES OF AGE

Family-based services research has matured from its infancy in small, local program evaluations, through a joyous and expansive childhood, into a turbulent and uncertain adolescence. Still secure in illusions of immortality, the field struggles with uncertain ends and even less certain means, while undergoing the emotional and physical changes of rapid growth.

Another way of looking at this developmental process is as a "life-cycle" that includes both research and reform:

> When a reform is being launched, the parties involved are caught up in the excitement and resist research considerations. State governors want quick action. Administrators are wary of the mysteries of evaluation methodologies and in any case feel sure of what works and what doesn't. Advocates are by definition convinced that they know what needs to be done; moreover, they are likely to object to experimental designs that require different treatments for similar recipients. Later, when the results almost invariably fall short of heady expectations, research questions are asked: Even if caseloads [placements] decreased very little, would there have been marked growth in the absence of the intervention? Even though the reforms had modest effects overall, did certain groups benefit more than others? (Offner, 1990)

Although written about welfare reform, this is a remarkably accurate description of the development of family preservation services. As research has become more important to the survival of family preservation, the best approach to designing and carrying out evaluation studies has become a political issue as well as a scientific question.

Whatever the analogy, there were always those who warned of trouble ahead and their original concerns have now become the concerns of the entire field. In a 1981 review of research on earlier placement prevention programs, Magura found that the inability to predict future placement and to target preventive services at families headed in this direction created problems in demonstrating program effectiveness. In 1985, Stein reiterated the problem of accurately assessing risk of placement and warned of "ceiling effects" in further reducing placement rates which had already been substantially reduced. Both he and Frankel (1988) voiced concern that the interventions being studied went largely unspecified and raised the question of whether placements were prevented or just delayed. These cautions led some to urge a slowing down of the trend toward family preservation until more definitive research could respond to these troubling questions (Wald, 1988).

True to the ontology of reform and research, the first rigorously designed studies of intensive family preservation services, based on the Homebuilders model, uncovered grave difficulties in defining and targeting families at risk of imminent placement, in demonstrating significant differences in placement rates between the control and experimental groups, and in controlling for the wide range of families and services encompassed by family preservation. Fewer than 20% of referred families appear to be in danger of placement within the time frame of the program

and differences which were significant at termination tend to disappear within a year (Gershenson, 1990; Nelson, 1990).

This research has led to widespread discussion about the meaning of the findings and the next steps in evaluating the effectiveness of family preservation services. Although researchers agree that the current research is not definitive, that imminent risk and placement must be more rigorously defined, that interventions need to be more carefully described and tested, and that outcomes such as child safety and improved family and child functioning must be examined, radically different research designs have been suggested. Gershenson (1990) disagrees with the emphasis on experimental studies involving random assignment to control groups, pointing to the intrusiveness of this type of design and its negative effect on program functioning, and calls for more process and qualitative research. At the other extreme are those who insist that multi-site random assignment studies are the only ones that provide reliable information about effectiveness (Rossi, 1991; Schuerman, 1990).

Equally divided are those who argue that placement prevention is the legitimate and stated goal of family preservation and, therefore, the outcome to which it must be held accountable (Schuerman, 1990) and those who say placement prevention should be discarded as measure of effectiveness and replaced by measures of child safety, of family functioning, and even of child development (Rossi, 1991; Wald, 1988).

As debate and the political and financial stakes involved in family preservation increase, it is important to maintain a balanced perspective. Neither adolescence nor reform typically offer smooth sailing, but steering a middle course and heeding the experience of others can help secure a safe passage. This means that no program or research design should be preferred to the exclusion of others; all contribute to the development of knowledge and only the convergence of evidence from different types of studies on different populations in different programs produces knowledge that is generalizable in the real world of program implementation. It also means that random assignment studies should not be shunned nor should they be expected to provide all the answers. Studies that randomize one treatment or program element (length of service, caseloads, intensity, parent education, teaming, etc,.) are more easily accepted and incorporated into ongoing family preservation programs and will help to identify what is necessary and sufficient in the provision of effective services (Nelson, 1990). Quasi-experimental, single-subject designs can be fielded in agencies serving too few families for control group studies, and can be aggregated to determine the overall effectiveness of the program (Alter & Evens, 1990).

Looking back over nearly three decades of efforts to evaluate social welfare programs, Manski (1990) concludes that process and impact evaluation should not be separated; that quick turn-around federal research contracts should be replaced by research that promotes collaboration between social scientists, evaluation professionals, and public officials; and that "the assertion that evidence from controlled social experiments is qualitatively superior to natural-variation data should be dismissed, as it is not supportable. Program evaluations should employ both experimental and natural-variation data, in all cases with due caution." Family-based services research would be wise to finally pay attention to the advice of its elders.

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Intensive Family Intervention for Behaviorally Disturbed Children: Final Report (July 1991)

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Responding to the problems of inadequate prevention/reunification services for children at risk of placement and families with behaviorally disturbed children, the Department of Human Services and the Texas Department of Mental Health and Mental Retardation collaborated on an OHDS-funded grant to provide intensive family services for families with behaviorally disturbed children. The Intensive Family Intervention project (IFI) was funded from February 1989-January 1991, (later extended through April 1991) and was conducted in one urban and one rural site: Harris County (Houston), and the Lower Rio Grande Valley.

Data collection consisted of reviewing case files and conducting structured interviews with family therapists in the project. A client satisfaction questionnaire was also distributed, but did not yield a suitable return rate. Fifty-nine cases in the Valley site and 50 in Houston were reviewed. An additional 29 applications for services that were not accepted for services were not included in this evaluation.

The project's original goals included attaining a placement prevention/reunification rate of 70% after three to six months of intervention; engagement in ongoing treatment for 70% of those families recommended for further services; and the development of family support groups in both sites.

The first two goals were achieved. At the time of case closure, 78.9% of the children served by the project were still living at home. Among families in which removal of an adolescent had been considered in the month prior to beginning services (high risk group), 79.1% of the children were still at home at termination. At the end of the two-year project, 61.5% of the adolescents were believed to be at home, 11.9% had experienced residential placement, 2.8% who began services in placement had not returned home, and 23.9% of these children could not be tracked to determine placement status.

Regarding the second goal, 75.4% of the 69 families referred for additional services did intiate at least one contact to receive further services. The third goal, developing family support groups, was not achieved; the main reason for this was that the family therapists worked during the times that support groups would generally meet.

Interviews with family therapists revealed that 56% of the families had been engaged and completed treatment. Staff also assessed 57.8% of the adolescents (55.1% of the families) as functioning better or much better, 26.6% of adolescents (28.4% of families) the same, and 8.3% of adolescents (7.3% of families) worse at termination than at intake.

The IFI project was also considered to have been successful in reaching multiproblem adolescents and in increasing services to a population under-served by mental health services. Nearly 60% had previously run away from home, 47.7% had received special education services, 43.1% had been suspended from school, one third had had inpatient treatment, 46.8% had been the subject of a CPS investigation, and 18.3% had been in foster care. The greatest number of referrals (36.7%) came from MH/MR units, followed by DHS/Child Protective Services (33.9%), juvenile probation (15.6%), and schools (6.4%).

