

THE PREVENTION REPORT

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PROJECT D.A.I.S.Y.

FAMILY-BASED INTERVENTION WITH PRE-KINDERGARTEN CHILDREN PRENATALLY EXPOSED TO DRUGS

by Diane Powell, PhD, Director Project DAISY

Babies born perinatally addicted to drugs are now entering the school house doors. These children, known through the popular press as "crack babies" and "shadow children," are now turning four and five. Many of these children are receiving care from home care providers or are enrolled in day care centers, Head Start and pre-kindergarten classes across the country. **Are educators ready to respond to the unique challenges which they will present?** This is a question which is continuously being posed and for which there still is no definitive answer.

Harold Shane coined the term "educated foresight." Applied in this context it means that we must be visionary in our response to these children and their particular needs, fully understanding that they are the responsibility of not one, but multiple service agencies and institutions. Many of these children have been victims of abuse and neglect placed in foster care, or informally placed in their extended families prior to entering schools. As the result of early maternal deprivation in the bonding process directly related to maternal addiction these children may manifest difficulties in relationship formation with significant others. Some continue to reside with parents in crack houses, shelters or in other living conditions which place them in constant jeopardy. Others are being raised by older siblings who are no more than children themselves. Few of these children are left unscathed by the impact of maternal substance abuse. Even those who appear normal may have some developmental impairments which will manifest as these children mature and develop. Others less fortunate may be born with marked cognitive and physical anomalies which will significantly interfere with their ability to function within the school setting.

Preliminary research findings suggest that these children may respond to environmental triggers by withdrawing or becoming overly stimulated by normal environmental cues. Longitudinal research on these children is still in its infancy, consequently the verdict is still out on how these children will fare within the school setting and just what specific support systems will be required to meet their needs. In order to answer the questions raised about these children some school systems are implementing experimental programs to provide early intervention and support to students with documented perinatal exposure.

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One such innovative program is currently being implemented in the District of Columbia Public School System. This program, entitled Project DAISY (Developing Appropriate Intervention Strategies for Young Children) is attempting to implement a "full inclusion" model supported by intensive home based intervention and family support.

Substance-exposed children in the DAISY classrooms are identified through the District of Columbia General Hospital's early intervention tracking system based on documentation of the mother's use of teratogenic substances such as crack, cocaine, heroin, and P. C. P. during pregnancy. This information including aggregate data by age, sex and geographic location, is provided to DAISY staff when children reach the age of three. The maternal and child health agency working with the involved family is contacted. The agency worker must determine an interest and willingness on the part of the child's parent or guardian to allow participation in the DAISY programs. Once parents agree to participate they are contacted by DAISY program staff to initiate the case review and intake process which articulates the DAISY services and program goals.

Project DAISY is unique because of its commitment to an inclusive service model. This innovative project provides an opportunity for substance exposed children to be educated in a developmentally

"... allows the team to take an "ecological perspective" on the education of the child ..."

appropriate multi-aged classroom with their peers. Unlike some of the earlier studies which have educated these children in self contained classrooms isolated from their non-exposed peers,

the DAISY model stresses environmental accommodations within the context of the child's normative environment (e.g., the regular classroom setting).

Each DAISY classroom is designed to accommodate 15 children. Ten of these children are from the host school site and have no documented exposure to drugs and five are substance-exposed children. The classroom is staffed by a trained early childhood specialist and an instructional assistant. Both sites are supported by the services of an interdisciplinary team comprised of a clinical social worker, clinical psychologist, and a speech pathologist.

Case management is a critical feature of the DAISY project. The implementation of aggressive case management supports within the school system allows the team to take an "ecological perspective," understanding the education of the child in relationship to his environment. This shift in perception within an educational setting is critical in order to address the multiplicity of needs these children may present.

Case management combined with a strong home based intervention approach is **culturally congruent** in the context of an urban environment. One of the features typically noted in an Afro-centric family is the strength of the extended family. The Afro-centric concept of the extended family transcends biological boundaries and is often comprised of close family friends, and caring neighbors as well as relatives. The involvement of the child's "family" is critical to the implementation of intervention strategies both at home and at school.

The case management process utilized in the DAISY project involves a review of the child's medical, social and educational needs. In conjunction with the family the child's needs are identified, and specific strategies to address target behaviors are developed, implemented and shared with designated family members. Strategies which might be implemented in the classroom are modified so that the family can provide reinforcement in the home. For example a member of the team or specific team member might work with the family on play skills, self help or language based interventions. In other instances, a member of the team might work with the family to address an area which, while indirectly related to the child, may have a significant impact on the family's ability to be involved (e.g., lack of day care for other siblings, application for SSI benefits).

"... involvement of the child's family is critical to the implementation of ... strategies at school."

By going into the home to work with the family to address areas of concern a clear message of the importance of the family's role in the child's education is imparted. This support also encourages families to become actively involved and to take ownership of the problems rather than assuming a more passive role. This level of empowerment provides families with a sense of control and gives them a vested interest in their child's educational and therapeutic intervention plan. Ultimately this level of support and involvement will maximize the degree to which early intervention may positively impact on the child's acquisition of skills within the educational milieu.

The composition of the home based intervention team may shift depending on the particular needs of the child and the family. Through the parent education groups family members identify area of interest and topics of discussion which are addressed in information sharing sessions which are designed to be both informative and practical. Some families find the group atmosphere too stressful and are more comfortable with one-to-one interaction with a particular member of the team. Consequently, the level and type of intervention will accommodate family need.

For example, a child might have some specific delays in language. In this instance the speech pathologist would become the significant member of the team in conjunction with the teacher in working with the family on activities which could be implemented in the home. The pathologist would be involved in sharing and modeling strategies within the context of the child's home environment. This type of intervention would involve an identified family member working collaboratively with the team to implement to develop family-based activities in which language could be encouraged and stimulated as a part of the family's normal routine.

"... the level and type of intervention will accommodate family need."

Teachers often play the most important role in the intervention process. The teachers work in collaboration with the interdisciplinary team in the implementation of strategies, documentation of learning

Project DAISY--continued

outcomes, and modification of intervention techniques. The team maintains documentation which can be shared with parents so that progress can be charted over time for each child in the program, thus creating an individual student profile which shows the impact of the supports from both the home and the school. This process creates an interactive dialogue between the home and school which allows the family to view DAISY staff as both partners and advocates for these children.

At the age of 5 1/2 transition planning begins with the families to move children from the DAISY classes into the traditional kindergarten or first grade. Termination from project DAISY is handled through a transition support process. During this period the DAISY staff works closely with families to identify the next appropriate educational environment for the child. The team meets with the family to discuss the degree to which DAISY has been successful in meeting the objectives identified to support the child. The designated case manager then works with the family to outline goals, objectives and action steps necessary for a smooth transition. The case manager will outline the types of ongoing follow-up support which will be available from project staff and works with the family to handle the separation process from the DAISY classrooms.

Follow-up services are an essential element of the DAISY project. These services include periodic telephone contacts with families, the availability of a transition support group for six sessions of brief counseling during the termination process, and coordination and follow through with the receiving educational service providers to insure continuity of services.

While family-based interventions are only one part of the comprehensive strategy to address the unique challenges faced by these children and their families it is an important step in creating a comprehensive system of care which transcends the boundaries of the traditional school day. Clearly, by moving closer to the family system, the educational system must begin to interactively plan with families in delivering support to their children. Such an interactive model focusing on maximizing change possibilities, the identification of familial strengths and collaborative engagement will serve to strengthen the delivery of resources to this group of at-risk children and their families.

For references and more information,
see page 9.

FAMILY-CENTERED SERVICES: MISSOURI'S CASE MANAGEMENT MODEL FOR CHILD WELFARE

By: Fred Simmens, Assistant Deputy Director &
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Missouri has a population of approximately 5 million people living in a predominately rural state with two major metropolitan areas. The Division of Family Services (hereafter DFS) is the state child welfare agency responsible for the identification, investigation and treatment of child abuse and neglect. These services are provided through 115 state administered county offices with 1,450 child welfare staff.

In 1986 staff from the DFS completed a major review of our approach to families while conducting a child abuse and neglect investigation. The result of this review, was the introduction of policy changes which, while still committing us to gather as much factual information as possible, was philosophically grounded in a commitment to limit unnecessary intrusion into the family. We felt that investigative staff needed tools which would assist them in conducting a family needs assessment at the same time they were conducting the investigation. In addition, we introduced a modification of the Illinois Risk Assessment matrix. Our goal was to establish a philosophy which would empower families to participate in the decisions addressing the dysfunctional behaviors.

Once we were satisfied with the changes in our child abuse and neglect investigation process we turned our attention to protective services. It was apparent that protective services had often unintentionally been given a low priority within the Division, a reflection of the agency's struggle to deal with the dramatic increase in child abuse and neglect reports and the subsequent increase of children being placed in foster care.

