



# THE PREVENTION REPORT

The National Resource Center on Family Based Services

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We welcome articles related to family-based services from practitioners, administrators and other interested readers. Legislation, research, practice methods, new materials in the field, upcoming prevention conferences, as well as responses to articles appearing in this publication, are all welcome. Address inquiries or submissions to **The Prevention Report**, National Resource Center on Family Based Services.

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## A SYSTEMS APPROACH TO FOSTER CARE

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As home-based services expand and become more effective, it is hoped that the number of children taken from their families and placed in foster care will decline. It is unlikely, however, that the removal of children to foster care will disappear in the foreseeable future. There will always be situations where child safety must be the primary consideration, and there will always be some families in which separation and respite are essential, at least temporarily. Also, workers who are overburdened, undertrained, and hemmed in by official mandates will continue to remove children, even from families which might respond well to the alternative of intensive home-based services.

### OPTIMAL STRUCTURE OF FOSTER CARE

Given that reality, what is the optimal structure and process for foster care? How can foster care be organized so that it is consistent with an orientation toward family preservation, so that it is part of a loop that begins and ends with the biological family—preserving the family's sense of integrity even when children are living elsewhere, and maximizing the possibility that the family can be successfully reunited?

At Family Studies, Inc., a training center in New York City directed by Salvador Minuchin, we have developed a systemic model consistent with this point of view. The crux of the approach is the focus on the triangle of foster family, biological family, and foster care agency, which forms the immediate, relevant system of foster care. Ideas about this network are based on Minuchin's systemic approach, which applies to larger systems as well as to the family, and which highlights the inevitable connections among all parts of the system and the patterns that govern their interaction and functioning. How that system functions over time is the key to minimizing trauma and enhancing the likelihood of a positive outcome.

### SYSTEMIC MODEL OF FOSTER CARE

When a child is removed from home and placed in foster care, a new triadic system is instantly created. The point seems obvious, but it is not always understood in traditional child welfare systems, and its importance is seldom recognized. Removal and placement often create an adversarial atmosphere. The process emphasizes

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separation, so that contact between the child and the biological family may be delayed and infrequent, and there is little or no effort to encourage communication between the biological and foster families. Services to the biological parents, the children, and the foster family are usually delivered by different professional workers, associated with different agencies and institutions. The process is characterized by separation and fragmentation, with little recognition of the underlying relationship between the biological and foster families or of their connection through the foster care agency.

In our systemic model, the emphasis is different. The key concepts are **connection** and **empowerment**, rather than separation and fragmentation. The goal is to create a continuing cooperative network around the child, a network in which agency personnel and the members of both families remain in contact to share information, handle problems together, and create a kind of extended kinship system that will last through, and perhaps beyond, the period of placement.

There are many reasons to work from such a model. First, the child knows that both families exist. Carrying multiple images, as well as being confused and having mixed loyalties about the situation, the child needs contact with both families and a reassuring sense of their combined concern for his or her welfare. In addition, the inclusion of the biological family from the beginning is an empowering experience. It conveys respect for their rights in relation to the child, and it emphasizes their continuing responsibility to plan and help so that they do not lose contact and give up on the child. If the process is well managed, it may repair some of the sense of failure, anger, and depression that families feel when their children are removed, and may help to build skills and contacts that will serve for the future.

For the foster family, direct and continuing contact often reduces negative stereotypes of the child's parents. It is also usually helpful for managing the child; the biological parents usually know far more about the child's developmental history, personality, and problems—including what solutions may work—than they are given credit for, or than can be passed on to foster parents in agency records when the child is placed. For the agency and its personnel, a

cooperating system of professional workers and the foster and biological families increases the likelihood that the child will not need multiple placements and, in addition, advances the possibility of family reunification.

### INITIAL IMPLEMENTATIONS OF THE MODEL

The creation of a cooperative system requires relevant policies, procedures, and training. To implement the model, we worked with three agencies in New York City over a period of two or more years. Part of the work was at the administrative level. Our staff met at intervals with agency directors and supervisors to review and revise policies, trouble shoot, and explore the difference between law and habit as the latter affected the possibility of change. We found that we needed to discuss (1) *intake procedures*, urging faster and more thorough involvement of the biological family in the plans and decisions; (2) *visiting policies*, encouraging more frequency and more flexibility in arrangements; (3) the importance of paying particular attention to *periods of transition*, such as placement or going home, when children and families are most vulnerable; and (4) the necessity of *coordinating services* in the hands of a case manager, who could see the complexity of the needs and the possibility of connection among different units and services.

While such policy discussions were crucial, the primary work was done with line workers, and it was intensive. It consisted of weekly meetings to deal with concrete cases and to discuss ideas, attitudes and procedures in the context of actual situations. The working group in each agency combined caseworkers and foster parents—a relatively unique structure. Under the supervision of trainers from Family Studies, teams of caseworkers and foster parents met with biological families to share information, work out plans, discuss issues, and encourage continuing contact. In the process, professional workers and foster parents explored and clarified their different functions, and for each there was an expansion of roles. The social workers became the facilitators and supervisors of contacts, in addition to the usual functions, and foster parents moved beyond child care to outreach and continuing contact with the biological family, as

well as to a new form of collaboration with the social workers. At the same time, of course, there was an expansion of involvement for the biological family.

In this training, certain themes were recurrent. They expressed the beliefs and attitudes inherent in the model, and it was essential for caseworkers and foster parents to discuss and incorporate the ideas. They concerned the **preservation and empowerment** of the biological family; **outreach to the child's extended family**; an awareness of **developmental stage**, as it affects the child's experience and handling; and an alertness to the trauma and potential of **transitional periods**. In addition to these themes, it was important for workers and foster parents to develop skills that would be relevant to cooperative functioning and communication with the biological family. They are the necessary skills for empowering the biological family and reversing negatives in their experience of the foster care process. The skills include **joining**, which is a way of listening to and taking the perspective of the biological family; **searching for the family's strengths**, by drawing on unrecognized knowledge and skills; and **working with complementarity**, which involves crediting the potential of the biological family, and allowing competence to emerge in their contacts with the child.

### VARIATION IN IMPLEMENTATION

This approach to the foster care situation is not a "package." The three agencies with which we first worked implemented the basic ideas differently, in accordance with their structure, staff, and traditions, and that same flexibility must be assumed in applying the model in other contexts. The fundamental concept of a triadic system is essential to the approach; and the goals, themes and skills are other necessary elements. The exact way in which this systemic approach is implemented, however, depends on the organization and reality of the institution.

A family-based agency expanding its services to include foster care, for instance, will need to work out procedures and skills but should have no particular problems of liaison or philosophy. On the other hand, an agency that offers family-based services and must coordinate foster care situations with a large Governmental system may need to

spend time negotiating basic concepts and purposes. A foster care agency interested in this approach and wishing to include biological families in a different way may need to review customary procedures and negotiate revisions with the institutions responsible for removal of the children and planning for the biological family. When foster care involves actual kin, the reality is yet different, and it is complex. The basic concepts apply, but the triadic system is not newly created. The extended family has long-term patterns that may have both positive and negative features, and the model must be applied with an awareness of this complexity.

### TRAINING

In any of these situations, it is necessary to train foster parents to think about foster care and their role in accordance with the model, and to function in these terms with biological families and social workers. Family Studies has therefore created a *Training Manual for Foster Parents*.<sup>1</sup> It is intended for use by training staff at agencies that are in agreement with this approach. The *Manual* has a theoretical section describing the rationale, goals, themes, and skills, and a training section that describes eight sessions. The activities of the sessions are experiential, including role playing, small groups, simulated cases, and discussions. The sessions are focused on understanding families and on exploring attitudes about families, on the skills of making and keeping contact with biological families, and on the liaison between foster parents and professional workers as they function in the foster care network.

### CONCLUSIONS

In our experience, foster parents respond well to the training. They are often an invaluable, essentially untapped resource for an enlightened foster care system. Clearly, however, their functioning will depend on the structure created by professional workers, who are responsible for implementing the cooperative triangular network that is the core of this model.

<sup>1</sup> Minuchin, P., with Brooks, A., Colapinto, J., Genjovich, E., Minuchin, D.,

and Minuchin, S. (1990). *Training Manual for Foster Parents Based on an Ecological Perspective on Foster Care*. New York: Family Studies, Inc.

The *Training Manual for Foster Parents* is available through the National Resource Center on Family Based Services (see order form on page 23) or through Family Studies, Inc., P.O. Box 1035, Cooper Station, New York NY 10276. The cost is \$12.00, which includes handling fees and postage.

## PARENTING PARTNERS: FOSTER PARENTS AS PARENT AIDES IN FAMILY PRESERVATION

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The Parenting Partners model unifies the roles of the parent aide and the foster parent to create an innovative family preservation service. This new program, developed by the author, was implemented in six pilot sites by the Massachusetts Department of Social Services in January 1991.

### PROGRAM DESCRIPTION

Research indicates that most child abuse and neglect is caused by parenting problems such as lack of parenting skills, substance abuse, low self esteem, and lack-of-knowledge or non-use of available resources. The Parenting Partners model was developed to address these problems and preserve the family in a cost effective manner.

Under the program, the Department of Social Services (DSS), rather than placing a child in foster care, assigns a specially trained person to work with the child and parent(s) as a family. These workers—known as Parenting Partners, and referred to as Par Parents—are trained foster parents who have

indicated an interest in the program and who have received special training in the parent aide role.

Each Par Parent is matched with a family and can develop a supportive, one-to-one relationship with the parent(s), in the manner of a parent aide. They help parents learn better parenting skills and coping skills, both of which reduce the risk of child abuse and neglect. They also provide on-site monitoring of family members who may be at risk.

As foster parents, Par Parents provide occasional respite by taking a child overnight. The model is designed to allow a child to be cared for by the Par Parent up to three nights per week, but experience has shown that this service is often not used at all.

As part of the Department of Social Services team, the Par Parent also acts as expediter and advocate. In this role, the Par Parent can provide information about available services and can then provide the child care, transportation, and moral support

which will enable the parents to utilize services which are appropriate.