Comparisons of the urban and rural sites found similar numbers of problems and ratings on problem assessment scales, as well as similar proportions of prevention (72.5%) and reunification (27.5%) cases. However, Houston received a greater proportion of referrals from MH/MR units than the rural Valley site, which received more referrals from DHS/CPS and the schools. In addition, the Houston program served more of the adolescents with prior psychiatric hospitalizations and longer lengths of residential placements. The Houston project also served more boys, more blacks and whites, while the Valley project served a greater proportion of girls, Hispanics and Asians, as well as larger households.

Finally, with regard to service provision, the Houston project made more home visits per case than the Valley project (median of 13 and 8 home visits, respectively), and had a longer average length of service (median of 11 weeks for Houston vs. 8 weeks for the Valley). Both sites were able to contact families within a median of 5 days, and had similar numbers of home visits and total client contacts per week (median of one home visit per week, 1.6 contacts per week).

Correlates of Family Preservation and Family Reunification

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This study analyzed data on 9,741 families of status offenders served by 23 Florida Network of Youth and Family Service programs across the state during the fiscal years 1988-89, 1989-90, and 1990-91. This correlational study intended to find tentative answers to the following questions concerning family preservation and reunification efforts with this client population: 1) what demographic characteristics of clients are associated with families remaining together or being reunited? 2) what client history factors are associated with familie remaining together or being reunited? 3) what service variables are associated with families remaining together or being reunited?

For each fiscal year, two populations were studied: families that were intact when beginning services and families in which the identified client was not living at home at the time services began. The prevention and reunification populations were analyzed separately.

Logistic regression methods were used to identify correlates of family preservation and family reunification. The statistical model included a set of demographic variables, client history factors, service variables and interaction terms. First, exploratory analyses of preservation reunification cases were conducted with 1989-1990 data. These models were tested for partial or full replication using 1988-1989 and 1990-1991 data.

The model for family preservation is stronger than the one for reunification. The family preservation model explained service outcomes for more than 90% of the families who remained together and 50% for those who did not. The reunification model explained service outcomes of more than 90% of the families who did not reunify, but no more than 21% of families who did achieve reunification.

Several demographic, client history and service variables were fully replicated (defined as statistically significant in analyses for each time period; 95% confidence intervals overlapped in all three analyses). For family preservation clients, these included regular school

attendance, number of family therapy sessions, successful completion of all planned services, ongoing involvement with the dependency (child welfare) system, and receiving residential services. (The latter two are associated with a lower probability of family preservation.) For reunification cases, variables that fully replicated included number of family therapy sessions and successful completion of all planned services, which were associated with a positive case outcome, ongoing involvement with the dependency system which was associated with a negative outcome, and no effect of the number of individual counseling sessions.

The study found some interesting relationships between family therapy and service outcomes. Larger numbers of family therapy sessions increased the probability of both family preservation and family reunification. However, the author points out that this is an association, not causation; it is possible that some other factor accounts for this relationship. No such relationship was found for the number of individual or group therapy sessions. The relationship between family therapy and both family preservation and reunification is a non-linear one. While there is a temptation to interpret such as relationship as evidence of an optimal length of service, the author points out that this finding may be a result of brief, time-limited services.

A strong relationship was found between family preservation/reunification and a variable called "successful completion of all planned services." This variable was operationally defined as whether or not the family completed all services in their service plan prior to leaving the program. [Editor's note: this variable seems promising as an additional outcome measure in family-based services research.]

DISSERTATION ABSTRACTS

"Keeping Families Together: An Evaluation of an Intensive Family Preservation Program"

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An evaluation of an intensive family preservation program, the Emergency Family Care Program operated by Children's Home Society of California, found that 88% of families who were at imminent risk* of child placement before treatment were successful in avoiding placement up to three years after treatment. This time-limited program is provided to families in San Francisco and Alameda Counties in Northern California, and treatment consists of round-the-clock availability of social workers and provision of a variety of resources and skills in order to strengthen families and prevent placement.

Few demographic characteristics of the families themselves were found to discriminate between successful families and those who suffered child placement, mostly due to the homogeneity of the sample: high-risk families with similarly stressful and impoverished households. Since demographic characteristics made little difference in predicting outcome, service characteristics were very important.

Treatment usually consisted of about two and a half months of service, with about a third of that time spent in the home with the family. The more time the family care workers spent in the home (as a proportion of total service time) the more likely the family was to avoid child placement. Also, the more concrete the service provided, such as teaching family care and supplemental parenting, the more successful the outcome.

Given that this program is aimed at building resources and skills, it is not surprising that the Emergency Family Care Program was most successful with families who had older mothers and more resources to draw upon, both concrete (like an income) and abstract (mental capacity and cooperation). The problems that the program was best equipped to lessen or eliminate were: economic conditions, parental handicaps or illness, and parental emotional disturbance.

The program was least successful in preventing child placement among families with a history of adjudicated child neglect. These families were found to have many stressors and few resources with which to cope. The parental capacity to participate in service was often limited. In addition to the stress of this environment, the service provided to these families was often less intensive than that provided to more cooperative and capable families. As a result, gains in parenting skills among these families were small.

The cost of this program was estimated to be $2776 per family, and this compares favorably to an estimated $7427 cost of an average stay of 16 months in foster care. When this savings is multiplied by the number of children in any given preserved family, the economic value of family preservation is even more apparent. Given the personal, social and economic advantages of this program, the Emergency Family Care program is a successful and worthwhile social program worthy of national attention and replication.

(Author Abstract)

*Editor's note: In this study, families at risk are defined as "those families in which any of the following are true: the referral came from the Department of Social Services, the family had more than one child, and the family was of minority ethnicity (Remy & Hanson, 1983). Risk (was) further specified as pertaining to families with any of the following characteristics: a child currently in placement, a child with a prior history of placdment, a history of abuse or neglect, or if more than one of the following are true: multiproblem family, a multi-racial family, possible abuse, an absent parent, a parent with problems with substance abuse, psychiatric history, developmental disability or severe physical illness" (pp. 40-41).

"The Reunification of Children with Their Families: A Test of Intensive Family Treatment Following Out-of-Home Placement"

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Intensive family-based services appear to be successful in stabilizing families at risk of separation, but the services have rarely been used to reunify families previously separated by out-of-home placement. The purpose of this study was to evaluate an experimental program in which family-based services wre provided in an effort to reunify families following substitute care.

From the files of the Utah State Department of Human Services, 120 families with children in substitute care were randomly selected and assigned to a treatment or control group. Intensive, in-home, family-based treatment, patterned after the Homebuilders model, was provided those in the treatment group for 90 days, while routine child welfare services were provided those in the control group. A follow-up survey was conducted 6-months following the end of treatment.

By the end of the treatment period, 59 of the 62 treatment children had returned to their homes, contrasted with 16 of 58 control children. Treatment children were in their homes 75.5% of the time ($M = 67.9$ days) during the

90 days compared to 16.3% ($\underline{M} = 14.6$ days) for the control children ($\underline{t} = 11.65$, $\underline{p} < .001$). After 6 months, 45 treatment children remained in their homes contrasted with 22 control children. Treatment children were in their homes 79.0% of the 180-day follow-up period ($\underline{M} = 142.2$ days) compared to 34.3% ($\underline{M} = 61.6$ days) for the control children ($\underline{t} = 5.98$, $\underline{p} < .001$).