PROTECTIVE SERVICES DELIVERY SYSTEM REVIEW

In January 1988 the Division convened a meeting of middle management field staff in order to identify areas needing improvement in the protective services delivery system. Our primary goal in this meeting was to determine whether we should enhance our current system or completely redirect our approach. The managers identified several major needs:

1. A family-centered philosophy underlying intervention and treatment, providing both staff and families with a sense of direction;
2. A standardized assessment format which could be used by the social workers when identifying what services were needed by the family;
3. Clear and concise recording to minimize staff time spent doing paperwork;
4. Specific time frames for intervention in order to assure that the Division did not unnecessarily intervene in a family;
5. Clear supervisory roles and expectations to enable supervisors to empower their staff as staff empower families;
6. Uniform treatment evaluation and case review guidelines to assist staff in evaluating and terminating services to the family;
7. An updated procedural manual, including a section on practice to provide staff with basic information on assessment, interview techniques, crisis intervention, and other topics;
8. Assistance with monitoring and evaluating the services provided by contracted mental health professionals.

family-based practice

We concluded that we needed some basic changes in our practice with families and appointed a task force to be charged with thoroughly reviewing our policies. Twenty-four staff were nominated by the Area Directors to participate, including social workers, first line supervisors, county directors and mid-level supervisors.

Additional participants included central office program specialists, staff trainers and employees from the Division of Data Processing. The task force reviewed the issues raised by the managers, identified new ones, and discussed in detail the type of services required to effectively address child abuse and neglect. They agreed with the managers that treatment services need to incorporate a family-centered philosophy.

DEVELOPMENT OF THE FAMILY-CENTERED SERVICES MANUAL

The task force spent spring and summer of 1988 developing a new procedural and practice manual based on the common commitment to family-centered services identified earlier. Three work groups were created to address: 1) case opening and closing, 2) case plan development, and 3) service delivery. Their task was to determine the focus, clarify, and write the manual. For most of them this was the first time they had been challenged to develop material which they would use daily in work with families. Their commitment and enthusiasm for this project proved contagious.

Philosophy

The Family-Centered Services Manual recognizes the family as the primary social institution. The "family-centered" approach is founded on the principle that the first and greatest investment in time and resources should be made in the care and treatment of children in their own homes. Resources which have traditionally been expended on one family member are more wisely invested in treating and strengthening the entire family. The manual also acknowledges that those professionals given the responsibility and authority to intervene in a family must be capable of clearly assessing potential risks of maltreatment of the children.

Central to our philosophy is the importance of conceptualizing the family as a system that is constantly interacting with other systems in its environment. Viewing the family in this environmental or ecological context expands treatment options. An ecological systems approach to the provision of services to families provides special advantages and insights. It takes into account the complex interdependence of child, family, school, peers, neighborhood and other systemic components. In addition, a systems approach changes the vantage point during the information-gathering process by allowing staff and the family to look at the total set of systems surrounding an individual.

Manual Content

Section I contains the policy and procedures which are required for implementation of family-centered social services. Section II contains reference material on a variety of subjects that supplements the policy and procedures. The reference chapters were reviewed and edited by persons outside the agency with expertise in the areas covered.

Family Assessment and Treatment Plan

Prior to this project, Family Assessment consisted primarily of a social history, an assessment of the service needs of each individual

in the family and the development of a treatment plan. It was generally known that case records often lacked comprehensive and uniform assessments. The task force clearly noted that the conceptual frame-work from which an initial assessment is conducted influences intervention and consequently affects treatment.

The Family Assessment and Treatment Plan packet was developed to provide for a comprehensive systems-oriented assessment of family risks and service needs. It requires the active involvement of the family in completing the assessment and engages them in the treatment planning. It is also used to organize the case narrative and evaluate case progress.

A Family Assessment and Treatment Plan packet is used for each treatment period or case life. A treatment period is to be no longer than four months and defined as the amount of time necessary to complete an assessment/ reassessment and the subsequent treatment plan. The social worker completes the assessment and develops the treatment plan with the family within one month of the case assignment. This treatment plan, based on the assessment and planning, may remain in effect for a maximum of 3 months. Supervisory and administrative reviews are built around these maximum four month intervals. Most significant information relating to a specific treatment period is included within a packet thereby providing a source for quick access and review of each case.

The packet begins with the development of a genogram and ecomap which involves the family and pictorially organizes important background information.

Next the staff completes a Family Risk Assessment, which is a combination of 18 different factors adapted from the Illinois matrix, the Child Well-being Scales, and the Family Risk Scales. Risk assessment is completed during the initial assessment and during the formal evaluation at the conclusion of any subsequent treatment period.

The social worker then identifies the family's strengths and competencies, considers the presenting problem or symptom and the family's perception of that problem, and gathers other collateral information. This provides the social worker with an understanding of the family and of their problems. Next the social worker attempts to discern the purpose the symptom or problem serves, how it helps keep the family in balance (homeostasis), and what it says about what is really going on in the family. This is accomplished by diagramming the presenting problem in a circular manner to show how it is embedded in precise sequences of observable family behaviors.

Once the social worker and the family clearly understand what needs to change, behaviorally specific goals are developed and services are identified which will help the family meet the goals. The social worker and the family create a Family Treatment Plan at the family's home with the responsibilities of all parties clearly defined. A copy of the plan is left with the family. Case narrative recording documenting the casework and family progress is filed next in the packet. New recording guidelines were provided to staff.

The last page of the Family Assessment and Treatment Plan is used to record evaluative information from the end of the treatment period. This is used to determine whether the case can be closed. If the case remains open, a reassessment must be completed. A new packet

with the reassessment and new treatment plan is due within one month of the expiration of the previous plan.

Time-limited Services

The purpose of intervention is to assist families in changing those behaviors and conditions that bring harm to their children. The family must be empowered to resolve their own problems and learn to access their community for help. Families have a right to be free of unnecessary interference and intervention by the public child welfare agency and services should not be open-ended. It was generally felt by the task force and the managers that, in many cases, the Division stayed involved with many families far beyond the point where we were effective in helping them.

We encourage supervisors and social workers to make concerted efforts to provide time-limited services. It is expected that the assessment will lead to early identification of all the underlying problems which need to be resolved. By immediately dealing with these problems the social worker will feel more comfortable in closing a case at the optimum time rather than keeping it open in order to "monitor" the family. Certainly not all cases can be closed within one to two treatment periods (4-8 months), but all efforts must be made to reduce risks and achieve case goals within this time frame. Clear justification for continued intervention must be documented at the time of each reassessment. When the intervention exceeds two treatment periods (8 months), upper level consultation and case review is required.

Case Recording Guidelines

Case records throughout the state lacked consistency and social workers spent hours documenting massive amounts of information out of concern that some important detail might be omitted. Such voluminous narratives are impractical and time-consuming. Relevant material (eg. risk) was often buried. New guidelines were introduced in an effort to capture only relevant information. Case recording is to be succinct, purposeful and focused on the treatment process. The recording method consists of summarized narrative recording, prefaced by a chronological listing of the contact dates, persons contacted, and the type of contact. The narrative recording is filed within the Family Assessment and Treatment Plan so that all information can be easily reviewed.

Case Manager Concept

It is recognized that the Division does not have the staff nor the expertise in all counties to provide all services to all families. However, staff are capable of assessing a family and identifying the services which are required. The manual introduces an active case manager concept. Previously workers felt they lost control of the case progress and direction when they turned to an outside provider for services. Many felt that they were dependent on the contracted provider in determining when a family no longer needed intervention.

The manual empowers the social worker to be the Treatment Team Leader. Contracted services are tied directly to the issues that create risk of child abuse and neglect identified in the treatment plan. Staff are provided guidelines for a more "consumer minded" approach in evaluation of the effectiveness of the contracted treatment services. In addition, they are encouraged to provide direct services where their skills, competencies, and time permits.

REVIEW OF CURRENT CASELOADS

With the recognition that DFS cannot meet every family's needs, the task force recommended that current caseloads be thoroughly reviewed to determine which cases lacked clear-cut reasons for agency involvement and which were high priority for reasons of risk. Cases without clear-cut justification were to be closed prior to implementation of the manual so staff could better serve the families needing our intervention.

In March 1989, a group of task force members reviewed a random sample of 168 cases from across the state to determine how many cases could be closed. They recommended 41% be closed. Another 13% were closed by field staff before sending the cases in for review. Consequently, the task force recommended that each county thoroughly review cases to determine how many could be closed. While it was not expected that these numbers would be consistent for all counties, it was clear that a significant number of cases had been left open longer than necessary.

DEMONSTRATION OF THE MANUAL AND ITS EFFECTIVENESS

In March 1989 the new manual had been thoroughly reviewed and we were ready to test its effectiveness. We were confident that the tools and procedures in the manual would be effective in family work. However, we decided to pilot-test the manual in three representative medium-size counties with strong administrative staff were selected to determine if any fine-tuning was necessary.

In introducing the manual to staff, it was decided to involve not only our staff trainers but also practitioners currently involved in providing services based on family systems theory. Throughout the development of the manual we had consulted with the National Resource Center on Family Based Services and, after considering other potential contractors, decided to use them as our practitioners. The training in the demonstration counties provided us with an opportunity to determine the best way to use this manual statewide.

