



# THE PREVENTION REPORT

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## Culture and Family Centered Practice

Within the field of family centered child welfare services, culture has become a key concept. Within family centered assessments, it is critical to an understanding of the belief systems that shape childrearing practices, nurturance, discipline, approaches to health care, formation of gender identity, and spirituality — to name just a few among a host of relevant factors. Knowledge of cultural factors is indispensable to the service design and delivery process, because, in order to be successful, services must be received *and* accepted in widely diverse homes and communities representing, often, very particular subcultures. Acknowledgement of cultural differences is important to social service agencies which are striving to free personnel from “decultured” bureaucratic processes in order to draw upon the strengths that derive from the rich and diverse heritage on staff. Increasingly, cultural understanding is important to program evaluators who must design evaluations for continual program improvement, and must address hard questions of the relevance of their work. Finally, cultural sensitivity must take a lead role in responses to the systematic overrepresentation of peoples of color within the child welfare system.

But approaches to culture are many. Cultural awareness, cultural diversity, and cultural competence all bear similarities to one another, yet each of these approaches to culture includes certain assumptions about what is important and useful. *Awareness* tends to focus on the importance of history, a connection to origins, a discovery of “roots.” *Diversity* emphasizes appreciation, an attention to the ceremonial: holiday celebrations, traditional clothing, crafts, foodways. *Competence* looks to the skills and techniques necessary to mesh service providers with recipients.

However, when we talk about the role culture has to play in family centered practice, we need a fuller conception of culture. Culture, in an anthropological sense represents a people's fundamental resources for perceiving, believing, deciding and acting. It is more than history, ceremony, or technique. It is the medium of practices and values essential to sustaining healthy social relationships. And the care and nurturance of a culture is virtually identical to the care and nurturance of a family.

This issue of the *Prevention Report* addresses culture in several very important areas. The issue began with a collaborative planning process which included project staff at the Family Resource Coalition and Terry Cross at the National Indian Child Welfare Association. It was conceived as a “sister” issue to the FRC's *Report* (Fall/Winter 1995-96), and it is intended to continue to bridge the fields of family centered child welfare and family support services with a collection of articles pertaining to culture and families.

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## Developing a Knowledge Base to Support Cultural Competence

by Terry Cross

Developing cultural knowledge is a key element of becoming culturally competent—of functioning effectively within another person's or family's culture. Many who work with families ask if it is possible to know everything one needs to know about every culture. Given the vast number of cultures and subgroups within cultures, this is a legitimate concern. The average practitioner cannot achieve comprehensive knowledge of all of his or her clients' cultures.

However, there are a number of key topics about which any family-centered practice professional should have a working knowledge. It is important to learn enough to know when to seek out more information, know where to turn for reliable information, and ask good questions. It is also important for practitioners to learn what culturally influenced issues affect the families with whom they work.

Following is a discussion of several types of information with which professionals in the field should be familiar, and that agencies that work with families should institutionalize. Topics that have important implications for child-rearing and child protection and are frequent sources of misjudgment and misdiagnosis are described.

### How Can We Learn?

One of the major problems in gaining knowledge about other cultures is knowing where to find that information. Human service professionals tend to learn about other cultures through the media, public education texts, and their own perceptions of experiences with clients. None of these resources can be counted on to give accurate pictures of cultures. In fact, they can be filled with stereotypes, misinformation, and deficit models. Even cultural awareness training can create stereotypes when cultures are described as monolithic. Good information too generally applied often contributes more to confusion than to clarity.

In addition, learning about a culture from troubled families prevents the professional

from learning the strengths and beauty of a culture. Practitioners, administrators, and policymakers need to find and learn from healthy and strong members of the different groups they serve. Professionals who think of cultures as they were generations ago, who romanticize cultures, or who fail to see cultures as complex, dynamic, changing systems will quickly fall short of the goal of effective services. Given these complexities, where does one turn?

Some effective steps to take to learn more about a culture are:

- First, spend more time with strong, healthy people of that culture.
- Second, identify a cultural guide—that is, someone from the culture who is willing to discuss the culture, introduce you to new experiences, and help you understand what you are seeing.
- Third, spend time with the literature. Reading articles by and for persons of the culture is most helpful. Along with the professional literature, read the fiction. This is an enjoyable way to enter the culture in a safe, nonthreatening way. Find someone with whom you can discuss what you have read.
- Fourth, attend cultural events and meetings of leaders from within the culture. Cultural events allow you to observe people interacting in their community and see values in action. Observing leadership in action can impart to you a sense of the strength of the community and help you identify potential key informants and advisors.
- Finally, learn how to ask questions in sensitive ways. Most individuals are willing to answer all kinds of questions, if the questioner is sincere and motivated by the desire to learn and serve the community more effectively.

When learning from individuals, it is important to treat each individual as an ex-

pert on his or her experience of the culture, but not as a representative of that group or an expert on the culture. No one can speak for his or her whole group. Each person whom you contact can provide you with a small piece of a much larger picture. If you treat what is said as part of a large mosaic, you will eventually develop a good working knowledge of that culture.

### Diversity Within Diversity

One potential barrier to learning about cultures is the great diversity among and within the various groups. Human services professionals most often learn about cultures as if all individuals of the culture were the same, and represented an intact traditional background. In reality, tribal and regional differences as well as varying levels of acculturation and assimilation contribute to diversity. When providers of family-centered support and services gather specific facts about the expressive behaviors of a client's cultural community—such as language, music, family, religion, food, etc.—they are acquiring essential knowledge. In addition, they must identify any subgroup, such as a tribe, that influences these behaviors, and understand the level of the individual's or family's assimilation or acculturation.

African Americans are not a homogeneous group. Some are strongly influenced by the South, some by the West Indies, others by urban experiences. Asian/Pacific Islanders come from dozens of different countries, languages, cultures, histories, and religions. Native American groups differ because of tribal, geographic, and language differences. Hispanic groups are equally diverse and vary in their history, ethnic and national origins, and religion. The family-centered practice professional should always consider and look for the diversity that exists in any group of people. Diversity is also a result of assimilation, the immigration experience, and a group's history of oppression or economic status. Sexual orientation, urban versus rural settings, gender, and generation all contribute to the complexity of

cultural identity. "Mixed-race" individuals account for another aspect of diversity. We cannot, therefore, describe in simple terms what an Indian is, or what an African American is, or what a member of any other cultural group is. We cannot reliably predict anyone's behavior, values, or beliefs.

What good, then, is the information gathered through spending time with strong, healthy people of the culture; interacting with a cultural guide; reading the literature; attending cultural events and meetings; and asking questions? What can be learned that is of use? What can be learned is how culture functions in people's lives and what meaning that culture has for the practitioner's concepts of health and healing, relationships, help seeking, and child rearing. Culture shapes and influences behavior. It does not determine it. Each person interacts with his or her culture in a unique way and is a complex blend of individual and cultural characteristics. And, just as we cannot understand behavior without a knowledge of the individual, neither can we understand the person without awareness of the context within which he or she functions.

Given the necessity of understanding cultural context, the family-centered practice professional must learn how the participant interacts with the culture in which he or she functions, what the culture means to him or her, and how the practitioner's perceptions are a product of clinical and cultural forces. To accomplish this, we must know something about the aspects of culture that most often shape family behavior and which can be examined and understood. Generally, the cultural forces that are the most fruitful sources of information for family-centered practice relate to meeting basic human needs that have to do with relationships, identity, and self-actualization.

### **What Knowledge is Needed?**

To work toward culturally competent practice, family-centered practice professionals need to acquire knowledge on: the impact of a culture's history on families, the role of acculturation and assimilation, patterns of communication, family structures, cultural norms and values, etiquette (i.e., what people respect and how they show it), spirituality and its impact on concepts of

health and healing, and help-seeking and problem-solving behavior.

These aspects of culture are discussed below in general terms. There are, of course, others that help shape behavior. Examples from various cultures are used to illustrate the issues presented here. To use examples is to risk creating new stereotypes. None of the examples can be used to predict behavior; rather, practitioners can use them to spark their own thinking and to sensitize themselves to the importance of culture in their relationships with and ability to support program participants.

### **Cultural History**

Each person has a unique cultural history. That history includes the history of his or her relationship with the mainstream culture, the federal government, and the helping professions. It is beneficial for helpers to learn about this history. For African Americans, this includes the impact of slavery and of a hundred years of systematic oppression. The cultural history of Native Americans includes the impacts of genocide (the Native American population has gone from 10 million to 200,000 in 400 years)<sup>1</sup>, boarding schools, and treaties and government-to-government relations. For Asians, cultural history may include immigration of the first laborers, exclusion laws, and the refugee experience. Finally, for the Hispanic American, it may include the relationship of the United States with the nation or region of origin, or the impact of wars and resulting boundary changes (such as the experiences of those who were Mexican and then became American as a result of these changes).

Each group's well-being today is influenced by the past. Each group has made significant contributions to the mainstream, and has exhibited great courage and strength in facing the challenges of continuing to exist. Learning some of this history and linking it with current issues can be very useful to building cross-cultural understanding.

### **Acculturation and Assimilation**

In the United States, most people of color experience the influence of mainstream American culture on their identities, customs,

values, and ways of life to varying degrees. They may adhere to the traditions of their own cultures, or assimilate into the mainstream almost totally. Between these two extremes are those who could be called acculturated. Acculturation is the process by which people of one culture learn to adjust their behavior to accommodate the rules and expectations of another culture. The individual does not give up his or her culture in the process, but retains the identity, customs, and most everyday behaviors of his or her culture of origin. Assimilation is the process by which an individual adopts the new culture as his or her own and takes on the identity, customs, and values of the other culture, largely abandoning the culture of origin.

The acculturation or assimilation processes also present families of color with issues that must be understood by the helping professional if he or she is to be helpful to the family.

### **Communication**

Communication is an important part of all cultures. It is essential to have some understanding of how individuals communicate, as well as the patterns that govern conversation. Things to learn about include language differences, patterns of speech, nonverbal communication, and the use of slang or colloquialisms.

Patterns of speech are not always obvious. Members of cultural groups (such as some Native Americans and Asians) who tend to pause longer between words may be unfairly labeled as slow, quiet or even stupid. Those who pause for shorter periods (such as some African Americans and Hispanics) may be unfairly labeled as pushy or rude. African Americans, who may gesture more and use symbolism in their speech more often than most Americans, are sometimes seen as angry or volatile when they are not. Members of cultural groups who may use more of a storytelling approach than interactive conversation when communicating (such as Asians and Native Americans) can seem shy, uncooperative, or out of touch with the situation to professionals from other cultural groups.<sup>2</sup>

### Family Structures

Knowledge of family structures includes understanding what kinship and roles mean from the perspective of the program participant.

Typically, kinship patterns within the four major ethnic groups of color consist of extended families, unlike the mainstream culture and its nuclear family model.<sup>3</sup> Frequently, the concept of extended family is not limited to blood relations. Fictive kin or “as if” relatives are commonplace. The practitioner with cultural knowledge knows to assess the supportive relationships of “kin” who may not be biologically related to the family. Elders may be called by kinship titles whether or not they are related. Aunts and uncles may have active parenting roles and may even be referred to as mother or father. Within traditional African American cultural communities, the relationship with a mother or mother figure, “Mama,” “Big Mama,” “Play Mama,” etc., is intimate and sacred, and is powerful, like all kinship relationships in the culture. Cousins may be called brother and sister. Some Native American and Asian languages have words for relatives for whom English has no specific terms.

Extended family members may or may not reside in the same household. Households often seem chaotic to the outsider, because it is difficult to tell who resides permanently in the household and who does not. This is often a sign of family strength and unity, but may be misread as a sign of instability to those familiar only with the nuclear family experience.

For several cultures, extended family networks are primary and supportive in spite of geographical distance. Practitioners can honor individuals’ membership in a support network by repeatedly consulting with them in times of decision making. Often community and gender-specific groups are part of the support network. Barber shops, beauty parlors, and funeral homes are examples of community-based venues used by traditional African American culture for consultation. The practitioner with cultural knowledge knows to regard these as venues of support networks for families.

While the family structures of many communities of color are similar in the nature of their kinship patterns, they vary when it comes to roles, and there are some basic role issues that tend to be misinterpreted by practitioners who are working with families of cultures other than their own. Generally speaking, gender roles in Native American and African American cultures tend to be more flexibly defined than the gender roles of most Americans.<sup>4</sup> Men and women may share work, child rearing, homemaking, leadership, and other responsibilities. Men, for example, may play a large role in nurturing the young. These flexible roles may be temporary or permanent and tend to be based in both historical circumstance and traditional cultural values concerning dignity of the genders.

Also, generally speaking, roles assigned to both genders in Hispanic and Asian cultures tend to be more rigidly defined than those in American mainstream culture, and carry set responsibilities.<sup>5</sup> Roles may depend on age as well as gender and be directly affected by acculturation and assimilation. Understanding gender roles includes understanding the responsibilities attached to each role, and how the role structure affects the well-being of the family or community.

### Norms and Values

Values are central to the functioning of a culture. Just as understanding the influence of American mainstream values is important, so is understanding the values of other cultures important. Many times, specific values are shared across cultures, but some cultures may assign more or less priority to them than other cultures do. Values do not describe individuals in a culture, nor do they predict individual behavior. Values provide a context within which people make decisions and choices, including major life choices. Most individuals are unaware that the values of the society around them shape their decisions, but feel pressure when they try to go against the prevailing norms.

