

# THE PREVENTION REPORT

The National Resource Center for Family Centered Practice 1999 #2

**THE PREVENTION REPORT**, published twice yearly, is a publication of the National Resource Center for Family Centered Practice, The University of Iowa School of Social Work, 100 Oakdale Campus #W206 OH, Iowa City, IA 52242-5000, (319) 335-4965. Funding provided by the U.S. Children's Bureau, Administration for Children and Families. [Grant # 90CW1084].

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## NATIONAL RESOURCE CENTER FOR FAMILY CENTERED PRACTICE

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The articles in this issue of *Prevention Report* are intended to suggest and describe valuable practice wisdom and resources in key areas of reform and practice. Leann Ayers, the leader of the city of Philadelphia's efforts to establish a system of neighborhood Family Centers, details her experience of the complexities of the reform we often most want—collaboration for neighborhood services in urban environments. Her piece closely details the dynamics of managing change in public bureaucracies, and it reveals a number of the qualities of leadership needed to accomplish this work. In a subsequent piece, Tracey Alysson, a family therapist of long experience, examines the ways in which change can occur and resilience become manifest in children and adolescents. Her findings suggest that in the ways of survival children discover unexpected ways to become primary resources to themselves in their efforts to grow up successfully. Her piece challenges some of our conventional wisdom in this area.

Several of the articles deal specifically with aspects of the implementation of the Adoption and Safe Families Act (ASFA). "Achieving Permanency for Teens: Lessons Learned From A Demonstration Project" describes a three-year demonstration project funded through the Adoption Opportunities Program. The project sought to establish permanent connections for thirty Iowa teens who were legally freed for adoption through termination of parental rights. Its completion comes at an important moment in the development of child welfare practice, coinciding with the implementation of ASFA, and the lessons learned from the project should be most useful as states and child welfare agencies implement the permanency requirements of this legislation. Later in the issue, Ashly Bennett reviews the most recent literature in the field of domestic violence, an area critical to the successful implementation of ASFA. Her review illustrates program models, practice strategies, and research findings useful to those struggling to find workable approaches to this difficult problem. As a finale, Randy Jenkins further discusses ASFA reform, identifying some of the common characteristics of time-limited reunification services that have emerged in diverse state programs.

That's all, for now. To one and all, keep up the good work!

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## A Learning Exchange

### The Work of Building Philadelphia's Family Centers

by: Leann Ayers

*Editor's Note: For the greater part of the past decade the city of Philadelphia has been engaged in building a system of Community Family Centers throughout many of the city's neighborhoods. Sponsored by the Mayor's "Children's Cabinet," the Family Centers brought family support and prevention services into neighborhoods in a new way, blending conventional health and social services with family support and activities to promote family development. This effort required fundamental changes in relationships between people, and within people's own self-understanding, in order to promote a new way of working, a new kind of professionalism. In this piece, Leann Ayers recounts her experience as Executive Director of this effort, addressing many of the inevitable personal and professional challenges of developing an innovative concept into a working reality.*

1992

In 1992 I was working at Philadelphia citizens for Children and Youth (PCCY) as an advocate specializing in children's health issues. It was when I came to PCCY that I began to realize fully that my passion is for children's issues. As an advocate, I was growing increasingly suspicious about the "silver bullet" program concept—that there was a single programmatic approach that could really make a difference for children and families. In this context, I did not believe that Family Centers were the "silver bullet" that could support families and transform communities by themselves.

Then I had an experience that opened my eyes. I spent a day doing outreach in Germantown at the request of the State Health Department. The Division of Maternal and Child Health had just designed the "Love Your Baby with a Check-up" campaign, and wished to spend a day test-marketing the radio ads. So, we set up in the police mini-station on Germantown Avenue, and began reaching out to mothers and grandmothers (women were targeted by the ads), asking them to listen to a radio ad and tell us their reactions. The mini-station is right on the way to the grocery store, so we had a lot of interest, and each participant was paid \$5 for their time. With staff members from PCCY and Germantown Settlement, a prominent community-based organization, I spent the day talking to people up and down the street, explaining what we were doing and asking them to participate.

Many of the parents and grandparents who came to listen to the ads stayed to tell us about their children and grandchildren, and

what they needed to better care for and support them. One grandmother had taken in her neighbor's two young children who clearly had developmental delays; another grandmother wrote down her daughter's name and asked us to help her; one young man left the corner and went to get his neighbor and bring her to see us. By the end of the day, people were streaming into the mini-station who weren't interested in the \$5. They had heard there were people over at the mini-station who cared about children, and they were coming in because they needed help. We offered referrals and advocacy, but there was little we could really do.

What we needed there was a Family Center. The neighbors were ready for and motivated to join a place where they would get help and could offer their own resources. They needed a proficient, cross-trained staff from their own community, made up of people who would be at the Center in the community every day as family needs and interests changed and grew. Everyone who was there that day is now a part of the Family Centers in some way. It was a defining moment for each of us. I still know and believe that Family Centers alone are not enough. However, I also know that they are the beginning.

1993

In the wake of this experience, the first opportunity I had to do anything about it was when I began to attend meetings of the Mayor's Task Force on Children, Families and Communities as a member of the leadership staff. We worked to structure a process to take the group through the planning. We often discussed whether and

how to move the group toward Family Centers.

The task force eventually developed a view of what Family Centers should be, and I feel proud that I have been very faithful to the spirit of the Task Force's view and what my own vision of Family Centers began to be. Throughout this process, I became convinced that I wanted to get a job in City government working on making the Family Centers a reality.

Before the Task Force concluded its report, the Mayor announced that Joan Reeves, a former City Commissioner, was returning to the City as Commissioner of the Department of Human Services (DHS), and that she would also chair a Children's Cabinet he was going to create as a result of the Task Force. There was some grumbling on the Task Force about this happening before the report was issued. Many of the members of the current Children and Families Cabinet were on the Task Force.

When I was a girl, my mother told me that she has a very intuitive sense of when to leave a party. She said that over the years, she and my dad had often left parties only to learn that later something happened that made them glad they had not been there. Her moral: "a lady always knows when it is time to leave the party." This is a skill I have cultivated—with more or less success—over the years, so I became increasingly aware that it was time for me to leave PCCY. I can work in someone else's context for a while, and then it starts to make me act out. So, I try to leave before I act out so badly that I damage important relationships with people that I care about.



I began to talk to people about wanting the Family Centers job. Increasingly, it looked like it would be a political job. There was also great skepticism about doing Family Centers out of DHS. Several people who might otherwise have been interested in the job told me that they were not interested because of the set up, and because they did not believe that DHS had the leadership ability to pull it off.

One day my phone at the Health Department rang and it was Joan Reeves. When I interviewed with Joan, we had a tremendous connection. I learned that she really did believe in and care about children and communities and the way families could be supported through Family Centers. I think our connection was about the fact that we shared a vision for what they should be and what they could do.

Throughout my work history, I have watched many people fail because they were not sufficiently experienced for the position they took on. So, although I have a rich and full appreciation of my abilities, I wasn't sure that I was ready to be an Executive Director at 32. A friend of mine who also staffed the Task Force convinced me otherwise and she convinced a lot of other people too. While the process dragged on, she kept me in it. Finally, I just gave up on the idea of working on Family Centers. I decided it was not my time. Then, Joan called on a Wednesday in April and offered me the job. She called back the next morning and asked if I could start on Monday, if she got permission. She said someone had just been to a meeting at the School District, and it was clear they needed me right away.

1994

So, I started Monday by attending a senior staff meeting. After the meeting, I spent about 15 minutes with Joan and another senior staff member, then I was taken up to my office and was on my own. This was strange to me, because I had never had a line job before. All my jobs had been executive staff jobs, where I was located near the boss, served as his or her left or right hand, and spent an hour or two a day processing issues with the boss.

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My office was on the 10th floor, which is sort of DHS purgatory. It was a tiny, dark office with a file cabinet, a desk, and a plastic chair. (No phone, no computer.) I was appalled, which must have shown on my face. When I told people I was on 10, they openly laughed. I was told not to worry, it was a crappy office, but after I had been there awhile I could ask for a better one. Now, understand that I don't especially care about my workspace. I would prefer to work in a small, dark, close place where I could have loud music, put my feet up, and clutter up the place with inspirational letters, cartoons and pictures. However, I was going to have to try to convince the whole world how important this initiative was to the City, and everything about my office said otherwise. Also, this began a theme which continues to this day of being consistently under-resourced and under-supported in an administrative sense.

This was April 11, 1994. On May 16, 1994, three proposals for Family Centers were due to the State that had been developed through a community process. How was I going to have a community process in three communities with no telephone? How was I going to work on proposals with no computer?

This is how a system, intentionally and out of incompetence, makes it clear that you are nobody. The sad part is, I am not paranoid enough to believe this was directed at me, it is just a very damaging aspect of bureaucratic dues paying. I believe that the point of this, not quite conscious but still deliberate, was to break my spirit. The

response to this in a system is to go to bureaucratic war. However, to do that is to act counter to all of our principles about how we work. This is a Catch 22, so I waffle between new way and old way depending on the severity of our need for whatever is being actively withheld from us. I carry some pain and anger about the fact that I was not able to provide any better for the first staff in Family Centers than I was provided for—and it compounded their isolation. At the same time, however, we are a group greatly energized by adversity, and this made us mad enough to want to prove that we could do it anyway.

The School District's Office of Categorical Programs had committed to writing the proposals. This was good, but made it harder in a way since I could only have input on what they did, not control. The woman writing for the District did a great job, but she and I are both really pig-headed, so we had many clashes. She arranged for me to get a portable computer from the School District for a month. Also, although it had been three years since I worked at the School District, the night security guards still remembered me and thought I still worked for the School District. So, I would sneak into the District at night and use the computers, printer and copier.

I worked from April 11 straight through until May 14 when we FedExed the three proposals. I worked weekends. I went to night meetings. I worked late at night, and had many social engagements to get people involved in the initiative. The School District and Comprehensive Services to School Age Parents organized community meetings in Norris Square and Haddington West. Germantown Settlement organized community meetings in Germantown.

The worst part of this time was having no peers at work. I have always benefited a great deal from close, intense collegial relationships. Here I was working very hard and having no one to let off steam with at work, much less toss around ideas, process and reflect. So, I created surrogates for it. I remember many lunches, dinners and discussions with friends and family members that kept me going.



In terms of central support alone, ten months later we had a nice suite of offices from the Department of Human Services; the Department of Public Health provided computers and a printer; an assistant was hired for me through Title V funding, and two valued staff members were placed on special assignment to the Family Centers initiative; the Department of Human Services provided an office budget for the Children and Families Cabinet including the Family Centers of \$100,000 with significant training dollars, and allocated a secretary, a program analyst, and two social work supervisors. No central office support of any kind was requested in the funds for the proposals.

In the previous round of proposals, before I was hired, the State had requested one Family Center proposal from each county. Upon receiving seven proposals from Philadelphia, the State declined to consider any of them. In that context, in this round, the City and the School District came to the table determined to coordinate and to be successful in securing State funding to launch Philadelphia's Family Centers. This commitment enabled me to leverage real collaboration in which agencies and individuals gave up dollars, positions and turf, and took some risks with various constituencies to successfully meet a shared objective.

The School District (with reservations) agreed to turn over fiscal agency of the Family Centers to the City. This was a remarkably difficult process for everybody involved. I think one of the things that got us through, besides the good will, risk-taking and commitment of the School District staff, was that I had worked at the School District a few years earlier and was somewhat accepted as someone who knew and valued and understood School District culture. At one point, an elementary principal said to me, "I was worried when I first heard about you, but then I checked you out and found out you are one of us." For example, an internal memorandum was written expressing the reservations the School District staff had about turning fiscal agency over to the City. When I arrived at the meeting to discuss this, the School District staff gave me the memo and we

went through it point by point. It was also during this time that the School District staff saw the potential of a collaboration between the Family Centers and the Americorps: National School and Community Corps, and advocated that Family Center schools should be National School and Community Corps sites.

This stage of the initiative was filled with personal challenges to my ability. I expected challenges, but I was surprised at how direct they were. At one early organizational meeting, in typical Philadelphia style, an agency representative said to me, at the table and during the meeting, "Can I ask you something? Did you get this job because it is impossible and they think nobody can do it except maybe you since you are incredibly skilled and talented, or did you get this job because of who you know? I don't really care, but it will help me understand how best to work with you." (If you wonder how I answered, since this is Philadelphia, I said I wasn't sure but I liked to think it was a little bit of both.)