The foster parents who were recruited or volunteered for this role welcomed the opportunity to work with parents. Many of them had been foster parents to children who experienced unsuccessful reunifications and who in some cases were re-abused. The Parenting Partners model allows the Par Parents to work simultaneously with the parent and the child in a way that serves family preservation.

Abuse and neglect, depression, hospitalization for mental health services, alcohol abuse, joblessness, homelessness, and isolation in the community are some of the presenting problems of the families which have been helped by the Par Parents.

### ORGANIZATION

The model is designed to allow each Par Parent to work with parents and children for up to 14 hours a week—or a combination of three nights of respite care (for one child) and eight hours of work with the family. Par Parents can also continue to function as traditional foster parents; each Par match counts as one of the foster parent's allocated slots, and each Par Parent works with only one Par match at a time.

In order to receive the family preservation service, the family must demonstrate a willingness to work with a Par Parent for one year. When a Par Parent is matched with a family, an agreement outlining the roles and responsibilities of each is written and signed.

Each pilot site is served by a Parenting Partners program coordinator. Because Par Parents work intensively with very difficult family situations involving abuse and neglect of children, the coordinators at each site meet weekly with the Par Parents for group supervision. In these meetings, all of the participants brainstorm as to how each Par Parent can best work with his or her family. The coordinators are also available on an as-needed basis—including evenings and weekends. As part of the DSS team, the Par coordinators and Par Parents meet on a monthly basis with the DSS social workers to review the services and assure that they are all working as a team.

### COOPERATION WITH THE PRIVATE SECTOR

The Parenting Partners model in Massachusetts is being developed and implemented by means of a partnership between the public and private sector. DSS is working with Parent Aide Management Systems and local parent aide agencies, which provide the parent aide training to the foster parents and also ongoing consultation to the sites. The state-wide coordinators from DSS and Parent Aide Management meet with the program coordinators from each site every two months to share experiences and assess the program's development.

### PROGRAM COSTS AND BENEFITS

This program was implemented in the six pilot sites with funds from existing monies. Start-up costs were minimal because the program required no new staff. There was initial concern that seasoned foster parents would be taken away from their traditional roles. Instead, the foster parents' skills and roles have been expanded, and they are now a more versatile resource.

Parenting Partners as implemented in Massachusetts is financially cost effective. The weekly maximum cost for the Par Parent interaction with the family is the same as the weekly cost of foster care for one child, and much broader and more effective learning and change take place when the Par Parent works with the family rather than caring for one child. Also, in most cases the full 14 hours per week are not required by the family, thereby reducing the cost.

The Parenting Partners model has the added benefit of reducing the emotional trauma involved in the family's situation. If abuse, neglect, and separation/placement can be prevented with a family preservation service, then the children and family do not have to pay the emotional cost that these traumas can cause. The Parenting Partner, by teaching parenting skills and providing on-site monitoring of family members who are at-risk, can help to prevent placement. If, on the other hand, placement becomes necessary, the child in most cases can be placed with the Par Parent (in the role of foster parent), thereby reducing the separation trauma for both child and family.

### PROGRAM EFFECTIVENESS

The effectiveness of the Par Parents is attributed largely to their ability to form and maintain non-threatening, supportive relationships with the parents in the families. Social workers and therapists are often perceived as authority figures, while the Par Parents are perceived as peers. Their non-threatening manner and their supportive/teaching role have contributed to their effectiveness in working with parents.

The Par Parents' availability is another factor which contributes to their effectiveness. The amount of allotted time (14 hours/week), combined with the Par Parents' flexibility in being able to meet with parents during evenings and weekends, allows the Par Parents to be available to the families at times of crisis. Research and experience demonstrate that a crisis can often be an opportunity to work intensively and productively with a family.

In some cases, the Par Parents, as mandated reporters, have had to anonymously report abuse/neglect occurring in the families with which they are working. They have been able to do this and maintain their working relationships with the families.

### HISTORY AND COST

Since its introduction in January 1991, the Parenting Partners model has served approximately 50 families in the six pilot sites. The Par Parents have worked with families to prevent out-of-home placements or, if placements were necessary, to facilitate the children's return home sooner than would have been possible without this service.

The program coordinators estimate that the Parenting Partners model has prevented out-of-home placement of approximately 40 children and has shortened the length of placement of several other children. This service has also effectively improved the level of the families' functioning in several areas, such as limit setting, nurturing, home management, and the parents' education and employment.

Some preliminary figures concerning services and costs are as follows:

(1) From 2/91 to 12/91 Par Parents provided a total of 188 months of service to families for a total cost of \$42,654, an average of \$227 per month. Traditional foster care for 188 months for children in placement would have cost \$76,140.

(2) Most Par Parents worked with more than one child in a family, so the savings were even more substantial than the above figures would indicate.

**FUTURE PLANS**

Due to the success of the Parenting Partners model in the six pilot sites, DSS is now implementing a Parenting Partners program to work specifically with HIV children and families, in order to help them meet the demands of coping with this disease. This program will provide parenting assistance and respite and will support family preservation. The HIV Parenting Partners program is being funded by a 3-year grant from the Federal Government which was awarded to DSS.

**SUMMARY**

In summary, the Parenting Partners model is an innovative service which changes the focus of foster care from placement to family preservation. As the pilot programs have demonstrated, it is a relatively easy program to implement and has required no new staff. It is a cost effective program—it requires very little start-up money, and it has demonstrated that it saves money.

For further information about this pilot program, contact Dan LaBrun at the Department of Social Services, 24 Farnsworth Street, Boston MA 02210, telephone (617) 727-0900. Or contact Jan Hanson, Parent Aide Management Service, PO Box 3001, Taunton MA 02780, telephone (508) 824-5205. For further information about the HIV Parenting Partners program, contact Paula Arms, at the DSS office above.

# REDEFINING FAMILY REUNIFICATION

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National Resource Center on Family Based Services**

In many child welfare agencies, reunifying families is equated only with the act of returning a child home from placement. This definition may lead to the conclusion that reunification is a risky and often ineffective method of creating permanence for children. Peg Hess and Gail Folaron (1991), in their study of failed reunifications in Indiana, became concerned that the emphasis on family preservation was leading to a practice of returning children home inappropriately. It is true that if agencies subscribe to the idea that the first step in permanency planning is simply to "try out" keeping children in their own homes, they have missed the point of family preservation and of successful reunification. The heart of family preservation is providing timely services to families to address the presenting problem. If services are not provided, or if services are provided but are not timely, or if services do not address the presenting problem, then the maintenance of the child in the family home is *not* family preservation. It is just a decision to leave or to return the child home. Similarly, family reunification is a good deal more than a decision about where a child is placed.

In the family-based services movement, reunification has often become the other half of placement prevention, as in "placement prevention and reunification services," with little distinction between the two. In reality, family reunification is a complex process which begins at the time a decision is made to place a child and which ends when services to the family are terminated or when the plan for an alternative permanent placement is established. Family reunification is one of several permanency planning options for a family which need to be actively pursued once it is determined that a child must be temporarily removed from his or her home. And it is *not* the same service as placement prevention. According to Krieger, Maluccio and Pine (1991),

family preservation services aimed at reunifying families differ from those designed to prevent placement in a number of significant ways:

- For many families, contact between children in placement and their parents may need to be re-established before family bonds can be strengthened.
- The practitioner and the family face different challenges in teaching and learning parenting skills when children are out of the home.
- Family reunification does not necessarily involve a crisis, as there is when a family is threatened by the imminent removal of a child.
- A family whose child has been placed may be perceived by themselves and others as having "failed"; therefore, fostering hope and a belief in competence and the potential for success presents a greater challenge in work with families who have experienced placement than those who have not.
- During placement, a child may have formed a relationship with a caregiver, such as a foster parent, that will need to be recognized and dealt with by parent and child.

Two additional differences should be noted:

- Family systems tend to re-form or "close up" when a member leaves; family roles are reas-



signed and alliances shift to allow the family to function without the absent member. This makes re-entry into the family system more difficult for the child who has been placed.

- Once a child is placed, a multitude of new systems may become involved with the child and family. These include the court, attorneys, guardians-ad-litem, CASA's (Court Appointed Special Advocates), out-of-home care providers, administrative review committees, citizen review committees, etc., all of whom have a special interest in and point of view about the welfare of the child. Negotiating these relationships can become a major task for the worker and family.

Accordingly, family reunification must be considered as a separate service from placement prevention, a service which requires a new knowledge base and skills for practitioners.

### REDEFINITION OF PRACTICE

An important first step is to redefine family reunification so that we think beyond the "either/or" alternatives frequently imposed by traditional concepts of permanency planning: *Either* the child returns home *or* goes into another permanent placement. Krieger, Maluccio and Pine see family reunification as ". . . the planned process of reconnecting children in out-of-home care with their families, through a variety of services and supports to the children, their families, and their foster parents or other service providers. The aim is to help each child and family to achieve and maintain, at any given time, their optimal level of reconnection—from full re-entry into the family system to other forms of contact and affirmation of the child's membership in that family, such as visiting." This definition allows for children to be "reunified" with their families at many levels, through visits, letters, phone calls, and lifebooks as well as returning home. The key is that the child's family membership is *affirmed*. This means that whether the child is physically with birth parents, foster parents, residential care

providers or adoptive parents, he or she will be able to develop an identity based on "belonging." The definition refers to a process of inclusion rather than exclusion: How can this family be included in this child's life in the most meaningful and effective way?

Such thinking can lead to new goals for permanency planning. We can begin to consider how to help a child *integrate* the families in his/her life rather than separate from them. While separation and loss are real phenomena, the emphasis we have placed on helping children to grieve losses and separate may not go far enough to help them to integrate the families who have participated in their lives. There have been assumptions that children form new connections best when the old ones have been cleanly severed. But we all know from our own experience that it is possible to have more than one attachment at a time, especially with people who have differing roles in our lives. If we allow a child to have multiple families (birth, foster and adoptive) and special connections to each of these families, our work becomes helping the child to define the roles of these individuals in his or her life, to find the "gifts of strength" s/he has received from each, and ultimately to integrate all individuals as part of an extended family which will be a resource for a lifetime.