Twelve instruments provided data with which to explore correlates for success and failure. Using only the treatment group for analysis, the factor most predictive of successful reunification was parental attitudes. These attitudes reflected parents' positive relationships to their children, their belief that home was the best place for the child, their opinion that the treatment was helpful, and their feeling that their caseworker cared about them. Other predictors were the parents' education, attainment of treatment goals, and problem resolution. Most failure correlates fell into two categories: (a) treatment interventions that reflected excessive time spent with difficult problems (e.g., managing crises, clarifying problem behavior, or referral to other services); and (b) child problems (e.g., drug and alcohol use, truancy, running away, and depression). Practice and policy implications of this study include the appropriateness of a broad range of intervention skills with a practical orientation that addresses the primary needs of the families served.
(Author abstract)

TASK FORCE TO STUDY SUCCESSFUL OUTCOMES IN FAMILY-BASED SERVICES

The National Association for Family Based Services has appointed a task force to study alternatives to the "placement prevention" criterion for success in family based service programs. This indicator of success, the measure most commonly used by programs and in research studies, has been criticized on numerous grounds: for being insensitive to more qualitative types of change within families; for considering all placements as failures, regardless of specific circumstances of each family; and for restricting family based programs to families only where a child is at imminent risk of removal, among others.

The task force, headed by Carroll Schroeder of Families First, Davis, California, is to develop a position paper for the National Association, enumerating some of the issues around outcome measures, defining successful outcomes through four or five criteria, and describing how these criteria might be measured. Look for the task force's recommendations in a future issue of RESEARCH EXCHANGE.

NOTES FROM THE RESEARCH ROUNDTABLE 1990: DEFINING IMMINENT RISK AND PLACEMENT

The research roundtable at the fourth annual NAFBS Empowering Families Conference in Detroit opened with a discussion of operational definitions of two very important but differentially defined terms in family preservation research—"imminent risk" and "placement." "Imminent risk" is important as the most common criterion for selecting/referring families for these services; "placement" has been the primary outcome measure used in assessing the effectiveness or success of services.

Participants in the research roundtable offered a variety of definitions of imminent risk used at their agencies or in their research designs:

- a child would be placed in publicly-funded out-of-home care within 3 days
- a child is due for a court hearing regarding placement
- a child would be placed if safety/basic needs could not be met within 24 hours
- child is at risk of harm, and the parents can not or will not receive services
- child will be placed within 7 days
- child is at risk of physical (harm to self and others) or emotional harm
- court has recommended placement
- child would be placed within one hour
- if the program was not available, the child would be removed immediately
- within 2 weeks, some action toward placement would be taken
- decision by a committee or team that a child is at imminent risk
- strong risk of placement at some point, due to a variety of possible factors
- risk based on child's history, commitment record

These definitions of imminent risk vary in terms of the length of time under consideration (from one hour to two weeks, or no time limit), the specific issue of risk (from some action toward placement to a court ruling regarding placement), and who makes the decision regarding risk (worker, supervisor, team or committee, or judge).

Defining placement proved to be an equally complex task. Some studies regard informal placements or placements with relatives as out-of-home placements, while others only count publicly funded arrangements as placements. Programs differ as to whether or not they regard runaways as placement episodes, whether they distinguish between voluntary and involuntary placements, and on whether placement incidents during the service period are counted as service failures.

Although time constraints did not enable the group to reach a consensus regarding optimal operational definitions of imminent risk or placement, the discussion did highlight the need for clarity in using these terms. With greater attention to describing how risk and placement are defined, greater comparability across studies becomes a more achievable goal.

IMPACT OF LENGTH OF SERVICE ON CASE OUTCOMES: PRELIMINARY FINDINGS

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The National Resource Center on Family Based Services is currently engaged in research on the effects of length of service on case outcomes and cost-efficiency of Intensive Family Services. The study is funded by OHDS (Grant #90CW096403) and is being conducted in three sites: Portland and Pendleton, Oregon, and Baltimore, Maryland. Families are randomly assigned to 3-month or 6-month treatment groups in Pendleton and Baltimore, and to 3-month, 6-month, or "no formal time limit" groups in Portland. In addition to placement/non-placement as an outcome measure, change in the Child Welfare League of America's Child Well-Being Scales, the Beavers Family Assessment Measures (which include the Self-Report Family Inventory and the Global Health-Pathology Scale), and the NRC's Family Systems Change Scale are being used as indicators of improvement in family functioning.

Preliminary analysis has been conducted on intake and termination data from approximately half the sample. Profiles of families in the three sites were quite distinct. Baltimore families were most often black, with relatively young caretakers and young children. The most frequent reasons for referral in Baltimore were child neglect and abuse. Families in Pendleton were usually white, usually had a second adult in the home, and were usually married. In Portland, the sample was more racially diverse, although the vast majority of caretakers were white. Caretakers and children in the Oregon sites were older, and Oregon families, particularly in Pendleton, were more likely to contain a stepchild or an adopted child. The most common primary referral reason in the Oregon sites was parent-child conflict. In all sites, parent-child conflict, "other parenting problems", and "other dysfunctional family interaction" were frequently indicated as additional reasons for referral. Homelessness or eviction was a primary or secondary factor in over a quarter of the Baltimore referrals.

Placement/Non-placement

Overall placement rates for the three sites have been quite low so far. In Pendleton, 17.1% of families had a child or children in placement at termination. The figures for Portland and Baltimore were 13.7% and 12.5%, respectively. Care must be taken when interpreting these percentages, however, for two reasons: 1) not all families had a child rated "at risk of placement" at intake, and 2) these figures do not differentiate families referred for placement prevention from those referred for reunification or assessment. A more detailed analysis which will take this issue into account will be presented in the final report.

Crosstabulations of placement/non-placement cases by treatment group have yielded no significant differences so far, although the numbers of families with children placed have been quite small, and therefore chi-square tests are less reliable. The raw percentages, however, tend to show fewer placements in the 6-month groups. In Baltimore, 17.5% of the 3-month group (7 of 40 families) had a child placed, and 6.7% of the 6-month group (2 of 30 families) had a placement. In Portland, 16.1% (5 of 31 families) of the 3-month group and 19.2% (5 of 26 families) had a child placed, whereas 4.8% of the 6-month families (1 of 21) had a placement. In Pendleton, 25% of the 3-month families (4 of 16) had a placement, while 10.5% of the 6-month families (2 of 19) did.

Changes from Intake to Termination

In Portland, the Self-Report Family Inventory showed significant improvement from intake to termination across all three groups (t = 5.49, df = 49, p = .000), and in the 3-month, 6-month, and no time limit groups individually. In Pendleton, families improved significantly on the total Child Well-Being Scale (t = -3.27. df = 29, p = .003). This held for the 3-month group by itself (t = -3.10, df = 13, p = .008) but not for the 6-month group. The 3-month group also improved in more areas on the Family Systems Change Scale than the 6-month group (t = 2.13, df = 51, p = .038). In Baltimore, total Child Well-Being scores improved significantly for all families, as did the CWBS household, parental disposition and neglect subscales. These results held for 3- and 6-month groups taken separately, also. The 6-month group in Baltimore also improved significantly on the Global Health-Pathology Scale (t = 2.84, df = 29, p = .008).