We held two community meetings in each of the three communities that were eligible for a new Family Center or to expand an existing Early Childhood Family Center into a Comprehensive Family Center. Out of these meetings, and other meetings at the sites, we began to develop unique Family Centers that built on the strengths of the various sites and their respective communities, while meeting the State's requirements. We arrived at proposals which had three different management models: Haddington West is directed by the school principal; at Norris Square we hired a bilingual, bicultural site director reporting directly to the Office of Family Centers; and at Central Germantown we contracted the development and management of the Family Center to Germantown Settlement.

The meetings we held changed my mind about some things. I thought we needed to hire a director for the Family Center at Barry School (in Haddington West), but I was so impressed with the principal and her vision for the Family Center that I decided to go ahead with her as the director there. Since Barry is located in the Healthy Start

target area, I thought we could focus on prenatal care as our first health service, but the mothers in the planning group told me clearly that they all knew about and were involved in Healthy Start and saw no need for a prenatal/infant mortality focus.

One of the best community meetings was organized and led by the Norris Square Civic Association (NSCA). Approximately 50 parents, children and other community residents came together one evening at the Front Street site to ask questions about the Family Center and find out what it would offer. This meeting was bilingual. Two years later, NSCA was chosen as the management agency for the restructured Family Center at the McKinley Elementary School.

In Central Germantown, which we really considered the flagship Family Center, approximately 40 students, parents, community leaders, principals and agency staff, including representation from the five school communities, attended a meeting to which everyone came a half hour early to read and comment on the proposal. It was at this meeting that we first introduced the concept of contracting the management to a community-based organization, Germantown Settlement. While there was reasonable support for this idea at this meeting, and I believe that Germantown Settlement's credibility was an important factor in the State's decision to fund the proposal, in Germantown itself this arrangement ultimately went over like a lead balloon. It is distinctive of this effort, and perhaps of collaboration in general, to be engaged on several fronts simultaneously, and I was so concerned with selling the idea of a community-based organization model downtown that I really didn't do all my homework in Central Germantown.

We ultimately had problems with individuals in the community and with school officials because of the way the decision was made and communicated. This decision was the right one, but we could have opened up the process and been more consultative in a way that would have saved us what became months of process work to overcome community agitation and interpersonal difficulties. To be honest, I'm not sure that

we would have come as far as we have if we hadn't met those difficulties head on in the first few months of working together.

Both for the planning meetings and subsequent community meetings—some of which were hostile—I felt acutely the absence of any staff, even for support in numbers. So, I convinced different friends to come with me to the meetings as interested citizens.

110 social workers and 30 social work supervisors at the Department of Human Services applied to join the new community services unit, which would carry out the work of the Family Centers and the Department's closely related Family to Family foster care reform initiative. Many expressed profound joy at the opportunity to support families by preventing crises—a need that they have seen and advocated about for many years.

There are also many opportunities for professional development, which are hard but rewarding. At one of the first internal meetings at DHS, one participant said, "The work we do here is very structured, what we are supposed to do during the day is defined and there are all kinds of forms. This new job will require me to get in touch with a part of myself I haven't used for years—for lack of a better word I will call it my imagination."

I was so impressed by the quality of the staff who would be joining us that I made a grave error, out of ignorance. I failed to understand the huge chasm between community development work and child abuse and neglect work. So, this commenced a period of time in which disagreements about what work is and how it is done permeated our environment, and began to get personalized. Child abuse and neglect workers have spent years refining their ability to differentiate truth from fiction. This is a very important skill. However, development work is based much more on possibility and opportunity, and truth is less clear and less important. I am not presenting this as a deficit on the part of the workers, it was a shared deficit or gap between us. This was further aggravated by the fact that my training in policy was to be

very guarded about what I did and how I did it. These two factors together, along with personality issues, began to pull us apart. Factored in here, too, were issues about that fact that I am a white woman.

Sometimes, by mistake or out of frustration, we created a barrier by the way we did our work. This is one aspect of collaborative systems change that I am trying to learn to identify proactively. It is one thing to tackle the various barriers to such change that exist, but without great deliberation it is easy to create barriers by the way we do the work. I am convinced that this is one reason such efforts often fail. If we can learn to identify such barriers up front, perhaps we can eliminate or minimize them.

There were a number of meetings to get Central Germantown going, but two particularly stand out in my mind. In one we discussed what it would mean for Germantown Settlement to take on the development and management of the Family Center. We were able to lay out what we thought it would mean in terms of the Germantown Settlement changing some of the ways it does business. This was only a small piece of a large reorganizational effort at Germantown Settlement, so the changes necessary for the Family Center were in the context of a larger shift for the organization as a whole. We talked about a need for openness, for involving people and organizations who had traditionally not only not been supporters of Germantown Settlement, but active detractors. We also talked, as we do now all the time in staff meetings, about the need to be able to take it because it will get us where we need to go.

It is hard to define taking it, but I will try. Taking it has two meanings. The first is being willing to let people get right in your face and yell or say rude things or disrespect you or question your commitment, and taking it without being antagonistic because you need to move forward without getting caught up in a lot of interpersonal stuff. This is important for two reasons. One is that this is the first and most natural strategy people use to stop what you are trying to do, and if you let them create personal animosity they have created an effective barrier. The second is that this work is

really threatening, and people need to sound off to somebody in order to have their point of view heard before they can move forward.

Secondly, bureaucracies and other organizational cultures are very dependent on formal and informal rules about how things are done, elaborate protocols between people, offices and efforts that really make up the stuff of the organization. Taking it means being willing to accept other people either knowingly or accidentally violating your personal rules and those of your organization about how things are done. This is important for the reasons indicated above, and because you cannot really understand well how another organization does business without years of experience working together. Trying to slow down the progress of the initiative is another way of creating a barrier (one colleague calls that "slow-walking" something).

The other thing we talk about is keeping our eyes on the prize. That means constantly reflecting on and questioning whether or not we are focused in the day to day aspects of our work on what is best for children and families. There is a difference between overall focus and day to day focus. Day to day focus is necessary to change the way we do business.

The first social work supervisor to join us in December of 1995 was George Allen. I was really looking forward to George starting, because I knew from his interview that he was brilliant. I had deliberately chosen both workers and supervisors who were strong in their regard and affection for DHS. My commitment is as much to system reform as it is to Family Centers.

The day George started I arrived early. At about 11 a.m. he showed up with Charlene Ingram, the head of the newly created community services unit, who said George had been with her all that time. After Charlene left, George told me that he had thought he would be working for Charlene (so had I). However, he now understood from her that he would be working directly for me, and that he was comfortable with that. (This was news to me, and I never



heard anything about this huge change directly from anybody.) The first few days with George there went well. I welcomed him and confided in him, and I worked with the others to make sure they welcomed him.

This split from Charlene's unit fed the split in the office. After the other workers joined us, we met as a group with the Commissioner. Charlene was there, and the Commissioner made it clear that the workers were reporting to me. I thought I was being told in no uncertain terms to stay away from Charlene, and thought she had decided she did not want to work with me. I felt humiliated, and thought this could have been handled more privately. But Charlene and the workers thought this was evidence that I had said I did not want to work with Charlene, and she was being humiliated about it in a public meeting.

As was our habit, we prepared for the other supervisor and the workers to join us by scheduling a meeting for key stakeholders from every part of the initiative to come together to discuss the workers' role. It was a nightmare. Now, this will seem slightly obvious and stupid, but believe me it was hard to grasp at the time: what the workers looked for and saw in this meeting was abuse, and what they wanted, needed and offered to each other was protection. Understand? Child protective service workers do abuse and neglect work. I learned that abuse was a kind of energy present in our space, and I later realized that protection was and is also present. Some began to be obsessed about protection for themselves and other workers, and the time I was spending trying to reassure them began to drain me of both the time and the immense energy the work required.

The thing that almost killed the Family Centers initially was that we took on two things at the same time: creation of an integrated intersystem project simultaneous with system change within a new unit of one department, DHS. This may be the very thing that, ultimately, distinguishes our initiative. This was a very significant turning point for the initiative on many levels, and it might be useful at some point to unpack what happened. I was convinced it would break us, particularly since I did

not know DHS well enough, from an internal perspective, to navigate it. It almost did. I relied heavily on advice from others as a proxy; much of this advice was well-intentioned but layered with history, tradition and hidden agendas. The tensions and dualities inherent in this dual mission were the source of tremendous struggle and caused each of us pain. However, the crisis that was created forced us to commit to the mission, each other and the initiative as a group.

1996

This was the year in which we tried to make the rhetoric real. We quickly found out that we had to do this for ourselves, as well as for the Centers, and this "double loop" was the most exhausting and most rewarding aspect of the work.

In particular, I had worked on some special projects in the past, in which we attempted to promote broad change, but to do our own work in a highly traditional way. In fact, if anything we were more traditional because our work was so radical. I felt (much as adults think of how they will parent in some ways differently from their own parents) that one thing I wanted to do was to try working in the central office in the same way we expected everybody else to work. This created chaos internally and externally, but it was the right thing to do.

The following is an excerpt from a speech I wrote that fall:

"Too often, we have told families what they need instead of listening to the goals they have for their children and supporting them in the realization of those goals. Too often, as large agencies we focus on turf and bureaucratic requirements. Family Centers are changing that. While our initial struggles are to implement the Centers in keeping with the Family Center philosophy, we already see a ripple effect of our work in the agencies and systems most directly involved in Family Center activity. We cannot see into the future, but we have an analysis of the past that empowers us to do business differently. Our work is filled with inconsistencies, and with necessary tensions. For example, a Family Center is not just a

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place you come because you need something, it is a place you come and are asked what you have to offer. However, you should also receive the service you came in seeking.

As we first worked to create Family Centers, we were parents from many communities and staff from many agencies and organizations. Together, we have learned four hard, but useful lessons.

As we reach out to new families, new communities and new partners in the development of Family Centers, we have to remember to start at the beginning. In order to understand Family Centers, you need to know our history. Starting in the middle makes it hard for others to join in, and leads to misunderstanding and confusion.

When we first began to work together, there were two phrases that I heard us say to each other. One was: there are no limits—the sky is the limit. The other one was: if there is one thing I have learned, it is that there are limits. Both of these statements are right. Our job is to work and plan and dream, knowing that together there is no limit to what we can accomplish for our communities, families and children. Our job is to be clear, and realistic and positive about the fact that there are limits. Limits to what we can expect of others, only 24 hours in a day, and limits necessitated by working within a government framework which has certain rules, regulations and requirements. It is only by both accepting the limits and challenging them that we can make a difference.



Celeste Williams taught me this lesson, it's all good. The creation of Family Centers is a process, and it isn't always an easy process. Along the way there will be struggles and confusion and we will sometimes get stuck. But even the hard places mean that we are making progress.

One of our first community meetings was very hot. Many people came with questions and concerns about the new Family Center. Many people came with ideas and commitment to the new Family Center. Some of these were the same people. Afterwards, I heard from various people around the city who were concerned that we had a 'bad' meeting. I let them know that in my experience nobody comes to a meeting to say how happy they are with the way things are going. That isn't what motivates most people. But everyone who comes to a meeting has a commitment to making things better, and that to me is what makes a 'good' meeting. That commitment makes it all good.

Real collaboration is going to mean fighting with our friends and working with our enemies. This is the most important part of the new way of doing business. This is not how we typically do things, especially in Philadelphia. A real commitment to making a difference for children and families means that everyone is part of the solution—we create the solution together—we co-create it, as Suzanne Anderson taught me. Does anybody keep a mental list of people who did you wrong once, and you vowed to get even someday? If you really want to make a difference, call it up in your head, and erase it—and don't start a new one. Let it go.

I know that you think I'm crazy when I say that, but I really mean it. If you want to know how I know, go ahead and keep your list for a few months, and watch how having a list and your prejudice toward the people on the list limits your own possibilities, as well as what can be accomplished for children and families. Doing otherwise is to stick yourself, as well as the agenda.

I cannot afford to exclude people from the solution because I don't like them, or they are in a different political party, or six years ago they disagreed with me in a meeting in a

way I considered disrespectful and I vowed I would get them some day. (For me personally, there have been several trials of this. The person on the top of my lifelong list is one of the first people I was forced—by my commitment to this initiative—to call and ask for support, and to depend on for support.)

Likewise, being a part of Family Centers is a learning process. Some of what we are learning challenges traditionally held views on supporting children and families. We have to act on our commitment to children and families, even if that means disagreeing with our traditional friends and allies. Do it in a way that is respectful and serves to maintain the relationship, but make your choices based on what is best for children and families.