Reunification is thus an early stage of this permanency planning process and requires the integration of birth families and out-of-home care providers for the child. While Krieger et al. use the term "reconnection," it might be argued that, with good reunification practice, the connections should never be broken. We would then talk about "maintaining connections" in the form most advantageous to the child.

### TRAINING FOR SOUND REUNIFICATION PRACTICE

To help develop sound reunification practice in child welfare agencies, the National Resource Center on Family Based Services, in conjunction with the Child Welfare League of America and in consultation with several "cutting edge" programs around the United States, has developed a new training curriculum for foster care workers, residential care providers and family-based workers. "Family Reunification:

Strengthening Family Connections" is a three-day training program which reconceptualizes the placement process as a rite of passage which occurs in three phases: Separation, Transition and Confirmation. "A rite of passage allows participants to place the old context behind them and encourages their making sense of their world in new ways" (Menses & Durrant, 1986).

In the Separation Phase, placement is reframed as a separation of the family from the problem, not separation of family members from each other. For example, the child might be told that the placement is a time to allow "you and Mommy to be away from the hitting problem." Ideally, the Separation Phase provides some opportunity for placement planning and establishment of a connection between the parent and care provider. The parent is seen as the "expert" on the child and the person best suited to give the care provider information. Even when placements are made on an emergency basis, the parent can be the one who tells the provider about the child, if only through a letter. As part of the Separation Phase, the worker helps the family to identify measureable behavioral goals for change so that they know when they will be ready for reunification.

The Transition Phase is a time for parents and children to learn and practice new skills and to work in partnership with the worker and care provider toward the family's goals. The child is in placement during this period, and many activities take place: counseling and other services, visitation, and planning for the future. Here, the Center's training reflects a focus on assessment of the family's support system, so that services are targeted appropriately; on the use of visitation to develop family skills and to reaffirm connections; and on the use of the Family Unity Meeting to determine a plan for reunification (see Graber & Nice, 1991). Participants also learn how to recognize and deal with ambivalence—their own, the family's, the agency's and the community's—with an understanding that support for reunification is important at all levels.

In the final phase, Confirmation, the family's achievements are reviewed and progress toward permanency is assessed. If it is decided that the child should return

home, the family's "graduation" and successful goal achievement are confirmed through a ritual. This marks the rite of passage in a definitive way so that the family can see themselves moving to a new era in their lives. Supportive services are continued in this phase to help establish the new direction for the family. Termination of services occurs when the safety of the child, family and community are assured. If the child is not returned home and an alternative plan is pursued for the child, the family is involved in the decision-making and planning process so that "optimal connections" with the child can be maintained.

**SUMMARY**

This training in Family Reunification incorporates some of the most exciting advances in permanency planning from experts around the country. It is specifically designed for the realities of current public child welfare practice and to assist with family reunification in both foster and residential care. For more information about either on-site training or residency programs at the University of Iowa, contact Sarah Nash, Training Coordinator, at the Resource Center, (319) 335-2200.

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# FOCUS ON: PRACTICE IN PERMANENCY PLANNING

**Emily Jean McFadden**  
**National Foster Care Resource Center**

**Permanency planning—the process of facilitating lifelong family relationships for children and youth—must begin with a child or family's first contact with the child welfare system.** This states the philosophy of a new grant project which takes a holistic and integrated perspective on family work throughout the permanency planning process. The project is directed by the National Foster Care Resource Center, in collaboration with the National Resource Center on Family Based Services and the National Resource Center for Special Needs Adoption.

**DATA BASE ON PRACTICE IN PERMANENCY PLANNING**

As a first step, the three collaborating resource centers are building a comprehensive computerized data base on all aspects of practice in permanency planning. Linked by conference calls and the exchange of computer discs, the cooperating centers have cast a wide net in searching for materials on permanency planning. John Zalenski, of the Family Based Services Resource Center, and Karel Wasserman, of the Special Needs Adoption Resource Center, have assisted Project Director Emily Jean McFadden and Angela Schmidt of the Foster Care Resource Center in designing evaluative instruments for critical review of permanency planning articles, books, training manuals, and audio visual materials.

**PRACTICE COMPETENCY FOR PERMANENCY PLANNING**

A second task under the grant has been to establish practice competencies for permanency planning, and to evaluate the materials in the data base based on their inclusion of the competencies. Marcia Allen, Director of the National Resource Center on Family Based Services, Drenda Lakin, Director of the National Resource Center on Special Needs Adoption, Emily Jean McFadden of the Resource Center on Foster Care, and Cecelia Sudia of the Children's Bureau worked together to identify competencies of family-centered practice which apply to permanency planning—both general competencies, which apply to all aspects of permanency planning, and specialized competencies, such as preparation for termination of parental rights. [The draft version of their list of competencies is included in this issue of *The Prevention Report* on pages 8-9.]

**REVIEW OF TRAINING MATERIALS**

The project's task includes a thorough review of all training materials used by all three Resource Centers in their training programs and contracts. For example, this focus on permanency planning is evident in the National Resource Center on Family Based Services residency program "Family

Based Reunification: Strengthening Family Connections" (October 21-23, 1992) and also in three summer workshops offered by the Foster Care Resource Center which focus on kinship care, family work in residential care, and permanency planning. All three workshops contain many of the identified practice competencies.

## CHANGES IN FOSTER CARE PRACTICE

This project is a significant addition to child welfare practice, in that it critically reevaluates some basic tenets of foster care in light of the developments of the 1990s. Twenty years ago, for example, the foster care workers for the Michigan Department of Social Service were just beginning to put principles of permanency planning into practice. After twenty years of widespread implementation, it is time to reexamine how well those practices are serving foster children and their families. As practitioners struggle with contemporary problems, they must reaffirm many principles, but also update their thinking.

Several issues which presently face foster care practitioners did not exist at the time that permanency planning was developed. In the 1990s, there will be approximately 70,000 healthy children orphaned by AIDS, some of whom will be part of the child welfare system. The recovery process from crack and cocaine addiction is difficult, typically involving one or more relapse episode. When a parent is addicted, the complicated processes of setting up an intervention to leverage treatment, and working toward reunification through relapse and recovery, often do not fit into clearly established permanency time frames. In many states kinship care—placement within the extended family system—is widely used. However, several reports indicate that when children are placed with relatives, they neither return to their parents nor move on to adoption at the same rates of children in non-relative placements.

In the early days of permanency planning, there was a belief that termination of parental rights and adoptive planning was "the answer." Unfortunately, many children placed for adoption have come back into the system when adoptions disrupt, creating an awareness of the need for post-

adoptive services to families. Foster parents are often viewed as the permanent placement of choice, when a child has bonded with a family during placement. Yet there are few practice supports for helping foster families deal with the child's change of status when adoption occurs.

Some innovations in practice are particularly noteworthy. In New York state, a social worker helps women with AIDS to videotape their personal legacy for their children. In Oregon and Michigan, new models of collaboration between child welfare and substance abuse treatment workers are being developed. Models of risk assessment and structured decision making are now available in several states to help workers determine the risk of foster care drift in a specific situation, and to plan accordingly to move the child on to the permanency goal. The National Commission on Family Foster Care, sponsored jointly by the National Foster Parent Association and the Child Welfare League of America, has in its *Blueprint for Fostering Infants, Children, and Youth in the Nineties*, defined a new role for foster parents as part of the team working toward a permanency goal. Intensive family-centered practice techniques are being used for preserving families and avoiding placement, for reunifying families when children are in foster homes or residential treatment, and for

supporting adoptive families when there is a disruption threat.

## NEW APPROACHES

All three collaborating National Resource Centers will work together during the coming year to disseminate new approaches to permanency planning and to identify gaps in resources which must be filled. Plans are under way for publication of the best examples of practice in permanency planning, which will be a compilation of some of the outstanding materials reviewed by project staff. Successful innovations from abroad, such as the New Zealand model of Family Decision-Making, are also being disseminated through the project.

## CONCLUSIONS

The permanency planning of the 1990s will continue to operate within the existing legal framework but will be increasingly family-focused and culturally responsive. The Practice in Permanency Planning Project will be a resource to all agencies and practitioners who wish to stay on the cutting edge of knowledge and who endeavor to continually refine the competencies and skills of staff.

# DRAFT VERSION: COMPETENCIES FOR FAMILY CONTINUITY AND PERMANENCY PLANNING Practice in Permanency Planning Project

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Under the auspices of a grant project dealing with practice in permanency planning [see related article on page 7], the authors have drafted a list of practice competencies in permanency planning. The preliminary version of this list is set out below. The authors welcome comments.

Competence includes the requisite knowledge and skills to do the job, including the understanding of pertinent facts, concepts, principles, values, and relationships; and the capability of applying knowledge in the performance of job tasks (Hughes & Rycus, 1989).





I. The worker understands how to engage and motivate families, and demonstrates credibility as a helper by listening carefully, showing respect, avoiding power struggles, eliminating blame and guilt, negotiating a definition of the problem, and providing hope for problem resolution.

II. The worker understands family dynamics and is able to do a family assessment which shows both an ecosystems perspective and a multigenerational view. The worker understands theories of attachment, bonding, loss, grief, child development, and family life cycle stages and is able to identify issues which affect the family. The worker is able to discern special needs of individual family members such as health care, use of alcohol and other drugs, or handicapping conditions. The worker is able to determine what has been tried in the past, and identify family strengths on which to build for the future.

III. The worker understands culture and ethnicity and is able to deliver culturally competent services. An awareness of the importance of one's own culture enables the worker to show and act on an appreciation of differences. Knowledge of culturally diverse family structures enables the worker to work effectively across cultural boundaries.