In all three sites, scores for non-placement families improved. In Pendleton and Baltimore, mean scores for placement families tended to improve, even though a child was placed. In Portland, however, average scores on the Global Health-Pathology Scale, the Child Well-Being parental disposition subscale, and the total Child Well-Being Scale deteriorated for cases where a child was in placement at termination.

Conclusion

The characteristics of the families in this study represent the diverse child welfare population served by family-based placement prevention services. The three sites differ markedly with respect to caretaker and family characteristics, income and employment, agency history, and reasons for referral. Families in the two Oregon sites were more frequently referred for parent-child conflict, Portland having more families with sexual abuse problems while Pendleton families were more likely to have problems with status offense and delinquency. Baltimore families, living at a considerably lower socioeconomic level, were referred primarily for abuse and neglect. Despite the differences in presenting problems, overall placement rates in all three sites were quite low. With regard to other measures of services outcomes, these preliminary data indicate that, for the most part, nearly all families show a positive change in functioning after receiving Intensive Family Services.

Differences in outcome among 3-month, 6-month and no time limit treatment groups have not yet yielded a clear picture. The data available so far suggest fewer placements in the 6-month treatment group. However, the sites differ by treatment

group on other outcome measures (Child Well-Being Scales, Self-Report Family Inventory, Family Systems Change Scale, Global Health-Pathology Scale). A more thorough investigation of these differences will be addressed in the final report.

Further questions to be explored on the complete sample include analyses of outcomes by client population, controlling for placement status at the time of intake to IFS, the effects of specific intervention techniques and length of service on case outcomes and the analysis of the cost-effectiveness of Intensive Family Services.

IOWA FAMILY PRESERVATION THREE YEAR PILOT PROJECT: EXECUTIVE SUMMARY

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The Iowa Family Preservation Service was started in late 1987 and is in its fourth year. As of March 31, 1990, Iowa State University had complete data on 747 cases. Considering all of the children in these families, 58% were "target" children, defined as being either currently in placement, in immediate risk, or high risk of being placed outside the home. Forty-three percent of the families were referred primarily because of child abuse or the potential of such abuse. Parental conduct and difficulties with family relations each accounted for approximately 19% of the referrals. The majority of the cases were regular referrals, only 17% were designated as emergencies.

Family Characteristics. The primary caretaker was female in almost 69% of the families, approximately 50% were married, and the average age was about 37 years. Forty percent of the primary caretakers were employed fulltime and another 17% were employed parttime. Education of the primary caretaker ranged from less than eight years (3%) to completion of a college degree (4%); 60% had a high school diploma. There was an average of 2.64 children per family. Family income ranged from less than $5,000 to over $30,000, with the largest percentage of families in the $10,000 to $19,999 range. Sixty-five percent of the families derived at least some income from employment; 50% received food stamps, and 37% received income from ADC. Twenty-three percent of the families had a history of out-of-home placement, and approximately 50% had previously used social services.

Service Characteristics. Across all districts the average length of service was slightly over 46 days. Almost 58 hours were spent on each case, with slightly over 25 of those hours spent in direct contact with the family. Eighty-two percent of the families completed service. Service completion was more likely if the primary caretaker had at least a high school education or if the family income was above $30,000.

Program Outcomes. Averaging across the two and one-half years of service delivery, the data reveal that at the end of FPP 69% of the families were intact. Looking at children as the unit of analysis, 85% of the children were still in the home at the end of service. As might be expected, target children were more likely to be placed (21%) than non-target children (7%).

Avoidance of placement was significantly lower if the referral reason was delinquency than it was for other referral reasons. However, the number of cases where delinquency was the primary problem was small (n=14), thus Family Preservation has not really been tested with this population in Iowa. It was also found that there was a higher placement rate (44%) in the very lowest income bracket (under $5,000) and a low rate (13%) in the very highest income bracket (over $30,000). Placement was not predicted by other variables such as type of referral, caretakers' age, employment, education, race, or marital status. However, when analyzing the Family Risk Scale Scores it was found that placement rate increased with an increase in the number of problems a family was experiencing.

Avoidance of placement rates decreased slightly by six and 12 months after FPP, however the decrease was not dramatic (68% of families, 82% of children, and 66% of families, and 82% of children, respectively). Evaluating data from cases closing in the nine month period just prior to the data cutoff for this report, we find that only 12% of the FPP children were experiencing a placement rate during the last year suggests that avoidance of placement rates may be improving as FPP services have become more mature.

Comparison to Foster Care. Charting the number of new foster care cases from FPP districts compared to non-FPP districts, we found that there was a greater increase of new cases in the non-FPP districts. Comparing the cost of FPP to Foster Care is problematic since it is difficult to evaluate whether the FPP children would have, in fact, entered Foster Care without benefit of FPP services. However, just comparing the cost of a child in FPP service to the cost of a child in an average Foster Care placement, we find that Foster Care is several times more expensive ($1463 per target child in FPP compared to $10,695 for a child in a Foster Family Home for the average placement of 23 months). Family Preservation Services are also slightly less expensive than the Family Centered Services who avoid placement is 67%. This percentage does not differ significantly from the avoidance of place-

ment rate in FPP. It must be noted however, that there is a major difference in the clientele of the two services. One criterion for entry into FPP is that a child be at imminent risk of placement. This criterion is not a referral factor in Family Centered Services cases. There are many problems with the criterion of *imminent risk of placement*; this definition may be liberally used at times. However, it still seems likely that the clientele in FPP services have more serious problems than the Family Centered Services clientele. Therefore, if the avoidance of placement rate for FPP is still slightly better, and the service is less expensive, there does appear to be a strong case for maintaining Family Preservation Services.

Family Functioning. A comparison of the Family Risk Scale scores at the initial assessment with the final evaluation revealed that the families did improve on a majority of the scales. The improvements were found to be primarily with the families who did avoid an out-of-home placement. Thus, if a family did not improve in functioning, the child was not allowed to remain in the home. And, as was mentioned earlier, a strong predictor of placement was the number of problems that a family had. Placement rates were relatively low (21% of the families) if the majority of the items on the scale were rated positively. In contrast, if the majority of the items on the scale were rated negatively, the family had a relatively high probability of placement (60% of the families). It is important to note that although the risk scales did predict placement to some extent, 21% of the families in the lowest risk category still experienced a placement.

Recommendations. There are some directions in which Family Preservation and other social service programs could move that may attenuate the stress that families are encountering. First, additional strategies should be developed for working with the highest risk families, those for whom the referring reason is delinquency, for whom the family income is low, and, especially, those with a multitude of problems. Second, it is important to increase the emphasis on teaching parenting skills. This could be done at initial entry into the social service system (a substantial percentage of these families had a history of social service use), through the public school system (especially in low income districts), and through additional emphasis in the Family Preservation Program.

*Dr. Robert Fuqua died in September, 1989 after a long illness.