Give each other, and give me, the benefit of the doubt. We are all from different agencies, different communities, different families. Each agency, and each community has its own rules about how to interact, how to communicate, the basic rules about how things are done—the protocol of working and living together. Nobody can know all these rules. Test each other by the concrete demonstration of your commitment to children and families, not by whether or not somebody broke a rule they had no way of knowing.”

### 1997

A friend told me that he thinks organizational personalities are the same as children's personalities based on age. Thank God we have exited the terrible twos! Now we are really in it. People are taking us more seriously because we have the Centers open and functioning, but the resistance is really coming at us.

Collaboration and community empowerment are paradigm shifts which are uncomfortable for each of us (individuals and systems) in a different way. True reform can be threatening to both individual and organizational identities. We are limited by our own experiences much as parents can be limited by their own upbringing. We are struggling to identify and break through those limits. Each of us,

personally and in our respective organizational context, is living with the daily discomfort of real system change. The process of reforming our child-serving systems to date has been marked by starting over, by significant successes and resounding failures, by the disruption of relationships between individuals and organizations, by the healing of some of those relationships, and by remarkable tolerance, good will and commitment to children and families on the part of all involved.



## The Candle in the Night: Children as Primary Resources to Themselves

by: Tracey Alysson, Ph.D.

*Editor's Note: This article is from Home-Based Therapy: Notes from the Field, a collection of essays by Tracey Alysson, Barbara A. Meyers and other contributing therapists, which will soon be available through the National Resource Center.*

**Psychologists ask their patients, "What is your problem?" when they should be asking them, "What is your power?"**

Matthew Fox (1983)

In numerous works, the psychotherapist Alice Miller has championed the child as meaningful and cogent, and as not needing to be suppressed or changed. Her work speaks out about the subtle and socially accepted ways in which children often are molded and punished in order to make them compensate for their parents' (or teachers', or other authority figures') needs, unfulfilled dreams, and fears. As a society, we do not always take children seriously, nor do we treat them respectfully. The media offers caricatures and stereotypes, infantilizing children or dressing them up in adult roles. In many ways it often seems that we do not even like children very much, and we certainly do not always see them as sentient, whole, and inherently good, moral beings. Dr. Norma Haan (1989) reviews the opinions of moral philosophers and psychologists on the moral capability of young children:

... Freud, Piaget, and Kohlberg—each with somewhat different reasons—have thought that the young child is basically self-serving. . . . In recent years, however, several bodies of research and observations of young children's morality suggest that Freud's, Kohlberg's, and Piaget's views may not be correct. . . . a recent extensive review of some 400 studies . . . conclude that preschool children "are not only egocentric, selfish, and aggressive; they are also exquisitely perceptive, have attachments to a wide range of others, and respond prosocially across a broad spectrum of interpersonal events in a wide variety of ways and with various natures." . . . preschoolers are able to

integrate moral information and make comparatively complex judgments about moral equity.

Haan suggests that "young children's understanding of basic human reciprocity is much the same as adults', but children lack knowledge, cognitive skills, objective power, responsibility, and material resources to empower their negotiations" (p. 28). As a society, we have not yet learned to walk that fine line between supporting a child's own sense of his/her needs and determining those needs for the child. Haan is arguing that children have the same sensitivities to self and other, and to personal justice, as do adults, and this has important implications for how we interact with children. According to Haan:

- a) If children do have moral understanding, they are sentient human beings who must then be involved in moral negotiations even when they are in error—as children frequently are. It becomes prudent then to preserve their moral honor and participation during the negotiation rather than maneuver them into compliance. . . .
- b) If children have moral understanding, then their attempts to protect their own self-interests must be taken seriously rather than cast off as further evidence of their selfishness, as often occurs. In fact, a mark of vulnerable children is that they are often unable to protect their legitimate self-interests.
- c) Experiences of helplessness—a main

component of human stress—may prefigure childhood vulnerability, while a sense of agency must prefigure childhood resiliency. . . .

It often seems that most of all what we want is children who do not bother us (who conform), who reflect back to us what we are already comfortable with. We want children with whom we do not have to "negotiate." We want children who reassure us that we do not have to open our minds and hearts and re-examine how we engage in everyday life and relationship. But it is precisely children who are the most stunning, gifted, and creative teachers.

For many years I have worked with a team of outreach therapists providing home-based therapy to multiproblem families. My colleagues and I have been impressed by the resourcefulness, the sentience, the inherent healthiness of children we have met in the course of our work—children who, when the system is hopelessly authoritarian or ineffective, and the parents are stuck in their own myopia, drop pearls of wisdom from their tongues and flashes of insight into court hearings and family therapy sessions. We have also been impressed that some children, whether incisive or unobtrusive, survive—really survive—until they can move out of the family/school/system into their own lives' direction. They manage to be primary resources in the service of their own survival and growth.

What do we mean by primary resource? Most simply, we mean the capacity to preserve oneself and to continue to create possibility (future hope) in one's situation, no matter what odds one is up against.



For example:

*A son was seen as the "family screw-up," and had not been wanted by the father. His older four siblings were favored quite overtly. The son did not seem to be able to do anything right, and even when he had not done anything wrong that seemed to be reason to keep him grounded. His father physically abused him. However, the son found creative ways to survive. He developed crafty ways to get out of the house to see his friends covertly. He had asked to be transferred to another school but had been refused, and was expected to attend and succeed at the same school as his siblings. He deliberately remained in trouble at school so that his parents would finally get exasperated enough to refuse to send him there, which they finally did. The son was then able to go to the "lesser" school in his parents' opinion, but to the one which gave him room for his own identity (rather than being the fifth child of a family to attend it). He did well there. He worked three part-time jobs when he was not grounded, and volunteered in work that was a possible future career interest. He had a goal, and looked into the few colleges that offered training in this area. A few years after terminating with the therapist who worked with the family, this young man sent her an update—from one of the colleges he had looked into.*

How did he do it? We are not reading the story of someone who has learned the hard knocks in life, or who feels he does not get enough help. We are reading the story of a bright, energetic, crafty but crafty-toward-honorable-ends, goal-oriented young man in the making. Why isn't he angry, depressed, self-defeating, and continually returning to his family of origin in hopes of getting his father to love him and his mother to protect him?

In an effort to better understand what it is that enables some children to survive and flourish where others self-destruct or

simply wither, we searched through our recollections of those who had survived, unexpectedly, as it were. We noted two dimensions that sustain the ability to flourish despite severe adversity: factors that drive or motivate growth, and qualities that channel or direct these energies.

**FACTORS MOTIVATING SUCCESS IN THE FACE OF ADVERSITY**

Table 1 summarizes the syntonic and dystonic factors that motivate success. Syntonic refers to those factors that are experienced as congruent with the self, pleasant, a natural part of the self. The syntonic factors power one forward into life, much like fuel runs an engine. These qualities create a mental set of aliveness and responsiveness rather than stasis and avoidance. Dystonic refers to those factors that are not experienced as part of the self, which are distressing, unpleasant, and wished to be rid of.

**Syntonic Factors**

Self-reliance is the ability to take action on one's own behalf when it is needed. For example:

*A young teenager from a divorced home had recently transferred to his mother's home. He had just been discovered to be abusing drugs. The court hearing was scheduled for the following week. He promptly ran away to his father's home, several hundred miles away, where he could*

**"In an effort to better understand what it is that enables some children to survive and flourish where others self-destruct or simply wither, we searched through our recollections of those who had survived, unexpectedly, as it were. We noted two dimensions that sustain the ability to flourish despite severe adversity: factors that drive or motivate growth, and qualities that channel or direct these energies."**

*collect his clothing and personal effects. When he returned to his mother's home, he was ready to be sent away to a treatment facility—as he knew the court would order. The "running away" was to prepare himself with the things he would need to go into treatment, as he had realized that there would not be time to do this once he was sentenced.*

Openmindedness is an inner spur, a set of doors that is continually swinging open. It is the refusal to be afraid of the unknown, or if one is so gifted, to not have it occur to one to be afraid of change. Holmes and Rahe (Life Experience Scale, 1967) rate life change as among the greatest stressors to human beings. But for some, change is opportunity, stimulation, a chance to learn something different. For some children an event is more than an experience for the moment, it is future possibility, opening

**TABLE 1**

**FACTORS MOTIVATING SUCCESS IN THE FACE OF LIFE ADVERSITY**

SYNTONIC	DYSTONIC
◆ Self-reliance	◆ Suicidality
◆ Openmindedness	◆ Loneliness
◆ Making the most of positive occurrences	◆ Discomfort with dysfunction
◆ Independence	◆ Need for safety
◆ Seeking and valuing diversity	◆ Need to prove oneself
◆ Trust in larger or unconscious processes	



one's mind into a world that is assumed to be wider than the present. Children who are primary resources to themselves have a hope and a belief that what is possible extends far beyond the present reality, even if they do not know this for sure.

Openmindedness is also a quality that does not allow one to mistake a rut for living. Children who are positive resources in their own task of survival and growth seem to have the ability to recognize, attach to, and maximize any positive occurrence in their worlds. If the parents are abusive and shaming, the child might attach to a teacher, books, or a hobby. It seems to be the attachment that is crucial. This makes intuitive sense: it seems that it is, fundamentally, relationship which keeps us sane and open, whether the relationship is to another person or to an idea or to a skill. The attachment to something else keeps a doorway to the world open. As long as that door is open, there is the possibility of positive feedback, more opportunities, or whatever other form hope comes in. Some issues that are not in and of themselves stable in a mentally healthy system can nonetheless provoke responses that can lead to the discovery of greater life spaces.

*The younger of two children was brought in for therapy by the father because the child had been molested by another professional. The father was also a survivor of abuse, but had coped with this by adopting a helpless, victimized stance in life. It appeared that he had brought the son in for treatment so that the son would stand up to the molester as the father had never been able. The son presented like the father: afraid of everything and everyone. The therapist focused on basic survival skills: how to talk in class, what to do when hassled by peers, how to settle and clarify one's own thoughts and opinions, how to systematically desensitize himself so that he could walk in neighborhoods of which he had been phobic, and so forth. This foundation of basic personal clarification built towards an ability to finally write a letter to the abusive professional. Oddly, this progress*

*disrupted the father's agenda of having the son confront the abuser publicly. The son handled the abuse his own way, not his father's way. In addition, the son's progress slipped him out of the enmeshed role of his father's shadow, mirroring dad's insecurities and timidity. The father remained reticent and fearful, but the boy did not return to his phobic, paralyzed shadow existence. He took hold of the skills made available to him.*

In this case, once the child was introduced to an alternative to his father's manner of coping, he caught fire and engaged in his life personally, educationally, and socially. He could accept his father and his father's way of coping without becoming disabled by it.

The active sense of preserving one's existence through maintaining independence is another important factor of survival, which comes through in this example:

*A gentle and sturdy 13-year-old boy calmly but steadfastly refused to comply with anything that did not honor his own sense of direction. If he could not see the point of some behavior, he would not mindlessly comply, although he was open to an alternative solution. Needless to say, this engendered ongoing power struggles with school staff. The staff could not see that this boy intuitively sensed that his capacity to say "No" to someone else's will being imposed on him was a life-or-death survival stance. They did not see the intensity of enmeshment and voracious psychological hunger within this child's family, where even permitting closeness to an adult relative risked being seduced and swallowed up into the endless neediness and aggressive need to control that characterized that family. So he set out his boundaries, not even knowing quite why consciously. Misunderstood and mislabeled by the school system, he persisted, clinging sometimes blindly to his own sense of what "felt" right inside. Years later he would say that*

*somewhere inside he just knew he had to wait it out until he was a legal adult and would have the permission to make his own decisions.*

Sometimes independence is manifested in raw courage.

*A pre-teen gathered her two younger siblings up on two occasions when their father was raging drunk and their mother was in an alcoholic stupor. She said to her siblings, "We've got to do something about this."*

In reality, there was little this child could do. However, she turned an overwhelming situation into one that potentially could be managed by creating the experience of effort, of will to have an effect. She took a situation of potential abandonment and isolation and created a bonding among the siblings that preserved each other as a source of hope and sustenance. Where did the courage, the intuitive focus, and the drive to do this come from? What is it that made her feel that she could have an effect on life instead of giving in to a sense of helplessness before the circumstances of life?

It seems strange that independence is such a rare quality in the land of freedom and individualism. But there is a crushing pressure to conform to the group, to regress toward the mean. Holding onto one's own sense of self is to hold onto one resource of survival and support. The presence of the group, while reassuring, cannot live one's life for oneself. The ability to think and act separately from the group creates the possibility that an individual will blossom and flourish. As another said it, "I have long believed in a fundamentally non-negotiable sense of my existence as all I really have and all I really am."

Sometimes the rules of society conflict with the readiness of a child to move on. Some children are not stopped by so small a thing as "the system."