IV. The worker understands elements of risk for children within and outside of the child welfare system, and is able to monitor a child's safety and assess risk of maltreatment by a child's family of origin, kinship caregivers, foster parents, adoptive parents, child care staff, or other caregivers. The worker knows the risk and impact of foster care drift, multiple placements, separation, loss, lack of continuity, and treatment by caregivers and professionals who do not understand child welfare issues, and is able to use staffing, supervision and consultation for difficult decision making when risks must be weighed.

V. The worker understands the importance of family continuity and is able to identify early in the intervention an array of options which promote family continuity. The worker is able to empower families with

choices and hope for change through clarifying what a family needs to be able to keep a child at home, exploring extended family resources for kinship placement, and exploring voluntary adoption releases and foster care placement.

VI. The worker understands principles of contracting and is able to develop effective parent/agency service agreements, based on a thorough assessment. The worker is able to elicit parental involvement in determining realistic goals and tasks, with specific, measurable, and attainable outcomes of service. When used as a part of out-of-home placement, the parent/agency service agreement is directly geared to elements in the court petition.

VII. The worker understands principles of case planning and coordination, and is able to decide with the family on interventions which link families with resources, self help and support systems. The worker is able to identify increments of change and progress toward goals established with the family. The worker is able to work directly with the family by modeling skills in communication, providing family treatment or counseling, teaching life skills, and helping parents learn new ways to manage behavior.

VIII. The worker understands dynamics of teamwork and is able to work effectively in team approaches to provide coordination of services. The worker is able to involve foster parents, adoptive parents, kinfolk and parents in planning for the child, and handling transitions. The worker is able to develop strategies of collaboration with other professionals and to monitor and evaluate effectiveness of services provided for the family.

IX. The worker understands the special needs of parents and children as they relate to permanency planning time frames, and is able to plan accordingly. The worker understands processes of recovery and relapse from alcohol and other drugs, and is able to communicate with parents and children how the recovery process relates to the plan for family continuity and permanence. The worker is able to utilize psychiatric, psy-

chological, mental health, medical and health evaluations regarding parental condition in planning with the family. The worker understands the devastating effects of poverty on families and is able to access resources to support families.

X. The worker knows the range of options for family continuity and permanence, understands legal principles and processes, and is able to practice effectively with legal systems to implement those options. The worker understands legal terminology and can operationalize concepts such as "reasonable effort" in practice. The worker is able to prepare petitions, write court reports, maintain documentation for courts, prepare and deliver testimony, make a diligent search, and communicate effectively with attorneys.

XI. The worker understands how and why organizations and systems work and can advocate for individuals, families, and groups of people. The worker has knowledge of specialized advocacy groups and is able to access resources to implement planned change strategies.

XII. The worker knows professional obligations for practice and is able to operationalize professional values and ethics to work within established standards of practice. The worker understands the importance of clearly articulating the needs of families and children and is able to do so in verbal and written communication.

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Hughes, R., & Rycus, J. (1989). *Target: Competent Staff*. Washington, DC: Child Welfare League of America.

# RESEARCH EXCHANGE

*A Publication for Researchers in Family Based Services*

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## THE SELF-SUFFICIENCY PROJECT The National Resource Center on Family Based Services

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### BACKGROUND

The Self-Sufficiency Project was a three-year demonstration and evaluation project funded by the Department of Health and Human Services (Grant #90-CA-1395) and carried out by the National Resource Center on Family Based Services, University of Iowa School of Social Work (NRC) and the State of Oregon's Children's Services Division (CSD), Douglas County Branch. The NRC was responsible for project administration and for the evaluation component of the project. The demonstration site was the rural county of Douglas, in Oregon, and the target population consisted of "chronically neglecting" families—families who had been referred repeatedly for allegations of child neglect and who were regarded as being at high risk of continued neglect.

Douglas County has a population of about 92,000. Its principal city is Roseburg, but many families live in isolated rural areas, and transportation is a major problem. The population is largely Caucasian, with very few minorities. The county is also one of the largest producers of methamphetamines in the country, and drug addiction is prevalent.

### PROJECT DESIGN

The demonstration project was based on a philosophy of empowerment, which gives parents a great deal of responsibility for directing the course of service. Because of the many difficulties experienced by and with neglectful families, it was important from the beginning to convey an attitude of hope for change. Therefore, the name "Self-Sufficiency Project" (SSP) was chosen early in the project to replace the original title of the grant, "Family Based Treatment for Chronically Neglecting Families."

Group meetings formed the basis of the SSP: parent groups; children's groups organized by age ranges—teens, young children, infants and toddlers—and operating simultaneously with the parent groups; and multiple-family therapy sessions. Meetings were structured so that all family members could attend, including children in out-of-home care and working parents. Transportation was arranged through Volunteer Services for those who needed it. Additional services—such as in-home parent training and family therapy, and a range of community services including alcohol/drug treatment (ADAPT), the Confidence

Clinic, FISH for emergency assistance such as food, Battered Persons Services, the Crisis Nursery, the public health clinic, and mental health counseling—were also offered to individual families.

The project team at the local level included a field supervisor with a strong background in family therapy, six family therapists, a parent trainer, a parent aide, and case managers within the Douglas County office who referred families to the project and became part of the treatment team. With the exception of the Parent Aide, who worked full-time on the demonstration project, all other staff members carried other agency responsibilities.

Further information about the evaluation results may be found in the *Self-Sufficiency Project: Final Report*, and more detailed information about the treatment program is available in the *Self-Sufficiency Project: Practice Manual*. Both are available from the National Resource Center on Family Based Services at no charge. See ordering information on page 23.



## SELECTING AND ENGAGING FAMILIES

To be eligible for referral to the project, families were required to be at a high level of risk of continued neglect, using the Alaska Family Services Assessment of the Risk of Subsequent Abuse and Neglect (National Council on Crime and Delinquency, 1988), as well as meeting one of the following conditions: (1) neglect as a pattern of family life over a period of at least three months; (2) previous confirmed or multiple allegations of neglect; (3) previous out-of-home placement of a child; or (4) death of a child due to neglect. Families where neglect was seen as situational or a one-time occurrence were not eligible.

Engaging families in the Self-Sufficiency Project was considered a critical step in making this project different from other social service programs. Even when neglectful families cooperate with services, they are frequently not empowered by the interventions and not motivated to change. Such family-based service strategies as encouraging families to set their own goals, building on family strengths, and instilling hope for change are supported by psychological research on motivation (Gold, 1990; Gutierrez, 1990). Project staff decided that the element of choice would be an important part of the engagement process. If families were to be empowered, they would have to make decisions for themselves. Their first choice was whether they wanted to participate in SSP or not (if not, they would continue to receive the services they had been receiving in the past). If they chose to participate in SSP, they became involved in designing the program for themselves. The parents were told that they were part of a national project and that they would first meet together in groups. After that, they would begin to make their own decisions about what form the project would take and about what services to participate in on an individual basis.

In addition to having choices, a second motivating factor was introduced: food, a tangible item that would represent nurturing and caretaking. Since the meetings were scheduled for late after-

noon and early evening, a full dinner was provided, usually donated by restaurants and stores in the community, sometimes purchased through project funds. This proved to be an important element of the Self-Sufficiency Project.

## METHODOLOGY

Evaluation of the Self-Sufficiency Project consists of both quantitative and qualitative components. Both strategies were incorporated in order to provide statistical profiles of the project families and their outcomes as well as to assess the effectiveness of the project at the level of the single case and from the perspective of project participants.

Data collection included a number of different instruments which were administered at different time intervals. Basic demographic data, service and placement history were obtained at intake, and the Alaska Family Services Assessment of the Risk of Subsequent Abuse and Neglect was used as a screening device for identifying families for the project. In addition, a series of self-report and observational measurement instruments were administered to project families at various points in time, including the Index of Self-Esteem and the Generalized Contentment Scale (Hudson, 1982), the Child Well-Being Scales (Magura & Moses, 1986), the Childhood Level of Living Scale (Polansky, Borgman, & DeSaix, 1972), and records of subsequent reports of abuse and neglect. An assessment of child development was administered to children under the age of five, and the Adult-Adolescent Parenting Inventory (Bavolek, 1984) to those families who received parent training. Monthly service hours were recorded and a log of family and therapist attendance at the weekly group sessions maintained.

Families' perceptions of the Self-Sufficiency Project were assessed through a Family Satisfaction Survey (adapted from the Parent Outcome Interview, Magura & Moses, 1986) and through interviews. Toward the end of the project, the Project Director and Project Consultant interviewed several families, using a semi-structured interview format, to document the families' perceptions of

the Self-Sufficiency Project. In addition the project team produced a videotape consisting of a group of participants discussing the project, as well as individual interviews with families.

Due to the small sample size and specifically rural population, results of this study should not be generalized to a wider range of neglect populations. However, the findings are useful in examining similarities and differences with other studies and in suggesting areas of interest for future research and practice.

## DISCUSSION

The results of the Self-Sufficiency Project both support some of the previous literature on neglecting families and challenge some of the assumptions about working with these families. This section reviews the main findings of previous research and the points that Roland Hartley raised in his *Program Blueprint for Neglectful Families* (1987), compared with the results of the Self-Sufficiency Project.

**Socioeconomic Disadvantage.** Previous studies of neglect have found these families to be quite poor (see, for example, Giovannoni & Billingsley, 1970; Nelson, Saunders, & Landsman, 1990) and frequently experiencing problems with housing conditions and living arrangements for children (Giovannoni & Billingsley, 1970; Martin & Walters, 1982; Nelson et al., 1990; Wolock & Horowitz, 1979). Findings from the SSP are consistent with these conclusions.

Compounding these problems are the lower educational attainment and occupational status of neglectful families, which perpetuates their socioeconomic disadvantage. The parents in SSP families, on average, had not completed high school and worked largely in logging or unskilled labor positions. It is significant, therefore, that a number of project families enrolled in GED programs, college, or other vocational training programs and made considerable progress toward their educational and occupational aspirations during the project.

Whether the role of poverty in the



prevention or perpetuation of neglectful behavior is causal or coincidental is unknown, but there is no doubt of a strong association between the two. Efforts to remedy and/or prevent neglect cannot ignore the economic conditions under which these families live.