The demonstration counties received 4 1/2 days of training. The training was a meld of the National Resource Center's family-based case management curriculum and our manual. Staff were exposed to family systems theory and concepts, with a practice emphasis on assessment and case planning.

After the training, the demonstration counties were expected to:

1. Review existing cases to determine, based on the new procedures, which should be closed;
2. Begin using the policy and procedures in the manual; and
3. Provide their perceptions and suggestions relating to the training and the manual.

Several meetings were held with all the demonstration counties over the next several months. Their willingness to try the new procedures and their overall commitment to the project was impressive. We asked them such questions as:



1. Is the material effective for families and accepted by staff;
2. Is it too difficult or burdensome;
3. Do we need to make major revisions; and
4. Is it possible to reduce caseloads so that staff can effectively use the material?

Generally, the demonstration counties were pleased with the manual. They found the information accessible and the casework process flowed logically. They indicated that it aided new staff in learning not only procedures but more importantly, the casework process. Staff really liked the emphasis on social work. The case recording guidelines freed up much of their time for more important activities and it captured more relevant information. They did acknowledge that it was hard to break old habits and they still had apprehensions about leaving something out. They felt that the Family Assessment and Treatment Plan helped them involve the family and gather information which was thought provoking. The risk assessment was helpful in the on-going evaluation of the family. They did have major concerns that because of the reality of day-to-day activities and high caseloads that they would not be able to spend the up-front time that the assessment required.

The general consensus from the demonstration counties, task force members and administrative staff was that we should proceed with the implementation of this manual with a few minor alterations.

STATEWIDE TRAINING AND IMPLEMENTATION

Manual Orientation to Supervisors

Statewide training was initiated through a series of one-day manual orientation sessions that were provided to each supervisor and administrator in the state. These were held approximately six weeks prior to the actual training. We emphasized the new philosophical approach, as well as the Family Assessment and Treatment Plan packet. Supervisors were asked to take the information back to their staff. Staff would be encouraged to bring their case records up to date to facilitate the case review process linked to implementation.

Statewide Training

The Division of Family Services is divided into 7 administrative areas consisting of one to 28 counties. In order to implement this manual it would be necessary to train approximately 1,450 staff. This training would take place over a 4 1/2 month period.

Because we felt the training was critical to assuring general acceptance of the material, we invested considerable time and effort in putting together a four day training module. The module combined the necessary manual orientation with training on practice issues relating to assessment and case planning. Much of the practice material was adapted from the Family Based Case Management training curriculum of the National Resource Center on Family Based Services.

We wanted the training sessions to be small enough to be interactive, and yet large enough to expedite the process. It was also necessary to have enough training sessions to assure adequate coverage in each county while staff were being trained. Thirty-five sessions, each consisting of approximately 40 staff, were planned.

Six training teams were established. Each team consisted of an agency staff trainer, a task force member, and a practitioner contracted through the National Resource Center on Family Based Services. This, at times, allowed six sessions to be underway simultaneously. Agency trainers and task force members were responsible for the manual material while the contracted practitioners focused on the family-centered assessment and case planning issues. The practitioners' training was confined to two days at each session.

The general impression from those who have received the training has been positive. They appreciated the mixture of agency staff trainers and contracted practitioners. The training was eclectic in its approach and was provided to all staff. This assured their involvement and elicited their comments, suggestions and concerns. It was decided early that all staff would receive the training because this manual provides a new philosophical stance on the part of the Division. Therefore all staff need to understand its content. Specialized staff, who initially voiced concerns about the relevance of the training to their practice, later saw the need to understand the training content.

Training was provided to the four rural areas in the fall 1990 and the training of the three metropolitan areas was conducted in January and February 1991.

Case Reviews

Prior to the training, all social workers were provided a case review form to assess which of their cases could be closed. They were asked to close those cases prior to attending training. Once they have attended training, they again, in consultation with their supervisor, reviewed their caseloads and closed any cases they felt appropriate. Each area then had teams of middle level managers and county staff review all cases remaining open to assess their appropriateness for continued intervention. The purpose of this series of reviews was to assure that staff had the time to use the new tools included in the manual with the families who need our services.

Integration of the New Manual into Current Practice

We realized that staff could not be expected to immediately return to the office and use the new material on all their families. Staff were instructed to "practice" their newly learned skills and intervention techniques on families opened after the training. They were then instructed, after they felt comfortable, to begin using the techniques on previously opened cases as they became due for reassessment.

CONCLUSION

We have concluded a three year process to implement a philosophy of family-centered services in Missouri. However, this is not the end but the beginning. Yes, the manual is developed and staff are trained and using the material, but there is a lot left to be done. It is clear that staff will continue to need on-going training, both one-on-one by their supervisor, as well as more formalized training. We are already planning training in the summer for all supervisors on family-centered case management supervision. We have convened an advisory group of staff from all areas to advise the central office and monitor implementation. We will continually be looking for ways to improve our delivery of services. We are pleased that we pursued the implementation of a family-centered approach in Missouri; now we need to institutionalize it as an integral part of our child welfare system.

FAMILY ABUSE AND NEGLECT . . . CHILD WELFARE SYSTEM INDICTED

BY DR. SALVADOR MINUCHIN

The National Resource Center on Family Based Services thanks the AAMFT for their permission to print the following excerpts from the speech delivered by Dr. Salvador Minuchin at the AAMFT National Conference in Washington D.C. on October 4, 1990 .

Ladies and Gentlemen of the Jury:

As Attorney for the Prosecution, let me begin by presenting my credentials. For the last six years I have been working for or with the Child Welfare Administration of New York City. In 1986 I was an unpaid consultant for Rosa Gil, then Associate Commissioner for Children and Families. In 1987 and 89, I was involved in training protective service staff from the Manhattan and Brooklyn field offices, and from 1983-88 in training the staff of three foster care agencies, vendors to the Child Welfare Administration. In 1989 - 90 I was a member of the Advisory Committee on Child Welfare of the then Manhattan Borough President, David Dinkins. Therefore, with certain obvious qualifications, I consider myself an informed outsider.

I will first demonstrate that the Child Welfare Administration, and similar institutions, by whatever names they are called, is guilty of the abuse and neglect of poor families.

Second, I will suggest that these crimes will continue in spite of the sincere concern executives in the Child Welfare Administration express for the empowerment of families of the poor, and even in spite of the Child Welfare rights legislation passed in 1980 to ensure that services to the poor take family needs into account and are organized to empower and strengthen family bonds.

Third, I will maintain that regardless of increased money in the budget of the improvement in conventional services, the net result will continue: that is, neglect and abuse of poor families.

Fourth, I will demonstrate that although protective workers are good people concerned for the welfare of the people they deal with, they nonetheless participate in a process of destruction.

How can this be, if they are good people, as I am convinced they are? The answer to this puzzle lies in a structural skew. The Child Welfare Administration has become a servant of the judiciary. A court, even Family Court, does not speak the language of human beings -- of love, and of hurt. The language of social service has become the language of crime.

Consider the words used in a training manual for protective service workers. Assessing a family is called I&R -- "Investigation and Reporting." Protective services workers doing I&R, are minimally trained, uncontaminated with more human social work language. The concepts of control predominate. When the child is taken away from home, this is not called taking a child away from his home or family dismemberment. It is called "Removal to a Place of Safety." Whatever the needs and rights of the individual case may entail, the overall language is a language of objects. Objects can be separated by caseworkers and the police without pain. People cannot.

Law operates with the bipolar concepts of right or wrong, innocent or guilty, victim or perpetrator. In court, the child and the family are polarized. Family Court will assign one lawyer to the mother, another to the child, and a third to the Child Welfare Administration. All three are paid by the State, and all three are supposed to operate on behalf of that client - and that means challenge and attack. The parent talks through a lawyer, to "contest" the loss of the child. To speak directly to the judge might mean the need for a different language. . . .

If the court operates as an invisible brake to slow the changes in the Child Welfare Administration that have been mandated by legislation, and are fervently believed by many child protective administrators, why have family and systems practitioners and thinkers not explored this arena of family abuse and neglect? The reasons are historical. We belong to a particular group of experts who are forbidden to challenge the judicial system by a contract written centuries ago. . . .

Since I know something about foster care in New York let me bring you this microcosm as an example of the encounter of poor families with services for the poor.

Some 30 to 40,000 children are separated from their parents and located in "places of safety." A small city of children. If we think of their families and of the foster care families, probably this city numbers some 150,000 to 200,000 people. The removals are made frequently as emergencies, and the horror stories of young children sleeping in offices until a foster bed can be found are true. Beds for children in such experiences are found whenever it is possible. Therefore separations of children from parents and also siblings without any preparation are common though nobody thinks they are correct. Why are removals emergencies? Probably because protective service workers are trained mostly in procedure. When a protective service worker goes to make a removal ordered by the court he or she is frequently accompanied by a policeman. Sometimes the worker doesn't even know the family. There is a formula to be recited to the parents, quickly advising them of their right to challenge the removal in court.