THE HOMEBUILDERS FAMILY REUNIFICATION PROJECT: REUNITING HARD-TO-SERVE YOUTHS WITH THEIR FAMILIES

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Brewster Johnston, MSW, Homebuilders Family Reunification Project
Katherine McDade, PhD, Pacific Lutheran University

The HOMEBUILDERS Family Reunification Project represented an experimental use of the HOMEBUILDERS model of Intensive Family Preservation Services (IFPS) to help a targeted group of fourteen hard-to-serve youths return home from out-of-home care. The project came about due to interest within the Washington State Division of Children and Family Services (DCFS) to find a creative way to reduce the length of stay for a small but expensive group of juveniles in one region's Crisis Residential Centers (CRC). The CRCs were full of adolescents who were either waiting for group home placement admission or who had already been turned down by group homes because their behavior was perceived as too hard to manage in conventional group facilities. Most of these adolescents had been in foster or group care previously, and/or had been ejected from, run from, and/or deemed inappropriate for foster or group care. Some of the youths were physically assaultive to others or juvenile sex offenders. Others had been into life on the street; drug and/or alcohol abuse was also a common problem. DCFS regional staff wanted to change the way in which CRCs were utilized.

The CRCs were originally designed for short, temporary placement (72 hours) with a focus on first time runaway adolescents. Contrary to the original design, the CRCs had come to be used for long-term adolescent placement lasting over a year in some case. Many of the adolescents in the CRCs had long histories of running and numerous previous placements. The result was that the CRCs were full of difficult-to-treat and, therefore, hard-to-place adolescents. Easier to manage adolescents left the CRCs more quickly to make room for the tougher kids.

The purpose of the HOMEBUILDERS Family Reunification Project was to determine the short-term and long-term effectiveness of the HOMEBUILDERS model in returning home high-risk and hard-to-place youths who were in CRC placements.

THE HOMEBUILDERS MODEL

The HOMEBUILDERS model of intensive family preservation services has been in existence since 1974. It is a highly concentrated home-based service available for roughly a month to parents and their children on the verge of family dissolution. This flexible approach to addressing child and family problems utilizes individual, professionally trained social workers to identify and address a limited number of crucial problems for only two families at a time. Designed specifically to help prevent the unnecessary placement of children in out-of-home care, this model of treatment blends the use of a strong and unified practice technology with the provision of concrete services to help client families change behavior. Space limitations prevent a full discussion of the HOMEBUILDERS IFPS model; however, more information may be found in Kinney, Haapala, & Booth (1991) and Fraser, Pecora, & Haapala (1990).

METHOD

Participants

Fourteen adolescents were served by the project; their ages ranged from 12 to 6. The mean age was 14. The distribution of the research participants was 10 males and 4 females. Time spent in out-of-home placement ranged from one week to 36 months. The mean length of placement was 7 months. Eight of the children were Caucasian, 5 were black, and 1 was Hispanic.

Ten of the participants were being reunified in their birth mothers' homes, one into his birth father's home, one into her birth parents' home, one into his adoptive parents' home, and one into his grandmother's home. Several of the participants were going to the home of a parent or relative with whom they had not lived for years, if at all. All the adolescents being reunited through this project had received professional counseling previously.

Descriptive Characteristics

HOMEBUILDERS Reunification Project cases were open an average of 6 1/2 weeks, with the shortest being four weeks and the longest ten weeks. The time between initial therapist contact with the child or family and the return home of the adolescent ranged from 0 days to 5 1/2 weeks. In one case the target child never returned home. For the 13 cases in which the target children returned home, the mean length of time between intake and return home was 8 days.

At least two primary goals were established for each family. Some families and therapists identified three or four. These goals were established conjointly with family members. The most common goal was to improve family members' communication skills. This was a goal in six of the cases. In five cases teaching parenting skills was a goal. Anger management, compliance of the adolescent, and teaching assertiveness skills were each goals for four of the project families. The HOMEBUILDERS therapists established 17 different types or categories of goals. The mean number of goals per family was 2.9.

Other important services offered by the HOMEBUILDERS therapists included referral, advocacy, and concrete services. In ten (71.4%) of the families, referrals were made to other counseling programs to follow-up on the work begun by the Homebuilders. All of the Reunification Project families received advocacy services. For example, one Homebuilder encouraged school staff to modify an adolescent's class schedule so that he would be more likely to attend classes. The HOMEBUILDERS therapists advocated with from one to six separate organizations for each family.

Tangible or "hard" services were provided for eleven (78.6%) of the project families. For example, supplies were obtained to help one family build a partition in their apartment for a small, but private, sleeping area for the adolescent being reunited. In this same case the Homebuilder was also able to provide funds to change the apartment locks and phone number to solve a problem with verbal threats and physical harassment from an unrelated former household member. From one to three kinds of "hard" services were provided for each project family.

RESULTS

Family Reunification Among Targeted Adolescents

In this project, success in reunifying adolescents with their families was defined as the avoidance of long-term foster, group, or institutional care among these 14 youths targeted for reunification from HOMEBUILDERS services intake through evaluation follow-up. At HOMEBUILDERS service termination 92.8 percent (13/14) adolescents were reunified with families.

At three months post HOMEBUILDERS service termination, again 92.8 percent (13/14) of the target adolescents had continued to avert new out-of-home placements. The success rate was 78.6 percent if short and long terms of out-of-home placements were included.

At 12 months post HOMEBUILDERS Reunification Project intake, 85.7 percent (12/14) of the adolescents had not gone into out-of-home placement. Using the more stringent definition, the twelve-month success rate was 6.45 percent.

Goal Attainment Among Project Adolescents & Their Families

Treatment goals were written into the case record for each client family served by the project. The therapists, in consultation with client families, established these goals. A baseline measure for each goal was established using Goal Attainment Scaling in a form similar to that developed by Kirsuk and Lund (1978).

Of the 40 established goals for the 14 project cases the progress ranged from "no change" to a positive change of four levels. Positive progress was shown in 34 of 40 (85%) of the goals established during this project.

DISCUSSION

Reunification Achievement and Goal Attainment

The HOMEBUILDERS Family Reunification Project successfully transitioned 85.7 percent of 14 adolescents from out-of-home placements to birth parents, adoptive families, or relatives based upon a twelve-month post-service follow-up. The success rate was 64.3 percent (9/14) when a more stringent definition of failure which included any formal short-or long-term out-of-home placement was used. While caution must be used in interpreting these findings because of small numbers of children and families in the sample, the lack of a comparison group, limited length of follow-up, and other limitations, the initial assessment of this service indicates that it has great promise as a means of reunifying hard-to-manage, hard-to-place children in out-of-home care with birth families, relatives, and adoptive parents.

The results of this pilot project suggest that the HOME-BUILDERS approach may be applicable to a wide range of efforts designed to transition a child from one living situation to another. This service may facilitate the following types of transitions: children who have been in short-term or long-term out-of-home care and will return to the home in which they were living before placement, children who have been living in short-term or long-term care and will be going to live with a family relative with whom they did not live previously, and/or children who have lived in short-term or long-term out-of-home care and are now planning to live with an adoptive family.

While not fully tested, the implications of the HOME-BUILDERS Family Reunification Pilot Project undergird the principles of permanency planning and family preservation. While some children may need to leave their homes for out-of-home care, these situations do not have to be permanent. For most children, perhaps, returning home or returning to family relatives is a viable goal.

The goal attainment findings, based upon therapists' records, indicate that the target adolescents and their families showed improvement during the service period. Similar findings have been reported for other HOMEBUILDERS client populations (Pecora, Fraser, and Haapala, 1990, Kinney and Haapala, 1984). A larger issue in this regard has to do with the duration of impact. Further study is needed to determine how long family problems treated by this approach remain resolved. A separate, but related, issue concerns the length of time families are able to use these skills and their level of skill performance. It may be that individuals do not have to use the techniques often or even use them exactly the way they were originally taught to derive benefit from them. Knowing the "useful lifespan" of these skills might provide clues as to the need for follow-up "refresher training sessions" or more conventional outpatient counseling services.