When values of different cultures conflict, the most severe misjudgment and misapplication of resources can occur. Because values influence how individuals think and act and how they choose to conduct their daily lives, family-centered practice profes-

sionals are encouraged to spend time learning about the cultural values of the people with whom they work and how they help shape behavior.

Professionals working with families must learn about the variables unique to families’ cultures that may be subject to misinterpretation within the protective services system. Native American children, in particular, are often mistakenly thought to be abused as a result of having “Mongolian spots,” which appear on many children of color and can appear to be bruises. Some cultural healing practices (e.g., the Southeast Asian practice of coining and cupping) may leave bruises on a child. These practices clearly are not child abuse, just as immunizations, which also cause bruising, are not.

In some Latino cultures, the family conducts a ceremony in which adults kiss an infant male child’s genitals. In some cultures, adults surgically remove a portion of the infant male’s genitals at or within several weeks of birth. In some Pacific Island cultures, crying infants are quieted by gentle rubbing of their genitals. These practices, which are not abusive if done in the context of a family or community ritual, would be considered abuse—sexual or otherwise—under the laws of most states.

### Etiquette

One of the primary reasons people of different cultures experience difficulties in working with one another is that we seldom know or respect the basic rules of etiquette of the other group. We must be willing to ask what is polite and what is rude, and to use that information to act with respect. We should check on the use of proper manners before, during, and after the helping process.

For example, among most African Americans the use of first names is reserved for those who are very well acquainted with each other and are of similar ages. Many professionals are taught to believe that the use of first names encourages rapport. These two practices are incompatible.

### Spirituality

Spirituality and/or religions play important roles in how various individuals conceptualize health, mental health, problem

solving, and help seeking. The major ethnic groups of color in the United States share a high regard for and reliance on spirituality in their communities and daily lives. Each of the groups is diverse in its religious preferences, and their spirituality and religions range from traditional indigenous ways to modern religions. Spirituality among these groups represents not only a set of beliefs and practices, but a central theme for understanding all life and behavior. The values of each group are supported by sustaining spiritual values and, in each group, natural helping and healing are primarily spiritual in nature.

Not all people of color are actively involved in a spiritual life. Nonetheless, spiritual activity is usually not far removed from their experiences. Many members of these groups understand problems in spiritual terms, and experience help and healing as coming from spiritual forces.

Professionals working with Hispanic Americans must be aware of the church's role in helping and understanding problems, as well as traditional Native American and African beliefs that influence the spirituality of program participants. For Asian Americans and Pacific Islanders, Confucianism, Taoism, Buddhism, Island beliefs, and/or Christianity may have been influential. For African Americans, any of a vast array of churches, as well as traditional African beliefs, may be important; the role of the church as community is most important. For Native Americans, spirituality may be defined by tribal history and traditional religion or by any variety of Christianity. Each Native American reservation may have many different religions.

Spiritual leaders in communities of color are often the best and most readily available sources of information, help, and partnership in planning successful family-centered practice in that community. Within each of the cultures described, people tend to seek help first from their own family and second from the spiritual leaders or teachers of their group. If families are to be supported successfully in any of these cultures, the child and family-serving systems must first join in a partnership with the spiritual communities of each group. Without this linkage, agencies

may find their success limited to isolated cases.

### Help Seeking and Problem Solving

Finally, the practitioner should be aware of how families are expected to seek help in their culture, and whether they are able to use the problem-solving methods and resources that are available in their own culture. Failure to use existing resources may indicate a lack of group esteem and may signal of cultural self-hate. It may also indicate that the family is estranged from its main systems of support. In other situations, it may mean that the program participant is not closely identified with his or her own culture.

Help seeking is well defined in some cultures. For example, seeking support outside some Asian families would be seen as taboo, and as an act that would bring shame to the family. In some Native American families, seeking the help of elders before seeking help elsewhere is showing elders the proper respect. Unless workers know these patterns, and the ways in which the family relates to the patterns and why they do so, behavior can be easily misjudged.

### Summary

The above discussion is intended to create a starting point for raising the level of discussion of cultural differences beyond stereotype and to examine the meaning of culture in our clients' lives. Professionals should be aware enough of these differences to refrain from forming erroneous conclusions when expected behavior does not match encountered behavior, and should begin the assessment of families based on norms of the client's community.

The core question to be asked is: what does the family's behavior mean in their cultural community? To answer, it is necessary to have specific knowledge about the culture, including what symbols are meaningful, how health is defined, and how primary support networks are organized. Family-centered practice professionals should examine the relationship between the program participant and his or her cultures, and the complex dynamics that result from that interaction. Only then can an appropriate and culturally competent assessment of

family functioning be made.

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### Notes

<sup>1</sup>STUART, P. (1987) Nations within a nation: Historical statistics of American Indians. (New York: Greenwood) 51-52.

<sup>2</sup>UMSTROM-PHILLIPS, S. (1983) The invisible culture: Communication in classroom and community on the Warm Springs Indian Reservation. (New York: Longman) 112-115.

SUE, D. W. (1990) Counseling the culturally different. (New York: John Wiley and Sons) 59.

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<sup>3</sup>REDHORSE, J. G. (1980) "American Indian elders: Unifiers of Indian families." *Social Casework*, 490-493.

HARDY-FANTA, C. AND E. MACMAHON-HERRERA (1981) "Adapting family therapy to the Hispanic family." *Social Casework* 62, 138-148.

NOBLES, W. W. (1988) "African American family life: An instrument of culture," in H. P. McAdoo, ed., *Black Families*, 2nd edition. (Newbury Park, Calif.: Sage).

<sup>4</sup>DEVORE, W. and E. SCHLESINGER (1991) *Ethnic-sensitive social work practice*, 3rd edition. (New York: John Wiley and Sons).

<sup>5</sup>Ibid.

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# An Afro-Centric Perspective on Developing Cultural Identity

by Maisha Sullivan

## Serudj:

*To raise up and to restore that which is in ruin*

*To repair that which is damaged*

*To rejoin that which is severed*

*To replenish that which is lacking*

*To strengthen that which is weakened*

*To set right that which is wrong*

*To make flourish that which is insecure and undeveloped<sup>1</sup>*

## Sankofa:

*A practice of historical recovery; to reach back and bring forward<sup>2</sup>*

These are African value concepts. They speak to a people's obligation to save their culture—to rescue, restore, and reconstruct their own history and humanity. They reinforce the importance of cultural advocacy.

As a cultural practitioner, I strive always to center myself in my own culture. In this article, I turn to my culture and to my ancestors as resources in discussing the challenges presented to me and the developmental challenges that social service programs and practitioners who work with families of color must address.

The philosophical base for this article is Kawaida, an African-centered philosophy of culture, social change, and life that is rooted in tradition, reason, and self-conscious practice, which was conceived of by Maulana Karenga.<sup>3</sup> The issues and practices of elevating affirmative aspects of African and African American cultures are offered here as transferable to other cultures. Good cultural practices are rooted in a commitment to and interest in a people.

## Recognizing Authentic Culture

Developing and exploring the authenticity of cultural characteristics is an important aspect of good family support practice. Such exploration reduces the belief in and use of stereotypes and facilitates cultural diversity. A person must constantly study to acquire an awareness of different manifestations of a

particular culture. Adaptations to traditional culture that are generated by the members of the culture, are critically selective, and are not externally imposed should be valued and respected as authentic. Culture is not stagnant; people build on what their ancestors gave them.

Categorization of different forms of culture may be helpful in learning about authenticity. Maulana Karenga defines three such categories:

1. Communal culture: From the people, but may not be self-conscious or collective, and often consists of pragmatic ways to deal with daily life.
2. Popular culture: Commodification of communal culture; usually a deformed and distorted version of communal culture. Originally created by the people, but becomes market driven.
3. National culture: Self-conscious practices that are worthy of emulation and protection. They represent the best of a particular culture and of humanity by facilitating the flourishing and development of humans.<sup>4</sup>

African cultures share profound spiritual and ethical orientation; high levels of respect for tradition, elders, all humans, and the environment; and rootedness in community and communitarian values.

Practitioners and families can develop their knowledge of authentic components of a culture by studying literature that affirms the culture. Popular and community-based newspapers, magazines, and other culturally generated publications can be good sources of information. These are often marginalized, but offer authentic aspects of the culture by focusing on the daily lives and aspirations of people.

The works of scholars and activists who are members of the culture and are centered

in its history and reality and in the potential of its people should be read and referred to. Recommended for African-centered cultural analysis are: Maulana Karenga,<sup>5</sup> Naim Akbar, Linda James Meyers, Wade Nobles, Makungu Akinyela, Thad Mathis, Joseph Baldwin, Leon Chestang, Daudi Azibo, Jerome Schiele, Amos Wilson, Frances Brisbane, Molefi Asante, and Asa Hilliard. Their works expand the knowledge base of family support, which has relied on the same mainstream scholars for years. Many of the acknowledged mainstream scholars and practitioners offer very little new information and challenges, and their writings are often exercises in admiration of each others' works.

The works of the recommended scholars can be found in a number of journals,<sup>6</sup> and their books can be found in African American bookstores. They provide a shift from and subversion of the dominant Eurocentric paradigm. Their works have clear practical implications for how to assist with the capacity building of African Americans and other marginalized peoples. A commitment to life-long study and to the search for and utilization of the authentic is required. This commitment means more than just a few readings, seminars, workshops, and conferences on cultural competency and diversity.

Generational linkage is also a practice that assists the development of authentic cultural practices. Programs can assist families in forming links with elders, who are the cultural keepers, and can involve elders in programming in meaningful ways. Those involved in the program must truly believe that the elders have something to offer in assessing and meeting the needs and realizing the aspirations of the program, the families, and the community. It is culturally destructive to view elders as useless and to warehouse them in nursing homes and senior citizen complexes. The policies of many of these homes further detach the elders from their families, destroying cultural linkages and continuity, including preventing



overnight visits from children and other family members. Elders in the African American community have been a major provider of childcare for over-burdened parents. They have provided much-needed respite for the parents and moral and cultural grounding for children. Good practice involves keeping the elders in the community and creating meaningful roles for them in our family support programs.

### Advocating to Keep Cultures Alive

Culture is routinely devalued and encouraged to decay in insidious ways—even by those who think they are helping keep culture alive. Maulana Karenga refers to this as the “calcification of culture.”<sup>7</sup> Culturally destructive practices do not engage in daily dialog with the culture. Sometimes programs use the culture as a spectacle and marginalize it by making it a part of only some activities. Often they use culture only as a reference, rather than as a resource. Far too many programs only utilize the creative production aspects of a culture such as the music and dance, and encourage the wearing of national clothing only for special events.

Vigilant and consistent advocacy is needed by practitioners in not allowing program participants to be viewed and used in this way. Programs must treat participants as living sources of their culture. Those involved in the family support field must challenge programs and program components that do not engage the cultures of participants daily in all aspects of program operations through, for example, culturally specific methods of governance, decision making, and learning. This challenge can be issued by asking and expecting programs to have culturally generated answers and solutions to the issues, concerns, and challenges that their families, the agency, and the community face. Those in the family support field also need to advocate for continued and sustained cross-cultural professional training for practitioners.

### Affirming Culture Through Specific Practices

Family support programs offer a context that is very conducive to the research and implementation of practices that affirm culture and strengthen the cultural identity of community members. Programs can institutionalize culturally specific activities that

acknowledge the significance of life changes such as births, naming, marriage, birthdays, passage into adulthood, graduation, elderhood, and funerals. Libations can be poured to honor ancestors at ceremonies marking all of these changes. Programs can encourage the daily use of traditional proverbs as value lessons; families can relate them to contemporary events, issues, and concerns.

Naming can be made into a conscious act that encourages those choosing the name to nurture the strengths of the people they have named. Program workers can ask expectant parents what positive characteristics they want to cultivate in their children, and help them find traditional names that capture and affirm these attributes. The program’s resource library can make books of African names available to expectant parents. These practices affirm the African cultural practice of purposeful and communal naming of our children. Family and friends can be asked to select a traditional name for an adult who does not have one, based on his or her good attributes and aspirations.

Culturally specific practices elevate the culture and move programs past their usual tertiary acknowledgment of culture only on holidays. They provide more concrete tools to our families than do a few pieces of art work or posters hanging on agency walls. Program staff need to have the information, materials, and resources needed for these activities readily available and should incorporate them as often as possible into their work with families, to reinforce and reaffirm their importance and beauty. These activities support and facilitate affirmation that others’ cultures and histories are equally rich and sacred.

### Encouraging Critical Thinking

Strengthening critical thinking skills as a part of life skills development is necessary when working with families and communities of color. It enhances cultural identity by bringing marginalized people to the center of their view of the world. Developing critical thinking involves analysis of human activities and their impact on people with respect to race, class, gender, and membership in other groups.

My utilization of current events and policy analysis has generated some of the most enlightened pictures of families in my program. In family support groups, I have facilitated critical discussions on: the media’s portrayal of people of color, welfare reform, school vouchers, rap music, movies, affirmative action, the O. J. Simpson trial, the Million Man March, and the Day of Absence. I always ask: Whose interest does the dominant view serve? And what does culture have to do with this issue? I ask families to compare and contrast how other cultures may view the same issues and discuss why they may view them that way. During these discussions, practitioners must be mindful of the use of words, categories, and definitions, for to quote Maulana Karenga, “Categories are not simply descriptions of reality; when embraced and acted on, they become forms of reality.”<sup>8</sup> A process and an environment that encourage honest dialogue which is self-critical and self-corrective of internal contradictions and external imposition are key to developing critical thinking and cultural identity. The practitioner can sense the family’s level of cultural identity, their level of participation in and commitment to their own culture and the mainstream dominant culture, and their levels of self-hatred and racial and cultural deprecation.