I once suggested the possibility of training protective service case workers in family assessment to the head of a field office. He was curious, but as soon as he realized that "family assessment" would include assessment of the strengths and potentials of a family, including the exploration of resources in the extended family, he was very much against the idea. Such training might give his workers the idea that they were therapists, he explained, and that would slow their caseload processing.

Removals are court ordered, and the procedure involves the transformation of psychological and behavioral data into judicial command. In the best interests of the child, on behalf of family values, the court may prescribe removal of the children, a course on parenting skills, individual psychotherapy for the mother, and when indicated, special programs for detoxification, addiction, programs for sexual offenders, etc. All these programs are assigned and administered for the individual without concern for the family context.

The ideology is to serve poor families. The procedures with which we actually touch poor families dismember them.

Let me introduce you to Marian. Marian is a woman in her forties with four children. Her grown son is a bank teller, engaged to be married. The three younger children, who were taken away by Protective Services are Anthony (14), Richard (4), and Nathaniel (2).

The case came to the attention of Protective Services when Marian took the baby to a pediatric hospital because he was not gaining weight. The pediatrician felt that the child was extremely undernourished, and should be hospitalized immediately. Either Marian did not understand, or she did not want the baby hospitalized, so the pediatrician called Protective Services. Protective Services sent I&R, who filed a report saying that the baby was neglected, the house was in disorder, and there was no food in the refrigerator. They recommended the removal of the baby to a place of safety. A few days later Protective Services took the other two children. Anthony was sent to a residential placement and Richard to a foster home in another borough. Marian contested the removal, and Anthony was returned to her six months later, but Richard remained in placement. The court-ordered psychiatric report on Marian stated that she was disturbed, and the Child Welfare Administration argued that Richard should remain in placement while Marian received psychotherapy.

I disagreed with the Child Welfare Administration, having interviewed Marian several times in the course of a study of foster and biological families. At the hearing to consider her petition I talked with her lawyers, with the child's lawyer, the agency social worker, who was there to testify in Marian's behalf, and the caseworker from Richard's school. We all felt Richard should return home, and I told the lawyers I would so testify. One of them handed me a yellow pad and pencil, and asked me if I would put that in writing. I handwrote a statement and signed it, he said there was no need for a hearing, and Richard was returned to his mother.

I will come back to Marian and her family, because I think they are a microcosm of the poor family face to face with issues of dominance and power in the social services machinery. But first I want to take

a look at the issues that arise from these procedures.

Michel Foucault studied power in society as it is embodied, not in a person or in an institution, but in social transactions. There is a technology to the way power is allocated that is something apart from the underlying concepts. Penal law, for instance, articulates the concepts that form the basis of judgment and punishment. But prison is what makes the judgement and punishment visible. We have then two forms of expression: the explicit, written in the law, and the implicit hidden in the procedures of dispensing punishment. These two forms may or may not be congruent with each other.

In services to poor families, the explicit, "articulated" ideological values are governed by the best interests of the child, the protection of the child, family values, empowering poor families, helping the destitute and desperate. In its implicit, visible, procedural implementation, services to poor families appear as the removal of Marian's children, without warning, after dark. She will not be told their destination, only that she can appear in court to contest the removal. She knows that Nathaniel is in a hospital in Brooklyn, but it will be several days before she can learn that Anthony is in a group home on Staten Island, and Richard is in a foster home in Brooklyn. So she will demonstrate her parental love, called "diligent effort," by visiting each one of her children for the two hours allowed her every two weeks. She will not know where Richard is living with his first foster mother, and she will not be consulted when Richard is moved to a second foster home. She will show compliance with the court by going to a course in parenting, without hers or anybody else's children. She will keep her appointment for psychotherapy recommended for some unspecified reason having to do with her failure as a mother. She knows her first psychiatrist considered her "borderline." Her second psychiatrist diagnosed a depressive reaction due to the loss of her three children, but it seems that the court believes that she is "borderline," whatever that means.

She does not know what they expect her to do to get her children back. They have become a formidable array of amorphous people. "They" includes the caseworker at Brookwood and his supervisor. They seem to be on her side. They is also the

caseworker of the Child Welfare Administration, who doesn't seem to like her. "They" is her lawyer, paid by Legal Aid. He is on her side. Her children's lawyer also seems to be on her side, but the Child Welfare Administration's lawyer is against her, and the judge listens to him. The judge doesn't talk to her. With the cunning of the helpless she tries to anticipate their demands, but they don't speak in one voice. All she understands for sure is that they control her life through their power over her children.

Ladies and gentlemen of the jury, Marian, my Exhibit A, is also the representative of thousands of poor families who suffer abuse and neglect by the Child Welfare Administration and similar institutions....

Foucault tells us that in the course of history madness was separated from poverty and a medical corps of experts claimed a new territory as its own. By the beginning of the nineteenth century the psychiatric establishment formed a partnership with the judicial in determination and control of the criminally insane. As the century turned philanthropy, developed its concern with children as helpless victims, and legislation to protect children took form. In mid century child abuse became a medical/pediatric classification, and soon a judicial one, as the abused child officially became a victim, and the abusing parent a criminal. Violence and injury are, however, fairly clear cut. Broken bones . . . hematoma . . . Neglect is not clear cut. Yet we are seeing now the grafting of neglect onto the idea of child abuse, as in "abuse and neglect." But neglect is an in between category, belonging neither to the psychiatric nor to the judiciary. The classification of neglect is actually bracketing the whole area of people in need of welfare, becoming one of the crimes associated with poverty.

The problems of poor people and their children cannot remain within the realm of crime and punishment. The judiciary has to deal with perpetrator and victim, with determination of guilt and punishment. It deals with control. Neglected families, the so-called neglectful families, need supplementation and repair in the healing process. The court cannot respond to these families. We must reintroduce human, social service concerns to our work with poor families.

Project DAISY
continued from page 3

REFERENCES

Bellisimo, Yoland. Crack Babies: The Schools' New High Risk Students." Thrust, Vol. 19/4, January 1990, pp. 23-26.

Greer, Jeptha. "The Drug Babies." Exceptional Children, February 1990, pp.382-385.

Phillips, Vicki and McCullough, Laura. "Consultation-Based Programming. Instituting the Collaborative Ethic in Schools." Exceptional Children, Vol. 56:4, pp.291-302.

Powell, Diane. "Home-Based Intervention for Preschoolers with Serious Emotional, Disturbances and Autism." Preventing School Failure. Vol 34:4, summer 1990.

Rist, Marilee. "Crack Babies in School." The Education Digest, May 1990, pp. 30-33.

Rist, Marilee. "Shadow Children: Preparing for the Arrival of Crack Babies in School." Research Bulletin vol. 9 July 1990, pp. 1-6.

Shane, Harold. "Educated Foresight." The Education Digest, vol 5 January 1990.

United States General Accounting Office. "Drug Exposed Infants; A Generation at Risk." GAO (HRD_90-138) June 1990.

FOR MORE INFORMATION CONTACT

Diane Powell, Ph.D., Director
Project DAISY
Rudolph Elementary Annex
2nd and Hamilton
Washington, DC 20011
(202) 576-6937

NATIONAL CHILD WELFARE RESOURCE CENTER FOR MANAGEMENT AND ADMINISTRATION TELECONFERENCES

- Recruitment and Retention in the 90's
 - Part II: May 7, 1991 - Recruiting and retaining a culturally diverse workforce
 - Part III: June 4, 1991 - Graying of the workforce: Meeting the needs of the older worker
- Adoption 1991
 - Part II: May 14, 1991 -- State's role in regulating the adoption of babies
 - Part III: May 29, 1991 - Adoption assistance: Is The federal program working?
 - Part IV: June 11, 1991 - The skyrocketing costs of adoption: Where is the money going?
 - Part V: June 25, 1991 -- Adoption registries: Help or hindrance?
- May 21, 1991 - Native Americans and AIDS
- June 26, 1991 - Case planning for children in foster care
- July 11, 1991 -- Recapturing a lost generation: The emerging youth movement in foster care
- July 18, 1991 - Using Title XIX Medicaid for child welfare clients
- Sept. 3, 1991 - Using the media to bolster the child welfare agency's image
- Sept. 10, 1991 - The dilemma of kinship care
- Sept. 18, 1991 - Using alternative methods of dispute resolution in child welfare
- Oct. 1, 1991 - Liability issues in liscensing: A Risk Management Perspective
- Oct. 8, 1991 - Energizing the child welfare agency
- Oct. 15, 1991 -- Assuring the safety of case-workers on the job
- Nov. 12, 1991 - Preventing and investigating sexual & physical abuse in residential facilities
- Nov. 19, 1991 - Defining resiliency factors in children
- 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 207-780-4430 or 1-800-HELP KID