Problems and Dilemmas

There were a number of difficulties identified during the project lifespan. These difficulties might be categorized into three groups: the identification of target clients, communication and coordination.

Identifying sufficient cases. The CRC client pool did not appear to be large enough to keep a study flow of referrals into the Reunification project. Probably the most frustrating issue for members of the project steering committee was the finding that many of the adolescents living in the CRC appeared to have no family to whom they could return. Families would not allow the child to return, had serious problems of their own, or simply could not be located.

Perhaps, however, after building up a substantial base of experience in successfully utilizing this reunification approach with difficult youngsters, caseworkers could find it easier to convince parents and family members to conditionally accept the adolescent back into their home if they were to receive the additional help and support of the HOMEBUILDERS

Reunification Project. Also, if it is true that many youths have no family with whom to return, then it seems that additional efforts could be made to establish special needs adoptions for these young people. A pilot project has indicated that even when special needs adoptions seemed to be in danger of dissolution, the HOMEBUILDERS approach demonstrated some effectiveness in restabilizing the relationships among adoptive family members (Haapala, McDade, and Johnston, 1988).

Systems coordination and communication. While probably a reasonable expense during the life span of the pilot project, the HOMEBUILDERS Reunification Project steering committee and referral meetings involved an enormous number of professionals to prepare for, travel to, and participate in the sessions to identify target case and solve problems associated with the pilot project. These costs were substantial.

Trying to make planning and services to this population more orderly and consistent is terribly important, yet a formidable challenge. The existing communication channels among the various agencies that come into contact with these youths are not well developed. The Juvenile Court sometimes has a plan for an adolescent, that is unknown to DCFS staff, who have an entirely different plan than CRC staff. A major reason for these communications problems may be related to the large caseloads carried by workers in these agencies. Under these conditions, well-established communication channels cannot be considered anything but a luxury.

From five to nine child welfare professionals met once a month during the pilot project period to review the pool of adolescents eligible for project referral. Representation from different parts of the service delivery system helped significantly to coordinate the referral process, establish the service history, and resolve sticky problems. In some cases, even greater social service representation could have been beneficial. For example, it might have been helpful to have an ongoing representative from the juvenile court because many of the adolescents in the project had frequent contact with this agency. Although the costs are high, it may be worthwhile to sponsor regular group meetings to deal with ongoing problems experienced by all agencies involved in working with these children and families. Effective interagency communication and coordination are crucial for establishing and maintaining the most promising treatment plans and activities.

Dilemmas for motivating clients to go home, protecting society, and identifying other children to return. Some adolescents would rather live in the CRC until they are adults. In one sense this is a tribute to the CRC programs—kids feel secure there and find their experiences with CRC staff to be positive. The many scheduled activities and outings are enjoyable for CRC residents. For these reasons and because going home may look bleak by comparison, some adolescents do not want to leave the CRCs. While difficult at first, HOMEBUILDERS staff, with the help of CRC staff, developed ways to motivate some of the adolescents to consider going home. For instance, when the CRC staff told the youths

that the HOMEBUILDER would work immediately with his/her parents to lessen family conflict when it was time for the adolescent to return home, the youths were more likely to participate willingly.

Another obstacle to getting CRC residents home was associated with behaviors of the teenagers. Many of the residents of the CRCs were physically assaultive to others or sexual offenders. Some CRC residents had histories of attempting to kill other children. The CRCs generally were being populated with more seriously disturbed children who had been adjudicated or were coming out of mental health institutions. For these reasons the screening team used caution in determining which youths are worth the liability risk of returning to the community.

CONCLUSION

The HOMEBUILDERS Family Reunification Project findings indicate that use of the HOMEBUILDERS model may be a viable method to transition children from out-of-home care into family, relative, or adoptive homes. This strategy may impact the behaviors of those children and families, free up expensive residential beds for other youths, and reduce some financial costs for child welfare agencies by reducing placement facility usage by some hard-to-place youths. Implications from this project suggest that communications and coordination issues among youth stakeholder agencies should be given priority, the targeting of children to be reunified may be hampered by real or perceived lack of relatives to whom the child can be returned, and modifications of the intensive, in-home service approach may be necessary. While additional research is necessary to substantiate project findings and assess longer term impacts, preliminary evidence bolsters the hope for reuniting more children with their families through the use of the HOMEBUILDERS approach.

REFERENCES

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Haapala, D.A., McDade, K., & Johnston, B. (1988) *Preventing the dissolution of special needs adoptive families with children in imminent risk of out-of-home placement through the provision of intensive family preservation services: The HOMEBUILDERS model.* Federal Way, WA: Behavioral Sciences Institute.

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Kinney, J.M., Haapala, D.A., & Booth C. (1991) *HOMEBUILDERS: Keeping Families Together.* Hawthorne, New York: Aldine de Gruyter.

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READER SURVEY

We value your opinion about the RESEARCH EXCHANGE. Please answer the following questions and return to the National Resource Center on Family Based Services, University of Iowa School of Social Work, 112 North Hall, Iowa City, Iowa 52242.

1. Should the RESEARCH EXCHANGE be (check one):

   (a)___ included in each issue of *Prevention Report*
   (b)___ a separate publication

2. If you checked (b), would you subscribe to the RESEARCH EXCHANGE for an annual fee of $15.00 for two issues?

   (a)___ yes-I would pay $15.00 per year
   (b)___ no-I would only want it at no charge
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3. Do you consider yourself to be (check all that apply):

   (a)___ a researcher or evaluator
   (b)___ a clinician
   (c)___ a supervisor
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   (e)___ other_____

4. If you would like to continue receiving the RESEARCH EXCHANGE, please include your name and mailing address below:

If the same as for the *Prevention Report*, return the mailing label from the *Prevention Report*.

THANK YOU FOR YOUR RESPONSE!

NATIONAL CHILD WELFARE RESOURCE CENTER FOR MANAGEMENT & ADMINISTRATION TELECONFERENCES

Dec. 3, 1991 - Setting rates for specialized foster care
Abuse in Foster Family Homes
    Part I: Dec. 10, 1991 - Research findings on family foster home abuse
    Part II: Jan. 1992 - Forum on foster parent responses to abuse allegations
    Part III: Feb. 1992-- Allegations of foster family abuse: The impact and how social systems respond
Contact: National Child Welfare Resource Center for Management and Administration
        96 Falmouth Street
        Portland, ME 04103

THE TECHNOLOGY OF PREVENTION

December 2-6, 1991, Anaheim -- California
Contact: Associates for Youth Development
        P.O. Box 36748
        Tucson, AZ 85740
        602-292-9767

3RD ANNUAL NATIONAL CRISIS NURSERY & RESPITE CARE CONFERENCE

December 2-5, 1991 -- Washington, DC
Contact: Whyethia Knight
        Westover Constultants, Inc.
        820 First St NE Ste 510
        Washington, DC 20001
        202-408-5556 FAX 202-408-5087

SHATTERED DREAMS: CHILDHOOD RECAPTURED
7th Biennial National Training Institute of the National Center for Clinical Infant Programs

Dec. 6 - 8, 1991 -- Washington, D.C.
Contact: Emily Fenichel, Associate Director,
        NCCIP, 2000 14th Street, Ste 380,
        Arlington, VA 22201-2500
        703-528-4300

MAKING A DIFFERENCE:
People and Programs for Treating Mother, Child and Family

December 14-17, 1991 -- Chicago, Illinois
Contact: NAPARE
        11 E Hubbard, Ste 200
        Chicago, IL 60611
        312-329-2512
        FAX 312-329-9131

EMPOWERING FAMILIES
National Association for Family-Based Services 5th Annual Conference

December 4 - 7, 1991 St. Louis, MO

Leading practitioners, administrators, educators, program designers in the field of family-based services will meet to celebrate a 5-year milestone in the commitment to empowering families.