These discussions inform my practice and service plans for individual families. Some families need more “cultural inoculations” to make them immune to cultural assimilation. Engaging families on these issues is outside of the current scope of most family support programs. Programs often focus on survival and family development, and do not encourage social critique and system analysis or view it as a family skill.

### Ethical and Spiritual Grounding

The African concepts and practices of Maat and the Nguzo Saba are ethical and spiritual tools that emphasize morals and concern for the vulnerable. Maat consists of Truth, Justice, Propriety, Harmony, Balance, Reciprocity, and Order. The Nguzo Saba (The Seven Principles) are Unity, Self-Determination, Cooperative Economics, Collective Work and Responsibility, Purpose, Creativity, and Faith. Family support practitioners grounded in these principles inevita-



bly are more effective with the families and communities they serve. They will be better able to practice in culturally affirmative ways.

Good practices that support cultural identity development must be rooted in authenticity, generational linkage, advocacy, affirmation, critical thinking, and ethical and spiritual grounding. These practices challenge the status quo and acknowledge that the mainstream is a polluted stream that is toxic to non-European cultures, and that the United States, in particular, is an unfinished multi-cultural project. I hope that this humble sharing represents the beauty of African culture, and brings honor to our ancestors, the Elders, and my family, organization, program, and community. May they all be pleased.

*Maisha Sullivan, MSW, is Director of the Madeira Family Center, a community-based, voluntary-involvement family support program. She is a founding member and local chair of the National Association of Kawaida Organizations (NAKO), an African-centered cultural and social change organization. She is a member of the steering committees*

*of FRC's African American Caucus and Best Practices Project. She can be reached at the Madeira Family Center, 2123 N. Gratz St., Philadelphia, PA 19121, 215/765-3874 (phone), 212/765-3833 (fax).*

Notes

<sup>1</sup> Concept of ancient Egyptian people, from Karenga, M. Husia: Translation of the sacred text. (Los Angeles: Sankore Press).

<sup>2</sup> Concept of the Akan people of Ghana.

<sup>3</sup> Kawaida Publications (1980) Kawaida theory: An introductory outline. (Inglewood, Calif.).

<sup>4</sup> KARENGA, M. (1994) Institute of Pan-African Studies seminar, Los Angeles, summer.

<sup>5</sup> In addition to the other works listed are:

KARENGA, M. (1993) Introduction to Black studies. (Los Angeles: University of Sankore Press).

KARENGA, M. (1986) "Social ethics and the Black family: An alternative analysis." *The Black Scholar* 17 (5) October.

<sup>6</sup>The Journal of Black Studies, *Western Journal of Black Studies*, *Journal of Black Psychology*, *Black Caucus: Journal of the National Association of Black Social Workers*

<sup>7</sup> KARENGA, M. (1980) "Society, culture, and the problem of self-consciousness: A Kawaida analysis" In *Philosophy born of struggle: Anthology of Afro-American philosophy from 1918*, Leonard Harris, Ed. (Dubuque, Iowa: Kendall/Hunt Publishing Co.).

<sup>8</sup> KARENGA, M. (1994) Institute of Pan-African Studies seminar, Los Angeles, summer.

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## Helping to Build Intentional Communities

by Nancy M. Ware

An intentional community is one in which resources are galvanized to accommodate the needs of families and individuals, so that families can acquire the services that they need in order to be healthy and provide for their children. These resources include job opportunities, spiritual and religious dwellings, housing, educational settings, recreation, mental and physical health services and crisis services (hospitals, abuse and neglect systems, etc.). While intentional communities are the setting that all family support programs strive to establish, they take on special significance when practitioners are working with families of color. Practitioners must facilitate intentional communities as part of a conscious effort to support the rich cultural and ethnic variety of our society, rather than to try to force assimilation or an exclusionary process that could destroy

the unique qualities of various cultural and ethnic groups.<sup>1</sup>

This means that practitioners must be ready to examine the environments in which families of color gather naturally, which provide them with a sense of community. The practitioner may also need to work closely with families to create settings that offer organized activities, health services, counseling, language training, job training, community meetings, and support groups for families who might otherwise not have the refuge and respite that these intentional communities offer.

Families of color require certain basics to be met in order for their communities to thrive and provide a safe and nurturing environment. As practitioners go about facilitat-

ing a sense of community through culturally appropriate services and supports, they should implement the following suggestions.

- **Shift power to the community through the families who live there.**

This can be done by encouraging culturally diverse representatives to run for political office and including family members on decision making, oversight, and policy-setting boards and commissions. These people can project an accurate picture of their culture and can increase the opportunity for families in their neighborhoods to exercise self-determination.

- **Move government services to the community.**

As fiscal pressure on states and cities to provide families with comprehensive sup-



port grows, it is even more critical to put our limited resources to work for the neighborhoods and communities that need them. Staff can be set up in some of the natural community settings that families of color use comfortably. This provides government staff with a more naturalized setting in which to accomplish their mission, makes the expertise of cultural consultants from the natural community more readily available, and gives government workers more visibility in the communities that they seek to serve, thereby easing the cultural distance. (Consider churches, community centers, housing complexes, parks, and streets for outreach work).

- **Mobilize the community's resources to meet the needs of families who live there.**

There are usually several indigenous resources available, but they are often not seen as an integrated part of the larger community. Building collaborative partnerships is useful and important to consider. The natural helpers of the community (churches, community agencies and organizations, etc.) can be a powerful voice in advocating on behalf of the needs of families. Forming collaborative relationships and integrating services can provide a means of identifying the assets of the community as well as the gaps that need to be filled. Usually, these natural helpers within communities are much more culturally sensitive and make accessing resources more comfortable for families. By pooling resources, the costs of mailings, dissemination of materials and meeting space can be cut as well. All services should be centered around the needs of the family.

- **Center the community around cultural diversity (not divisiveness).**

Practitioners must remember that the goal in supporting intentional communities is to help families to rally around their cultural heritage and strengths in a unifying and strengthening manner. This requires appreciation of all cultural and ethnic members of any given community and an attempt to support their strengths and self-sufficiency.

- **Create networks to support transient families.**

The transient lifestyle that is imposed on many families of color because of homelessness, legal and/or immigration

problems, job-seeking migration, and other factors challenge practitioners to create flexible support systems that will follow these families. Practitioners can put transient families in touch with local and national networks so that they are not left to drift.

They should reach out to families who must relocate and offer continuity and structure through community institutions with which the transient family has already connected (parent support groups, churches, community organizations, clubs, etc.).

The notion of intentional communities calls to mind an image of communities created for a particular purpose. Addressing the needs of all ethnic and cultural backgrounds is a challenge facing managers of urban and rural communities across America. The changing faces of families within our communities requires that practitioners become clear that the definition of community takes into account both culture and geography. Practitioners must understand what families require from outside and from within cultures so that they can thrive and contribute constructively to society.

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**Notes**

<sup>1</sup>U.S. COMMISSION ON CIVIL RIGHTS (1993) "Racial and ethnic tensions in American communities: Poverty, inequality, and discrimination." January. (Washington, D.C.).

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# Family Development

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Note: See page 23 for more details about the Advanced Family Development training, which will be offered at the Training Institute described there.

# Assessment with Native American Families

by Amy James

Culture is one of the primary lenses through which practitioners must look at families as they conduct assessments. Many of the stresses on American Indian<sup>1</sup> people and other groups of people in the United States today are the result of cultural disruption and poverty. Although this article concentrates on the assessment considerations that therapists need to address when working with Native American families, these considerations have broader implications for family practitioners of all kinds and for families across the spectrum.

There are two levels of assessment to consider when working with American Indian families. At the individual level, unique issues face modern Native Americans; and at the group level, issues of assessment bring into perspective both familial and community concerns. The assessment process may give practitioners an opportunity to strengthen the therapeutic alliance and reinforce the effort to affect change.

## Extended Family

Before beginning work with a family, one of the first challenges to the therapist is assessing whom to work with. Western nuclear family norms do not readily apply to American Indian families. The extended family in Native American culture has no simple definition. Depending on the tribe and clan, different people may be responsible for child rearing, moral guidance, and family leadership. Traditional child-rearing practices vary widely. In some tribes, uncles were responsible for discipline and grandmothers were responsible for childcare. American Indian psychologist Carolyn Attneave makes a compelling argument for including as many significant people as possible in the therapeutic treatment of Native American families.<sup>2</sup> In the course of initial contact with concerned family members, time deciding who ought to be present during therapy sessions is well spent.

## Therapeutic Setting

The therapeutic setting is also worth considering. Barriers such as transportation dif-

iculties and discomfort in non-American Indian settings are concerns for all practitioners who want to increase access to services for American Indian people. Some Native American family practitioners have encouraged the utilization of home-based therapy. Home-based therapy permits first-hand information gathering, which increases the likelihood of accurate assessments about household composition, available resources, the stress of poverty, and the level of order or chaos in the home. This method may be a way to form a therapeutic alliance with the family that will later transfer to a clinic setting.

## Cultural Involvement

Assessment of the family's level of involvement with Native American culture and the dominant culture will help the practitioner both conceptualize the family's situation and formulate a treatment. Language, cultural practices, and values have a tremendous impact upon the family's ability to access resources outside of the American Indian community. American Indian families living on reservations, in rural areas, and in urban homes have different degrees of social support. The stresses of living in two worlds presents challenges to developing adaptive coping responses. John Red Horse<sup>3</sup> and Terry Tafoya<sup>4</sup> provide detailed descriptions of cultural involvement and effective interventions; their works can be invaluable resources for practitioners.

There is no separation between the physical, mental, and spiritual lives of Native American people. Successful treatments require understanding of and respect for the spiritual practice and involvement of family members. Because family discord and hardship can be attributed to spiritual concerns, involvement of spiritual leaders may be essential to facilitating change for American Indian families.

## Strengths

With any family, the power of healing comes from within. Native American families are tremendously resilient. Building upon

the internal resources of the family and the community at large will empower families to help themselves and offer support for others. Kinship ties and clan networks offer unique supports for American Indian people. Understanding the interconnectedness of the family will give a more complete picture of the place of the family in the greater society. There is some evidence that more traditional Native American communities have more constructive emotional outlets and intact support networks. Assessing the coping strengths of families will greatly contribute to treatment planning.

## Psychosocial History

A complete history may be the most useful part of the assessment process. Practitioners working with American Indian people describe the overwhelming level of trauma experienced by individuals and families and the unresolved grief over intergenerational loss. In addition to individual family members, Native American families have lost land, language, cultural practices, life ways, native medicine, and spiritual traditions.

The loss of family members to disease and accidents at rates that far exceed national averages is a source of great concern. The ravages of poverty have left the American Indian community vulnerable to many preventable illnesses, and many Native American people are killed in auto accidents or as the result of suicide and homicide. Losing many relatives at a young age is an unfortunate fact of life for some American Indian people. The extended family ensures support but also exposes individuals to a multitude of potential losses.

Trauma includes childhood separation from family members through placement in boarding school and foster care. Physical and emotional abuse in these settings is well documented. Out-of-home placement has also interfered with the transmission of traditional child-rearing practices.

The multiplicity of loss often leaves little time to process what has happened to the

family and its individual members. The magnitude of grief may be too overwhelming for traditional funeral and burial rights to assuage. Some Native American mourning practices are very specific and brief. The Navajo, for instance, have only four days to mourn the passing of a loved one. The self-sufficient model of behavior and the high value placed on stoicism make reaching out to others in order to process this grief very unlikely. A careful, multi-generational psychosocial history will provide practitioners with information to assess the impact of trauma and loss for the family and develop objectives for working with them.

### Substance Abuse

One of the most devastating results of contact with Europeans has been the introduction of alcohol to American Indian culture. The American Indian community is still reeling from the impact of substance abuse in the present day. The depression and anxiety experienced by many Native American people is both attributed to and aggravated by alarmingly high rates of substance abuse.

No developmental stage is entirely free of the effects of substance abuse. The rate of fetal alcohol syndrome (FAS) and fetal alcohol effect (FAE) is very high in some Native American communities. The resulting impairments have contributed to the difficulties that many American Indian children have in school. Children are also vulnerable to substance abuse. Young children may abuse alcohol themselves, and in some communities the abuse of inhalants has been widespread. The health risks associated with abuse of alcohol and other substances have ravaged many Native American communities. Automobile accidents, cirrhosis of the liver, and other related physical symptoms of substance abuse contribute to the high mortality rates in Indian country.

Inhibitions decrease with substance abuse, and physical violence, including domestic violence, becomes more of a threat. In one Midwestern women's shelter, up to 75 percent of the cases involved substance abuse. Child abuse and neglect cases are also often reported with substance abuse issues in the family. Parents who binge drink may leave

children with relatives, and these families may turn to child welfare agencies when they need help. A thorough alcohol and other drug assessment (AODA) is critical to the assessment of family functioning.

### Neglect

While there is a risk of neglect associated with substance abuse, there have been historic misunderstandings regarding Native American parents neglecting their children. Social services workers have made the decision to remove children from their homes based on Eurocentric beliefs about parenting. Poverty among Native Americans has contributed to mistaken perceptions of neglect, but many cultural factors have had an impact, too.