*A girl went to probate court at the age of 16 to get married: she talked her mother into it, marrying a person who*



was 18. Then she left him half an hour later! It was fascinating to watch. The judge is sternly lecturing her about being on her own now, and her mom's crying—and she's smiling: "Bye, mom, 'bye judge, 'bye, hubby"—she got her freedom from the family she was trying to get out of.

This young woman was certainly not getting the "support" of the court, her mother, or her boyfriend, but she was getting what the system would not give her in the traditional manner: choice.

Perhaps independence is another word for resourcefulness. Imagine the following dialogue:

Kid: I can drive a car.

Adult: No you can't. You're not 16.

Kid: I can drive a car.

The adult thinks as s/he is supposed to, according to the legal definitions setting forth what one is permitted to do, which may or may not correlate with one's abilities. A child thinks in terms of what his/her skills permit him/her to do. Which one is less limited by untested assumptions? Which one is willing to test out an intuitive sense of possibility and skill?

*A probation officer asked the multiproblem therapist about the job a 13-year-old client apparently had found. The therapist smiled pleasantly and advised him, "You don't want to know." The probation officer asked again; the therapist repeated, "You don't want to know." What the probation officer did not need to know was that the 13-year-old had found himself a job running machinery despite his young age. The boy was doing well.*

Perhaps the most intriguing aspect to note about resourcefulness is that it is not always appreciated by adults (what an understatement!). Resourcefulness in children is often perceived as non-compliance by adults, rather than as a creative solution to an impossible bind in which the young person finds him/herself. Young people often are not yet acculturated

to the mainstream culture, and their unorthodoxy, creativeness, and willingness to be open to new ways and means at times not merely dismays but angers adults.

*A teenager repeatedly got into trouble for smoking in his high school. Periodically, the staff was unable to locate the boy. A search of the community did not indicate that he was truant. Indeed he was not. He had learned some basic scientific principles: he would climb up into the rafters in the gymnasium where he could smoke (since smoke rises), and where he could listen in on classes (since sound moves upward), but where they could not hear his comments. He was not on the streets, he was not truant, but he was rather creative.*

As therapists, we realize the edge on which some of these children move, whether it is in marrying at 16 to get out of the house, climbing up in the rafters to smoke, or running heavy equipment at 13. However, we also realize something else: these children will not simply "roll over" because someone has told them they cannot do something. These children are already fighting for their very survival, and authority for the sake of authority (authority that does not recognize and respond to the life-and-death circumstances of many of these children) does not, and perhaps should not, earn their compliance. They deserve the support for this internal refusal to submit for the sake of submitting, in hopes that with time and new opportunities this same internal creativity and fight for life will have wider opportunities to seize onto.

Many of the children who are able to overcome challenges also do so by seeking and valuing diversity, realizing that there is not only one route by which one may get where one would like to go.

*The last child in a large family of abused and neglected children is finally 17 and pregnant. Her boyfriend is abusive, but she wants to be with him. His mother likes her a lot, and states that she would be*

*happy to have the young woman come and live with them. However, she will not permit them to sleep together in her house unless they are married. So, the young woman moved into her boyfriend's home, and the couple bought a tent and stayed out in the backyard!*

Is this manipulateness or survival ability? If it was manipulation, who was really hurt?

*A child was placed at a residential camp for uncontrollable behavior. When he had made sufficient progress in the group format there, he began returning to the family for trial visits. During each visit, he became the cotherapist to the family, teaching the problem-resolution skills he had learned in the group format at the center. He became a resource in reconstructing a family to which he could return.*

Some people, children and adults, are gifted with a sense that there is something larger than what they can grasp or see at the present. This sense of a larger pattern may be trusting that each event in life is a message or a lesson, so that the response is not resentment or despair but an inquisitive attitude of what can be learned from this event. For others, it is a trust that one is riding the currents of a larger pattern, not that one is directing, but that is guiding and directing oneself. There are those who insist they can control life if they just try hard enough; there are those who insist they can have no effect at all no matter how hard they try. But there is a balance to be found somewhere between humility and participation that aids individuals in overcoming adversity.

### Dystonic Factors

The dystonic factors in Table 1 can motivate movement toward survival as well as the syntonic factors just discussed, for some may move toward life by moving away from stasis or death.

*A teenager persisted in extreme acting out, as in setting fires and suicide attempts. She did not disclose*



a history of multiple sexual assaults until three years into treatment. With each episode of acting out, the family was brought back to court and another piece of treatment was ordered into place, either a treatment modality (marital, family, individual) or another branch of the extended family was brought in. After each such incident, there would be a backlash within the family to the crisis and the resulting mandated changes, but slow, steady gains accrued from each such upset. The teenager's symptoms thus persisted in eliciting change from her family, albeit in an indirect manner.

*But in her own mind, there was really no choice: as terrifying as separation was, time would move relentlessly on, and she felt she simply had to prepare herself for the inevitable day when she would have to be away from home.*

The need for safety is a powerful reality in many children's lives. Safety is not a given. As such, the need can motivate a child to develop survival strategies, and to become quite astute in assessing when and how to express oneself, or alternatively to sublimate into other activities the self-expression that would bring criticism, obstruction, or abuse.

The need to prove oneself is another motivator. Some children compete with outer rivals to prove their worth. Some compete with inner challenges.

*An adult recalls having been quite frightened of the dark, so that her parents had to leave lights on throughout the night. As an adult, she began to camp out alone at night, bringing a radio with her to help ease the anxiety brought on by the darkness. Gradually, she would plan hikes that necessitated rising in the dark from camp, packing up in the dark, and hiking in the dark in order to reach a destination by sunrise.*

How did these children design and implement such elegant behavioral strategies? Why did these children refuse to relinquish the struggle for control over their own internal worlds, the struggle to move from anxiety to mastery? Even though, as we noted earlier, some adults are put off or angered by the creative efforts of children to survive and master certain issues, this may be one of the central gifts of children who are resources to themselves. They will not give over control of their internal worlds to some external set of injunctions. They follow a path of survival, not because it is non-compliant, but even if it needs to be at times.

**QUALITIES OF THOSE WHO ARE RESOURCES TO THEMSELVES AS CHILDREN**

There are qualities or traits in the survivors of life, those who were primary resources to themselves as children, that stand out. These are summarized in Table 2.

TABLE 2

**QUALITIES OF THOSE WHO ARE RESOURCES TO THEMSELVES AS CHILDREN**

- ◆ Capacity to modulate the intensity of experience
- ◆ Capacity to have an internal experiential life
- ◆ Imagination
- ◆ Being a good observer
- ◆ The capacity to wait, to buy time
- ◆ Resonance/connection with the natural world
- ◆ Gratitude
- ◆ Humor

Sometimes self-mastery is consciously worked out, step by step. Sometimes it is a spontaneous shift. What permits the conscious exercise of self-mastery? What permits some to allow change to flow forward in our way of being in the world, such as talking in a non-angry way with abusers or those who have disappointed us? What permits an unconscious shift in our beliefs about ourselves, about what used to hurt forever, about what seemed unforgivable—so that it becomes forgivable?

One therapist I spoke to recalls being made to sit in the middle between two older warring siblings during childhood car rides, to keep the peace. Years later, her mother was sharing her own frustration at having been made to sit between her warring siblings as a child, feeling bitter and resentful at being forced into the position of mediator when she should have just been allowed to be a child. The daughter shared that her mother had put her in the same position, a re-enactment that the mother had no conscious awareness of. What was interesting, however, is that the daughter had seen being the child-in-the-middle as an experience from which she had learned things, not merely been irritated by, while her mother, decades after her own

In looking over many life histories, we were struck by the frequency with which suicide was a factor in survival. As an ever-present choice, it also became an option which one could delay, could find a way to put off.

Loneliness, too, stood out as a frequent factor with those who have survived against the odds. It stood out in different ways. At times it motivated the person to seek alternative ways to find companionship and comfort, either with the self, with the natural world, or with others. In another way, the capacity to tolerate extreme loneliness reinforces the ability of the self to survive. If one can survive in the icy coldness of isolation, one can survive anywhere.

Sometimes a child is motivated by the distress of experiencing his or her own symptoms or dysfunction.

*An adult recalls being terrified of leaving home overnight as a child. She recalls thinking about this problem. Although only a pre-teen at the time, she ruminates over how this would obstruct her progress in life when it came time to go to college. Intuitively, she began to put herself on a behavioral schedule of gradually increased forays away from home, working up to spending the night away at a friend's house. There were instances of shaming behavior by her parents to block her efforts to successfully separate from the family.*

**"Even though some adults are put off or angered by the creative efforts of children to survive and master certain issues, this may be one of the central gifts of children who are resources to themselves. They will not give over control of their internal worlds to some external set of injunctions. They follow a path of survival, not because it is non-compliant, but even if it needs to be at times."**

childhood, was still struggling with a corrosive bitterness at the perception of injustice and blockage to her own growth. Same event, different experience: what is it that makes some children primary resources to themselves, drawing learning from events from which others draw wounds that fester, perhaps for the rest of their lives?

The capacity to modulate the intensity of experience by withdrawing can sometimes draw around a person a protective cloak until they have healed or grown sufficiently to survive the stresses of circumstance. There are many ways to withdraw into such a buffer zone. We have met more than one person who survived a difficult adolescence by sleeping for extended periods. Absorption in a hobby or an organization also can provide shelter in a narrower reference group until one has the maturity to navigate the larger society.

Those who survive also often have the ability to relate to an internal world as well as an external one. Within this internal milieu, they develop a range of abilities. One is the ability to use their imagination and its endless riches.

*A woman attended a personal growth workshop. On the closing day, a guided imagery suggested looking back over her life from a mountaintop, and seeing each obstacle along the*

*way in an affirming rather than obstructing manner. The sense of burden and struggle of her life fell away. Another woman attended an imagery workshop. As she listened, an image appeared in her mind: the image that had always summed up the quintessential pain of her life, an image that always occurred with searing pain and tears. But this time it was different. She looked at it, saw it, recognized it. But it no longer hurt. She did not know why, but she noted the change. The change has remained.*

Those who develop comfort within the internal world also have a secure base from which to absorb and learn by watching, to observe the goings-on around them with a keen eye.

It is also striking how often those who have been most deeply hurt by life must look to the non-human—the natural world—to find again the roots of life, the ability to tolerate even being alive. When the human world is intolerably unsafe, the rhythms of the seasons can provide reassurance that there is order on some level in the cosmos.

Those who have survived despite a bitter beginning also are often marked by graciousness and good humor. It is an ability or attitude that emanates from within.

*A young woman worked hard in individual therapy. At a certain point, she began to spontaneously speak to her parents and others who had abused and were abusing her, of their behavior towards her. There was no depression and no anger in her comments. She had separated herself sufficiently to see the patterns, and to see the behaviors as belonging to them but not to her. Because she could speak without anger, she was not trapped by being invested in how they responded: she did not have to make them hear her, but she could hear her own truth. She spoke with grace and humor, and behaved with increasing balance and kindness towards herself.*

## CONCLUSION

As we worked on these tables of motivating forces and inner qualities, we wondered what the necessary and sufficient equation was: Does one need six or ten or half of these in order to be a resource to oneself in the face of overwhelming adversity? Does one need to have an extra dose—a seven on a scale of ten—of any particular quality or factor in order for it to be effective? How much of this variety of resources does one need to have to be able to nurture the ember of life within?

We do not know, but we think that sometimes just one factor or quality will pull a child through, maybe even just a glimmer of one. As we look back over the children we have known, it is clear that it is not always predictable which ones are going to make it. Sometimes it is quite clear that nothing is going to stop that child, but sometimes we are surprised at some who eventually do make it. We do not think there is a cut-off point quantitatively to enable survival. The chemistry is deeper than we can describe or explain, at least for now.

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## Achieving Permanency for Teens: Lessons Learned From a Demonstration Project

by: Miriam J. Landsman, Kelli Malone, Margaret Tyler, Joan Black, and Victor Groza

### INTRODUCTION TO THE PROJECT

Achieving permanency for older children has long been a challenge for child welfare practitioners. For children who grow up in the child welfare system, experiencing repeated placements and relationship disruptions, the likelihood of establishing permanent family relationships decreases. Yet by all indications, children who remain in unstable placements have a higher likelihood of moving on to unstable adulthood, at risk for continued long-term social and emotional problems.