The National Association for Family-Based Services is a nonprofit organization committed to making family-based services an integral part of human services in the United States.

Family Advocacy: From the Home to the Hill -- the 1991 conference theme -- will focus on policy and advocacy issues related to family-based services. The conference also will address practice, research, and education and training efforts -- with a special emphasis on multicultural and gender issues. Again the National Resource Center on Family Based Services will convene the Pre-Conference Research Roundtable entitled -- "What Works for Different Kinds of Problems? Disaggregating the Effects of Family-Based Services."

The historic Hyatt Regency St. Louis at Union Station will host the 1991 conference. With over 11 acres of shops, restaurants and entertainment centers, the once-bustling railroad terminal is an exciting highlight of the revitalized downtown scene. The Hyatt Regency is a short walk from many of St. Louis' most popular tourist spots --- the place to stay in the Gateway to the Midwest!

Contact: Linda Jewell Morgan
        University of Washington
        School of Social Work, JH-30
        Seattle, WA 98195
        206-685-1643
For conference information:
        Missouri Institute of Psychiatry
        Continuing Education Program
        5400 Arsenal Street, A418
        St Louis, MO 63139
        314-644-8804

THE FOSTER CARE PROFESSIONAL
Confronting the Challenges of 1992

January 8-11, 1992 -- St. Petersburg Beach, Florida
Contact: Vicki Yaney
        Conference Coordinator
        419-695-8010

SAN DIEGO CONFERENCE ON RESPONDING TO CHILD MALTREATMENT

January 22-25, 1992 -- San Diego, California
Contact: Registration Coordinator
        Center for Child Protection
        Children's Hospital
        8001 Frost St.
        San Diego, CA 92123
        FAX 619-278-2365

MEDICAL/LEGAL ISSUES IN JUVENILE & FAMILY COURTS

Topics include Biotech Parenting, Child Development, Healing Early Trauma, Adolescents at Risk, Assessing Medical Testimony, Judicial Decision Making, Diagnosis & Disposition for the "Whole "Child
January 26-31, 1992 -- Reno, Nevada
Contact: National Council of Juvenile & Family Court Judges
        c/o Director Curriculum Development/JA
        PO Box 8970
        Reno, NV 89507
        702-784-6521

THE NATIONAL SYMPOSIUM ON CHILD SEXUAL ABUSE

February 17-21, 1992
Contact: Marilyn Grundy
        National Children's Advocacy Center
        106 Lincoln St.
        Huntsville, AL 35801
        205-533-5437 FAX 205-534-6883

LEGAL REMEDIES FOR CRIME VICTIMS AGAINST PERPETRATORS: BASIC PRINCIPLES (Victim Advocacy)

Feb. 13-14, 1992 -- Atlanta, Georgia
May 14-15, 1992 -- Chicago, Ilinois
Sept. 17-18, 1992 -- Philadelphia, Pennsylvania

30 days prior to conference
Contact: National Victim Center
        2111 Wilson Blvd, Ste 300
        Arlington, VA 22201

SUBSTANCE ABUSE, PREGNANCY & CHILDREARING: "CHILDREN DESERVE BETTER:"

Feb. 18-20, 1992 -- Clearwater Beach, Florida
Contact: Operation PAR, Inc.
        National Training Center
        4910 I Creekside Dr.
        Clearwater, FL 34620

A SYSTEM OF CARE FOR CHILDREN'S MENTAL HEALTH:
Expanding the Research Base

March 2-4, 1992 -- Tampa, Florida
Contact: Alissa Algarin
Research & Training Center for
Children's Mental Health
Florida Mental Health Institute
Univ of South Florida
13301 Bruce Downs Blvd.
Tampa, FL 33612-3899
813-974-4433

TEXAS FAMILIES TODAY AND TOMORROW
Protective Services Annual Training Conference

March 11-13, 1992 -- Austin, Texas
Contact: Texas Families
202 W. 8th St.
Tulsa OK 74119-1419
FAX 918-592-1841

FROM VICTIM TO PERSON
**A Narrative Solution Approach to Sexual Abuse & Domestic Violence.
Iowa Association for Marriage and Family Therapy Annual Conference**

March 27-28, 1992, Amana, Iowa
Contact: John Leverington
IAMPFT Continuing Education Chair
1350 Westland Rd NW
Cedar Rapids, IA 52405
310-643-2532

PARENT-TO-PARENT CONFERENCE

April 24-27, 1992, Phoenix, Arizona
Contact: Pilot Parent Partnerships
2150 East Highland (No. 105)
Phoenix, AZ 85106

FAMILY SUPPORT
Framework for the Future

May 6-9, 1992, Chicago, Illinois
Contact: Family Resource Coalition
200 S. Michigan Ave. Suite 1520
Chicago, IL 60604
312-341-0900 FAX 312-341-9361

GENERATIONS UNITED'S 3RD NATIONAL CONFERENCE
Uniting the Generations to Meet Community Needs

May 8-9, 1992 -- Washington, DC
Contact: Generations United Conference
c/o CWLA
440 1st St. NW, Ste. 310
Washington, DC 20001
202-638-2952

11TH ANNUAL CONFERENCE OF THE NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION

May 16-19, 1992 -- Nashville, Tennessee
Contact: National CASA Association
2722 Eastlake Avenue East, Suite 220
Seattle, Washington 98102

20TH ANNUAL CHILD ABUSE & NEGLECT SYMPOSIUM

May 18-22, 1992 -- Keystone Resort, Colorado
Contact: Child Abuse Symposium
Kempe National Center
1205 Oneida St.
Denver, Colorado 80220

SHATTERED DREAMS: CHILDHOOD RECAPTURED
The Eighth Biennial National Symposium on Child Victimization

May 19-22, 1992 -- Washington D.C.
Contact: Conference Coordinator
Division of Child Protection
Children's National Medical Center
111 Michigan Ave, NW
Washington, D.C. 20010
202-939-4960

REALITIES OF GLOBAL INTER-DEPENDENCE
Challenges to Social Work Education

July, 15-19, 1992 -- Washington DC
Contact: Vera Mehta, Secretary General
IASSW Secretariat
Palais Palffy, Josefs Platz 6
A-1010 Vienna Austria
222-513-4297 Fax 43 222-513-8468

2ND MIDWEST FAMILY BASED SERVICES CONFERENCE

July 16-17, 1991 -- La Crosse, Wisconsin
State Contacts:
North Dakota -- Bill Kersman 701-662-7581
South Dakota -- Jay Van Hunnik 605-343-7262
Minnesota -- Norb Laufenberg 507-457-6200
Wisconsin -- Don Gjesfjeld 715-836-2285
Iowa -- Michael Tallman 319-864-7122
Nebraska -- Janie Peterson 402-498-1317
Illinois -- Marjorie Sullivan 312-434-5577

FOSTER FAMILY-BASED TREATMENT ASSOCIATION'S 6TH ANNUAL NORTH AMERICAN CONFERENCE ON TREATMENT FOSTER CARE

August 3-5, 1992 -- San Diego, California
Proposals Due: December 20, 1991
Contact: Vicki Yaney, Conference Coordinato
10100 Elida Rd.
Delphos, OH 45833

FAMILY RESOURCE COALITION TO DEVELOP AFRICAN AMERICAN CAUCUS

Judy Langford Carter, executive Director of the Family Resource Coalition, announced in August that the Coalition is developing a special focus on African American families and programs which serve them.