CWLA 1991 CONFERENCES

- May 15 - 17, 1991 Honolulu, Hawaii
Western Regional Training Conference
- May 19 - 22, 1991 Louisville, KY
Southern Regional Training Conference
- June 2 - 4, 1991 Hyannis, MA
North Atlantic Regional Training Conference
- June 16 - 19, 1991 New York, NY
Mid Atlantic Regional Training Conference
- September 11 - 14, 1991 Boston MA
Florence Crittenton Roundtable
- October 15 - 18, 1991 St. Louis, MO
3rd National CWLA Out-of-Home Care Conference Host: CWLA Mid West Region
Contact: Child Welfare League of America, Conference Coordinator, 440 First Street NW, Suite 310, Washington, DC 20001

INDEPENDENT LIVING RESOURCES SEMINARS FOR 1991

- May 7 - 8, 1991 Chapel Hill - Youth assessment and outcome planning for independent living
- May 9 - 10, 1991 Chapel Hill, NC - Apartments and other living arrangement options for youth
Contact: William V. Griffin, ILR Inc, 4324 Thretford Rd., Durham, NC 27707

COMPREHENSIVE TREATMENT OF SEXUAL TRAUMA AND SEXUAL COMPULSION

- May 17 - 18, 1991 Baltimore, MD
- June 21 - 22, 1991 San Diego, CA
Contact: River Oaks Psychiatric Hospital, Sexual Trauma Program, 1525 River Oaks Road W., New Orleans, LA 70123 504-734-1740

THE ATTACHMENT CENTER AT EVERGREEN COLORADO: WORKSHOPS 1991

- Workshop Cluster III
 - Sept 9, 1991 - Insight into attachment
 - Sept 10, 1991 - Incest and sexual abuse: The abused and the abuser
 - Sept 11, 1991 - The art of consequencing
- Workshop Cluster IV
 - Nov 7, 1991 -- Insight into attachment
 - Nov 8, 1991 -- The symbolic life of the child: Introduction to sandplay
 - Nov 9, 1991 -- The art of consequencing
- Contact: The Attachment Center at Evergreen, PO Box 2764, Evergreen, CO 80439 (303) 674-1910

* * * * NATIONAL CONFERENCE NEWS * 1991 CONFERENCES * * * *

TRAINING FOR TRAINERS 1991

Advanced Course for Residential
Child Care Workers
Aug 20-22, 1991 Toronto, Ontario, Canada
Nov 12-14, 1991 Jacksonville, FL
Contact: Holly Cole, NRC Marketing
Coordinator, 202 W. 8th St.
Tulsa, OK 74119-1419
918-585-2986

NARRATIVE & PSYCHOTHERAPY

May 10-12, 1991 Houston, TX
Contact: Family Institute, PO Box 540965,
Houston, TX 77254-0965
(713) 488-8404

**"CHILDREN AND YOUTH:
THE FUTURE IS NOW"**

**3RD INTERNATIONAL CHILD AND
YOUTH CARE CONFERENCE**

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

**THE CHALLENGE OF CULTURE
STRENGTH THROUGH DIVERSITY**

May 15-17, 1991 Honolulu, HI
Contact: CWLA Western Regional
Conference, 440 First St. NW, Suite 310,
Washington, D.C. 20001-2085

**DESEGREGATING
THE AMERICAN MIND**

**A National Symposium on Race
Relations, Equity Education, and
Civil Rights**

May 16-17, 1991 Topeka, KS
Contact: The Brown Foundation, P.O. Box
4862, Topeka, KS 66604
913-295-6427 or 913-296-2078

**NORTHEASTERN CONFERENCE
ON ALCOHOLISM AND DRUG
DEPENDENCE**

May 19-22, 1991 Newport, RI
Contact: Edgehill Newport, NECAD Office,
200 Harrison Ave., Newport, RI 02840

**HARTMAN CONFERENCE ON
CHILDREN AND THEIR FAMILIES**

**The Promotion of Social
Competency in Childhood and
Adolescence**

June 5-7, 1991 New London, CT
Contact: Child and Family Agency of
Southeastern CT, 255 Hempstead S.
New London, CT 06320

**INSTITUTE FOR COMMUNITY AS
EXTENDED FAMILY -- Training for
Professionals in the Treatment of
Child Sexual Abuse**

2-Day Clinical Overview
June 17 - 18, 1991
September 9 - 10, 1991
4-Day Workshop
June 19 - 22, 1991
September 11 - 14, 1991
6-Day Advanced Clinical Workshop
July 22 - 27, 1991
October 21 - 26, 1991
9-Day Workshop
June 19 - 28, 1991
September 11 - 20, 1991

Contact: Institute for the Community as
Extended Family, Attn: Training Coordinator
P.O. Box 952, San Jose, CA 95108-0952
408-453-7611, ext. 145 or 148

**SUMMER INSTITUTE IN
INTEGRATED EDUCATION AND
COMMUNITY**

July 8 - 19, 1991 Montreal, Quebec
Contact: Silvana Pellechia, Secretary,
McGill Summer Institute, Faculty of
Education, 3700 McTavish St, Montreal,
Quebec H3A 1Y2
416-658-5363

**THE 2ND EASTERN CONFERENCE
ON ERICKSONIAN HYPNOSIS
AND PSYCHOTHERAPY**

July 12 - 14, 1991 Philadelphia, PA
Contact: Dr. Robert Schwarz, IACT, PO
Box 166, Ardmore, PA 19003
(215) 790-1414

**SEXUAL ABUSE TREATMENT
SYMPOSIUM**

Aug 7 - 10, 1991 Breckenridge, CO
Contact: Meta Resources, P.O. Box
566054, Atlanta, GA 30356
404-390-9318

**BRIEF SUMMER COURSE IN
INFANT MENTAL HEALTH**

Aug 20 - 23, 1991 Champaign, IL
Contact: Michael Trout, The Infant-Parent
Institute, 328 N. Neil, Champaign, IL 61820
217-352-4060

**ARKANSAS COUNCIL OF
COMMUNITY MENTAL HEALTH
CENTERS**

Aug 12 - 16, 1991 Hot Springs, AR
1991 Annual Institute, 307 E. Sevier St,
Benton, AR 72015

**REAFFIRMING OUR ROOTS
The 9th Annual Conference on Child
Abuse and Neglect**

Sept 14 - 17, 1991 Denver CO
Contact: Ninth Annual Conference on
Child Abuse and Neglect, P.O. Box 1266
Denver, CO 80201-1266
303-792-9900

**INTERNATIONAL CONFERENCE
ON ADOPTION**

Sept. 16 - 19, 1991 Edinburgh, Scotland
Contact: British Agencies for Adoption and
Fostering Scottish Centre, 40 Shandwick
Place, Edinburgh EH2 4RT, Scotland, U.K.

GROWING PAINS

**The 4th Annual National Independent
Living Conference**

Oct. 31 - Nov. 2, 1991 Jacksonville, FL
Contact: Daniel Memorial Institute
3725 Belfort Rd, Dept 1031
Jacksonville, FL 32216
904-448-7612

**AAMFT 49TH ANNUAL
CONFERENCE**

**"Families and Change: Constructing
the Future"**

Oct. 31 - Nov. 3, 1991 Dallas, TX
Contact: American Association for Marriage
and Family Therapy, 1100 17th S. 10th Fl.,
Washington, DC 20036
(202) 452-0109

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

Dec. 4 - 7, 1991 St. Louis, MO
For conference information see pg 8.

**7TH BIENNIAL NATIONAL
TRAINING INSTITUTE OF THE
NATIONAL CENTER FOR
CLINICAL INFANT PROGRAMS**

Dec. 6 - 8, 1991 Washington, D.C.
Call for Papers: May 1, 1991
Contact: Emily Fenichel, Associate
Director, NCCIP, 2000 14th Street, Ste. 380
Arlington, VA 22201-2500
703-528-4300

**SHATTERED DREAMS:
CHILDHOOD RECAPTURED**

**The 8th Biennial National
Symposium on Child Victimization**

May 19-22, 1992 Washington D.C.
To receive the "call for papers" (Spring, 1991)
or more information:

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

*Meet me in
St. Louis!*

National Association for
Family-Based Services

Fifth Annual Conference on
EMPOWERING FAMILIES

Family Advocacy:
From the Home to the Hill

Featuring symposia on:

Practice
Research

Policy/Advocacy
Education/Training

December 4-7, 1991

Hyatt Regency St. Louis at Union Station
St. Louis, Missouri

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 (available in Iowa City/Cedar Rapids, Des Moines, and Davenport.)

One or two year programs are offered.

For further information contact:
The University of Iowa
School of Social Work
308 North Hall,
Iowa City, IA 52242
(319) 335-1250

Join the National Association for Family-Based Services at the Fifth Annual Empowering Families Conference in St. Louis, December 4-7, 1991.

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."

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

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!