Iowa's Permanency for Teens Project (PTP) was a three-year demonstration project funded by the Administration for Children, Youth and Families (90-CO-0737). The project was a collaborative effort between the Iowa Department of Human Services and Four Oaks, Inc., a private non-profit agency serving children and families throughout the state. Iowa Permanency for Teens was designed specifically to facilitate permanent placements and/or other permanent connections for thirty Iowa teenagers who were legally free for adoption through termination of parental rights. An independent evaluation of Permanency for Teens was conducted by the National Resource Center for Family Centered Practice, The University of Iowa School of Social Work.

The project's completion comes at an important moment in child welfare history, coinciding with the implementation of the Adoption and Safe Families Act of 1997 (P.L. 105-89). The lessons learned from this project should be most useful as states and child welfare agencies implement the permanency requirements of this legislation.

### Need for the Project

The increasing number of children in foster care in recent years has been of paramount concern in the child welfare field.

According to a recent estimate from the AFCARS Report (U.S. DHHS Children's Bureau, 1999) 110,000 children were classified as "waiting to be adopted," with 28% of these youth (or 30,441) between the ages of 11 and 18. These children were, on average, three to four years old when they first entered care. The same report indicates that there are an estimated 520,000 children in foster care, fewer than half of whom have a case goal of reunification (47%). The second most predominant case goal is adoption, identified for 24% of the children in foster care.

Many children in foster care today are in situations in which reunification with birth parents is not possible, yet finding permanent homes is unlikely (McKenzie, 1993). Older children in out-of-home care face a particularly dismal future, as age has been noted as a key risk factor in the likelihood of placement disruption (Rosenthal, 1993; Rosenthal et al., 1998). Older children, many of whom have been in the child welfare system and separated from their families for substantial portions of their lives, may exhibit attachment disorders and behavioral problems, which makes the achievement of permanency even more challenging. Attachment disorders and serious behavior problems have been noted to be associated with prolonged separation (Rycus & Hughes, 1998) and have been found to contribute to the risk of placement disruption (Pinderhughes & Rosenberg, 1990; Fahlberg, 1991; Levy & Orleans, 1995).

According to Barth (1992), adoption as a permanency goal for older children results in an approximate 10% disruption rate, with a higher proportion of placements requiring disruption prevention services. Research has documented a variety of factors associated with adoption disruption, including: age of the child (Barth, 1992; Rosenthal et al., 1988); prior disruptions (Barth, 1992; Kagan & Reid, 1986); behavioral problems of the child (Kadushin & Seidel, 1971;

Partridge et al., 1986; Barth, 1992); adoption with someone other than foster parents (Barth, 1992); higher education of parents (Barth, 1992); unrealistic expectations by adoptive parents (Barth, 1992; Festinger, 1986; Pinderhughes & Rosenberg, 1990); misinformation, in the form of overly favorable or insufficient information about the child prior to the adoptive placement (Barth, 1992); and insufficient post placement services (Kagan & Reid, 1986; Groze & Gruenewald, 1991; Nelson, 1985; Backhaus, 1989; Goodman, 1993).

While adoption remains the preferred permanency option for many children (Barth & Berry, 1987), this may not be a viable option for all children. Permanency, especially for older children nearing adulthood, needs to be reconceptualized to include a broader range of options—including connections with family and important adults in their lives, and long-term foster care—that meet the child's needs for life-long, meaningful connections to significant others.

### Systemic Challenges to Achieving Permanency for Teens

The Permanency for Teens Project was designed to respond to a number of complex barriers preventing adolescents who were legally freed for adoption from establishing permanency in their lives.

***Barrier #1: Permanency planning for adolescents is not a priority. There is limited understanding of and lack of training for staff regarding permanency planning for adolescents.***

Within child welfare practice, permanency planning for adolescents has not been viewed as a priority. The field is much more knowledgeable about younger children needing early stability in order to form attachments. However, the potential contribution of families (or any permanent placement) to the emotional development and emancipation



of adolescents has been overlooked. Assumptions are made that adolescents must "move on" or emotionally detach from families. However, the process of reconnecting with a family or significant other represents an important step toward emancipation and healthy functioning in the community, solidifying the adolescent's identity, affirming family connections, clarifying personal history, and reintegrating past trauma. In some cases, permanency planning is attempted but abandoned when initial steps are thwarted. The perspective of "unadoptable" may be pervasive enough that professionals may reverse the permanency plan due to lack of intensive services when problems or disruptions occur.

The Permanency for Teens Project attempted to dramatically reverse the assumptions about permanency for older children. Training public and private providers in the importance of permanency for older children and in strategies for achieving permanency, developing an advisory board representing diverse constituencies, and publicizing the project widely throughout the state, were important vehicles for maintaining a focus on older youth.

***Barrier #2: Sequential case management continues to be the dominant method of practice.***

A second significant barrier to achieving permanency for adolescents is the practice of sequential case management of permanency planning. Traditionally, once parental rehabilitation is not successful, then an alternative placement is introduced. If this plan is not successful then a third plan is developed. This sequential process results in children suffering multiple placements and all the damaging implications of that process. McKenzie (1993) cites four studies that indicate children can spend anywhere from 3.5 to 7 years in temporary care, when developmentally, for older children, 12 to 18 months should be the maximum (Katz et al., 1994).

Concurrent planning has emerged as a method of simultaneously planning for multiple permanency options, in the event that the preferred option fails. By working toward more than one option at the same time,

the optimal permanency goal is pursued while the groundwork for the next best plan is laid. This process is believed to help expedite the transition to "plan B" in the event the first permanency option does not work out, and in the long run reduce the time it takes to achieve permanency resolution. The Permanency for Teens Project implemented concurrent planning for each youth in the project and reviewed progress on current planning for each case through a quarterly case review process.

***Barrier #3: There is a dearth of permanent families available for older children.***

There are fewer permanent resources available to older children relative to younger children. This deficiency of permanent placements is due a number of factors, including the historical lack of success in recruiting relative, adoptive, and foster care options. Often, however, kinship care, including the supports that may enable to kinship placement to succeed, is not fully explored as a viable option.

Barriers to the recruitment of adoptive families include: a lack of information about the resources available for parents who adopt older children, and as stated above, workers' lack of information or attitude about children on their caseloads not being "adoptable" (Iowa Coalition, 1994). While current foster parents are often considered, previous foster parents are not identified or contacted. For successful recruitment of resource families, three guidelines need to be followed: 1) assess recruitment needs; 2) involve the community in developing and implementing a comprehensive, culturally responsive, community-based, strategic recruitment plan; and 3) plan for a structured, positive response to inquiry calls (Pasztor & Wynne, 1995). These guidelines were used to develop recruitment strategies for the Permanency for Teens Project.

***Barrier #4: Those families who are most significant to the adolescent often have limited involvement in the permanency planning process.***

Typically, there is limited involvement of the child's significant others as participants in the permanency planning process. Those

significantly connected to the child, including relatives, foster parents, and professionals, are excluded from analyzing and formulating options that will expedite and achieve the most viable permanent goal. These participants may be the critical resources needed to expand placement options, assist in defining the central problem that will prevent permanency (Katz, et al., 1994), or identify critical support services that will ensure a successful placement.

The Permanency for Teens Project addressed this problem head-on by forming Permanency Teams and convening Family Unity Meetings for youth early in the planning process. Youth were engaged in forming these teams and identifying the important people in their lives who they wanted to be involved.

***Barrier #5: Programmatic and fiscal support for intensive pre and post-placement support services have been insufficient to achieve permanency.***

The fifth systemic barrier to achieving permanency for adolescents is the dearth of intensive pre and post-placement intensive support services. The absence of support services has been cited as an important contributor to difficulties in foster parent retention (Pasztor & Wynne, 1995), to adoption disruption of older children (Barth & Berry, 1988) and in general to placement disruption (Kagan & Reid, 1986; Groze & Gruenewald, 1991; Nelson, 1985; Backhaus, 1989; Goodman, 1993). A full range of training, preparation, placement and post-placement events and activities are necessary to promote the success of the permanent placement.

The Permanency for Teens Project provided individualized training, preparation activities, counseling and support services prior to the placement or onset of the relationship, intensive supervision and counseling as needed, and community-based educational and social services to support and sustain the placement. A family assistance fund was also used to promote permanency in creative ways. Pro-active crisis plans were also developed for each youth, in the event that a respite might be needed.



### PROJECT DESIGN

The key objective of the Permanency for Teens Project was to match adolescents who were legally free for adoption with permanent placements and/or connections. Several innovative features were built into the project design: 1) formulating a working "permanency team" involving those persons significantly connected to the adolescent, including relatives, foster parents, and professionals; 2) utilizing this permanency team to create a structured concurrent planning process to assess and recruit the most viable permanent options; 3) formulating an intensive and comprehensive pre and post-placement service plan; and 4) providing a variety of trainings to staff representing the public and private sectors.

### Participant Selection

A total of 30 youth, ranging from 13 to 17 years of age, were selected to participate in the project. The youth were identified through a variety of means, including the state's adoption tracking and exchange system and DHS caseworker and supervisory referrals. The Iowa Department of Human Services is organized into five regions, and the Permanency for Teens Project served all five regions. Selection of youth to participate in the project was the responsibility of the Department of Human Services (DHS) regional offices. At the onset of the project, each region identified children who would be eligible, meeting the criteria for age range and having parental rights terminated with a goal of adoption or another permanency goal. Six youth were selected from each region to participate in the project—three in the first year, and three in the second year of the demonstration. In making decisions about participant selection, consideration was given to achieving a proportional representation of sex, race, and permanency goal, as well as to: current placement, intellectual and behavioral functioning, and the ability to benefit from project services.

Through the identification process, 30 youth were selected for PTP. Another 44 youth who met the eligibility criteria served as a comparison group for evaluation purposes. Once the youth had been

selected for PTP, project staff implemented the three phases of the project: 1) Assessment of Options, 2) Recruitment, and 3) Support Services.

### Assessment of Permanent Options

Following admission to the project a three-month assessment phase occurred for each youth. The critical components of this phase were: 1) Case Review, 2) Establishing Adolescent's Goals, and 3) Establishing a Permanency Team for each youth.

#### *Case Review*

Project staff and the Department of Human Services (DHS) case manager or Adoption Specialist began their partnership by reviewing the case plan, sharing knowledge of the youth's history, and developing an understanding of roles within the project.

#### *Adolescent's Goals*

Following the review, the adolescent, the DHS staff, and the project staff met to discuss the youth's goals, to clarify the purpose of the project, and explain the project services. It was critical for the youth to be a significant participant in the process from the beginning. This meeting was also used to identify additional counseling needed by the youth to understand the services or sort out his/her feelings about possible outcomes.

#### *Permanency Teams*

The practice of using Permanency Teams is an innovative, family-based practice. The purpose of the Permanency Team was to pool the resources of those who are currently, and have in the past, been most connected to each youth, would make decisions in the best interest of the youth, and would support decisions made in the process.

The process of making permanency and placement decisions is often adversarial, with the professionals directing the process, identifying the problems and what needs to be done about them (Graber, 1988). The Permanency Teams established a working and positive relationship between its members, which allowed the Teams to remain focused on the primary goal: utilizing a family-based approach to finding

and developing permanent placements and/or connections for each youth. Project staff, DHS staff, and the youth formulated the working Permanency Teams comprised of those significantly connected to the youth, including relatives, previous and current foster parents, and professionals (teachers, counselors, DHS workers, etc.).

As an alternative to sequential case permanency planning, the Permanency Teams used a permanency assessment and concurrent planning process (exploring multiple options simultaneously). Family Unity Meetings with Permanency Team members were convened to develop concurrent permanency goals, a crisis plan, and an assessment report. The crisis plan delineates where the child will be placed in the event of an emergency or for crisis respite. The assessment report documents the placement history of the youth, disruption trends, concurrent planning goals, the crisis plan, and planned respite options.

### Recruitment

Recruitment efforts to locate potential permanent placement and/or connection resources for the project youth were primarily of two types: general recruitment activities and child specific recruitment activities. *General recruitment* strategies were used to increase the knowledge and interest of the general public, foster families, and prospective adoptive families. These activities were conducted in conjunction with Kidsake, a statewide recruitment effort through the Iowa's Coalition for Family and Children's Services. Many statewide events took place, including video parties, booths at numerous events, television spots, and adoption fairs. Project youth were also featured in the photo-listing book, which included information specifically on the Permanency for Teens Project. General recruitment strategies for each of the five DHS regions were developed throughout the project.

*Child Specific Recruitment* activities took place initially within the context of the development of the Permanency Teams. As the project progressed, the project staff tended to do a great deal of work on





recruitment for specific youth. Persons or families identified as potential permanency resources were contacted to explain the range of permanency options, sell the idea of commitment, and discuss available resources. Project staff worked with the youth and family to prepare for placement or for further development of the relationship. Project staff also arranged contacts and visits, nurtured relationships, and provided follow-up support.