Traditionally, American Indian parents are not physically demonstrative. This lack of physical contact has often been interpreted as an absence of affection. Native American parenting also employs natural consequences and a principle of noninterference. Children are allowed to experience the consequences of their actions, and bad behavior is often ignored. Case workers have observed parents who did not direct or admonish their children and assumed a lack of interest or caring. Mental health practitioners must assess carefully before considering interventions in cases of neglect.

### Individual Diagnostic Considerations

Teresa LaFromboise describes the dual challenge of misdiagnosis and missed diagnosis when taking culture into consideration.<sup>5</sup> In the first case, any deviation from the majority cultural response is deemed to be pathological. In the second case, any bizarre behavior might be attributed to cultural factors rather than to true mental illness. In many cases in which non-Native American therapists would diagnose unipolar depression, anxiety disorders, or borderline personality disorder, American Indian therapists prefer the diagnosis of Post Traumatic Stress Disorder, in light of the cyclical grief, loss, and trauma experienced by much of the Native American community.

Many instruments used for therapeutic diagnosis were not developed with Native American populations in their standardiza-

tion samples. Spero Manson has reviewed the studies of instruments commonly used with American Indian adults.<sup>6</sup> He suggests that the Beck Depression Inventory yields false positives for American Indian adolescents, and recommends instead the Inventory to Diagnose Depression.

Teresa O'Neill has discussed the results that occur when practitioners label culturally specific behaviors as disorders.<sup>7</sup> Wacinko, roughly translated as 'putting' has been misdiagnosed as schizophrenia. Tawatl ye sni, or Ghost sickness of the Dakota Sioux seems to be a complicated grief reaction, but has unique cultural features. Distinguishing non-psychotic visions from pathological hallucinations will be a challenge for clinicians unfamiliar with American Indian beliefs. Consultation with Native American mental health practitioners and traditional healers may be needed to assess American Indian families and family members in an informed way.

Assessment is both an initial territorial map and an ongoing process for those working with Native American families. If it is done carefully, assessment can greatly facilitate the working alliance. More information regarding assessment, instrument selection, and treatments can be found in the resources listed below.

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### Notes

<sup>1</sup>Both Native American and American Indian are used here to refer collectively to the indigenous peoples of North America, representing over 500 sovereign nations and independent tribes.

<sup>2</sup>ATTNEAVE, C. L. (1982) "American Indian and Alaska native families: Emigrants in their own homeland." In M. McGoldrick, J. Pearce, & J. Giordano, eds., *Ethnicity and*



family therapy. (New York: Guilford Press) 55-83.

<sup>3</sup>RED HORSE, J. (1982) "Clinical strategies for American Indian families in crisis." *Urban and Social Change Review* 15, 17-19.

<sup>4</sup>TAFOYA, T. (1989) "Circles in the cedar: Native Americans and family therapy." In *Minorities and family therapy*. (Binghamton, N.Y.: Haworth Press) 71-92.

SCHACHT, A. J., TAFOYA, N., and K. MIRABLA (1989) "Home based therapy

with American Indian families." *American Indian and Alaska Native Mental Health Research* 3 (2) 27-42.

<sup>5</sup>LaFROMBOISE, T. D., BENNETT CHONEY, S., JAMES, A., and P. RUNNINGWOLF (1995) "American Indian women and psychology." In H. Landrine, ed., *Bringing cultural diversity to feminist psychology: Theory, research and practice*. (Washington D.C.: American Psychological Association).

<sup>6</sup>MANSON, S., WALKER, R. D., and D. R.

KIVLAHAN (1987) "Psychiatric assessments and treatment of American Indians and Alaska natives." *Hospital and Community Psychiatry* 38, 165-173.

<sup>7</sup>O'NELL, T. D. (1989) "Psychiatric investigations among American Indians and Alaska natives: A critical review." *Culture, Medicine and Psychiatry* 13, 51-87.

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## Supporting Families with a Refugee History

by Ngoc-Diep Thi Nguyen

Refugeeism has been identified as the most critical world crisis in the twenty-first century by many who work with refugee and immigrant populations.<sup>1</sup> The United States is a nation of millions of refugees; in addition, there are others living in refugee camps who are waiting to enter the U.S. but have not received political asylum. In order to effectively support these individuals and their families, professionals need to be aware of the refugee experience and the common effects that this trauma has on these families. Lack of this knowledge can cause frustration and misunderstanding between program participants and service providers, and can obscure many cultural insights that would lead to productive relationships. This article will describe experiences common to refugees from many nations and discuss ways in which refugee families can be best served.

### The Refugee Experience

Stephen Keller divides the refugee experience into four stages: perception of danger and threat, flight, reaching safety, and resettlement or repatriation.<sup>2</sup>

In the first stage, refugees see themselves as the center of violence, and yet are in a state of disbelief and deny the danger. In this stunned state, many exhibit very risky behaviors, and are thus extremely vulnerable to danger. These feelings and reactions often

recur when the family is in the process of resettling in this country.

During the second stage, the flight, refugees take extraordinary risks, sometimes at the expense of other people. Many are forced to abandon loved ones, sell all of their possessions, cheat, lie, and kill in order to survive. It can be days, months, or years before they reach safety. These experiences later result in survivor's guilt, which causes refugees to deny themselves the very enjoyment and happiness that they hoped to attain through resettlement. The higher the degree of hardship and the longer the flight experience, the more traumatic the mental problems that emerge later. These can include depression, apathy, schizophrenia, and suicidal tendencies.

The third stage usually occurs when refugees reach a safe place, such as a refugee camp. There they are in limbo, waiting for various countries to decide whether or not to grant them asylum and allow them to resettle. This process can take from a few months to years. Generations of babies are born in refugee camps as families wait to be "processed." Life in most refugee camps can be described as social disorder par excellence. The refugees live in constant fear of being assaulted by gangs or individuals who take advantage of the plight of uprooted people,

or being returned to the zone of danger. Violence occurs many times each day. As a result of dealing with purposelessness and stress, many refugees withdraw from all stimuli and experience additional anxiety and guilt.<sup>3</sup> These refugees eventually cut all emotional connections and isolate themselves.

The fourth stage, resettlement, has been studied most extensively, and is the critical stage during which family-serving professionals in the United States are likely to encounter refugees. Although many refugees are repatriated (forcibly returned to their nations of origin), those who arrive in the United States have been lucky enough to find a sponsoring nation. In the first few months following resettlement, the refugee family is mostly in shock, not only due to the drastic change in surroundings and new culture, but because they have moved from a situation of extreme danger and instability to a context of safety. In general, these families are not given much time to overcome their shock. Most are expected to find employment within three months of entry into the United States, regardless of their usual unfamiliarity with the English language and the customs of this country.

If the family manages to overcome this initial shock, the next two years constitute a period of rebuilding. The refugee family is

now driven to construct a new life. Many or all family members may work two to three jobs, spend little money, and save all they can in an attempt to regain control of their lives. During this period, however, residual mental issues such as survivor's guilt and depression may resurface and result in self-isolation, hostility, and/or suicide. Many refugees, however, have accomplished major social adjustments after four or five years in this country, and many learn to come to terms with their refugee experience to some degree. After this, fewer changes occur. Intergenerational conflicts within families begin to emerge, threatening many traditional family structures. Acculturation takes place: the family, which now may include additional generations, has acquired many cultural values and beliefs of the host country and taken them as their own.

Some people who come to the United States and are called refugees would be more accurately called immigrants, and many who are treated as undocumented residents have experienced the refugee life as it is described above. In any case, if a family experiences refugee trauma, that trauma contributes significantly to the degree of difficulty that family members may experience in adjusting to American society, and it is crucial that family workers be sensitive to that fact.

#### How Best to Support a Family with a Refugee History

1. Acknowledge that the refugee experience is an important part of the family's history. One should be aware of the refugee phenomenon and its general affect on families. The National Immigration Forum, Inc., is a consortium of organizations that work with and advocate for the rights of immigrants and refugees in the U.S. It offers useful and up-to-date news and information on the refugee experience.<sup>4</sup>
2. Help construct a history of the family's immigration experience through informal interviews. This history can be useful in building the relationship and gives the practitioner the specific information about that family's experiences, including the trauma of being uprooted, that he or she needs to be able to support all family members. The questions can be

open-ended, inviting the family to tell their story and how they coped with the trauma of their refugee experience.

3. Most refugee communities in the United States have their own network of support. Mutual aid associations and ethnic organizations are good resources to help identify additional support for the family. These community connections are crucial to the adjustment success of these newcomers. Practitioners need to seek these resources and use them as sources of information for themselves as well as referring families to them.
4. Since social service professionals are often those closest to these families, they are the first to recognize symptoms of mental disturbances and family issues that refugees are facing. It is important to keep in mind the traumatic experience that these families are experiencing, and to allow extra time for adjustment. But it is wise to watch for signs of these problems and contact mental health professionals if assistance is needed.
5. Finally, different social service organizations that serve the same refugee community should be proactive and facilitate a social and cultural network among the families whom they serve. Such connections are a vital part of support for these families and greatly enhance their adjustment to their new environment. This network must engage refugee families in leadership roles from the beginning, helping them build not only a new life for themselves, but a community among themselves and with the larger American community.

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#### Notes

<sup>1</sup>A refugee is "an individual who, owing to

well-founded fear of being persecuted for reasons of race, religion, memberships of [sic] a particular social group or political opinion, is outside of the country or nationality and is unable or, owing to such fear, unwilling to avail him/herself of the protection of that country; or who, not having a nationality and habitual residence as a result of such events, is unable or, owing to such fear, unwilling to return to it." United Nations Convention Related to the Status of Refugees. Article 1, 1967.

<sup>2</sup>KELLER, S. L. (1975) "The states of refugeeism." In *Uprooting and social change: The role of refugees in development*. (India: Manohar Book Service).

<sup>3</sup>BAKIS, E. (1955) *D.P. apathy in flight and resettlement*. (Paris: UNESCO).

<sup>4</sup>National Immigration Forum, Inc.; Frank Sharry, Director; 2220 I Street NE, #220; Washington, DC 20002; 202/544-0004.

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# RESEARCH EXCHANGE

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## Community Response to Homelessness: An Evaluation of HACAP's Transitional Housing Program

by Brad Richardson, Ph.D., and Miriam J. Landsman, M.S.W.

### Introduction

Homelessness, as a major social problem among the poor, increased dramatically during the 1980's. Particularly alarming is the large number of families with children within this population. In an effort to remedy this vicious social ill in Eastern Iowa, the Hawkeye Area CAP was awarded a HUD grant to provide transitional housing and family centered supportive services to homeless families. The Transitional Housing Program (THP) was established by HACAP in 1988 with 3 units. By 1992 THP had 100 units and served 245 individual family members, 37 percent of whom were children from 0 to 5 years of age. The Homeless Head Start Project began in 1993 with the creation of a new center for up to 16 children. The Homeless Head Start Project currently serves 60 families per year. Approximately 50 families per year are involved in both the THP and the Homeless Head Start Projects. External evaluations of both the Transitional Housing and the Homeless Head Start Projects have been concurrently conducted by the National Resource Center for Family Centered Practice at the University of Iowa, School of Social Work.

### Data

Data for 217 families participating in the HACAP (Hawkeye Area Community Action Program located in Cedar Rapids, Iowa) Transitional Housing Program (THP) are used to evaluate the process and outcomes associated with the inter-

ventions in homelessness. The evaluation data were collected between July, 1993 and December, 1995. Data were provided by the head of household on a series of questionnaires. Information gathered included family circumstances at intake, social history, self-sufficiency measures, childhood experiences, household and demographic characteristics, employment, education, economic circumstances, violence and victimization, health, crime and criminal history, stressful life events, and child data (including school achievement, social skills, abuse, neglect, etc.). Counselors provided summary information at program exit for 136 participants. Six months to one year following exit from the program, counselors interviewed 51 former participants. The Termination Summary and Follow-Up instruments provide data on current housing, employment, education, economic status, family changes, and participant and counselor perceptions captured through short narratives.

In addition to data provided by the family and counselors, the evaluation collected information about program processes and its participants through other sources. The multi-agency collaborative, which included the university evaluator, called the Supportive Services Team (SST) met on a bimonthly basis.

At the SST meetings, agency representatives and program staff reviewed cases and exchanged information, in-

cluding ongoing updates from the evaluation results, and SST members provided input and assistance in the decision making about individual cases. Recommendations for changes in policies were occasionally made by the SST, through councils, to the board of directors. As part of the evaluator's participation, a survey of SST members was conducted with the goal of improving the SST meetings through the anonymous input of its members.

A parallel evaluation of the Homeless Head Start Project provided the evaluation with tracking information on families with children of Head Start age through the use of the quarterly Homeless Head Start Tracking Guide, and service provision was also tracked on a quarterly basis through the Service Tracking Guide. As part of this parallel evaluation of the Homeless Head Start Project, a consumer satisfaction survey was conducted providing formative input to the Supportive Services Team.

## RESULTS

### Demographics

The population for this study is 560 individuals in 217 families. The average household size is between two and three family members, usually a single mother with two children. The average age of the head of the household is 27, and 35 percent are minorities. The average age of the oldest child is 6 years and 20 percent



of families have one child less than one year old. Monthly income is approximately \$400 per month at program entry. One-third were receiving AFDC benefits at the time the adult interview was completed. Fifty percent have a high school diploma. Twenty-eight percent have education beyond high school, and 22 percent have less than a high school education.