For conference information, contact: Missouri Institute of Psychiatry,
Continuing Education Program
5400 Arsenal Street, A418
St. Louis, Missouri 63139
(314) 644-8804

**PLEASE NOTE . . .
THE NATIONAL RESOURCE CENTER ON
FAMILY BASED SERVICES WILL BE
MOVING !!**

**AFTER JULY 8, 1991
OUR NEW ADDRESS WILL BE:**

**NATIONAL RESOURCE CENTER
ON FAMILY BASED SERVICES
SCHOOL OF SOCIAL WORK
UNIVERSITY OF IOWA
308 NORTH HALL
IOWA CITY, IOWA 52242**

family-based training opportunities

*Following several years of field testing and revisions, the National Resource Center on Family Based Services is pleased to announce its new curriculum
The Family Development Certification Program*

WHAT IS FAMILY DEVELOPMENT ?

Family development is a model of family-based intervention designed to help all families, but especially low-income families, improve family functioning and achieve economic independence. Family Development Specialists are problem-solvers, allies, and advocates who are skilled in helping families to

- * Review their needs, their stresses, and their strengths
- * Imagine another reality and set goals to realize it
- * Enhance family relationships
- * Develop competencies they need to become economically independent
- * Use developmental resources in the community effectively
- * Meet other families for support and collective action

Participation in family development programs is voluntary. Programs may be sponsored by social services, mental health, or educational organizations. Sessions can occur in the family's home, in groups, or through center-based activities.

WHO IS TO BE TRAINED ?

The Family Development training programs benefit Community Action, Head Start, county extension, and family support workers, people whose job is to provide services to families.

WHO PROVIDES THE TRAINING ?

National Resource Center trainers are experienced teachers and family therapists committed to community-based work with low-income families. Since 1981, the Center has provided training and consultation to organizations involved with children and families in all fifty states. Since 1988, over 300 Family Development Specialists have been certified nationwide.

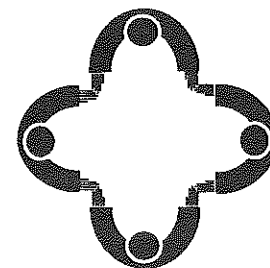
WHAT PROGRAMS ARE AVAILABLE ?

THE FAMILY DEVELOPMENT SPECIALIST CERTIFICATION

This eight-day certification program for workers is offered in three sessions and includes lectures, discussions, videotapes, demonstrations, and skill practice. Designed as a family-based equivalent to Head Start's Child Development Associates training, this program helps trainees acquire the knowledge and skills they need to work developmentally with families. Participants complete structured homework assignments and take a written test on course material.

The course is designed to develop competencies in

- * Family systems theory and principles of family development work
- * Relationship-building, interviewing, and family assessment skills
- * Goal setting and planning
- * Coordination of community services
- * Identification of and response to family violence, chemical dependency, and depression
- * Empowerment strategies, including assertiveness, self-esteem building, conflict resolution and problem-solving skills
- * Techniques of group work, community development, and advocacy
- * Professional development



family-based training opportunities

FAMILY DEVELOPMENT SUPERVISOR TRAINING

This two-day workshop is designed to help supervisors effectively guide and support family development workers and enhance their own growth as professionals.

The course is designed to address the following questions:

- * What can family systems theory teach us about organizations?
- * How does our own family of origin affect our strengths and weaknesses as a supervisor?
- * How can supervisors effectively anticipate and respond to the problems workers face at each stage of their development?
- * What are the most useful ways to structure family development supervision?
- * How can supervisors use peer networks for their own support and development?

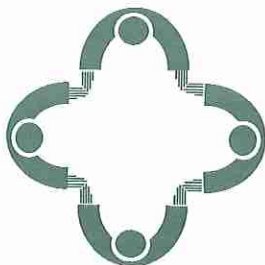
FAMILY DEVELOPMENT TRAINING OF TRAINERS

This program is designed for agencies who want to provide on-going Family Development training for their staff as well as a career ladder for Family Development Specialists who have interest and talent in teaching.

Participants follow a three part program

- 1) a 3 day training on site or in Iowa City
- 2) an on site practicum with video tape and phone supervision
- 3) an on site evaluation leading to certification

This program is limited to four participants at a time, who should be project directors or staff who have completed the National Resource Center Family Development training and who also have significant experience working with families.



Comments by Participants on the National Resource Center Family Development Training

Community Action Program Manager:
"[The training] helped us learn a shared vocabulary to describe our work and to gain consistency in how we do that work. The staff also gained confidence."

Community Action Supervisor: *"Shortly after the training, a woman came into our office and said she was going to kill herself. I calmly took her into my office to talk. A small voice in the back of my head cautioned me not to panic, that I could handle this situation. As we talked, I was able to learn of the immediate problems that had led her to that point. I'm pleased that my entire staff remained calm as they made phone calls, at my instruction, to arrange help for the problems that were bothering her most . . . I attribute my ability to react calmly and remain in control throughout the episode directly to the information I received from the training."*


County Extension Staff Member: *"I think I more fully appreciate the purpose of the work we're doing after completing this training. I've come to see myself as an advocate for the poor in a way I didn't think about before. It's my role to instruct them in their options, offer them guidance, then let them make their choices and their moves. Nobody is telling them what they have to do; they are making their own decisions and experiencing the consequences, good or bad."*

Community Action Staff Member: *"The Resource Center did a wonderful job organizing and presenting the material. They provided a nurturing atmosphere in which we were allowed to explore new ideas. I think this is just the beginning in our quest for knowledge about working with families."*

For further information on the Family Development Training Programs, contact Wendy Deutelbaum, PhD
Associate Director at

The National Resource Center
on Family Based Services
The University of Iowa
School of Social Work
N240 Oakdale Hall
Oakdale, IA 52319
(319) 335-4123

NATIONAL RESOURCE CENTER RESIDENCY PROGRAMS 1991

 **PLEASE NOTE !!** There have been several changes in the 1991 Residency Programs. This is the most up-to-date and accurate information.

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

Participants study with National Resource Center trainers, all of whom are experienced teachers and family therapists familiar with public and private social services systems. Training days run from 9 to 4, Monday through Thursday. Registration for Workshops 1, 2, 3,4,5 and 6 is \$300.

Housing is available at extremely reasonable rates on campus at the Iowa House. Credit for course work is available in the form of 3 Continuing Education Units for 30 hours of instruction (\$3 per credit).

A lovely river town, Iowa City offers a wide array of theater, music, films, walks and restaurants. It is only a 4.5 hour drive from Chicago, 3.5 hours from Madison, 5 from St. Louis, and 6 from Minneapolis. Iowa City is also served by the Cedar Rapids Airport.



POST ADOPTION THERAPY August 26-29, 1991

The NRC is pleased to announce a NEW residency program for therapists, family-based workers & adoption workers who are providing services to adoptive families. The training will cover new advancements in the field of special needs adoption and innovative therapy techniques. The information will be especially useful for post-adoptive work where families are at risk of disruption or dissolution.

AGENDA

Day 1

- Exploding new and old myths about adoption
- Six tasks of adoptive families
- Dynamics unique to families of adoption

Day 2

- Adoptive families from a systems viewpoint
- Identifying adoption issues using case presentations

Day 3

- How belief systems impede and enhance change
- Presentation of new information on attachment within adoption
- Practice of techniques to assess and change belief systems

Day 4

- Presentation of the treatment model developed by Oregon's post adoption family therapy team
- Practicing therapy techniques through case presentations



FAMILY-BASED SERVICES I May 6-9, 1991

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

AGENDA

Day 1

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

Day 2

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

Day 3

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

Day 4

- The Structural Approach
- Practice of Structural Techniques



FAMILY-BASED SERVICES II August 5-8, 1991

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

AGENDA

Day 1

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

Day 2

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

Day 3

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

Day 4

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

For additional information call the
National Resource Center
at (319) 335-4123.





FBS CASE MANAGEMENT
August 26-29, 1991

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

AGENDA

- Day 1**
 - Family Based Services: A Philosophy of Empowerment
 - Another Look at Case Management
 - Systems Formation Exercise
 - Family Structure and Development
- Day 2**
 - Assessment Tools: Genograms, Ecomaps, Timelines and Sequences
 - Family Case Analysis
- Day 3**
 - Engaging the Family and Responding to Resistance
 - Case Planning: Developing Objectives with the Family
- Day 4**
 - Plan Implementation: Assuring Progress and Coordinating Services
 - Termination of Services



FBS SUPERVISION
September 23-26, 1991

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

AGENDA

- Day 1**
 - Prerequisites to Supervision: Oneself as Supervisor, Systems Concepts, and Diagnostic Tools to the Workplace
 - The Structural/Strategic Model of Family Work
- Day 2**
 - Supervision as a System
 - Sibling Position and Core Triangles
 - Supervisee Developmental Stages
 - Supervisory Process
- Day 3**
 - Live Supervision Model: Presentation Using the Structured Family Interview
 - Consultative Supervision Model: Presentation and Practice
- Day 4**
 - Trouble Shooting: Assessing Case Development
 - Worker Error
 - Structuring Professional Development: Peer Consultation Model
 - Problem Solving for Family Based Services



FBS CERTIFICATION TRAINING OF TRAINERS
July 8-12, 1991

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

NRC Residency Program 1991 Registration Form

Name: _____

Address: _____

City _____ State _____ Zip: _____
Phone () _____ () _____
Office _____ Home _____

SS# * _____
* Requested by the University of Iowa for registration

FBS I, II, Case Management, Supervision, Adoption, and Reunification are limited to 45 participants. Minimum class size is 15. Registrations are accepted on a first-come first-serve basis.