### Support Services

To prevent needless disruptions for youth, the Permanency for Teens Project provided a full range of support services including training, preparation of children and families, pre-placement and post-placement activities, and financial assistance designed to enhance permanency. The project staff provided many of these services directly, and worked in collaboration with each youth's permanency team to identify the resources and support needed to sustain and enhance long-term success.

### FINDINGS FROM THE PROJECT EVALUATION

A full presentation of the evaluation method and data is available in the project's final report (see Landsman, Tyler, Black, Malone & Groza, 1999). Here we briefly describe the method and present some of the key findings.

### Method

The evaluation used a quasi-experimental, non-equivalent control group design to compare the 30 PTP youth with 44 youth in the state of Iowa who met the eligibility criteria of: 1) being between the ages of 13 and 17; and 2) legally without parents, and having a goal of adoption or an alternative goal. The Permanency for Teens (PTP) and "pool" groups were compared in two ways: 1) prior to participation in the project to assess comparability of the project youth with their peers in the state; and 2) at the conclusion of the project to compare placement changes and permanency outcomes, using data extracted from the state's management information system.

In addition to the comparison of project

youth with peers statewide, the evaluation also examined a series of process and outcome measures only available within the project group. These included: 1) data on model implementation and services provided; 2) changes over time on key domains believed to be influenced by the project (child behavior, peer relations, self esteem, and depression); 3) development of family connections; and 4) in-depth case studies of five youth who participated in the project.

### Profile of the Sample

#### PTP youth:

- ◆ Gender distribution was 53% female, 47% male.
- ◆ Racial/ethnic distribution was 93% Caucasian, 7% minority.
- ◆ Average age of teens beginning the project was 15.3.
- ◆ On average, teens had 8.6 previous placements, beginning with first placement at age 8.
- ◆ Termination of parental rights occurred, on average, five years prior to beginning the Permanency for Teens project.
- ◆ 62% had an initial goal of adoption, 38% had another permanency goal.

#### Comparison of PTP youth with other eligible youth in the state:

- ◆ On most variables, including age, placement history, race/ethnicity, case goal, and others, the PTP group was similar to the other eligible pool of teens in the state, making the comparison group a legitimate one.
- ◆ PTP had proportionately more females than the comparison group (53% and 30%, respectively), the result of a deliberate plan to achieve a gender balance in the project. This means that statewide there are actually more male than female teens lacking permanency.
- ◆ Prior effects at achieving permanency were documented for 92% of PTP teens, 69% for comparison group.
- ◆ Attachment problems were noted for a high proportion of youth, especially for PTP youth (93% PTP, 61% comparison

group).

- ◆ Other problem areas more frequent in the PTP group: conduct disorder and depression/dysthymia (30%, 11% in comparison group). Attention problems were more frequent in the comparison group (71% comparison, 47% PTP).

### Implementation of the Model

#### Permanency team composition:

- ◆ All youth had at least one PTP staff and DHS worker on the team. In addition, counselors or therapists participated on 74% of the teams, foster parents on 44% of the teams, grandparents on 19%, other relatives on 26% of the cases, former foster parents on 26% of the cases, another caseworker for 15%, and for 59% of the cases, another concerned adult was identified as a team member.
- ◆ Permanency teams averaged 4.3 members each (std. dev. 2.1), with a maximum of nine members in one case.

#### Concurrent planning:

- ◆ The primary case goal changed at some point for 14 out of 26 cases (54% of teens) for which data at multiple time points were available.
- ◆ In nine of those 14 cases in which the primary goal changed, concurrent goals established in one case review became primary goals in a subsequent case review, reinforcing the value of planning concurrently for more than one goal.

#### Significant challenges for youth during the project:

- ◆ 74% of the youth experienced a change in their DHS worker or service provider during the course of the project.
- ◆ 67% experienced a change in school placement during their participation in the project.
- ◆ 56% were reported to have had disciplinary problems in school and 52%, academic difficulties.
- ◆ 41% of youth were involved in behaviors which required juvenile court involvement.



- ◆ 37% of the youth ran away from their placement at some time during the project.
- ◆ There was an incident of sexual abuse in 15% of the cases and physical abuse in two cases.

#### Services provided

- ◆ Services/interventions used for the greatest number of cases included: communication with connective resources/families (89%), visits to youth in placement and individual therapy (78% each), recruitment/identification of connective persons/families and transportation (59% each), group therapy (52%), medication monitoring (48%), support to youth's school, crisis intervention, residential treatment (44% each), assisting with new placements as needed (41%).
- ◆ Other services, used for 30 - 40 % of the youth, included: family assistance funds and shelter care (37% each), inpatient psychiatric treatment (33%), training for prospective families, and using extended visits and sharing history during placement preparation (30% each).

#### Outcomes

Three key outcome domains are addressed in this study: 1) permanent connections established during the project; 2) changes in child well-being over time, measured by standardized instruments; and 3) permanency status at the end of the project. The first two were available for the PTP youth only.

#### Permanent connections - PTP group:

- ◆ PTP staff worked with teens to "reconnect" with significant others in their lives. Connections assessed as likely to endure were established with siblings (32%), biological mother and/or father (18%), grandparents (18%), aunts/uncles (11%), prior foster parents (21%), other adults/mentors (11%).

#### Changes in child well-being over time - PTP group:

- ◆ Depression (Generalized Contentment Scale, Hudson 1982) decreased significantly over the three time points measured.
- ◆ Self-esteem improved significantly between the second and third time points.
- ◆ All self-report measures demonstrated some improvement in a positive direction over time, though these were not always statistically significant.
- ◆ PTP youth demonstrated significant improvement on four subscales of the Child Behavior Checklist (Achenbach and Edelbrock, 1983; Achenbach, 1991): internalizing behaviors, withdrawal, anxiety/depression, and aggressive behavior.
- ◆ Almost all other subscales of the CBC, and total scores, demonstrated reduction in severity over time, though these changes were not statistically significant.

#### Permanency status-PTP group:

- ◆ Permanency outcomes were indeed mixed. At the end of the project, three teens had been adopted and two were in pre-adoptive homes, two teens were in kinship care placement and seven were in foster families. Others were living on their own (5), in supported independent community living (1), and one had turned 18 and returned to his biological mother. Additionally, five youth ended up in residential care, one in group care, one in a juvenile home, and one in jail awaiting trial for sexual abuse. One youth's whereabouts are unknown.

#### Permanency status - comparative analysis:

- ◆ The reliability and validity of the MIS (management information system) data are questionable, due to inconsistencies between staff reports and MIS placement data; therefore the researchers regard the comparative analysis cautiously.
- ◆ According to MIS data, the number of formal placement changes did not differ significantly between the PTP and comparison group.
- ◆ There was no relationship between

number of subsequent placements and any of the following variables: 1) teen's original permanency goal (adoption or not adoption); 2) gender; and 3) race/ethnicity of the child.

- ◆ A greater number of PTP youth were in adoptive homes, while adoptive placements among the comparison group had disrupted.
- ◆ Foster care remained the most common placement situation for both groups.
- ◆ There was a reduction in use of residential treatment for both groups, more dramatically in the PTP group.

#### BRINGING LESSONS LEARNED INTO PRACTICE

The passage of the Adoption and Safe Families Act in 1997 has prompted considerable discussion about "permanency" for children in the child welfare system. In particular, the requirements for limiting the length of time that children spend in out of home care before terminating parental rights, the provision of new incentives for adoptions, and the more restrictive definition of "reasonable efforts" have prompted a new set of discussions in public and private child welfare agencies alike.

#### Relevance to the Adoption and Safe Families Act of 1997

The demonstration project preceded the ASFA legislation by two years, but many of the practices implemented by the project were already consistent with the new legislation. For example, just as ASFA emphasizes the primacy of child safety, permanency, and well-being in guiding the provision of child welfare services, PTP implemented crisis (safety) plans for all participating youth, focused case planning directly on the achievement of permanency, and carefully considered child well-being by attending to many aspects of the child's functioning, including connectedness to family, functioning in the school and community, and the child's mental and physical health, on an ongoing basis.

As ASFA has supported importance of preventive services by reauthorizing family preservation and support services (renamed



Promoting Safe and Stable Families), PTP focused heavily on providing a wide range of pre and post-placement supportive services to stabilize youth with the goal of maintaining permanency. The new legislation also supports the use of concurrent planning for reunification and alternative permanency plans. PTP implemented concurrent planning from the start, and data from the evaluation suggest that the majority of youth did indeed experience a change in plans during the project. In several cases the demonstration project experienced some difficulties with interstate adoptions; therefore ASFA's attempts to address the problems of interstate adoptions by prohibiting states from delaying or denying adoption by an approved parent who lives in another state is a welcome one.

Perhaps one area in which the project's experience fits awkwardly with the new legislation is in the requirement of initiating termination of parental rights when a child is in care for 15 of the most recent 22 months. The key issue here is that termination of parental rights does not assure permanency; it is but one step in the process. The teens in this project all had had parental rights terminated, on average for five years before they were invited to participate in PTP. These youth are a poignant reminder of the fact that our systems can sever family ties more easily than they can create new, enduring ties. The challenge is to link termination with immediate permanency resolution, a task which be more readily achievable with young children than with older youth.

### Summary of Lessons Learned

**Lesson #1: We must make permanency a priority for all children, older children included.**

Administrators, managers and supervisors should make the case for a permanency focus and have clear expectations for practice and permanency outcomes. Consistent and clear messages about the priority of permanency must be delivered continuously, through in-service training within both public and private child welfare agencies. We must also recognize that permanency will

require collaboration between the public and private sectors.

**Lesson #2: Termination of parental rights alone does not guarantee permanency for children; concurrent planning for multiple permanency options is absolutely essential.**

Terminating parental rights, however expeditiously, does not ensure permanency for children. This project served 30 youth in the state of Iowa, and at least 44 additional teens in Iowa met the project's eligibility criteria. All of these teens had parental rights terminated when they were children, yet despite years of child welfare services all of these teens lacked "permanence." With the reduced mandated time limits for terminating parental rights, we must be vigilant to the potential of creating an ever larger pool of legal orphans. Terminating parental rights in the absence of an alternative plan for permanency does a tremendous disservice to children. Any plan for termination of parental rights must include one or more viable concurrent plans for permanency.

**Lesson #3: Family connections endure regardless of legal actions. Building on family strengths and making optimal use of positive connections is an important part of permanency planning.**

This demonstration project has shown that the legal action of terminating parental rights does not necessarily sever the emotional bond that a child has to his/her family. We have seen considerable evidence of the continuing power of family relationships—regardless of what the courts have decreed, despite the family problems that prompted involvement in the child welfare system in the first place. Many of the teens expressed the desire to reunite with family members, some did return to biological family, and others have indicated plans to return to their biological families when then turn 18 and the child welfare system has finished with them. Permanency Teams and project staff worked successfully with teens, first to identify those individuals with whom the youth wanted to establish connections, and second to facilitate many of those connections. In this project teens were able to re-establish contact with grandparents, siblings, parents, aunts and uncles, former foster parents, and

"significant others" in their lives. Many of the connections established during the project are expected to stay with the youth as they approach adulthood. Maintaining and/or reestablishing ties with siblings is a very important part of this process.

**Lesson #4: We need to involve and empower youth and significant others as key participants in the permanency planning process.**

Typically in the child welfare system, case planning and case management is a function of the professionals involved in the case. Limited time and effort is generally expended by workers to locate those individuals significantly connected to the youth, and emotional and/or behavioral issues of the youth themselves may prevent them from active participation with the Permanency Team. In the Permanency for Teens Project, all project youth participated in permanency planning if they chose to, placement genograms were used as a tool to locate individuals who have been significantly connected to the youth, and youth were encouraged to identify birth family members they felt connected to, including mothers, fathers, aunts, uncles, sisters, brothers and grandparents.

**Lesson #5: A concurrent planning process can be developed to establish multiple permanency options for adolescents.**

In the Permanency for Teens project, concurrent planning proved to be a useful strategy for keeping multiple options available. In nearly half of the cases, the primary goal changed during the project, and when the primary goal did change, the new goal tended to be one that had been developed previously as a concurrent goal. This suggests the value of having one or more "back up plans" formulated by the team, based on careful assessment of the youth and proposed options, and reviewed on an ongoing basis.

For concurrent planning to be most effective, all team members need to "buy into" the approach, and team members need to be in agreement about the multiple goals established. Training in the conceptual approach and strategies for successfully implementing concurrent planning needs to be offered



to all child welfare practitioners, whether based in public or private agencies serving children and families. Training needs to be more than just the philosophical approach; it must provide hand-on techniques for implementing concurrent planning with children and families. Supervisory and administrative support endorsing the practice of concurrent planning is essential.