#### Childhood of Head of Family

Nearly two-thirds (61%) of the participants reported never being on welfare as a child growing up; 50 percent reported that both parents raised them together. One-third (34%) of respondents reported "moving around a lot while growing up." Thirty-one percent reported growing up in a very religious home. Growing up with a heavy drinker was reported by 44 percent, and 43 percent felt neglected as a child. Smaller percentages reported going hungry (12%), not having decent clothes (20%), and often moving in with relatives while growing up (11%). Thirty-five percent of participants reported spending more than six months living away from the home in which they were raised. Seventy-nine percent (79%) reported that "my family did their best for me while I was growing up."

#### Physical Health

Seventy-three percent have been hospitalized for medical problems. Respondents who had been hospitalized reported an average of five hospitalizations during their lifetime (mode=1, median=3). Twenty-seven percent reported no hospitalizations in their lifetime. Thirty-two percent reported having a chronic medical problem which continues to interfere with their life, and 26 percent take medication on a regular basis for a chronic physical problem. In the past 30 days, 37 percent have experienced some medical problems.

#### Mental Health

Psychological or emotional problems resulted in hospitalization of 15% once, 6% twice, and 9% reported between three and ten hospitalizations. Forty-one percent reported being treated for psycho-

logical or emotional problems as an outpatient or private patient. Twenty-one percent indicated a substance abuse problem through their responses to the CAGE series of substance abuse questions. Nineteen percent reported they were concerned they might have a substance abuse problem.

#### Criminal History

Thirty-nine percent report that they have been arrested and charged with a crime. Nineteen percent reported that they have been asked to sell drugs. Program participants most frequently reported being charged with shoplifting, vandalism, and assault. Seventeen percent have been incarcerated, and 13 percent were on probation or parole at the time of program entry.

#### Violence and Victimization

More than one-third (39%) of the respondents reported "being beaten hard as a young child" and being the victim of sexual abuse or sexual assault by the age of fourteen (35%). As adults, fifty-eight percent (58%) have lived with someone who beat them up, and 66 percent (66%) have lived with someone who had a drug or alcohol problem. During the last five years 13 percent reported that a suicide had occurred in their family, and 12 percent reported that a violent death had occurred in their family. Twenty-one percent reported that they have been the victim of a property crime in the last five years.

#### Children and Child Welfare

In the last five years, one in five participants (19%) reported losing a child due to out-of-home placement, death or arrest. One in three indicated that they have been reported for child abuse, and fifteen percent have been reported for neglect. Fifteen percent are currently involved with Child Protective Services. Sixty-one percent of families reported an out-of-home placement of at least one child.

#### Barriers to Progress

Staff are requested to assess factors which have been barriers to each client's progress. The most frequently reported

barriers to progress are a negative relationship with a mate (boyfriend, spouse), poor motivation, and psychological and/or psychiatric problems.

#### Correlates of Success in the Program

Service correlates of success in the program included utilization of transportation services, Project Start, substance abuse counseling, recreational services, family planning and attending support groups. The variables that, taken together, provide the most parsimonious set of explanatory variables for successful program completion include length of time in the program, whether or not the head of family was raised by both parents together, not having current involvement with Child Protective Services, and attending adult support groups.

#### Housing

At the time of departure from the program, at least 86 percent had secured housing. Sixty-six percent secured their own housing, 16 percent moved in with relatives, and 4 percent moved into other living arrangements (e.g., residential treatment program). The housing status for 14 percent was unknown to the counselor at the time the termination summary was completed.

#### Economic Improvement

At program entry the median income was \$400 per month. The median income for all participating families at the time of program exit was \$680 per month. For those who successfully completed the program, income rose to a median of \$972 at program termination, while for those who were discharged, a more modest increase to a median of \$645 was realized at the time of program termination.

#### Discussion

Reasons for homelessness were largely attributable to lack of income, lack of affordable housing, and incidents of domestic violence. The findings support the conclusions drawn in other research that suggest "sustained institutional support influences the likelihood of exits from homelessness" and continued self-sufficiency (Piliavin, et al., 1995).

The data indicate that clients who successfully completed the program realized greater gains in income than those who did not, although even those who were discharged involuntarily from the program also realized an increase in their income. Those who successfully completed the program were also more likely to report maintaining stable housing six months to one year following completion of the program.

Successful program completion correlated significantly with length of time in the program, whether or not the head of family was raised by both parents together while growing up, not being involved with Child Protective Services at the time of program entry, and attendance at adult support groups during involvement in the transitional housing program. Involvement in adult support groups and time in the program correlated significantly suggesting that those who stayed

in the program longer were able to access more services which were targeted specifically to their needs. However, time in the program, involvement with CPS, and whether or not the head of household grew up in a two parent household did not correlate significantly, suggesting that these influences operated independently of one another.

The predictive ability of the four variables discussed above for status at termination was tested. The four variables correctly classified 70 percent of the cases. Fifty-seven percent of the most successful cases were correctly classified while seventy-nine percent of those cases assessed as least successful were correctly classified. Participants assessed as successfully completing the program were more likely to be raised by both parents together, spend more time in the Transitional Housing Program, which in turn increased the opportunity to receive the

benefits of specialized services such as support groups, and were less likely to be involved with Child Protective Services. More study is needed to understand the dynamics of these risk factors. Although not being raised by both parents together is a risk factor for not successfully completing the program, a two-parent family history where the parental relationship was characterized by domestic violence would not likely reduce risk.

These findings are consistent with other research (e.g., Korr and Joseph, 1995) which suggests that "the building of a relationship between the case manager and the client" which requires a significant time investment, and a discharge plan which includes accompanying clients through the process of obtaining residency, and engagement are characteristics of effective interventions.

### *Excerpts from*

## **RACE AND CHILD WELFARE SERVICES: PAST RESEARCH AND FUTURE DIRECTIONS**

by: **Mark E. Courtney, Richard P. Barth, Jill Duerr Berrick, Devon Brooks, Barbara Needell, and Linda Park**

*A review of child welfare research suggests that children of color and their families experience poorer outcomes and received fewer services than their Caucasian counterparts. The relationship between race and the outcomes of child welfare service is confounded, however, by the relationships among race and other contributors to poor child welfare outcomes. Child welfare researchers should take explicit account of race and ethnicity in designing and carrying out their studies. Service approaches intended to meet the special needs of children of color and their families should be developed and rigorously evaluated.*

As in social discourse regarding virtually every other facet of American life,

the subject of race\* looms large in discussions of child welfare services. Any thorough assessment of recent trends in child welfare populations (e.g., abused and neglected children, children in family foster care, children awaiting adoption) must take note of the disproportionately large number of children of color. For example, a recent analysis of prevalence rates in five states with large out-of-home care populations (California, Illinois, Michigan, New York, and Texas) found that the proportion of African American children ranged from three times as high to over ten times as high as the proportion of Caucasian children in care [Goerge, Wulczyn, & Harden, 1994]. Similarly, in California and New York, the point-in-time estimate of African American chil-

dren in out-of-home care in 1990 exceeded 4% of all African American children [Goerge et al. 1994].

\*Race and ethnicity are conceptually distinct but related concepts. Though we acknowledge this distinction, for the sake of clarity of expression we use the terms somewhat interchangeably in this article. We consider both to be phenomena of interest.

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Government policy, such as the Indian Child Welfare Act of 1978 (P.L. 95-608), reflects the struggle over how best to provide culturally sensitive protective services to families and children. The variety of state and local policies concerning transracial family foster care placement and adoption and the ongoing debate over these policies are further evidence of deep conflict over how much, and in what ways, race should be allowed to influence the functioning of the child welfare system.

In the interest of providing guidance for research and program development, the authors reviewed child welfare outcome research studies to gain a better understanding of the role that race plays in the provision of child welfare services and in outcomes. Most assessments of the relative "fairness" of the child welfare services system are ultimately based on the end result of the system for clients. Although even a cursory review of the child welfare literature leads to the conclusion that there is much more knowledge of outcomes than of the processes that lead to the outcomes, differences in service provision associated with race bear consideration.

This review does not include all child welfare research in which race was included as a variable. Large, rigorous studies are emphasized, with occasional attention to smaller studies that offer unique findings or hold out particular promise for future research. In some areas, only a handful of studies have the requisite sample size to make comparisons by race with acceptable statistical power. Several large and influential studies have been omitted because of methodological limitations that rendered their findings regarding race and outcome inapplicable for use here. Research studies were identified through searches of relevant electronic databases, review of salient academic journals, and reference to final reports of well-known studies.

In this article, the empirical literature on the relationships among race, services, and outcomes in selected domains of child welfare is first discussed, followed by a

summary of what previous research suggests about the role of race in child welfare. Finally, conceptual and methodological considerations for future research on this subject, and on the development of culturally competent child welfare services, are presented.

#### Family Preservation Services

Family preservation programs were originally placement prevention crisis-intervention programs, providing family centered, home-based, short-term, intensive services to families at risk of having a child placed in out-of-home care. The family preservation approach, however, has expanded widely in number and variety of models, as has the emphasis on evaluating the models' effectiveness. Given the large number of children of color in out-of-home care, child welfare advocates and researchers are justifiably concerned about the effectiveness of family preservation services for families of color.

Fraser, Pecora, & Haapala [1991] reviewed the family preservation literature and presented their findings from the Family-Based Intensive Treatment (FIT) research project. The FIT research project was an evaluation of family preservation programs in two states, Washington and Utah. The project collected data on 453 families (312 in Washington State; 141 in Utah) containing 581 children. About 4% of the children in the FIT project were Latino, 2.2% were African American, 1.7% were Native American, less than 1% were Filipino, and 9% were of some other racial minority.

In Utah, a higher proportion of children of color tended to experience placement (70%; 7/10) when compared to Caucasian children (37.9%; 33/87). In Washington State, 18.3% of the families served were of color. The researchers found that families of color in Washington State experienced fewer out-of-home placements with the provision of family preservation services compared to Caucasian families who also received family preservation services. The placement rate for the families of color was 18.2% (10/55) versus 29.8% (75/252) for the Caucasian

families. The researchers speculated that families of color may derive more benefit than Caucasian families from the concrete services provided as part of the family preservation model. They contend that this family preservation model may be more culturally appropriate for families of color than traditional child welfare and mental health services because it provides a combination of concrete and clinical services in clients' homes.

Findings from the Evaluation of Illinois' Family First Placement Prevention Program suggest that other need-related differences among races may exist as well [Schuerman, Rzepnicki, Littell, & Chak, 1993]. Approximately three-quarters of the Families First sample were identified as African American; one-quarter were identified as Caucasian; 3% were identified as Latino; and less than 1% were identified as "other." Most differences—including the primary outcome of placement prevention—were not addressed specifically by race. But the amount of regional variation in the characteristics of clients suggests that African American families differed in several respects from their Caucasian counterparts.

Approximately 90% (642) of the 710 families served in the urban areas (i.e., Chicago East, Chicago South, and East St. Louis) were African American. Workers in Chicago reported a higher proportion of cases with substance abuse, most often cocaine, compared to all other regions combined—52% of the Chicago East cases and 50% of the Chicago South cases involved substance abuse. Families in East St. Louis exhibited the highest rate of homelessness of any area in the study, as well as a relatively high rate of substance abuse (38%).

The majority of families in rural areas (i.e., Peoria, Springfield, and Lake Villa/Waukegan) were Caucasian, and substance abuse was reported in only 25% of the cases. In addition, the type of substance abused tended to be alcohol; cocaine abuse was quite low. A number of psychological and relationship problems, such as emotional problems of the parents, child dis-

cipline problems, child behavior problems, and marital/relationship problems, were reported significantly more often in Peoria than in all other areas. Springfield workers also reported significantly more cases of marital/relationship problems and child behavior problems, and fewer cases of substance abuse problems and acute child health problems than did workers in all other regions.

These patterns may suggest real differences in the types of problems families experience. African American families were most likely to be receiving family preservation services due to their neglect of their children (73%), often related to drug abuse. Little evidence was found to suggest that the Family First program affected the risk of placement overall. The program did appear to reduce the risk of placement for families with marital problems, however, and families with cocaine problems were more likely than others to experience subsequent placement.

Pellowe [1990] examined the impact of race and culture upon Family First workers' and clients' perceptions of each other. Data were derived from a "Service Summary" form completed by 102 Family First workers about 538 families served by the program. Caucasian clients were approximately twice as likely as African American clients to have received services from a member of their own race. Pellowe's report is limited by the absence of statistical analysis of findings and an incomplete description of the characteristics of the sample. Nevertheless, the report offers the most extensive empirical examination to date of the role of race in family preservation, and the sample size is large enough to suggest that some of the findings are both substantively and statistically significant.

A number of findings suggest that race plays a strong role in the relationship between workers and clients. The race of a client was not associated with the way that African American workers perceived clients' behavior in keeping appointments. In contrast, Caucasian workers rated 72% of Caucasian caregivers, but only 58% of

African American caregivers, as usually keeping appointments. Clients were perceived to initiate more contact when the client and worker were of the same racial background, and clients of African American workers were perceived to initiate more contact than those of Caucasian workers.

Similarly, workers reported a greater degree of completion of treatment assignments when clients and workers were the same race. African American workers reported that 61% of their African American clients and 37% of their Caucasian clients completed assignments. Caucasian workers reported that 32% of their African American clients completed assignments, compared to 48% of their Caucasian clients.

Finally, workers were more likely to perceive the primary caregiver and other adults involved in a case as being cooperative when the worker and client were of the same race, though this relationship appeared stronger for Caucasian workers. African American workers reported 74% of their same-race clients and 68% of their Caucasian clients as usually cooperative. In contrast, Caucasian workers reported 48% of African American and 66% of Caucasian clients as usually cooperative. African American workers reported 71% of other adults (e.g., extended kin, family friends) involved with African American families as cooperative and 58% of other adults involved with Caucasian families as cooperative, compared to 45% and 50%, respectively, reported by Caucasian workers.