"The impetus for this effort started on a grassroots level with a number of FRC members who articulated a need for greater understanding of and support for programs which serve African American families," noted Ms. Carter. "The work supported by the Lilly Endowment will deepen our knowledge about African American families, and will help identify ways that family resource programs can build on their strengths."

The project is funded by a two-year grant of $221,112 from the Lilly Endowment, Inc. Among the activities will be:

Cultivating relationships and networks with other organizations which serve African American families.

Collecting and disseminating information on training and program models which deal with African American families.

Providing leadership development and training fro African American professionals working in the family support field.

The Family Resource Coalition is a national not-for-profit organization which promotes the family resource philosophy and fosters the growth and proliferation of family resource programs.

Applications for an "African American Families Specialist" to direct the African American Caucus are now being accepted.
For more information contact: Karen Kelley,
Family Resource Coalition, 200 South Michigan Avenue, Suite 1520, Chicago, Illinois 60604. 312-341-0900 FAX 312-341-9361.

Family Based Services Program

The University of Iowa School of Social Work is accepting applications for a new Family-Based Services Emphasis in the Social Work Program. Courses include: Family Systems Theory, Family Therapy, Family Policy, Home-Based Clinical Skills, Social Work with Children, Youth & Families, Practicum in Family-Based Services (Iowa City, Cedar Rapids, Des Moines, Davenport)

One or two year programs are being offered.

For further information contact:
School of Social Work
University of Iowa
308 North Hall
Iowa City, Iowa 52242

Annotated Directory of Selected FBS Programs (1991) $25.00
Descriptions of 391 family-based service programs across the country, including information on program goals, background, services, client characteristics, staff, funding and contact person. The recently completed *State Survey on Placement Prevention & Family Reunification* is also included.

Chronic Neglect in Perspective: A Study of Chronically Neglecting Families in a Large Metropolitan County (1990) Final Report $15.00 Executive Summary: no charge
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) NC
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 of the 3rd 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 14 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 Counties, 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
Final Report (1988) $15.00
Executive Summary (1988) $2.50
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 or Brief Reports: 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, SD, 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.

Post Adoption Family Therapy PAFT A Practice Manual Oregon Children's Svcs Div. (1990) NoChrg
Discusses the conception, development and implementation of the PAFT project including positive research findings for 50 at risk families. Part 2 describes therapeutic challenges of adoption, intervention techniques, & the treatment model developed by the project.

Program Blueprint for Neglectful Families, Oregon Children's Services Division (1987) no charge
Presents a model based on recurring evidence about the nature of neglectful families.

Public Private Provision of FBS: Research Findings (1989) NoChrg
Highlights the differences in implementation in 4 public and 3 private agencies from Iowa, Minnesota, Colorado and Oregon. Underlines some of the strengths and problems of public/private partnerships. Represents a variety of approaches to provision of services & interaction between public and private agencies.

Resources for FBS Practice: An Annotated Sourcebook 3rd edition (1991) $5.00
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, not generally available in libraries, which can be ordered from those agencies. AVAILABLE SOON

The Self-Sufficiency Project: Interim Evaluation Report (1990) $ 2.50

Focuses primarily on the 26 chronically neglecting families (referred repeatedly for alleged child neglect) who have participated continuously in this 3 year demonstration/evaluation project begun 1989 in rural Douglas County, Oregon. Analyzes differences between participants and non-participants that might have contributed to their decision to join or remain in the project

State Survey on Placement Prevention & Family Reunification Programs:Final Report 1990 $5.00

Results of a 1989-90 nationwide survey of state child welfare administrators & specialists regarding the extent to which placement prevention/reunification services have been implemented from 37 states. Issues include eligibility requirements, exclusions, costs, service length and availability, state expenditures and state legislation regarding placement prevention and reunification services. Similarities and differences between public agencies and purchase of service programs are featured.

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 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.

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 special shipping charge $5.00

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. Available for preview.

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.

Use the form on page 11 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.

Please, if you have a moment, Aunt FABS would like to ask you a few questions. At present we are assessing the uses and usefulness of Aunt FABS. To that end your participation in our survey will be greatly appreciated.

Aunt FABS is our electronic bulletin board, a computer driven link to the National Resource Center on Family Based Services. Currently, Aunt FABS contains a number of different "bulletins." These detail the history and the mission of the Center, describe the various publications available her, list the assortment of bibliography topics available on our database, and announce a wide variety of conferences national and international. Aunt FABS is accessible through any computer with 300, 11200, 2400 baud modems by dialing her new number 319-335-1973. The communication parameters in your communications program should be set at E,7,l, or N,8,1 (parity, databits, stopbits).

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Annotated Directory of Selected Family Based Service Programs 1991	$25.00	___	___
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*	___	___
A Comparative Analysis of the Costs of Substitute Care & FBS	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 for Child Welfare Agencies	9.00	___	___
Family Centered Services Employees Manual, IA Dept of Human Services	4.00	___	___
Intensive Family Services: A Family Preservation Delivery Model (MD)	nc	___	___
Intensive Family Preservation Svcs. Research Conference, Cleveland, OH Sept.. 25-26, 1989 *Please specify __Final Report and/or __Brief Report	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	___	___
Positive Parent Network (PPN) Rapid City, SD	2.50	___	___
Post Adoption Family Therapy: A Practice Manual: Oregon Children's Svcs Div	nc*	___	___
Program Blueprint for Neglectful Families: Oregon Children's Services Division	nc*	___	___
Public-Private Provision of Family-Based Services: Research Findings	nc*	___	___
Resources for Family Based Svcs. Practice: An Annotated Sourcebook In Revision -- projected completion date December 1991	5.00	___	___
Self-Sufficiency Project: Interim Evaluation Report	2.50	___	___
State Survey on Placement Prevention & Family Reunification Programs	5.00	___	___
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Empowering Families '89 Preconference Institute: Research Roundtable Audiotape 1: Sessions 1 & 2.___ or Audiotape 2: Session 3 & 4. ___	6.00 ea / 10.00 both	___	___

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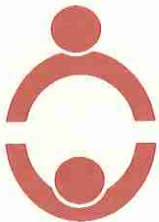____TO ADVOCATE FOR SERVICES   ____OTHER (PLEASE SPECIFY)_____
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