**Family Size and Composition.** Studies have found neglectful families to be larger in number than other families (Giovannoni & Billingsley, 1970; Polansky, Chalmers, Williams, & Bittenweiser, 1981; Zuravin & Greif, 1989), with a greater proportion of unmarried caretakers (Giovannoni & Billingsley, 1970; Ory & Earp, 1980). SSP families averaged three children, which is consistent with previous research, but did not have as high a percentage of single parents as other studies. The latter may be to some degree a function of geography and ethnic composition.

The larger number of children found in neglectful families has implications for social work practice as well as for social policy. The families themselves have more needs, and less time to attend to any individual child, and also carry a greater financial burden. Treatment efforts must consider needs of the children as well as the parents. There is much room for expansion of social policy efforts directed at large families, including day care, financial assistance and tax exemptions, low-income housing that can accommodate large families, and services to rural areas.

**Intergenerational Legacy of Neglect.** Previous studies have suggested an intergenerational pattern of neglectful behavior (Polansky et al., 1981) which is, however, amenable to change (Main & Goldwyn, 1984). Results of the Self-Sufficiency Project found an extremely high rate of neglect and abuse in the caretakers' own childhoods. In the multiple-family therapy groups, participants—including parents and children—had opportunities to explore these family-of-origin issues.

This project also discovered overlapping patterns of neglect, physical abuse, and sexual abuse in this particular

sample. Many of the families experienced more than one type of abuse, either in their own families of origin or within the current family system. Furthermore, the single-system analysis found that families scoring higher for the risk of abuse than neglect did not fare as well in the project.

Thus, while the intergenerational hypothesis and the existence of overlapping patterns of physical and sexual abuse with recurring neglect find support in this study, the small and specifically rural sample preclude drawing definitive conclusions about these issues. The findings do, however, suggest areas for further research and practice considerations in working with recurring neglect populations.

**Psychological Problems of Caregivers.** Some research has found a high degree of boredom, depression, restlessness and loneliness among neglectful caregivers (Wolock & Horowitz, 1979; Zuravin, 1988). In this project, 65% of the caretakers scored in the clinical range of depression when they entered the project, and depression (as measured by the Generalized Contentment Scale) improved significantly by the time of termination. This suggests that depression is often situational, not necessarily a physiological condition or an inherent characteristic of neglectful caregivers. It may be amenable to change when social work practice takes a positive, empowering stance with clients.

**Social Support.** A number of studies have characterized neglecting families as lacking positive support from their own kin or community (Giovannoni & Billingsley, 1970; Polansky & Gaudin, 1983). One of the most successful achievements of the Self-Sufficiency Project was the development of strong peer support networks. For example, parents themselves initiated a follow-up support group beyond that established within the project; a number of families began to socialize with each other on their own and to help each other in such situations as moving, providing food, etc. This is a particularly important factor in a

rural community like Douglas County, where not only social but physical isolation is problematic.

**Self-Esteem.** Previous research which finds neglectful families to suffer from low self-esteem is supported by the findings from the Self-Sufficiency Project, with 50% of the participants scoring in the clinical range at intake. This was one measure that demonstrated statistically significant improvement by the end of the project. Moreover, participants themselves talked about having achieved greater confidence in themselves during the course of the project.

**Parent/Child Attachment Issues.** Research has noted infant/parent attachment problems to be particularly prevalent among neglectful families (Egeland & Stroufe, 1981). Parent/child attachment did seem to be an important issue for many of the SSP families, particularly when they first entered the project. In many cases, however, significant growth was achieved in this area. As parents began to feel cared for themselves, they were able to become more aware of their children as individuals and learned to attend more to their needs. The multiple-family therapy groups provided opportunities for addressing parent/child relationships and problem-solving.

This study found a high rate of prior out-of-home placements among families who participated in the project, and an even higher rate of placement (both in the past and at the time of referral) among families who chose not to participate. Separation of parents and children is very likely related to parent/child attachment issues and has implications for the level of engagement one might expect among families who have been separated.

**Developmental Deficiencies in Children.** Some studies have found detrimental effects of neglect on children's development, both cognitive and physiological (Egeland, Stroufe, & Erickson, 1983). While developmental screening completed for young children (aged 0 to 5) in the Self-Sufficiency Project did find more than half of these

children unable to perform some of the tasks considered "normal" for their age, developmental delays did not seem to be a significant problem for this group of families. The majority of school aged children were attending regular school classes and performing in the adequate range.

A more notable problem among children in the Self-Sufficiency Project families was a high incidence of uncontrolled behavior, stemming at least in part from a lack of parental discipline. There were also sexual abuse victims and offenders in these families, and a number of parents were concerned about the lack of ongoing supportive services for their children. This provides further evidence that programs serving neglectful families need to build in a strong service component for the children.

**Substance Abuse.** Parental substance abuse has been documented as a concomitant problem in many neglecting families (MacMurray, 1979; Wolock & Horowitz, 1979; Zuravin & Greif, 1989). Supporting this finding, a large percentage of families in the Self-Sufficiency Project had one or more caretakers with a known alcohol or drug problem. There is evidence that the families who declined to participate in the project had a higher rate of drug abuse (although not alcohol abuse), yet none of these families reported ever having received treatment for substance abuse.

**Dependence on Social Service Systems.** From the outset, the SSP sought to enable families to establish a more positive, less dependent, relationship to social service systems. The name change from "chronic neglect" to "Self-Sufficiency" is symbolic of this approach. Families were encouraged to co-design the project, to choose which services to use, to plan agendas for the parent groups, etc. This approach seems to have been successful for the families who became engaged in the project, as they established less conflictual relationships with CSD staff and developed more confidence in their own ability to solve problems.

**Symptom Contagion.** Neglecting families have been characterized as displaying despair, hopelessness, and helplessness, with these qualities then experienced by those who attempt to help them. The Self-Sufficiency Project attempted to prevent this contagion in several ways: by rejecting the notion of a single case manager for all of the project families, by using co-facilitators rather than single therapists, by exchanging roles and functions, by debriefing after each weekly session, and by maintaining an informal atmosphere during these sessions. Largely, the "team" atmosphere created in the project kept spirits at a high level.

### CONCLUSION

In conclusion, the results of the Self-Sufficiency Project confirm many of the characteristics of neglectful families that previous studies have documented. What has not been as well studied, however, are methods of intervening in some of these problem areas. The Self-Sufficiency Project has demonstrated how a group of families with extensive histories of neglect, as well as abuse, can be assisted in making significant changes in their lives.

A great deal was learned from the project about facilitating change with families which experience recurring neglect. The enabling of parents to direct the course of service and to establish their own goals (the empowerment approach), the building of peer support networks, the engaging of parents and children in interactional activities, and the developing of positive relationships with CSD staff were all successful strategies. Other questions remain, however, regarding the families who failed to become engaged or to display significant improvement during the course of the project. Substance abuse may have been one factor behind this. Further study in this area is warranted.

With child neglect now being acknowledged as the most frequent form of maltreatment nationwide, interest in preventing and ameliorating this problem is on the increase. The results of the Self-

Sufficiency Project will form an important part of the knowledge base for working with families experiencing recurring neglect.

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## Synopsis:

# IOWA'S FAMILY PRESERVATION PROGRAM: FY 1991 EVALUATION

### Prepared by:

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In November, 1987, Iowa began implementation of a Family Preservation Program based on the model developed by Homebuilders of Tacoma, Washington. This service is now available throughout most of the state through fifteen agencies. Taking the family and its support system as the focus of service, this model teaches families better coping skills and assists families in obtaining concrete services such as food, clothing and transportation. In common with other programs based on the Homebuilders model, the Iowa program offers services within 24 hours of referral—short-term, in-home intensive services of about 4- to 6-weeks duration. Caseloads are limited to two families per worker, and workers are on call 24 hours a day, seven days a week, to help the family through crisis situations.

### ANALYSIS OF FY 1991 DATA

In spring 1992, data became available for the fourth year of Iowa's Family Preservation Program (FY 1991). The sample consists of 1269 families and 3252 children who completed family preservation services in Iowa between July 1, 1990, and April 30, 1991. The average number of service days was 45.62, and the average number of case hours per family was 62.98, including an average of 27.43 face-to-face contact hours. A fund for concrete needs was utilized by 28% of the families. The mean amount used by these families was \$145.52.

Families were most often referred for child behavior problems (40%), and abuse or neglect (24%). About a third of the families had experienced a prior out-

of-home placement, and 30% had children under court jurisdiction. Over half of the families had utilized social services in the past. Fifty-nine percent of the children were identified as "target children," i.e., they were already in placement, or at immediate or high risk of placement. About 15% of the children were already in placement at the time of referral, so that one of the goals of services was reunification with the family.

### HIGHLIGHTS OF RESULTS

**Placement Prevention.** At termination of services, 87% of the children were living at home, and 3% were with relatives. If families are taken as the unit of analysis, 78% of families remained intact, while another 5% of families had one or more children staying with relatives but none in other types of placement. At the 30-day follow-up, 89% of the children were living at home, and 85% of families were intact. At a 12-month follow-up, placement prevention rates remained high, with 83% of children at home or with a relative, and 70% of the families intact. Factors associated with a somewhat greater likelihood of child placement included: history of psychiatric care, out-of-home placement or social service use, having children under court jurisdiction, a family income below \$20,000, and having only one caregiver in the home. There were no significant differences in placement rates by primary reason for referral.

**Family Functioning.** To assess changes in family functioning over the service period, Family Preservation

workers completed the Family Risk Scales (Magura, Moses & Jones, 1987) at intake and termination of services. The majority (61%) of the scale items indicated significant improvement over the course of Family Preservation service, with those items dealing with various aspects of the child's environment, such as parenting, school adjustment, and physical health, showing more improvement than other characteristics of the family situation such as financial problems and habitability of the family's residence. The Family Risk Scales were further evaluated for families who scored a "3" or more on a scale, indicating a serious problem (scores of "1" or "2" indicated no significant problem). It was found that, on average, 59% of the scores in this high-risk group improved at least one level. An average of 39% of the scores showed no change. Scores on the Family Risk Scales were not predictive of placement.