***Lesson #6: Efforts to achieve permanency must be supported through flexible and sufficient funding.***

Current financial structures do not allow for the amount or variety of support services necessary to truly promote permanency. Typically there is a rigid definition of activities that may be funded as pre and post-placement support services. In the Permanency for Teens Project, public agency and project staff were encouraged to be creative and innovative in their service delivery to project youth. The demonstration project's funds provided Family Assistance funds to support innovative initiatives that promoted permanence. To increase the likelihood that permanency efforts will be successful, non-categorical funding options that may be accessed for permanency activities need to be developed. We also must broaden the definition of "permanency activities" to allow for creative and innovative practices. Intensive services should be provided, as needed, before and after placement, and preparation activities for both youth and family are important support services to sustaining permanency.

***Lesson #7: Effective recruitment of permanent families should occur at two levels: general recruitment and child specific recruitment.***

Recruitment of foster and adoptive families has tended to be of a general nature—finding people willing to be a foster parent or an adoptive parent, then matching available parents with children. The experience of PTP is that recruitment efforts for older children sometimes need to be child-specific, involving the youth fully in identifying those to whom they feel most connected and considering a range of options. Teens vary in whether or not they would like to be adopted; one can not generalize that all do or

that all do not see this as the preferred option.

***Lesson #8: Staffing issues within public and private child welfare agencies have an impact on permanency planning.***

We see in this project how staffing issues such as high caseloads and turnover, particularly among DHS caseworkers, can affect progress towards permanency. As the agency with legal authority over child welfare services planning and implementation, public child welfare agencies and their staff are key to successful permanency planning. When workers have responsibility for too many children, especially those with multiple needs, their time available to work intensively toward permanency is limited. Similarly, when workers change frequently, this creates disruption for progress at the individual case level. A new worker needs to become familiar with the child, new relationships must be established, and individuals come to the job with different levels of experiences and different views about permanency.

***Lesson #9: Legal systems need to expand options for permanency, particularly for older youth.***

In this project the legal system posed some barriers to achieving permanency for children. Options other than legal adoption, guardianship for example, were not acceptable in all regions of the state. Severe delays in some state systems, such as the Interstate Compact office, were experienced for a few cases. When confronted with legal barriers to one permanency option, Permanency Teams were compelled to focus on alternate permanency plans.

The courts are key players in achieving permanency for youth. Courts across the state (and across the country) must become more consistent in recognizing and endorsing alternative forms of permanent connections for youth, including connections with biological family. There are instances in which we believe that courts need to consider reinstating parental rights as appropriate. It is important to recognize that especially for older children and teenagers, some flexibility in permanency options is essential. The best permanency option should be

the one that is desired by the youth and permanency resource and has the greatest likelihood for success. As the pressure for permanency intensifies under ASFA, alternative permanency options will be needed even more.

***Lesson #10: Older youth in need of permanency bring both resilience and challenges. Services need to recognize both, engaging the youth in building realistic plans for the future.***

The "average" PTP teen began this project at 15 years of age, having had his or her first placement at the age of eight, having had about 8.6 changes in placements, and having been without legal parents for an average of five years. When we think about a child who has been in the system from age eight to 15 and is still without permanency, we can see the potential for severe social, emotional, and academic problems. Hence, evaluation data found initial scores well above the clinical level for serious emotional and behavioral problems. In addition, aggression, relationships with peers, school performance, sexual acting out, anxiety, for example, were among the problems commonly reported for teens in the project.

Yet we also have examples of resiliency and coping strategies that many of the teens have developed in order to make the best of their complex lives. While some of their behaviors appear to us as dysfunctional and self-defeating, they may serve a positive function for an adolescent caught in an untenable situation. Running away may be the method one teen chooses to express frustration with her placement situation; another may break the rules of her foster home as a way of escape; still another may resist attachment to a potential adoptive parent for fear of being abandoned if she gets too close to a caring adult. On the positive side, several youth were described as having particular artistic talents and were finding ways to build on those talents. Others were characterized as survivors, having developed strong internal resources to cope with the many changes that they have experienced over time.

Our services must be sensitive to both the strengths and needs of these youth, many of whom have grown up in the child welfare

system. We need to persevere in efforts to help them to achieve the best possible permanency option.

**Lesson #11: We must monitor outcomes carefully at the case level and agency level, improving the capacity of management information systems to track progress toward permanency.**

Outcomes at the individual level and at the agency level are both important. In PTP, not all of the teens are easily classified into successes and failures, although some more clearly fit into these categories than others. Some of the teens had found permanency through this project. Three had been adopted, and two were in pre-adoptive situations, all of which appeared to be stable by the end of the project. Other teens remained in stable long term foster care placements which were, for all intents and purposes, permanent. Some teens were reported to have gained self-esteem and had developed greater self-insight throughout the course of the project. Still others had established connections with lost family members that were believed to provide them with some support as they aged out of child welfare services. For other teens, the prognosis was dim. One of the youth was in jail; another turned 18 and lost contact with project staff. At the end of the project, staff reported that several teens were in residential treatment centers or psychiatric facilities, their behavior still not stabilized enough to have made meaningful progress toward "permanency."

The comparison of PTP youth with a group of other youth in the state who met the eligibility criteria but were not served by the project, is inconclusive due to questionable validity of the management information system data. The evidence suggests a marginal, though not statistically significant advantage, in favor of the PTP group—slightly fewer subsequent placements, slightly more stable at the end of the project period. In order to make meaningful comparisons, however, we must have greater confidence in the quality of data, and the ability to verify placement data.

**Lesson #12: Permanency must be understood as a complex phenomenon, not simply as a legal status or placement category.**

Finally, the very notion of permanency, particularly when applied to older children, needs to be expanded beyond the definition as a legal status (adopted, emancipated, etc.) or a placement category (long-term foster care, adoptive home, independent living, etc.). Permanency is better understood as a multifaceted construct which includes several key dimensions including a youth's legal status, stability in and appropriateness of the placement setting, connection to family and significant others, and the youth's emotional well-being and preparedness for adulthood. Only by considering all of these dimensions can we begin to work in a meaningful way toward permanency for youth.

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## Child Welfare and Domestic Violence: A Review of Recent Literature

by: Ashly Bennett

The Spring 1995 issue of *Prevention Report* focused on domestic violence and the importance of considering its effect not merely on the adults involved, but on the children and the family as a whole. In the lead article "In the Best Interest of Women and Children: A Call for Collaboration Between Child Welfare and Domestic Violence Constituencies," Susan Schechter and Jeffrey L. Edleson describe the need for collaborative efforts to adequately acknowledge and address the role of domestic violence in child welfare. Since then many scholars and practitioners have addressed this need, as domestic violence continues to emerge as an important child welfare issue to which an increasing amount of literature and innovative programs are devoted. The following is a review of the progress made in this area over the last five years.

### Domestic Violence as a Child Welfare Issue

Because of the historic division between child welfare services and those for battered women, the recognition of domestic violence as an important child welfare issue has been relatively recent. Concern over the children in families experiencing domestic violence, and emphasis on cooperation between advocates of both battered partners and their children have been fueled by some significant realizations. The first is that *both* child and partner abuse occur in a number of families—thus, the separate efforts of domestic violence advocates and child welfare workers often are focused on the same family. In "The Overlap Between Child Maltreatment and Woman Abuse," Jeffrey L. Edleson summarizes studies from the last 25 years indicating that in 30-60% of families with identified child maltreatment or women battering, the other is occurring as well.

Even when a child is not physically abused by the perpetrator of domestic violence, a number of studies suggest that witnessing domestic violence can have detrimental effects on a child—constituting a form of

child abuse, or at least maltreatment. "Child Witness to Domestic Violence," by Kathryn Conroy, and "Problems Associated with Children's Witnessing of Domestic Violence," by Jeffrey L. Edleson, both offer concise reviews of recent research on this topic, which reveal that witnessing the battering of a parent can result in a variety of behavioral and emotional problems. These include:

- ◆ feelings of guilt and inadequacy,
- ◆ anxiousness,
- ◆ depression,
- ◆ aggression,
- ◆ delinquency,
- ◆ troubled social relationships, and
- ◆ an increase in a child's own use of violence.

Edleson further points out that concurrent witnessing and experiencing of abuse by children have been found to compound such problems.

Potential problems associated with children witnessing domestic violence also are discussed in *Family Violence Across the Lifespan: An Introduction*, by Ola W. Barnett, Cindy L. Miller-Perrin and Robin D. Perrin. The book, which provides a comprehensive overview of different types of family violence ranging from child abuse to elder abuse, devotes one chapter entirely to "Children Exposed to Marital Violence." In addition to considering the scope of the problem and the effects on children, the chapter explores another significant concern that has arisen in the field: that domestic violence disrupts the dynamics of family functioning—"a general poisoning of the family environment"—and can negatively influence both the batterer's and victim's parenting (p. 138).

### Multi-System Collaboration: Considerations, Challenges & Recommendations

As awareness of the overlap between domestic violence and child welfare has increased, efforts at collaboration between

the constituencies devoted to each have increased as well. But cooperation between these traditionally separate, and often antagonistic, entities raises inevitable challenges.

Charles Wilson captures what is perhaps the main underlying catalyst of conflict when he raises the question "Are Battered Women Responsible for Protection of Their Children in Domestic Violence Cases?" In this article, he points to one of the greatest threats to effective collaboration: the battered woman is the primary client of domestic violence professionals, who often concentrate chiefly on the woman's empowerment and best interest, while child welfare professionals must focus first and foremost on protecting the child. Advocates for battered women try to assist them, but ultimately the woman is free to make any decision regarding her situation. In the case of child welfare, on the other hand, "although the mother is free to place herself in harm's way, the CPS professional may not be free to stand by idly while the mother also places the child in perceived danger along with her" (p. 290). Wilson insists that CPS workers should offer a battered mother support and services to empower her to protect her child. But, if she cannot provide a safe environment for her child after assistance has been offered, "the issue here expands beyond one of who is responsible for the safety of the child and becomes one of who is willing and capable of providing a safe environment" (p. 291). Wilson asserts that "even when she has done all anyone can ask her to, if it is not enough, the child protection professionals must resort to other means of protecting the children" (p. 292).

In "Responsible Mothers and Invisible Men: Child Protection in the Case of Adult Domestic Violence," Jeffrey L. Edleson responds to Wilson's article. Edleson points to what he sees as a gender-bias in the almost exclusive focus on the mother's willingness and capacity to protect her children, while the male abuser remains invisible. He argues that "it is unfair to characterize our collective failure



**"As awareness of the overlap between domestic violence and child welfare has increased, efforts at collaboration between the constituencies devoted to each have increased as well. But cooperation between these traditionally separate, and often antagonistic, entities raises inevitable challenges."**

to rein in abusive men as battered mothers' failure to act" and observes that "the help-seeking and survival efforts of mothers are not often recognized by child protection workers" (p. 295). His suggestions to rectify this inequity in the system include:

- ◆ revising case labeling and tracking systems so they include the names of abusive males as well as battered females,
- ◆ aggressive intervention with abusive males, and
- ◆ service plans that hold men accountable.

Characterizing current systems to address domestic violence as "fragmented and often working at cross-purposes," Edleson emphasizes the need for collaboration between child welfare and domestic violence programs, and the courts (p. 297). The debate between Wilson, who insists on placing the child's safety at the forefront of CPS work in domestic violence cases, and Edleson, who protests the unfairness of holding the mother responsible for the batterer's actions, reflects the larger, complex philosophical differences that can make collaboration between child welfare and domestic violence constituencies difficult.

Janet Carter and Susan Schechter acknowledge this difficulty and offer suggestions on how to move beyond it in "Child Abuse and Domestic Violence: Creating Community Partnerships For Safe Families: Suggested Components of an Effective Child Welfare Response to

**Domestic Violence."** They insist that child protection agencies must create partnerships with domestic violence programs and other community-based organizations to work toward a common goal of family safety. Three goals are identified for CPS workers:

- 1) to protect the child;
- 2) to help the abused mother protect herself and her children, using noncoercive, supportive, and empowering interventions whenever possible; and
- 3) to hold the domestic violence perpetrator, not the adult victim, responsible for stopping the abusive behavior.

Carter and Schechter suggest policy and practice changes to move towards these goals. These include child welfare workers screening cases for domestic violence, having adequate training and protocols to deal with the cases when they arise, and being able to consult with domestic violence experts when needed. They also encourage the involvement of community members, such as neighbors, child care providers, teachers, and clergy, in prevention and intervention. They suggest that school or community-based groups for children who witness violence also should be developed, and outline some domestic violence prevention strategies, such as neighborhood-based peer education projects to teach community members healthy relationship skills.