Check program(s) you would like to attend.

- ___ 1) Post Adoption -- Aug. 26-29, 1991
Registration deadline Aug. 12, 1991
- ___ 2) FBS I -- May 6-9, 1991
Registration deadline Apr. 22, 1991
[91-126-01/L467]
- ___ 3) FBS II -- Aug. 5-8, 1991
Registration deadline July 22, 1991
[91-217-02/L039]
- ___ 4) FBS Case Management -- Aug. 26-29, 1991
Registration deadline Aug. 12, 1991
[91-238-01/L048]
- ___ 5) Training of Trainers--July 8-12, 1991
Registration deadline June 24, 1991
[91-112-01/L059]
- ___ 6) FBS Supervision -- Sept. 23-26, 1991
Registration deadline Sept. 9, 1991
[91-266-01/L055]
- ___ 7) FBS Reunification -- Oct. 21-24, 1991
Registration deadline Oct. 7, 1991
[91-098-01/L247]

The National Resource Center will not be responsible for an individual's airline reservations.

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

- ___ single \$172 for 4 nights
- ___ single \$215 for 5 nights
(Training of Trainers only)
- ___ double \$192 for 4 nights
- ___ double \$240 for 5 nights
(Training of Trainers only)

Room to be shared with: _____

Enclose your check or money order for the registration fee and housing payable to The University of Iowa, and return to Center for Conferences and Institutes, The University of Iowa, Iowa City, Iowa 52242. For additional information call the National Resource Center at (319) 335-4123.

*****NEW THIS YEAR*****



FBS REUNIFICATION
October 21-24, 1991

This four-day workshop will focus on various methods of supporting family connections including: 1) Separation--developing a process of separation that is functional, and a useful context for reunification; 2) Transition--helping families understand and accomplish change so reunification can be permanent; 3) Successful Reunification--assessing work with families to evaluate when and how to reunite families so reunification is most likely to be successful. This new curriculum, appropriate for foster care workers as well as family-based therapists, utilizes a structured Family Unity Meeting as a central strategy along with new concepts from story-telling and myth.

An agenda will be available from the NRC in late summer.



Coleman, Loren, et al. **UNATTENDED CHILDREN.** Portland, Maine: University of So. Maine, 1987. 116 pages, \$9.95. A study of children who had experienced a "lack of supervision" conducted by the Human Services Development Institute at the Center for Research and Advanced Study of the University of Southern Maine. Characteristics of the children and their families, agency practices, implications for practice, and future research are presented.

Combs, Gene & Freedman, Jill. **SYMBOL, STORY & CEREMONY: USING METAPHOR IN INDIVIDUAL AND FAMILY THERAPY.** New York, NY: W.W. Norton, 1990. 280 pages, \$27.95. Using Ericksonian psychotherapy and the Batesonian perspective as a foundation, the authors present various uses of metaphor in psychotherapy, instruction in how to construct metaphors and examples of a wide variety of metaphors.

Donovan, Denis M. & McInture, Deborah. **HEALING THE HURT CHILD; A DEVELOPMENTAL-CONTEXTUAL APPROACH.** New York, NY: W.W. Norton, 1990. 310 pages, \$34.95. The authors intend to integrate research in cognitive studies, developmental psycholinguistics and traumatology with the sound and rational pragmatics of psychotherapy with children. The integration of theory and practice is aimed at improving the practitioners' understanding of how children think, interact, communicate and change.

Friedrick, William N. **PSYCHOTHERAPY OF SEXUALLY ABUSED CHILDREN AND THEIR FAMILIES.** New York, NY: W.W. Norton, 1990. 320 pages, \$34.95. A book of broad scope covering the theoretical basis and available research of the affect of abuse on children; formulation of treatment plans based on evaluation of child's needs as well as family dynamics and available support; and the use of individual, family, group therapies and hypnosis. The author also tackles controversies in the field and the difficult challenges when victims become offenders.

Kagan, Richard and Schlosberg, Shirley. **FAMILIES IN PERPETUAL CRISIS.** New York, NY: W.W. Norton, 1989. 208 pages, \$19.95. Numerous strategies are presented for child welfare workers for engaging families and working with entrenched patterns of resistance. Case examples stress the meaning of attachment, the importance of building connections for parents and children, and the necessity of the family worker's use of self to engage families. Attention is given to the worker's needs as well.

Gustafson, James P. & Cooper, Lowell W. **THE MODERN CONTEST: A SYSTEMIC GUIDE TO THE PATTERN THAT CONNECTS INDIVIDUAL PSYCHOTHERAPY, FAMILY THERAPY, GROUP WORK, TEACHING, ORGANIZATIONAL LIFE, AND LARGE-SCALE SOCIAL PROBLEMS.** New York, NY: W.W. Norton, 1990. 252 pages, \$29.95. This book abounds in systemic strategies for judging loyalty, building alliances, being ready for change, gaining clarity, protecting morale, seizing moments for transitions, entering and exiting groups, defining territory and serving what is valued while adapting to new situations. Cases illustrate the author's "attitude for all seasons".

Heitler, Susan M. **FROM CONFLICT TO RESOLUTION: STRATEGIES FOR DIAGNOSIS & TREATMENT OF DISTRESSED INDIVIDUALS, COUPLES, & FAMILIES.** New York, NY: W.W. Norton, 1990. 351 pages, \$34.95. Starting from the premise that conflicts within and between people lie at the core of emotional distress, the author posits that the essential tasks of psychotherapy are guiding people to resolution of dilemmas and coaching them so that they can handle subsequent problems more effectively. Sample drills and exercises illustrate how therapists can empower others with conflict-resolving habits and yield emotionally healthy personal and family life.

Madanes, Cloe. **SEX, LOVE, AND VIOLENCE: STRATEGIES FOR TRANSFORMATION.** New York, NY: W. W. Norton, 1990. 256 pages, \$25.95. Proposing that all problems brought to therapy stem from the basic human dilemma of the struggle between love and violence, Madanes first presents a Model For Change for transforming violence to love. From this general model she derives a sixteen-step method for treating sexual offenses. Using clinical examples the reader is invited to witness the delicate strategies for transformation that require not only behavioral change but also spiritual healing. Finally, Special Issues focuses on sex therapy with people who do not have a regular sexual partner and of homosexuals; family therapy training as entertainment; and strategies for changing the past.

Napier, Nancy J. **RECREATING YOUR SELF: HELP FOR ADULT CHILDREN OF DYSFUNCTIONAL FAMILIES.** New York, NY: W.W. Norton, 1990. 286 pages, \$19.95. The author hopes to take the reader upon a journey of reclaiming the wounded child from the past and recreating the self in the present. The book provides case examples, personal experiences from the author's life, and instructions and exercises in self-hypnosis.

Rosenfeld, Alvin & Wasserman, Saul. **HEALING THE HEART: A THERAPEUTIC APPROACH TO DISTURBED CHILDREN IN GROUP CARE.** Washington, DC: Child Welfare League of America, 1990. 81 pages, \$8.95. This monograph sets forth certain approaches to initiating treatment with severely disturbed and disturbing children who, on closer study, turn out to have been seriously mistreated. The first half focuses on the nature of the mistreatment, its impact on the child's developing world view, and the behavioral problems that it creates. The second half deals with clinical issues that beset therapists who seek to restore the children to emotional health.

Tolan, Patrick H. **MULTI-SYSTEMIC STRUCTURAL-STRATEGIC INTERVENTIONS FOR CHILD AND ADOLESCENT BEHAVIOR PROBLEMS.** New York, NY: The Haworth Press, 1990. 161 pages, \$24.95. A collection of well integrated papers focused upon providing the practicing clinician with an overview of structural-strategic approaches in family therapy for treating child/adolescent antisocial and delinquent behavior, drug abuse, eating disorders, sex-related problems, school behavioral problems, and problems with medical care compliance. It also emphasizes the role of responsibility and accountability of family members and strategies for applying these approaches in working with other systems.

White, Michael & Epston, David. **NARRATIVE MEANS TO THERAPEUTIC ENDS.** New York, NY: W.W. Norton, 1990. 229 pages, \$22.95. The authors present that people experience problems when the stories of their lives, as they or others have invented them, do not sufficiently represent their lived experience. Therapy then becomes a process of storying or re-storying the lives and experiences of these people. The book provides theoretical basis and clinical examples of narrative playing a central role in therapy.