Because previous reports have indicated associations between primary referral problems and outcomes, changes in Family Risk Scale scores were evaluated for each of the five presenting problem categories. Families presenting with parental dysfunction or chaotic/violent environments tended to show little improvement on the Family Risk Scales. However, when delinquency was the primary issue at referral, families showed significant improvement, especially on the scales relating to child behavior and parenting. Families whose primary issues were children's home behavior problems or abuse/neglect also improved on these items; however, among these populations there was more improvement on caregiver and family items.

**Child Abuse.** Part of this evaluation included an analysis of the incidence of child abuse with Family Preservation clients. The Iowa Child Abuse Registry was searched for families who were in Family Preservation during FY 1990 in three of the eight Iowa Department of Human Services districts. About half (52%) of the families in the sample had at least one founded abuse incident over a three-year period between FY 1989 and FY 1991. Three quarters of these incidents occurred prior to receipt of Family

Preservation Services. Interestingly, the primary referral issue to Family Preservation was something other than abuse or neglect in the majority of these cases. Thus, precipitating problems other than abuse or neglect resulted in referral to Family Preservation, while the prior abuse had not.

#### SUMMARY

The data collected thus far from the Iowa Program suggest that Family Preservation is successful in several respects.

It has been successful in preventing out-of-home placements, family functioning is significantly improved, and founded child abuse incidents appear to be reduced after a family has completed the program.

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### Synopsis:

## EVALUATION OF MICHIGAN'S FAMILIES FIRST PROGRAM Family Preservation Unit Michigan Department of Social Services

Prepared by:  
University Associates  
Lansing Michigan

Families First, of Michigan—a family-preservation program providing brief, intensive services to families with a child at risk of placement—was initiated in 1989. An evaluation of this program, implemented in late 1990, is being conducted by University Associates (Carol Bergquist, Director) under contract to the Michigan Department of Social Services. The final evaluation report is in progress; findings reported here are based on the Summary of Results prepared in March 1992 and are preliminary.

#### OVERVIEW OF THE EVALUATION

Twenty-one program sites are included in the evaluation. Seven of these sites (comprising three counties) are being evaluated intensively—that is, all cases referred to Families First within a six-month period are included in this intensive evaluation sample (n=286).

A matched-groups design comparing a Families First Treatment group with

a Foster Care Comparison group permits comparison of cost/benefits and outcomes between Families First and the alternative service, foster care. In the seven intensive evaluation sites, one child from each family is matched with one child returning home from foster care placement. Children are matched on the basis of county of residence, age, type of referral, protective service history, and date of program exit. Data on both groups were collected pre- and post-treatment, as well as at 3-, 6-, and 12-month follow-ups.

In addition, the evaluation of the entire twenty-one Families First programs includes referral information, family satisfaction, and referring worker satisfaction on 626 families served during the six-month evaluation period; a survey of Families First staff; a trend analysis examining differences between Families First and non-Families First counties on numerous measures; and a cost analysis of Families First compared with foster care.



**PRELIMINARY FINDINGS**

Analysis of referral data for the entire twenty-one sites found, for example:

- Neglect was the largest referral category (40%), followed by neglect/abuse (22%), abuse (20%), delinquency (9%), and reunification (9%).
- Out of all children referred for neglect, lack of supervision was the predominant reason (30%), followed by medical neglect (19%), poor nutrition (13%), and emotional reasons (11%).
- Out of all children referred for abuse, 77% were referred for physical abuse, 12% for sexual, and 11% for emotional abuse.
- Referring workers reported 96% of the cases at imminent risk of placement within 72 hours or would remain in foster care without Families First

Findings from the intensive evaluation group include:

- Family income averaged about \$10,000, and each household averaged 4.5 members.
- Forty-one percent of mothers and 32% of fathers reported a childhood history of abuse or neglect.
- Twenty-seven percent of the children had experienced prior placements; out of these, 35% had been in foster care, 25% in supervised relative placements, 18% in non-supervised relative placements, and 10% in detention.
- At case closure, 6% of the families had at least one child placed and 6% of the families had terminated Families First before the intervention was completed.
- At case closure, more than 45% of the families were rated by their

worker as highly involved in the intervention, and 47% were rated as having a "very good" attitude toward the intervention.

- At a three-month follow-up, 93% of the Families First children were living with the family or a family member, 4% were in foster care, and 2% were in other out-of-home care placements. At six months, 79% were at home, 9% with other relatives, 8% in foster care, and 4% in other placements.
- In situations in which placement had occurred, the most frequent reasons cited were parental neglect or abuse, parental drug abuse, and inability to care for children/agreement to relinquish custody.

Findings from the family and referring worker surveys include:

- About one-half of the families completed the Family Satisfaction Questionnaire. Families were very positive in their assessment of Families First: i.e., 98% would recommend the program to others, 92% were very satisfied with the service.
- Referring worker satisfaction surveys were completed for about one-third of the intensive evaluation cases and two-thirds of the cases statewide. One hundred percent of the workers would use Families First again. Fifty-nine percent believed that case goals had been achieved "to a large extent," 27% reported that goals had been totally achieved.

Findings from the Families First Staff Survey include:

- Staff report an average of 14 hours of face-to-face contact with their client families weekly.
- Most staff time is spent providing clinical skills (49%), followed by

concrete services (33%), with 18% spent in travel, collateral and other activities.

- About 65% of work time is spent in families' homes.
- Workers believe Families First to be most effective for families considered to be neglectful/need-ing concrete services (43%), physical abuse cases (38%), substance-abusing families (15%), and cases in which parents needed child management/education skills (11%).
- Overall, staff rated the Families First program as effective (64%) or extremely effective (35%).

The final evaluation report, including cost analysis and trend analysis, will be completed shortly. For further information about these preliminary findings or the final evaluation results, contact Carol Bergquist, Ph.D., Director, University Associates, 1611 East Kalamazoo Center, Lansing, MI 48912. Telephone (517) 372-2261.

**NOTICE TO OUR READERS**

Our purpose in producing this newsletter is to provide space for discussing and debating both critical and emerging research questions, and for disseminating interesting evaluation designs and findings that may not find their way into academic journals in a timely manner. We welcome your comments or suggestions about the contents of the **Research Exchange**. Also welcome are contributions. Please contact us at:

The National Resource Center  
on Family Based Services  
School of Social Work  
The University of Iowa  
112 North Hall  
Iowa City IA 52242-1223  
Telephone: (319) 335-2200  
FAX: (319)-335-2204

# NEWS FROM THE NATIONAL RESOURCE CENTER ON FAMILY BASED SERVICES

The National Resource Center on Family-Based Services continues to be engaged in the development and promotion of family-centered services across the country, from Boston to Honolulu.

Since our last Prevention Report, the Center has worked with the Department of Social Services (DSS) of the Commonwealth of Massachusetts as it begins implementation of its new Family Preservation initiative. To date, Center staff and consultants have provided technical assistance to the state and conducted a workshop for 150 state administrative staff on the principles and functions of Family Preservation. Three "pilot" training sessions have been provided for case management and supervisory staff, and training in Intensive Family Services was given at the Family Life Centers to staff who will be providing the short-term, intensive Family Preservation services.

Despite trying times for the DSS, Massachusetts moved ahead with its plans, issuing an open bid for the completion of its Family-Centered Services Training, including Family-Centered Case Practice (case management), Intensive Family-Based Services, Family-Centered Investigations, Supervisors Follow-Up, Reuniting Families, and Pre-Service Training. The Center was awarded this additional training, which is now ongoing.

The Center has also conducted training on a variety of aspects of family-centered services across the country. This training has included work on intensive family-based services, case management, and family development. Training sites have expanded to include a hospital school and a family service agency.

The Center is now moving in the direction of more specialized training for family-based practitioners. In addition to our standing curricula we have added several new workshops to our repertoire: Family Reunification, Work with Substance-Abusing Families, Post-Adoption Family Therapy,

Issues in Domestic Violence, and Providing Consultation to Public Child Welfare Agencies (aimed at private practitioners). We are also negotiating to add to our list of offerings workshops in parent training, and training for foster parents as members of the family-based team.

Recently, the Center was selected to conduct a one-day, five-site statewide conference in Hawaii. In addition, we are working with the state of Alaska and with Los Angeles County about developing training for their new Family Preservation initiatives.

Our technical assistance consultants have been active as well. The Center is currently working with the states of West Virginia, Montana, New Hampshire, Vermont, Arizona, South Dakota, Missouri and Florida on implementation, maintenance, and expansion of their family-based programs. Technical assistance consultation to states and communities has been vital to the development of these programs.

The exciting program at the next national conference is testimony to the current strength of the FBS movement. The Sixth Annual Empowering Families Conference, sponsored by the National Association of Family-Based Services, will be held in Seattle on December 9-12, 1992. The conference theme, "One Vision, Many Views," highlights the common vision of strengthening and preserving families while celebrating the richly diverse approaches, models, and roles that comprise family-based services.

Keynote presentations include "A Family-Based Approach to Controlling Domestic Violence," by Dr. Richard Stuart, "The Strengths of Families of Color: Implications for Family-Based Practice," by Dr. Robert Hill, and "Addressing Societal Inequities Through Social Policy and Social Action," by P. Catlin Fullwood. Special events include "In My Father's Bed," a one-woman play about surviving father-daughter incest.

Development institutes and 75 juried presentations on practice, policy, research, and education issues will be offered at the conference. Over 1000 family-based practitioners, researchers, educators, and administrators from across the nation are expected to attend. Call the University of Iowa Center for Conferences and Institutes at 319-335-3231 for further information.

Finally, the Center is pleased to announce the new book by the Center's researchers. *Alternative Models of Family Preservation: Family Based Services in Context*, by Dr. Kristine Nelson and Miriam Landsman, is about to be released by Charles Thomas, Springfield, IL. This evaluation of over 500 families represents state-of-the-art research in family preservation.