Findings from the foregoing studies hint that some prevailing models of family preservation may not be suitable for many families of color, just as they may not be suitable for many Caucasian families. It is difficult to discern, however, if noted differences are actually due to service ideology, service delivery, family needs, the match between needs and services, or race. To make better sense of these differences, it is imperative that family preservation researchers at least acknowledge race as a variable worthy of study. This entails including adequate

numbers of families of color in future studies of family preservation programs.

### Summary

The overall picture that emerges from this review is that families and children of color experience poorer outcomes and are provided fewer services than Caucasian families and children. For most forms of child maltreatment, families of color are more likely to be the subject of a child maltreatment report than Caucasian families, and may be more likely to have a report substantiated than Caucasians. The limited information on the effectiveness of current family preservation services suggests that these services may be of limited use to most families of color who come in contact with the child welfare system. Once in the system, families and children of color receive fewer child welfare services than their Caucasian counterparts. Some ethnic and racial groups are disproportionately represented in out-of-home care compared to their representation in the overall population; they appear to spend longer time in care, and they are more likely to recidivate when they return home from care than Caucasians. Finally, children of color, particularly African American children, are less likely to be adopted than Caucasian children, and there is some evidence that families of color have a more difficult time having their adoptions legalized than Caucasian families.

This picture must be framed, however, with the knowledge that the relationship between race, ethnicity, and child welfare services and outcomes is complex. Though the weight of evidence supports the conclusions reached here, in nearly every area we reviewed there was at least one study showing little or no effect of race or ethnicity. In most cases, to the extent that a study allowed for distinctions among groups, the various ethnic or racial groups of color experienced different outcomes relative to Caucasians. In particular, differences were most often greatest between African Americans and Caucasians. Thus, it is generally misleading to focus on differences between Caucasian children and

all other children, since the observed differences often do not apply to all ethnic and racial groups.

Perhaps the most important finding of this review is that many of the observed differences in child welfare outcomes by race or ethnicity reflect differences in the economic and social well-being of children and families. Few of the studies we reviewed attempted to account for such variation, and many of those that did showed a reduced or nonexistent effect of race or ethnicity when social class was factored into the equation.

#### **Conceptual and Methodological Issues for Future Research, Policy Analysis, and Program Development**

It is an inescapable conclusion of this review that race and ethnicity should be better acknowledged in future child welfare research. We encountered many studies in which these factors were not even mentioned as variables, although the sample size and location of the study would have lent themselves to such analysis. The failure or unwillingness to at least acknowledge the relationships among race, child welfare services, and child welfare outcomes may only serve to invite uninformed speculation about the reasons for these relationships. Whenever methodologically possible, child welfare researchers should include race as an explanatory factor in research designs and consider their theoretical justification for doing so (i.e., why does the researcher think that race might play a role?).

Greater efforts ought to be made to understand the distinct populations often subsumed under the ubiquitous category of "other." The use of the terms "Hispanic" or "Latino" to describe the ethnicity of some families and children, while sometimes unavoidable, also obscures underlying differences within this population that may be relevant to service provision. Though the overrepresentation of Native Americans in the child welfare system is well known, little empirical work has been done on services to, and outcomes for, this population. Minimal attention has been given to the unique

experiences of various Asian and Pacific Islander populations within the child welfare system. Clearer understanding of the relatively low utilization of child welfare services by Asians and Pacific Islanders offers opportunities to understand the relationship between culture, resources, community characteristics, and the use of child welfare services. When sample sizes permit, attention should also be paid to mixed-race children and youths who come into contact with the system [Folaron & Hess, 1993].

Researchers, policymakers, and practitioners should also give more attention to the nexus of race, gender, and social class as a factor in the functioning of child welfare services. Several of the studies that have been cited above indicate that the relationship between race and child welfare cannot be separated from the relationship between economic deprivation and child welfare. In addition, the relationships between race and single motherhood, on the one hand, and single motherhood and poverty on the other hand, further confound attempts to understand the role of race in child welfare services and outcomes. In short, it is a perilous task to try to consider the impact of one of these factors without accounting for the others.

One result of the observation that race, class, and gender are not independent is the tendency to excuse the child welfare system for perceived inequities in child welfare outcomes. This is somewhat understandable. For instance, if African American children are more likely to come from impoverished, singleparent families than Caucasian children, then it might be expected that they will be overrepresented in the ranks of children in care, even if child welfare services were provided in a completely equitable manner. After all, poverty and singleparenthood have been associated with relatively higher rates of child maltreatment, and, in particular the most common maltreatment category, neglect [Jones & McCurdy 1992; Pelton 1994].

From this perspective, solutions to the problem of the disproportionately high

number of African American children entering out-of-home care (e.g., alleviating poverty and either reducing the number of single-parent families or providing them with needed supports) are considered to be beyond the range of responsibility of the child welfare services system. This is to say nothing, of course, of the impact of societal discrimination in general on the ability of parents of color to rear their children. From this point of view, the child welfare system is simply playing the best hand it can for its clients, given a deck that is stacked against certain clients before they even come in contact with the system.

This point of view does have the inherent danger that it makes child welfare practitioners collaborators in a process that can have enormous negative consequences for certain racial or ethnic groups in our society. For example, does the extent to which some racial or ethnic groups in our society suffer disproportionately from family breakdown and poverty really justify the fact that they are thereby more likely to have their children taken away from them? Do child welfare researchers, policymakers, and practitioners believe that it is ethically acceptable to be involved in "improving" the efficacy of a system that takes these children without simultaneously being involved in remedying the problems that bring the children to the system? Conversely, if child welfare practitioners do believe that the helping capacity of the current child welfare system is severely limited by this societal context, in what ways might it influence their practice?

The reality that the performance of child welfare services cannot be assessed independently of the larger societal context complicates the evaluation of equity in service provision and outcomes. Some have argued [Chipungu 1991] that the child welfare system will be doing justice to children and families of color only when services and outcomes are equal across races. As illustrated above, however, outcomes of child welfare services may partly be a function of any number of factors completely out of the control or influence of the child welfare services

system. Thus, it is one thing to say that collectively our social institutions have failed children of color and their families and that one result is an inequitable representation of children of color in the child welfare services system. It is quite another to state that any inequity of outcomes within the system is *prima facie* evidence of a failure of the system itself. In fact, in the absence of efforts to improve the lot of impoverished families of color, it might be justifiable cause for concern if the children of such families were not overrepresented in child welfare services caseloads.

For example, for many outcomes of the child welfare system we have identified inequities that disfavor African American children. At first, it is tempting to call this a pattern of discrimination. We must refrain from doing so, however, because evidence about the needs of the children and families prior to service receipt cannot be used to argue that these less favorable outcomes result from worse child welfare services for African American children than Caucasians rather than from worse initial circumstances of African American families. Simply stated, we cannot determine the fairness of the outcome without knowing the amount of need at the outset.

What about equity in service provision? Should the same services be offered to all families regardless of race or ethnicity? Are existing inequities in service provision proof of a failure of the system to appropriately serve families and children of color? We believe that services do not have to be the same across varying groups of families and children because these variations—including race and ethnicity—often call for differing types and amounts of services. Indeed, calls for cultural competence in the human services emphasize the fact that one size seldom fits all. Nevertheless, our review of the literature is troubling since it suggests that families and children of color often receive fewer and inferior services compared to those provided for Caucasian children and families who have similar needs. We can think of no reasonable justification for this relative lack of ser-

vices to these populations. Inequitable outcomes, though of proper concern to child welfare practitioners, may be perceived as beyond their control: unjustifiable inequities in service provision are not.

Our review leads us to conclude that one of the most important, yet least developed, arenas of child welfare research concerns the evaluation of the role of race and ethnicity in the efficacy of services. If one size does not fit all, then which sizes fit whom? In many, if not most, child welfare jurisdictions in this country, services continue to be provided primarily by Caucasian social workers to a clientele largely made up of persons of color. A common belief holds that outcomes across all realms of child welfare would improve if there were only more child welfare practitioners of color. Similarly, a variety of service models exist that claim superiority to "traditional" services on the basis of cultural appropriateness. On their face, both of these assumptions make a certain amount of sense. Despite the degree of consensus regarding the importance of developing culturally competent child welfare services that make use of the expertise and experience of people of color, virtually no empirical evidence supports this consensus. Since we know little about the effects of same-race service provision or cultural competence on outcomes, relying on increasing these characteristics within the child welfare system as a basis for child welfare reform may not lead to substantial improvements in services to children of color. (Increasing the number of practitioners of color will, of course, distribute more resources to minority communities of color and may over time help equalize child welfare services needs and outcomes.)

To improve child welfare outcomes, service models that claim greater efficacy with persons of color should be implemented and evaluated. It is our impression that efforts to date to implement such services, while certainly inadequate, have clearly outstripped the evaluation of such services. Randomized assignment of subjects is often foregone when such

service programs are implemented because it would result in some clients losing the opportunity to take advantage of the services. Nevertheless, given the multiplicity of possible approaches to meeting the service needs of these populations, real differences in program outcomes should be assessed using rigorous evaluation designs. Only then will it be possible to distinguish what works for which populations.

Race will remain a central issue in debates over the faults and failures of the child welfare system for the foreseeable future. As long as children of color remain more likely than Caucasian children to grow up in situations that put them at increased risk of child abuse and neglect, they will continue to be overrepresented among the "clients" of the system and among the clients with less desirable outcomes. Given this situation, it is the responsibility of everyone involved with the child welfare system to draw attention to the larger social forces that contribute to pushing these children out of their homes. At the same time, the players in the child welfare system must seek to improve, through program development and evaluation, the utility of the services they provide to families and children of color.

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Chapin Hall Center for Children, University of Chicago.

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## INTENSIVE FAMILY SERVICES CASE OUTCOMES AND COST-EFFECTIVENESS OF FAMILY BASED SERVICES PROGRAM

The National Resource Center for Family Centered Practice, University of Iowa, School of Social Work, will be releasing a report on the impact of length of service on case outcomes and cost-effectiveness in three family based service programs. Principal Investigator of this research study is Kristine Nelson, Professor of Social Work at Portland State University and previously, Director of Research for the National Resource Center.

This research was funded by the Children's Bureau, Office of Human Development Services, Department of Health and Human Services (Grant #909-CW-0964). An experimental design was used to randomly assign families eligible for intensive family services to three and six month service periods. One of the study sites included a third treatment condition, an indeterminate service period.

The final research report will be available within two months, and a monograph on cost-effectiveness based on one of the study sites is currently available. The cost of the report will be \$8.50 and will cover printing and shipping costs.

*To request copies of the monograph, please contact the National Resource Center for Family Centered Practice, The University of Iowa, School of Social Work, 112 North Hall, Iowa City, Iowa 52242-1223. Phone (319) 335-2200; FAX (319) 335-2204.*

# NEWS FROM THE CENTER

This has been a busy time, and a time of change, at the Center. A variety of contacts with states across the country indicate sustained effort and commitment to build upon a successful planning year for the Family Preservation and Support Services Program (FPSSP). Technical assistance in support of FPSSP has shifted to implementation issues as a new generation of family centered services programs take shape. A number of key topics on this technical assistance agenda are apparent. As multi-agency, multi-service programs take shape states' interest in the dynamics of collaboration continues. This involves special attention to deepening collaborative relationships, to creating the structures to institutionalize emerging collaborative partnerships. In addition, the requirements of FPSSP for significant parent involvement in the planning process has spurred broad interest in developing and disseminating strategies for making effective use of parents, in ways that go beyond offering select parents seats on an advisory board. A parents' movement is building. Further, interest in evaluation continues to grow as it becomes clear that outcomes accountability systems are an essential ingredient to a flexible and responsive system.

These are areas in which the Center continues to build capacity. In that connection we are happy to welcome Shirley Pinder-Cook as our new Technical Assistance Director. Ms. Pinder-Cook has a B.A. in psychology from Oberlin College and an M.Ed. from Antioch College in counseling education. She is currently a candidate for the Ed.D. degree in administration from Nova University. She has been employed in social services (with particular emphasis on women's programs) since 1976 and has most recently been the Associate Director for the Professional Development Centre at Florida International University and the Associate Director for the Institute on Children and Families at Risk, also at FIU. Ms. Pinder-Cook has directed the implementation of human resource development grant initiatives in the areas of prison reform, substance abuse rehabilitation, school-based integrated services, vocational rehabilitation, collaborative partnership development, and family

preservation and support services. She has also coordinated child welfare training and community development activities in South Florida and is known nationally for her presentations on cultural competency, family-focused services, and social service supervision. We look forward to Shirley's contribution to our work.

Elsewhere, Center staff continues to conduct training and consultation in a number of key areas, including kinship care, intensive family reunification efforts, and in the use of a family centered assessment instrument. Although still in its developmental stages, this instrument promises to be an effective coordinating link between families and providers seeking effective and integrated

plans for support and intervention.

On another note, with this issue we say farewell to Marcia Allen as Director of the Center. Marcia directed the Center for over seven years. During her career, Marcia has worked to move family centered services from a marginal service alternative to a mainstream force within the child welfare system. She is one of the pioneers of our field. We want to thank her for her years of effort to sustain and build the Center. After her current, year-long sabbatical, Marcia promises to return to the field in a new capacity. If this were a country song, she would be loading her dog into her truck and heading off toward the horizon. Come to think of it, she may plan to do just that.