Watzlawick, Paul. **MUNCHHAUSEN'S PIGTAIL, OR PSYCHOTHERAPY & "REALITY".** New York, NY: W.W. Norton, 1990. 286 pages, \$19.95. The author, in this collection of essays and lectures, asks: Do we by choosing to see the world in a particular way, blind ourselves to viewing it in another way? He shows how we can change our perspective of reality to suit our needs rather than adhering to a fixed view, and thus avoid the consequences of self-imposed limitations.

PLEASE ORDER THESE BOOKS DIRECTLY FROM THE PUBLISHER OR YOUR LOCAL BOOKSTORE.

ANNOTATED DIRECTORY OF SELECTED FAMILY-BASED SERVICE PROGRAMS (1989) \$20.00

Descriptions of 330 family-based service programs across the country, including information on program goals, background, services, client characteristics, staff, funding & contact person.

CHRONIC NEGLECT IN PERSPECTIVE: A STUDY OF CHRONICALLY NEGLECTING FAMILIES IN A LARGE METROPOLITAN COUNTY: (1990)

EXECUTIVE SUMMARY: no charge
FINAL REPORT: \$15.00

A research study examining three groups of families referred for child neglect: chronic neglect, new neglect, and unconfirmed neglect. The report presents descriptive data about these groups of families, changes over time and differences between the three groups. The study was conducted in Allegheny County, PA, and funded by OHDS and the Vira I. Heinz Endowment.

A COMPARATIVE ANALYSIS OF THE COSTS OF SUBSTITUTE CARE AND FAMILY-BASED SERVICES (1982)

no charge

A method for comparing costs of foster care and family-based services, using the "present value of money" concept to demonstrate savings in foster care maintenance expenditures.

EMPOWERING FAMILIES: PAPERS FROM THE THIRD ANNUAL CONFERENCE ON FAMILY-BASED SERVICES (1989) \$ 7.50

A collection representing the first published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Five major sections -- Programs and Practices, Program Issues, Practice Issues, Evaluation and Policy, and Family-Based Services and Social Change -- reflect the interdisciplinary nature of family-based services and offer new perspectives on children and family services.

EVALUATION OF FOURTEEN CHILD PLACEMENT PREVENTION PROJECTS IN WISCONSIN (1985) \$3.50.

Funded by the Wisconsin Division of Community Services, this study followed 14 programs during the period from 1983 to 1985 and describes project backgrounds, client characteristics, services, outcomes and related factors, and achievement of project goals. Data collection instruments included.

EVALUATION OF NEBRASKA'S INTENSIVE SERVICE PROJECT: LINCOLN & MCCOOK, NEBRASKA (1984) \$2.50

Background, findings and evaluation of two family-centered service projects in Nebraska from March 1983 through February 1984, including data collection instruments.

FACTORS CONTRIBUTING TO SUCCESS AND FAILURE IN FAMILY-BASED CHILD WELFARE SERVICES

EXECUTIVE SUMMARY (1988) \$2.50
FINAL REPORT (1988) \$15.00

Summary and final report of a 2-year federally funded study analyzing social worker characteristics, family characteristics, services provided, outcomes, and the relationship between these factors in 11 family-based placement prevention programs.

FAMILY-BASED JOB DESCRIPTIONS (1986) \$7.50

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

FAMILY-BASED SERVICES FOR JUVENILE OFFENDERS (1989) no charge

An analysis of family characteristics, service characteristics, and case outcomes of families referred for status offenses or juvenile delinquency in eight family-based placement prevention programs. Forthcoming in Children and Youth Services.

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

Planning and implementing family-centered services for public child welfare agency administrators, including a proposed model of service delivery, family typology, data collection instruments, comparative cost analysis, and extensive bibliography.

INTENSIVE FAMILY PRESERVATION SERVICES RESEARCH CONFERENCE CLEVELAND, OH SEPT. 25-26, 1989

FINAL REPORT: no charge
BRIEF REPORT: no charge

Final report of a two-day conference on family preservation services research cosponsored by the Bellefaire Jewish Children's Bureau, the Mandel School of Applied Social Sciences at Case Western Reserve University, and the Treu-Mart Fund. The final report includes the history and definition of family preservation, implementation in child welfare, juvenile justice and mental health systems, review of existing research and recommendations for future research. The brief report focuses exclusively on needed research in the area.

INTENSIVE FAMILY SERVICES: A FAMILY PRESERVATION SERVICE DELIVERY MODEL (1985) no charge

Manual providing detailed descriptions of the State of Maryland's Department of Human Resources Intensive Family Services (IFS) pilot projects in eight local department of social services -- including chapters on funding principles, interventions, closure and evaluation.

MEASURING THE COST EFFECTIVENESS OF FAMILY-BASED SERVICES AND OUT-OF-HOME CARE (1983) \$5.00

Data from the state of Maryland.

PLACEMENT PREVENTION & 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 & FAMILY REUNIFICATION: A VIEW FROM THE CHILD WELFARE SECTOR (1980) \$2.00

Reasons for and advantages of family-centered services, for use with legislators, boards, advocacy groups and civic organizations.

POSITIVE PARENT NETWORK (PPN) OF RAPID CITY, SOUTH DAKOTA, American Public Welfare Association (1986) \$2.50

Describes a typical rural primary prevention program, including program context, background, management, operations and monitoring, evaluation, and sample materials.

POST ADOPTION FAMILY THERAPY (PAFT): A PRACTICE MANUAL Oregon Children's Services Division (1990)

no charge

Discusses the conception, development and implementation of the PAFT project including positive research findings for 50 at-risk families. Part two describes therapeutic challenges of adoption, intervention techniques, and the treatment model developed by the project.

PROGRAM BLUEPRINT FOR NEGLECTFUL FAMILIES, Oregon Children's Services Division (1987) no charge

Presents a program model based on recurring evidence about the nature of neglectful families.

PUBLIC PRIVATE PROVISION OF FAMILY-BASED SERVICES:

RESEARCH FINDINGS (1989) no charge

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 FAMILY BASED SERVICE PRACTICE: AN ANNOTATED SOURCEBOOK 2nd edition (1987) \$3.50

Descriptions & ordering information for selected resources on: Family therapy, FBS theory & practice, research & evaluation, legal issues, family-based services management, & training. Lists FBS service associations & program directories. Many unpublished materials prepared by social service departments and not generally available in libraries. (NOW IN REVISION)



THE SELF-SUFFICIENCY PROJECT: INTERIM EVALUATION REPORT (1990) \$ 2.50

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

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 and specialists regarding the extent to which placement prevention/reunification services have been implemented. Includes data from 37 states. Issues include eligibility requirements, exclusions, costs, service length, service 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 specify 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.

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

An 18-minute, 80-slide synchronized presentation providing an introductory overview; for use by advocacy and civic groups, boards of directors, and policy-makers. Includes an 8-page study guide.

OVERVIEW OF FAMILY-BASED SERVICES: A SPECIAL PRESENTATION (1990) \$80.00 (plus \$5.00 shipping)

Videotape: 24 minutes. A lively introduction to the history, philosophy, and practice of family-based services featuring interviews with policy-makers, agency administrators, family-based service workers and families who have received services. For use by advocacy and civic groups, boards of directors, legislators and social service workers. A video guide accompanies the taped presentation.

AUDIOVISUAL MATERIALS

EMPOWERING FAMILIES '89 PRECON-FERENCE 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.

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

FAMILY DEVELOPMENT AND SELF-SUFFICIENCY PROGRAM IN IOWA VIDEO

A fast paced 12 minute video tape documenting the approach and impact of Iowa's Family Development and Self-Sufficiency program as told by program participants and Family Development Specialists. Also featured are:

- * Terry E. Branstad, Governor of Iowa
- * Dr. Wendy Deutelbaum, National Resource Center on Family Based Services
- * Senator Elaine Szymoniak, Iowa General Assembly

Uses for the Video include:

- * Informing public policy makers of the family development approach as an alternative for addressing social problems.
- * Inviting community leaders and private business to become involved in planning and implementing family development programs.
- * Exposing provider agencies to the opportunities for improving family outcomes with the family development approach.
- * Stimulating collaborations with allied agencies to better serve families by working together for family development.

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TITLE/DESCRIPTION	PRICE	QTY	TOTAL
Annotated Directory of Selected Family Based Service Programs	\$20.00	___	___
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	3.50	___	___
Self-Sufficiency Project: Interim Evaluation Report	2.50	___	___
State Survey on Placement Prevention & Family Reunification Programs	5.00	___	___
Summaries of Evaluation Studies of Prevention Projects in VA & WI	3.50	___	___
The Supportive Child Adult Network (SCAN) of Philadelphia	2.50	___	___
Three Models of Family Centered Placement Prevention Services	nc*	___	___
Home Based Family Centered Service: A Basic View (AV slide/rental)	10.00 @ mo.	___	___
Family Based Services: A Special Presentation Video (with shipping of \$5.00)	85.00	___	___
Available for preview, customer pays for insured shipping.			
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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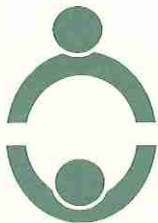
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