As we extend and develop effective family-based services through all of the foregoing activities, we continue to be interested in you. We would like to develop a greater dialogue with readers of **THE PREVENTION REPORT**. Take a moment to fill out the questionnaire at the back of the newsletter. Ask about our training opportunities, research projects, and information resources. Tell us what you need. Write us your observations about the state of family-based services from where you stand. We welcome your comments and look forward to hearing from you.

Kristine Nelson, of the Center, and Paul Adams, both of the UI School of Social Work, are co-directors of the UI 1993 Faculty Research Seminar "Family- and Community-Based Approaches to Social Problems," July 6-30, 1993. Applications—due February 1, 1993—are invited for the \$3500 Obermann Faculty Research Fellowships for participation in the seminar. For application materials, contact Jay Semel, Center for Advanced Studies, The University of Iowa, Iowa City IA 52242. Telephone (319) 335-4034.

# NEW RESOURCES ON FAMILIES, TRAUMA, AND SOCIAL JUSTICE

John Zalenski, Ph.D.  
Information Specialist  
National Resource Center on Family Based Services

Too often our concern for family-based services becomes captivated by the instrumental reasoning of the policy context. "What works" becomes a covering phrase for social service insiders focused on some dimension of the means-ends calculation to which programs are always subject: What service reduces placement, what intervention improves family functioning (on what scale), what program is the most cost effective? At its best, this concern for "what works" addresses the need for an organizational infrastructure capable of addressing the complex problems of contemporary families; at its worst it's a cry from within a shrinking public sector struggling to create a legitimate role in maintaining the public welfare of families "at risk" of seriously disabling social forces: a shrinking economy, health care emergencies, drugs, and incomprehensible violence.

Any concern for "what works," however, has to periodically undergo a process of regeneration from an outside source to counteract the effects of compromise inevitable within any pattern of social progress. I believe this "outside source" is the critical inquiry into the nature of social justice.

## *Justice, Gender, and the Family* by Susan Moller Okin

Susan Moller Okin in *Justice, Gender, and the Family* presents a critical feminist analysis of the theories of justice influencing our conceptions of progress and social development. What she finds at work in our assumptions about justice is an ideological value that, historically, has also appeared as an impediment to the development of effective family policy: families are primarily private institutions, distinctly separate from the "public" realm of politics, and therefore beyond the legitimate realm of our discussions of a just and democratic society. Her counterclaim is well-reasoned and passionate. The institution of the family is the

foundation of our conception of justice. "The family must be just if we are to have a just society, since it is within the family that we first come to have that sense of ourselves and our relations with others that is at the root of moral development."

Under current conditions, her argument runs, this is not possible because of the construction of gender, the sexual division of labor within the primary institution of the family, which structures a pervasive inequality, the effects of which multiply and spread throughout the social system. According to the deeply entrenched sexual division of labor, women are the primary caretakers of children (as well as the providers of a disproportionate amount of unpaid domestic labor.) This is coupled with the workplace assumption that committed members of the workforce are not such caretakers. This practical assumption of the economy (in its root sense of "household management" and its larger sense of a system of labor) institutionalizes inequality and generates a cycle of power relations reinforcing the subordination of women with all its attendant effects: lower pay, limited career opportunities, single-parent families headed predominantly by women, etc. As a result, children, in vast numbers, are put at risk. Less pressing, perhaps, but equally consequential, children are raised in a primary environment characterized by social injustice. Okin's argument is detailed and philosophical, and she concludes (chapter 8) with some public policy recommendations. Her work refocuses issues of social justice in the work for children and families.

## *Trauma and Recovery* by Judith Lewis Herman, M.D.

In *Trauma and Recovery*, Judith Lewis Herman, M.D., has produced a major synthesis on the nature and consequences of psychological trauma. The study of psychological trauma, according to Herman, has a

"forgotten history." It appears only when a progressive political context allows or promotes its inquiry. And the study of trauma generates socially committed research directly relevant to social justice for victims of psychological trauma. You simply cannot study psychological trauma without an ethical decision about its cause. "In every encounter, basic trust is in question. To the released prisoner, there is only one story: the story of atrocity. And there are only a limited number of roles: one can be a perpetrator, a passive witness, an ally, or a rescuer. Every new and old relationship is approached with the implicit question: Which side are you on?" Two of the occasions she discusses are the modern anti-war movement (born of the brutality of modern warfare from WWI through Vietnam) and the feminist movement. The former yields Post Traumatic Stress Disorder as a diagnosed psychological disorder, and the latter creates a public discourse around the issues of domestic violence and rape.

As a result of her approach, Herman weaves together the rich literature of psychological trauma—the literature of political imprisonment, of war and combat, and of the victims of terrorism and child abuse, plus the accounts of rape survivors and other captives—with the relevant literature of diagnosis and treatment. All of the literature becomes mutually reinforcing, producing a detailed portrait of the effects of psychological trauma and the approaches to healing the shattered selves that result from it. The relationship between public and private psychological trauma Herman skillfully establishes both conceptually and rhetorically, sealing her discussion, at one point, with a quotation from Primo Levi, the great chronicler of Auschwitz. If, from inside the concentration camp, Levi writes, "a message could have seeped out to free men, it would have been this: take care not to suffer in your homes what is inflicted on us here."



***Madness, Chaos, and Violence***

by John Brendler, Michael Silver, Madlynn Haber, and John Sargent

The depth of the entrenchment of traumatic interactions within families is treated in John Brendler, et al. *Madness, Chaos and Violence*. This presentation of a treatment model and the clinical case studies of its application reveals the courage and determination of committed professionals dedicated to helping families in severe crisis. Brendler and his co-authors detail their experience with a model developed as an "inpatient apartment program" at the Philadelphia Child Guidance Clinic. The program treated severely symptomatic families "trapped in a cycle of escalating entanglements" in the process of managing psychosis, sexual abuse, eating disorders, and suicide within the family system. As a result of long-standing problems, such families have reached an impasse, and normal developmental processes have come to a halt. Yet, paradoxically, these families expect to live with their problems indefinitely. They have achieved a brittle stasis at the brink of disaster, and they are without resources for positive change.

Treating such families, Brendler and his team argue, depends not on relieving symptoms, but rather inducing crisis through amplified stress. In a controlled setting, with appropriate medical supports, a trusting therapeutic relationship, and a demonstrated willingness to change on the part of the family, "crisis induction" can draw conflicts out into the open and allow for the discovery of family resources that encourage the formation of new patterns of interaction. The book suggests successful interventions for even the most difficult family problems.

***Families That Abuse***

by Stefano Cirillo and Paola Diblasio

Interrupting the cycle of destructive family relations is always difficult, and achieving successful outcomes with troubled families hinges upon a variety of complex factors. This becomes even more problematic in the case of mandated family therapy. According to Stefano Cirillo and Paola Diblasio in *Families that Abuse*, when a family is referred for therapy as a result of a child abuse and neglect investigation, the primary preconditions of successful family therapy are missing: the spontaneous insight into the problem and a desire for change.

In the case of mandated therapy to prevent placement or promote reunification, the fundamental context for the therapeutic intervention has shifted. This requires explicit attention: a therapist who treats ambiguously his or her role in the mechanism for social control represented by the child welfare system runs the risk of underestimating the risk to a child and losing sight of the goal of protecting children. In the light of experience at the Help Center for Abused Children and Families in Crisis, in Milan, Italy, Cirillo and Diblasio address the implications of this in a frank discussion.

Cirillo and Diblasio's therapeutic model depends upon an explicit acknowledgment and endorsement of the goal of protecting children. The model itself uses the metaphor of a "game" in order to reconstruct the family history and the patterns of interaction that lead to abusive behavior. This accessible approach to systemic thinking, coupled with the urgency and concern structured into the therapeutic relationship, contributes to active family participation in retracing the development of family relations, a process almost always including the role of extended family. This book has a place in the unending debate within child welfare over the conflict between the "supportive" and "coercive" functions of the system. Rather than imagining a pure therapeutic context operating on the assumption of authentic client motivation, therapists should make productive use of the need for change created by the child welfare system or other institutional setting.

***Families and Larger Systems***

by Evan Imber-Black

The institutional contexts of families is the primary topic of Evan Imber-Black's *Families and Larger Systems*. A working understanding of the inter-related systems intended to serve families has always been important. But it is receiving renewed attention as service systems examine ways to deliver comprehensive services to children and families. Imber-Black's basic claim is that too often social workers and family therapists view the family as the unit of service, but in isolation from the variety of social and social service institutions affecting their lives. Families are neither passive recipients of services, nor are they rational agents fully capable of sorting through the labyrinth of the service system in order to achieve a clear path to well-being and self-

sufficiency. Too often, in the absence of an understanding of the way service systems interact with families, families will receive conflicting assessments, contradictory service plans, redundant services, or their intra-familial conflicts will be reflected in other contexts, sometimes institutionalizing a family's relationship to the social service systems for generations. "Our larger systems spring from social policy norms that at one and the same time venerate mythical families and denigrate the integrity of actual families." Evan Imber-Black's book is a good step toward understanding the role of the larger systemic context of family treatment.

***The Clinical Detective***

by Aaron Noah Hoorwitz

In *The Clinical Detective*, Aaron Noah Hoorwitz also shifts attention from troubled families, in this case in order to focus on the therapists and social service investigators charged with investigating sexual abuse. Hoorwitz avoids scholarly discussion of research literature and instead takes a narrative approach to the clinical practice of sexual abuse evaluation. In addition to making the book very readable, Hoorwitz's ground level approach details the competencies necessary for a successful and appropriate evaluation of sexual abuse. Through his style of exposition, Hoorwitz demonstrates the importance of careful assessment and evaluation. The character of the initial contact between a family and the social service system has a great deal to do with the way the family, the family's troubles, the treatment plan, and the desired outcomes are all "constructed" over the course of the family's contact with the system. A botched evaluation can mean a permanently crippled family. Given the culturally charged atmosphere surrounding sexual abuse, *The Clinical Detective* suggests the need for a high standard of professional competence.