April 24, 1996

Dear Friends and Colleagues:

On my last day as Executive Director of the National Resource Center for Family-Centered Practice, I want to take the opportunity to thank all of you for the excellent service you are providing to families around this country, and for making work at the Center meaningful.

Our work has never been easy: The families and communities we serve are deeply troubled and our commitment to these people is often misunderstood by the public, by the media, and even by others in the social services field. We are not trying to place children at risk; we are trying to remove the risk from children who could otherwise be harmed in their families or traumatized by removal from those families. We know that risk goes both ways—risk to children at home, and risk in the out-of-home care system through family separation, multiple placements, and possibly months or even years of instability. We make difficult decisions about the "lesser" risk, and in almost every case, we make these decisions well. Please keep up the good work and keep doing what is necessary to educate others about the benefits and successes of your efforts.

As I depart, I have the comfortable feeling that the Center is extremely stable, has a strong, knowledgeable staff, and will continue to provide excellent services to a rapidly changing field. I am choosing to leave now simply because I have been living life on the road for ten years and am ready to find a more settled existence. Although I will be taking a break for a year or so, I will do some consulting, and I will search for new ways to make a contribution in the field of family-centered practice. I look forward to seeing many of you in my new capacity, whatever that may be.

Marcia Allen, MSW, LCSW

# PUTTING THE FAMILY CENTERED APPROACH INTO PRACTICE

Holiday Inn Crowne Plaza  
Kansas City, Missouri  
August 6-8, 1996

## JOIN US!!

The National Resource Center for Family Centered Practice invites you to join us this summer at our training institute, *Putting the Family Centered Approach into Practice*. The NRC, with its partners, the Family Resource Coalition and the National Indian Child Welfare Association, provides training and technical assistance in support of a family centered approach to practice and policy both nationally and internationally. We have gathered together a highly skilled group of professionals with experience both in field practice and teaching to lead the institute. An effort has been made to bring culturally diverse perspectives to heighten awareness, expand thinking and to give participants quality training on relevant issues.

A choice of 1-, 2- and 3-day workshops will be offered. All workshops will focus on application of concepts, skill development, and integration into day-to-day practice.

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## SCHEDULE

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### Tuesday, August 6

7:00-8:30 am Registration  
Continental breakfast  
8:30-9:00 am Opening Remarks  
Al Durham,  
Children's Bureau  
9:00-9:45 am Keynote: Pat Parker  
*The Healing and  
Revival of the Family  
Spirit*  
9:45-10:00 am Break  
10:00-12:00 pm Workshops  
12:00-1:00 pm Lunch  
1:00-2:30 pm Workshops  
2:30-2:50 pm Break  
2:50-4:30 pm Workshops

Evening: Dinner on Own  
Royals Game

### Wednesday, August 7

8:00-9:00 am Registration  
Continental Breakfast  
9:00-10:30 am Workshops  
10:30-10:45 am Break  
10:45-12:00 pm Workshops  
12:00-1:30 pm Lunch  
1:30-2:30 pm Workshops  
2:30-2:45 pm Break  
2:45-4:30 pm Workshops  
5:00-7:00 pm Networking Reception  
(hors d'oeuvres, cash  
bar, music)

Evening: Dinner on Own  
Starlight Theatre

### Thursday, August 8

7:30-8:30 am Registration  
Continental breakfast  
8:30-10:00 am Workshops  
10:00-10:15 am Break  
10:15-11:30 am Workshops  
11:30-12:30 pm Lunch  
12:30-3:30 pm Workshops

For more information or to receive a registration brochure, contact Sarah Nash at the National Resource Center for Family Centered Practice, The University of Iowa, School of Social Work, 112 North Hall, Iowa City, IA 52242-1223; Phone (319) 335-2200, FAX (319) 335-2204.



# New Resources

by: John Zalenski

The resource review in this issue focuses on a variety of significant works addressing cultural issues and related themes. If you are interested in materials on these or other topics important to family centered practice, or if you have materials you'd like to recommend, we'd like to hear from you. Contact us at the Center.

**Gonzalez-Mena, Janet. (1993). *Multicultural Issues in Child Care*. Mountain View: Mayfield Publishing Company. ISBN 1-55934-205-6.**

The deepest transmission of culture, its values and practices, occurs within the close interactions characteristic of child care settings. This book usefully addresses key issues apparent in multicultural child care settings. First, it discusses the dynamics of cross cultural communication with attention to the full context of face to face communication: use of space, eye behavior, smiling, and touching. The topics covered bring an intercultural understanding to important child development topics: toilet training, feeding and sleeping caregiving routines, attachment and separation, approaches to play and exploration, and socialization. Examples in each of these areas are taken from latino, asian, euro-american, and african-american cultures. It is a good treatment of the issues for anyone working with young children in a cross cultural setting.

**Hart, Betty and Risley, Todd R. (1995). *Meaningful Differences in the Everyday Experience of Young American Children*. Baltimore: Paul H. Brookes Publishing Co. ISBN: 1-55766-197-9.**

This study looks closely at the nature and quality of interactions between parents and very young children. While we have known that early child development, occurring in the zero to three age range, is critical to success later in life, Hart and Risley add substantially to that knowledge base. Working with families with varying economic

resources and social privilege, these researchers discovered dramatic differences in the amount of basic interaction between parents and children at all points on the socio-economic spectrum. They then connected these contrasts in the amount of early family experience to well-established precursors of success in both school and the workplace. Such things as language development, expressive potential, and performance on standardized intelligence testing all were markedly higher for those children who lived a life of enriched family interaction. This research has significant implications in a number of areas. It should influence what we consider relevant parenting skills in "parenting skills" curriculum. It could influence policy makers to see that the simple objective of family policy development is to give people the opportunity to spend more time with their children. It must help everyone to see that social resources spent on family supportive programs which allow for the creation of healthy and rich social networks within communities and between families is critical to growing socially responsible and competent members of our society.

**Koroloff, N., Hunter, R. & Gordon, L. (1995). *Family Involvement in Policy Making: A Final Report on the Families in Action Project*. Portland: Portland University, Research and Training Center on Family Support and Children's Mental Health.**

At a time when policy mandates increasingly include requirements for parent and family involvement, and at a time when, simultaneously, parents and program developers both wonder how to successfully use parent and family involvement, this is a welcome volume. Based on a five year project, this report looks at the structure, the process, the barriers, and the opportunities of parent involvement. The findings of the research support a companion volume. *Parents as Policy-Makers: A Handbook for Effective Participation*.

**Kraehmer, Steffen T. (1995). *Heroes: Shaping Lives Through Family and Culture*. Minneapolis: Fairview Press. ISBN: 0-925190-77-2**

You do not need to be an ideological extremist to believe that American culture has become toxic to families. Violent, manipulative, predatory, and exploitative our culture continually sends parents into fits of soul searching about how to keep it from poisoning children. This book may be a welcomed tool in that effort. *Heroes* recognizes the deeply rooted processes of emulation through which children become adults. And it emphasizes that while we all share the parenting of our children with the culture in which we live, children still gain access to the world primarily through looking up to, and through, their parents. This book can help structure the process of learning how to be a character worthy of a child's emulation: a hero.

**McAdoo, Harriette Pipes. (1993). *Family Ethnicity: Strength in Diversity*. Newbury Park: Sage Publications, Inc. ISBN 0-8039-3737-7.**

This collection of articles combines an examination of family and culture. In sections addressing a range of ethnic subcultures in the U.S., a panoply of authors address a full spectrum of issues pertaining to families and culture. Among the issues examined are African-American extended kinship systems, decision making and marital satisfaction, changing media representations of cuban immigrants, kinship and politics in Native American families, intergenerational relationships among Taiwanese immigrant families, and Korean socialization patterns. Rounding out this rich detail, the book closes with an ethnically sensitive social work practice model.

**Mincy, Ronald B., editor. (1994). *Nurturing Young Black Males: Challenges to Agencies, Programs, Social Policy*. Washington: The Urban Institute Press. ISBN: 0-87766-598-2.**

This book should be viewed as a survival toolkit for African American culture.



Edited by a man who grew up in the South Bronx and studied at Harvard, the volume is both rooted in experience and steeped in analysis. Its approach is comprehensive. It examines African American adolescent development and the challenges and risk factors faced there. It looks for ways to shift programming from deterrence to development, a move away from containment, coercion, and constraint and towards positive development through community based youth development organizations. In this connection, it examines afrocentrism as a strong and positive value framework for organizing and expressing the legitimate aspirations of young African American men. This collection is a call to action filled with the resources for action.

**Pedersen, Paul. (1995). *The Five Stages Of Culture Shock: Critical Incidents Around the World*. Westport: Greenwood Publishing Group, Inc. ISBN: 0-313-28782-1.**

As the world shrinks in size, and cultural diversity becomes more important and apparent, understanding the dynamics of culture shock is useful. This volume defines culture shock as an internal construct developed in response to a radically new or unfamiliar set of circumstances. New social situations require new personal, cognitive maps to fit them. The development of a response to culture shock proceeds through a set of stages. The honeymoon stage describes the adventure and novelty of radically different cultural experience. The disintegration stage is a struggle, as different cultural expectations make everyday life a set of barriers that are confusing to confront. This often precipitates isolation and anti-social response. The reintegration stage describes the beginnings of a learned ability to negotiate a new culture. The autonomy stage describes the confidence that builds as an individual realizes she has the ability to negotiate an new world. The interdependent stage is the most cognitively complex, based on an interplay between cultures. It brings an awareness that the ability to negotiate two cultures is a strong resource for adjustment and problem solving. This volume presents well the dynamics of the experience accompanying a radically new cultural situation.

**Ponterotto, Joseph G.; Casas, J. Manuel; Suzuki, Lisa A.; Alexander, Charlene M. (1995). *Handbook of Multicultural Counseling*. Thousand Oaks: Sage Publications. ISBN 0-8039-5507-3.**

Anyone engaged in the practice of multicultural counseling needs to consider including this book on their reference shelf. The collection addresses most major professional considerations impacting culturally appropriate counseling. The book opens by setting professional issues within an appropriate historical context. It examines the subject of identity formation with an integrative theory and a set of culturally specific models. It treats multicultural supervision. It presents practical strategies, such as a framework for assessment in multicultural counseling. It examines a selection of the relevant research, and looks at critical and emerging topics such as indigenous models of mental health intervention. Among the appendices is a set of competencies and standards for multicultural counseling.

**Popenoe, David. (1996) *Life without Father: Compelling New Evidence that Fatherhood and Marriage are Indispensable for the Good of Children and Society*. New York: The Free Press. ISBN: 0-684-82297-0.**

This study, from the think tank that brought us *Fatherless America* continues its social analysis presenting mounting evidence that marriage and actively involved fathers are indispensable to good children and a good society. As a contribution to the body of literature lauding the role of fathers in families the book is a strong one. If the claim is "value based" and claims to be able to accomplish its goals without a strong and sustained policy agenda aimed a supporting children and families, to that degree it feeds complex ideological dynamics within which the conservative keepers of family values are responsible for destroying the policy agenda needed to sustain true family values. Read it and take sides.

**Staples, Robert. (1993). *Black Families at the Crossroads: Challenges and Pros-***

**pects**. San Francisco: Jossey-Bass, Inc. ISBN: 1-55542-486-4.

It cannot be stated strongly enough how much of an assault black families have come under in the past decade. As the federal government has rolled back its commitment to social equality for all Americans, and the global economy has eroded incomes and job prospects, African Americans have suffered disproportionately. In the wake of these circumstances poverty, crime, drug addiction, and disease attack the social fabric of Black America. The authors of this book draw on over fifty years worth of historical and sociological research to explain how structural factors in our society influence family patterns across the life cycle, including sexual norms, dating patterns, marital interactions, educational and occupational levels, and the prevalence of female headed households. The case must be stated as intelligently as it is strongly. This book helps to do that.

**Vargas, Luis A. & Koss-Chioino, Joan D. (1992). *Working With Culture: Psychotherapeutic Interventions With Ethnic Minority Children and Adolescents*. San Francisco: Jossey-Bass Publishers. ISBN 1-55542-469-4.**

Based on a model of culturally sensitive psychotherapy, this volume explores the process of psychotherapeutic interventions with an assortment of cultural populations. The authors distance themselves from the traditional criticism that conventional psychotherapy posits a culturally biased norm to gauge and individual's or family's state of well being. Instead they proceed from the idea that different cultural groups present distinct "ethno-psychologies." This is based on a growing body of literature challenging the psychological unity of humanity, acknowledging instead that psychological structures are fully formed within the context of local cultures. If this is true then we need to account, in a multicultural setting for a profound blending of cultures into a complex intercultural tapestry. Drawing upon the work of some of the most important professionals in the field, the book offers a rich array of resources for working with a variety of ethnic subgroups.

# Materials available from the National Resource Center for Family Centered Practice

## PRINTED MATERIALS

### AGENCY-UNIVERSITY COLLABORATION IN PREPARING FAMILY PRESERVATION PRACTITIONERS (1992) \$6.00

This collection of papers from the Second University Educators Conference on Family Preservation explores issues on the effective relationship between family preservation practice and academic training.

### ALTERNATIVE MODELS OF FAMILY PRESERVATION: FAMILY-BASED SER- VICES IN CONTEXT (1992) \$49.75

A brief history and review of the research on family-based services. Based on data from the NRC's multistate 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 BIBLIOGRAPHY: FAMILY CONTINUITY (1993) \$5.00

This publication, the result of a collaboration of the National Foster Care Resource Center, and The National Resource Center on Family Based Services, provides annotations of resources focused on "Family Continuity," a new paradigm for permanency planning for the 1990's.

### ANNOTATED DIRECTORY OF SELECTED FAMILY BASED SERVICE PROGRAMS (1994) \$25.00

Descriptions of 370 family-based service programs across the country, including information on program goals, background, services, client characteristics, staff, funding and contact person.

### BEYOND THE BUZZWORDS : KEY PRIN- CIPLES IN EFFECTIVE FRONTLINE PRACTICE (1994) \$4.00

This paper, by leading advocates and practitioners of family centered services, examines the practice literature across relevant disciplines, to define and explain the core principles of family centered practice.

### CHARTING A COURSE: ASSESSING A COMMUNITY'S STRENGTHS AND NEEDS (1993) \$4.00

This resource brief from the National Center for Service Integration addresses the basic components of an effective community assessment.

### CHILDREN, FAMILIES, AND COMMUNI- TIES--A NEW APPROACH TO SOCIAL SERVICES (1994) \$8.00

This publication from the Chapin Hall Center for Children presents a framework for community-based service systems that includes and builds upon community networks of support, community institutions, and more formal service providers.

### CHILDREN, FAMILIES, AND COMMUNI- TIES: EARLY LESSONS FROM A NEW APPROACH TO SOCIAL SERVICES (1995) \$5.00

This is a street level view of the experience of implementing a system of comprehensive community-based services. Another report in a series on the Chicago Community Trust demonstration.

### CHRONIC NEGLECT IN PERSPECTIVE: A STUDY OF CHRONICALLY NEGLECT- ING FAMILIES IN A LARGE METROPOLI- TAN COUNTY:

EXEC 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.

### COST EFFECTIVENESS OF FAMILY- BASED SERVICES (1995) \$3.00

This paper describes the data and cost calculation methods used to determine cost effectiveness in a study of three family preservation programs.

### COMMUNITY RESPONSE TO HOMELESS- NESS: EVALUATION OF THE HACAP TRANSITIONAL HOUSING PROGRAM EXECUTIVE SUMMARY (1996) no charge FINAL REPORT (1996) \$6.00

An evaluation of a HUD-funded demonstra-

tion project of the Hawkeye Area Community Action Program (1990-1995). This project provided transitional housing and supportive services for homeless families with the objectives of achieving housing stability and economic self-sufficiency. Data include background information from participants obtained through structured interviews, and self-sufficiency measures at intake, termination, and six month follow-up to evaluate progress in housing, job, education, and income stability.

### CREATING CULTURES OF FAMILY SUP- PORT AND PRESERVATION: FOUR CASE STUDIES (1993) \$3.50

This document explores issues relevant to the effective integration of family preservation and family support programs called for in new federal legislation.

### DEVELOPING LINKAGES BETWEEN FAMILY SUPPORT & FAMILY PRESERVATION SERVICES: A BRIEF- ING PAPER FOR PLANNERS, PROVID- ERS, AND PRACTITIONERS

(1994) no charge

This working paper explores the connections in policy, program design, and practice needed to enhance the chances for success of linked programs.

### EMPOWERING FAMILIES: PAPERS FROM THE FOURTH ANNUAL CONFER- ENCE 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. Major sections address Programs and Practices, Program Issues, and Practice Issues--reflecting new and continuing developments in family-based services.

### EMPOWERING FAMILIES: PAPERS FROM THE FIFTH ANNUAL CONFER- ENCE ON FAMILY-BASED SERVICES (1991) \$10.00

A collection representing the third published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Five major sections--Training and Education, Research, Practice Issues, Program and Practice Issues, and Program and Policy Issues.





**EMPOWERING FAMILIES: PAPERS FROM THE SIXTH ANNUAL CONFERENCE ON FAMILY-BASED SERVICES (1992) \$10.00**

A collection representing the fourth published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Major sections address Diversity, Research, and Expansion in family-based services.

**EMPOWERING FAMILIES: PAPERS FROM THE SEVENTH ANNUAL CONFERENCE ON FAMILY-BASED SERVICES (1993) \$10.00**

This is the latest collection of papers from the NAFBS conference in Ft. Lauderdale. Chapters address family empowerment and systems change, child protection and family preservation, determining outcomes for community-based services, and wraparound services for SED youth.

**EMPOWERING FAMILIES: PAPERS FROM THE EIGHTH ANNUAL CONFERENCE ON FAMILY-BASED SERVICES (1994) \$10.00**

This collection presents the best from the national conference. Key issues include reunification practice, family-centered residential treatment, culture and therapy, and a variety of research and evaluation issues.

**EMPOWERMENT EVALUATION: KNOWLEDGE AND TOOLS FOR SELF-ASSESSMENT AND ACCOUNTABILITY (1996) \$27.00**

This volume derives from a conference of the American Evaluation Association. It addresses the concepts, methods, and tools needed to integrate evaluation into the everyday practices of running programs.

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

**EXEC SUMMARY (1988) \$2.50**  
**FINAL REPORT (1988) \$15.00**  
*(Includes the Executive Summary)*

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 (1990) 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: A HANDBOOK FOR PRACTITIONERS (1994) \$15.00**

This completely revised edition of the Practitioners Handbook addresses core issues in family centered practice, from assessment through terminating services. Also included are a series of chapters on various topics such as neglect, substance abuse, sexual abuse, and others.

**FAMILY-CENTERED SERVICES EMPLOYEES MANUAL, IOWA DEPARTMENT OF HUMAN SERVICES (1985--Rev. Jan, 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 FUNCTIONING OF NEGLECTFUL FAMILIES: FAMILY ASSESSMENT MANUAL (1994) \$2.90**

This manual describes the methodology and includes the structured interview and all standardized instruments administered in this NCCAN-funded research study.

**FAMILY FUNCTIONING OF NEGLECTFUL FAMILIES: FINAL REPORT (1994) \$2.90**

Final report from NCCAN-funded research study on family functioning and child neglect, conducted by the NRC/FBS in collaboration with the Northwest Indian Child Welfare Association. The study is based on structured interviews with neglecting and comparison families in Indian and non-Indian samples in two states.

**FAMILY FUNCTIONING OF NEGLECTFUL FAMILIES: PRELIMINARY FINDINGS (1992) 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 GROUP CONFERENCE (1996) \$16.00**

This volume offers a complete presentation of the Family Group Conference, the extended family network child protection model from New Zealand.

**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.**

**FAMILY PRESERVATION USING MULTISYSTEMIC TREATMENT: A COST-SAVINGS STRATEGY FOR REDUCING RECIDIVISM AND INSTITUTIONALIZATION OF SERIOUS JUVENILE OFFENDERS (1993) no charge**

This brief manual provides an overview of the multisystemic approach to treating serious antisocial behavior in adolescents and their multineed families. Dr. Henggeler outlines the focus of the approach on the family, the youth's peer group, the schools, and the individual youth, along with the structure of the family preservation program, and the research which documents the program's effectiveness.

**GUIDE FOR PLANNING: MAKING STRATEGIC USE OF THE FAMILY PRESERVATION AND SUPPORT SERVICES PROGRAM (1994) \$15.00**

This document presents a comprehensive framework for implementing the federal family preservation and support services program.

**HOME-BASED SERVICES FOR TROUBLED CHILDREN (1995) \$35.00 [includes s/h]**

This collection situates home-based services within the system of child welfare services. It examines the role of family preservation, family resource programs, family-centered interventions for juveniles, issues in the purchase of services, and others.

**INTENSIVE FAMILY PRESERVATION SERVICES RESEARCH CONFERENCE; CLEVELAND, OHIO--SEPTEMBER 25-26, 1989; FINAL OR BRIEF REPORT (1990) 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.

**INTENSIVE FAMILY SERVICES: A FAMILY PRESERVATION SERVICE DELIVERY MODEL (1987) \$2.75**

Manual providing detailed descriptions of the State of Maryland's Department of Human Resources Intensive Family Services (IFS) pilot projects in eight local departments 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.

**INTENSIVE FAMILY SERVICES RESEARCH PROJECT: PRELIMINARY REPORT (1991) no charge**

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

**KEY CHARACTERISTICS AND FEATURES OF COMMUNITY-BASED FAMILY SUPPORT PROGRAMS (1995) \$5.95**

This is a thorough review of issues determining the success of Family Support programs.

**KNOW YOUR COMMUNITY: A STEP-BY-STEP GUIDE TO COMMUNITY NEEDS AND RESOURCES ASSESSMENT (1995) \$28.00**

This is a manual and tool kit for conducting a community needs and capacities assessment. The price includes a computer diskette containing sample forms. Please indicate Mac or DOS version.

**LINKING FAMILY SUPPORT AND EARLY CHILDHOOD PROGRAMS: ISSUES, EXPERIENCES, OPPORTUNITIES (1995) \$5.95**

This monograph examines opportunities for family support in child care settings.

**MAKING A DIFFERENCE: MOVING TO OUTCOME BASED ACCOUNTABILITY FOR COMPREHENSIVE SERVICE REFORMS (1994) \$4.00**

This resource brief from the National Center for Service Integration presents the basic components of a program level outcomes based accountability system.

**MAKING WELFARE WORK: A FAMILY APPROACH (1992) \$3.15**

This is an account of Iowa's Family Development and self-sufficiency Demonstration Grant Program (FaDDS). It describes a family support approach to welfare reform.

**MANAGING CHANGE THROUGH INNOVATION: TOWARDS A MODEL FOR DEVELOPING AND REFORMING SOCIAL WORK PRACTICE AND SOCIAL SERVICE DELIVERY (1992) \$7.50**

This manual treats the dynamics of the change process in a variety of settings.

**NEW APPROACHES TO EVALUATING COMMUNITY INITIATIVES: CONCEPTS, METHODS, AND CONTEXTS (1995) \$12.00**

Evaluating coordinated service interventions is a complex process. This volume examines a set of key issues related to evaluating community initiatives.

**POST ADOPTION FAMILY THERAPY (PAFT): A PRACTICE MANUAL; Oregon Children's Services Division (1990) \$3.00**

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

**POST ADOPTION RESOURCES FOR TRAINING, NETWORKING, AND EVALUATION SERVICES (PARTNERS): WORKING WITH SPECIAL NEEDS ADOPTIVE FAMILIES IN STRESS; Four Oaks, Inc., Cedar Rapids, Iowa (1992) \$4.25**

Information about the PARTNERS model for adoptive families with special needs children. Includes a description of support services, screening, assessment, treatment planning, treatment and termination phases of the project, and descriptive statistics of the 39 families served. Part two describes therapeutic challenges of adoption.

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

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

**PUBLIC-PRIVATE PROVISION OF FAMILY-BASED SERVICES: RESEARCH FINDINGS (1989) no charge**

A paper presented at the NAFBS Third Annual Empowering Families Conference (Charlotte, NC) discussing research findings on differences between family-based services provided by public and private providers.

**RACIAL INEQUALITY AND CHILD NEGLECT: FINDINGS IN A METROPOLITAN AREA (1993) no charge**

Despite contradictory evidence, child neglect is believed to occur with greater frequency among African-Americans for a variety of reasons. This article describes racial differences among 182 families referred for neglect in a large metropolitan area.

**REINVENTING HUMAN SERVICES: COMMUNITY- AND FAMILY-CENTERED PRACTICE (1995) \$24.95**

This collection of articles explores aspects of the move towards a community-based service system. The book explores social work, economic development, school-linked services, and community policing. Crossing these different service sectors is a common understanding of community- and family-centered practice.

**THE SELF-SUFFICIENCY PROJECT: FINAL REPORT (1992) \$5.00**

Final evaluation report of a federally-funded demonstration project in rural Oregon serving families experiencing recurring neglect. Includes background and description of project, findings from group and single subject analyses, and evaluation instruments. (See the Self-Sufficiency Project: Practice Manual below).

**THE SELF-SUFFICIENCY PROJECT: PRACTICE MANUAL (1992) \$3.15**

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).



**SOURCEBOOK: ANNOTATED RESOURCES FOR FAMILY BASED SERVICE PRACTICE: 4th Edition (1993) \$5.00**

Descriptions and ordering information for selected resources on: family therapy, FBS theory and practice, research and evaluation, legal issues, family-based services management, and training. Lists FBS service associations and program directories. Includes many unpublished materials prepared by social service departments, not generally available in libraries, which can be ordered from those agencies.

**STATE SURVEY ON PLACEMENT PREVENTION & FAMILY REUNIFICATION PROGRAMS: FINAL REPORT (1990) \$5.00**

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

**STRENGTHENING FAMILIES & NEIGHBORHOODS: A COMMUNITY-CENTERED APPROACH (1995) \$8.00**

This is the final report of the "Patch" demonstration project, a model for community-centered social work practice that is now generating national attention.

**STRENGTHENING HIGH-RISK FAMILIES (A HANDBOOK FOR PRACTITIONERS); Authors: LIsa Kaplan and Judith L. Girard (1994) \$25.00**

This accessible handbook on family-centered practice addresses the range of issues to be considered in working with high-risk families. Practice strategies are set within the context of the development of family preservation services.

**TECHNICAL ASSISTANCE RESOURCE GUIDE (1994) \$3.00**

This guide presents a variety of materials important to implementing the family preservation and support services program. Topics addressed include organizational change, program development, community assessment, family-centered practice, cultural competence, and evaluation.

**THREE MODELS OF FAMILY-CENTERED PLACEMENT PREVENTION SERVICES (1990) no charge**

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