***When Love Goes Wrong***

by Ann Jones and Susan Schechter

If assessment and evaluation of some forms of abuse is difficult in a professional setting, it may be even more difficult in a personal one. This can be especially true when the sexual politics of control and domination effectively obscure overwhelming evidence of abuse. This is too often the

case for women who are isolated and confined within relationships with controlling partners. *When Love Goes Wrong*, by Ann Jones and Susan Schechter, is addressed to just these people. Constructed in the form of a self-help manual, Jones and Schechter provide the means for recognizing the characteristics of a controlling relationship and assessing the prospects for change in the patterns of abuse. They also provide realistic and practical steps for leaving an unsatisfactory relationship. This book is a critical addition to the literature on domestic violence. It provides a simple means to take action, within the private realm of family life, against the most primal form of injustice harrowing our society.

#### Books Reviewed:

Brendler, John, Silver, Michael, Haber, Madlynn, & Sargent, John. (1991). *Madness, Chaos, and Violence*. New York: Basic Books. ISBN 0-465-04310-0

Cirillo, Stefano, & Diblasio, Paola. (1992). *Families That Abuse*. New York: W.W. Norton. ISBN 0-393-70122-0

Herman, Judith Lewis. (1992). *Trauma and Recovery*. New York: Basic Books. ISBN 0-465-0876-5

Hoorwitz, Aaron Noah. (1992). *The Clinical Detective*. New York: W.W. Norton. ISBN 0-393-70124-7

Imber-Black, Evan. (1988). *Families and Larger Systems*. New York: Guilford Press. ISBN 0-89862-109-7

Jones, Ann, & Schechter, Susan. (1992). *When Love Goes Wrong*. New York: Harper Collins. ISBN 0-06-016306-2

Okin, Susan Moller. (1989). *Justice, Gender, and the Family*. New York: Basic Books. ISBN 0-465-03703-8

#### Additional Books Received at the Center:

Batshaw, Mark L. (1992). *Children with Disabilities: A Medical Primer*. Baltimore: Paul H. Brookes Publishing Co. ISBN 1-55766-102-2

Carlsen, Mary Baird. (1991). *Creative Aging: A Meaning Making Perspective*. New York: W.W. Norton. ISBN 0-393-70121-2

Fanshel, David. (1990). *Foster Children in a Life Course Perspective*. New York: Columbia University Press. ISBN 0-231-07180-9

Furman, Ben, and Ahola, Tapani (1992). *Solution Talk: Hosting Therapeutic Conversations*. New York: W.W. Norton. ISBN 0-393-70135-2

Gitterman, Alex (Ed.). (1991). *Handbook of Social Work Practice with Vulnerable Populations*. New York: Columbia University Press. ISBN 0-231-07048-9

Gurman, Alan S., and Kniskern, David P. (Eds.). (1991). *Handbook of Family Therapy* (Vol. II). New York: Bruner Mazel. ISBN 0-87630-642-3

Hudson, Patricia O'Hanlon, and O'Hanlon,

William Hudson. (1991). *Rewriting Love Stories: Brief Marital Therapy*. New York: W.W. Norton. ISBN 0-393-70125-5

Peterson, Marilyn R. (1992). *At Personal Risk: Boundary Violations in Professional-Client Relationships*. New York: W.W. Norton. ISBN 0-393-70138-7

Pillari, Vimala. (1991). *Scapegoating in Families: Intergenerational Patterns of Physical and Emotional Abuse*. New York: Bruner Mazel, Inc. ISBN 0-87630-639-3

Potter-Efron, Ronald T., & Potter-Efron, Patricia S. (1991). *Anger, Alcoholism, and Addiction: Treating Anger in A Chemical Dependency Setting*. New York: W.W. Norton. ISBN 0-393-70126-3

Schnarch, David M. (1991). *Constructing the Sexual Crucible: An Integration of Sexual and Marital Therapy*. New York: W.W. Norton. ISBN 0-393-70102-6

## FAMILY DEVELOPMENT TRAINING

### National Resource Center on Family Based Services

The eight-day training program for the Family Development Specialist Certification will be held in Des Moines, Iowa, February 10-12, March 17-19, and April 15-16, 1993. The training is spaced out over three sessions to facilitate the absorption of the material and to give trainees the opportunity to practice what they have learned. The format also lessens the disruption to the participants' job schedules.

This Family Development Specialist training, consistently well received by community action agencies, is gaining popularity with human service professionals and paraprofessionals working with families and children in the JOBS program, in maternal and child health programs, and in school systems. In 1991, more than 200 persons, in a range of human service fields, were certified as Family Development Specialists; training was given in Iowa, Ohio, Montana, Illinois, and Nebraska. Alaska and North Carolina have been added this year to the list of participating states.

Also being offered in Des Moines is a Family Development Refresher Class that focuses on rebuilding skills in the areas of Child Abuse, Chemical Dependency, Codependency, Case Planning, and Group Facilitation. It is required that participants complete the Family Development Specialist Training before enrolling in the Refresher class. This class will be offered May 19-21, 1993.

Cost for the Family Development Specialist Certification training is \$700 per participant (\$670 per participant if the trainee is with an Iowa CAP agency). Cost for the May Refresher Class is \$225 per participant.

To inquire about having a trainer travel to other areas to present either of these programs, or to ask for registration or other information, call Sarah Nash, National Resource Center on Family Based Services, 112 North Hall, Iowa City IA 52242-1223. Telephone (319) 335-2202. FAX (319) 335-2204.

**\*NEW\* ALTERNATIVE MODELS OF FAMILY PRESERVATION: FAMILY-BASED SERVICES IN CONTEXT (1992).** \$49.75

A brief history and review of the research on family-based services. Based on data from the NRC's multi-state study, analyses of family-based services with different client populations and modes of service delivery are presented. Separate chapters focus on child neglect, physical abuse, sexual abuse, delinquency/status offenses, and services in rural areas, in the office setting, and under public/private auspices. Complementing the statistical models are descriptive case studies of the programs, families, and their social workers.

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

**CHRONIC NEGLECT IN PERSPECTIVE: A STUDY OF CHRONICALLY NEGLECTING FAMILIES IN A LARGE METROPOLITAN COUNTY:**

**EXECUTIVE SUMMARY: (1990)** no charge

**FINAL REPORT: (1990)** \$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.

**EMPOWERING FAMILIES: PAPERS FROM THE 4TH ANNUAL CONFERENCE ON FAMILY-BASED SERVICES (1990)** \$10.00

A collection representing the second published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Four major sections — Program and Practice Issues, Program Issues, Practice Issues, and Evaluation and Policy — reflect new and continuing developments in family-based services.

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

**EXECUTIVE SUMMARY (1988)** \$2.50

**FINAL REPORT (1988) includes the Executive Summary** \$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 eleven 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. In *Children and Youth Services*, Vol. 12, No. 3, 1990.

**FAMILY-CENTERED SERVICES EMPLOYEES MANUAL, Iowa Dept. of Human Services (1985).**

Revised (January 1991) \$5.00

Iowa Department of Human Services family-centered services regulations, which define and structure the Department's preventive services program, and accompanying procedures manual.

**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.

**\*NEW\* FAMILY FUNCTIONING OF NEGLECTFUL FAMILIES: PRELIMINARY FINDINGS** no charge

Preliminary findings from a federally-funded research study on family functioning in neglectful and non-neglectful low income families, based on interviews with Caucasian and Indian families in Oregon and Iowa (Grant #90-CA-1415).

**FAMILY PRESERVATION AND INDIAN CHILD WELFARE. American Indian Law Center (1990)** \$12.00

This collection of essays looks at the application of family preservation to Indian Child Welfare. Historical, contemporary, therapeutic, program implementation, staff training, and program evaluation issues are treated. **Only available directly from the American Indian Law Center, Inc., Box 4456, Station A, Albuquerque, NM 87196. Not available from the National Resource Center.**

**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 8 local department of social services, including chapters on funding principles, interventions, closure and evaluation. This program was implemented in 1985 and expanded to 14 jurisdictions in 1986.

For more information, call:  
**319-335-3231**

National Association for Family-Based Services  
**6th Annual Empowering Families Conference**

*"One Vision: Many Views"*

Seattle Sheraton Hotel & Towers  
 Seattle, Washington

DECEMBER 9-12, 1992

!!! NOW AVAILABLE !!!

## ALTERNATIVE MODELS OF FAMILY PRESERVATION: FAMILY-BASED SERVICES IN CONTEXT

by

Kristine E. Nelson, D.S.W.  
Miriam J. Landsman, M.S.W.

*Alternative Models of Family Preservation* provides a brief history and review of the research on family-based services. Based on data from the National Resource Center on Family Based Services' multi-state study, analyses of family-based services with different client populations and modes of service delivery are presented. Separate chapters focus on child neglect, physical abuse, sexual abuse, delinquency/status offenses, and services in rural areas, in the office setting, and under public/private auspices. Complementing the statistical models are descriptive case studies of the programs, families, and their social workers.

(Available from the Center. Use order form on page 23.)

**INTENSIVE FAMILY PRESERVATION SERVICES RESEARCH CONFERENCE CLEVELAND, OHIO. SEPT. 25-26, 1989 FINAL REPORT or BRIEF REPORT** no charge

Final report of a two-day conference on family preservation services research co-sponsored 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.

**\*NEW\* INTENSIVE FAMILY SERVICES RESEARCH PROJECT: PRELIMINARY REPORT** no charge

Preliminary findings from an experimental study examining the effect of length of service on case outcomes and cost-effectiveness in three intensive family services programs (Grant #90-CW-0964).

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Data from the state of Maryland.

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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.

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

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This manual describes a treatment program for working with families experiencing recurring neglect, based on a federally-funded demonstration project in rural Oregon. Includes project philosophy and design, staffing, discussion, and descriptive case studies (see *The Self-Sufficiency Project: Final Report* above.)

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**THE SUPPORTIVE CHILD ADULT NETWORK (SCAN) OF PHILADELPHIA. American Public Welfare Association (1986)** \$2.50

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