Like Schechter and Carter, Einat Peled encourages a coordinated multi-system response to family violence in "Intervention with Children of Battered Women: A Review of Current Literature." Peled gives an overview of the current interventions of five separate systems involved with children of battered women:

- ◆ the police,
- ◆ battered women's shelters,
- ◆ child protection services,
- ◆ community intervention programs, and
- ◆ visitation centers.

Peled also suggests future directions to

make these interventions more successful. According to Peled, police intervening in domestic conflicts are often the first social agents to interact with the children, but usually lack the training and procedures to deal effectively with the difficulties children may be experiencing. While about two-thirds of the battered women's shelters in the U.S. have some sort of program for children, the services often are not comprehensive enough to meet a child's specific needs (p. 28). Peled also views the response of child protection services to domestic violence as lacking, and suggests mandatory training on domestic violence, protocols for intervention, and procedures for collaborative work with battered women's advocates. Community intervention programs, such as therapeutic groups for child witnesses and parenting groups, can reach out to the large number of battered partners and their children who never enter a shelter, but need to be more widespread. And finally, visitation centers can enable a child to maintain a relationship with the perpetrator of domestic violence after a couple has separated, while protecting both the child and the victim. But, such centers do not exist in many communities. Peled argues that while some model programs exist in each of these five systems, these programs and services need to be more widely available. Most importantly, different community systems should better coordinate their services to offer the most effective interventions.

#### **Current Efforts to Address the Needs of Children and Families Experiencing Domestic Violence**

While collaboration between domestic violence and child welfare constituencies is not yet as widespread as is desirable, innovative programs and resources are emerging to facilitate this.

In "Efforts by Child Welfare Agencies to Address Domestic Violence," Laudan Y. Aron and Krista K. Olson observe that "many of the standard methods used by CPS workers to investigate, assess risk, and plan services may be inappropriate for families experiencing domestic violence" (p. 6). But, they describe recent innovations of five child welfare agencies that do



address the unique needs of these families:

- The oldest of the five efforts began in the late '80's, when the Massachusetts Department of Social Services undertook to "protect children by protecting their mothers" (p. 7). This initially entailed hiring an in-house domestic violence advocate, and eventually resulted in the development of a separate unit with eleven advocates to offer clinical support to the whole agency. A protocol based on successful cases involving domestic violence also has been established, as well as interagency teams to provide case consultation.
- The second effort, in Oregon, began with collaboration between domestic violence advocates and the State Office for Services to Children and Families (SCF). This has resulted in a domestic violence training curriculum that is used throughout the state, as well as identification of ways domestic violence programs and SCF can better work together. In two of the Oregon counties, domestic violence advocates also work directly with the child welfare workers.
- San Diego County, California has taken a somewhat different approach, establishing a new unit to handle cases involving both CPS and adult probation. This allows CPS to use the probation status of an offending parent in domestic violence cases to encourage cooperation in addressing the child's needs. The unit staff members also are drawing on their experience to develop training curricula and protocols for all the CPS workers.
- Michigan's Families First, a family preservation program that receives referrals from both CPS and domestic violence shelters, has developed a domestic violence training program specifically for family preservation workers. Families First also has located staff in shelters.
- Finally, in Hilo, Hawaii, the CPS agency's intake unit staff has started

reviewing the criminal histories of perpetrators and records of active temporary restraining orders (TROs). This allows workers to gain a better understanding of a family's history and potential risk. The judge overseeing all cases involving TROs also questions petitioners about the well-being of their children and refers cases to CPS when danger seems possible.

Based on the experiences of these five agencies, Aron and Olson conclude that "child welfare agencies have begun initiating changes from different internal organizational points and have taken different approaches to changing case practice" (p. 6). They advise other agencies to "think through which approach makes sense for them" (p. 7). They further observe: "Child welfare agencies have experience acting to protect children but are breaking new ground when they attempt to address domestic violence. These agencies cannot make appropriate changes without major and continuing collaboration with community stakeholders who work with domestic violence victims and perpetrators and know the issues involved" and "will also benefit from collaborative policy development with police, civil and criminal courts, corrections (probation and parole), the schools, and local clinics and hospitals" (p. 7). Some suggestions are offered on how CPS workers can integrate domestic violence issues into their practice, which include:

- ◆ adopting new approaches,
- ◆ educating those in the domestic violence community about child welfare issues,
- ◆ learning about legal and service interventions that can stop domestic violence, and
- ◆ being patient with the inevitable challenges.

The recent publication *Family Violence: Emerging Programs for Battered Mothers and Their Children* also describes some of the best programs that address the needs of families dealing with domestic violence. Designed as a guide for communities interested in undertaking similar efforts, the publication contains detailed descriptions

of 29 programs nationwide, along with contact information for each. Several collaborations between child protection workers and domestic violence advocates are included, such as the aforementioned Massachusetts and Michigan programs, as well as those in Florida, Connecticut, and Ohio.

In addition to child welfare efforts, the publication highlights community-based programs devoted to offering comprehensive services to battered women and their children. For example:

- Community Solutions for Children, Families and Individuals, Inc. in Morgan Hill, California is a program that consolidated the services of three separate agencies focused on different aspects of domestic violence to create a wide variety of resources. These include a crisis hotline, a shelter, counseling, loans for transitional periods and a supervised visitation center.
- Dove Inc.'s program serving five Illinois counties offers, in addition to many of the standard services for victims of domestic violence, such rare options as art therapy, transitional housing assistance, parenting groups, and substance abuse counseling.
- Lac du Flambeau offers support tailored to Native-American women and children from Wisconsin tribes by incorporating their traditional values and attitudes into services.
- The Latina Domestic Violence Program has culturally competent, bilingual staff serving Philadelphia's Latino communities.
- The Children Who Witness Domestic Violence Project in Addison County, Vermont is a unique interagency program devoted to providing services to this vulnerable population.

Examples of innovative efforts within judicial systems aimed at keeping battered mothers and their children safe and together also are included. These range in scope and



focus from a specialized prosecution unit for family violence and sexual assault cases in Philadelphia, to a Denver project that provides legal representation to children in domestic violence cases. In addition, outreach efforts in health care settings for abused women and their children are described, as well as community-based supervised visitation services and school-based educational efforts. Ultimately, the publication insists that addressing the problem of violence within families requires:

- ◆ adequate shelter care,
- ◆ ongoing services,
- ◆ age-appropriate curricula on domestic violence within the schools, and
- ◆ legal advocacy for victims.

The authors encourage communities to follow the lead of these exemplary programs to develop such necessary resources.

As collaborative efforts between domestic violence and child welfare professionals continue to grow, Pamela Whitney and Lonna Davis pose a timely question in **"Child Abuse And Domestic Violence In Massachusetts: Can Practice Be Integrated In A Public Child Welfare Setting?"** They ultimately answer with an emphatic "yes," but their detailed account of the integration of domestic violence specialists into the statewide child welfare structure illustrates both the benefits and inevitable challenges of bringing together traditionally separate groups. They hold up the example of Massachusetts to illustrate that "battered women's advocates and the philosophies underlying their work can become an integral part of child welfare practice given adequate time, training, staff support and resources." They also offer advice on developing a similar program:

- ◆ find a high-level CPS manager who will champion the initiative internally and with the public,
- ◆ hire domestic violence specialists who can bridge the gulf between domestic violence advocacy and child welfare, and
- ◆ target middle managers within the agency to support change.

Supervised visitation centers have become an important means of allowing a noncustodial parent access to a child (which is often ordered by the court) while still ensuring the mother's and child's safety. In **"Parental Access vs. Safety: Supervised Visitation Helps Bridge the Gap,"** Cindy Yonover describes one such center, the Family Visitation Center in Honolulu, Hawaii. The center was established in 1994 to allow safe exchanges and visitation in cases where parents are experiencing or have potential for difficulties. The center has experienced success through a variety of techniques, such as:

- ◆ eliminating contact between parents,
- ◆ maintaining neutrality by refusing to be involved in parent conflict,
- ◆ keeping a security guard on the premises, and
- ◆ offering a location for either safe exchanges, unsupervised or supervised visitation, depending upon the situation.

The development of training curricula and protocols that address domestic violence for child welfare agencies is an essential aspect of integrating awareness into practice, and much has been done in this area. In 1995, the U.S. Department of Health and Human Services awarded funding to five schools of social work to provide training for child welfare workers in working with families contending with domestic violence. The article **"Child Protection and Domestic Violence: Training, Practice and Policy Issues"** gives an overview of the training projects undertaken by four of the recipients.

The first recipient described, the Columbia University School of Social Work, developed a two-day training curriculum for New York City CPS workers and supervisors. The first day focuses on increasing understanding of domestic violence and empathy for its victims. The emphasis of the second day is responding to the violence through appropriate assessment, intervention and use of the law and available resources. The *Battered Women and Their Children* website was also created as part of the training project. The *Training Child Welfare Workers on*

*Domestic Violence: Trainer's Manual* and companion *Participant's Workbook* used for training, written by Kathryn Conroy and Randy Magen, are available on the website, along with other papers and resources on the connections between domestic violence and child maltreatment.

The second recipient, Simmons College, worked with the Massachusetts DSS Domestic Violence Unit to train supervisors in responding to domestic violence. They also developed a domestic violence training manual for the whole agency, and were involved in the interagency consultation team. **"The Partnership Project On Domestic Violence,"** a report written by Ann Fleck-Henderson, Stefan Krug and Golden Bryant in 1996, describes the progress made in the project at that time and the major lessons that had been learned so far.

The UCLA School of Public Policy and Social Research trained a large group of child welfare workers from Los Angeles and Orange County in one-day seminars and developed an instrument for assessment of domestic violence. They also provided more extensive training to a smaller group of CPS workers and supervisors who now act as "experts" within the Los Angeles agency. A detailed description of the project is available in **"Intervention in Child Maltreatment & Domestic Violence: An Innovative Training Program,"** by Colleen Friend and Linda G. Mills, which also outlines some of the insights gained by the trainers. These include the need for:

- ◆ input from those who manage cases involving domestic violence and/or child welfare,
- ◆ addressing issues that relate to worker frustration during training,
- ◆ both trainee and trainer tolerance, and
- ◆ constant self-evaluation by the trainers as a team.

Temple University developed the "Training Project on Collaborative Responses to Community and Domestic Violence," which included training sessions that brought together diverse individuals involved in violence prevention and intervention in Philadelphia. These



collaborative training sessions facilitated linkages between different systems and suggestions for future policy.

Based on the experience of those involved in these projects, two significant challenges that face trainers and developers are identified in "Child Protection and Domestic Violence: Training, Practice and Policy Issues." The first is the tension caused by CPS placing priority on the needs of the child, sometimes at the expense of the battered woman, which can result in difficulty seeing the overlap between the interests of the woman and her child. The second challenge is penetrating the CPS culture from the outside, which highlights the need for internal support from key agency players. The article concludes that the success of a training project seems to depend on true commitment from CPS administration to completely integrate domestic violence awareness and training into the agency, rather than having it viewed as an outside influence. Collaboration between domestic violence advocates and child welfare workers is also needed.

Training material also has been developed specifically for family preservation programs working with families where children are at imminent risk of being removed. *Domestic Violence: A National Curriculum for Family Preservation Practitioners*, by Susan Schechter and Anne L. Ganley, includes all the necessary information for implementing a three-day educational program presented by a team of representatives from both the domestic violence and family preservation fields. An agenda and step-by-step planning guide is outlined for the program, and a curriculum is offered to help workers understand, identify and assess domestic violence, and work with the victim, perpetrator and children in a family.

The *Domestic Violence Protocol: A Guide for Child Protective Service Workers and Domestic Violence Advocates* was developed by staff of Montgomery County Children Services (MCCS), the Artemis Center for Alternatives to Domestic Violence, and the YMCA Shelter. It is an excellent example of what can result from a collaborative effort to work with families

dealing with both domestic violence and child abuse or neglect. The protocol includes instructions regarding the identification and assessment of domestic violence for referral specialists and investigative workers. Information is also provided on safety planning for children and adult victims, and case planning for each member of the family to:

- 1) protect children;
- 2) increase the safety and well-being of the children by increasing the safety of the adult victim;
- 3) whenever possible, respect the rights of the adult victims to direct their own lives; and
- 4) hold perpetrators of domestic violence responsible and accountable for their abusive behavior. (p. 14)

Guidelines for referrals to MCCS are also given for domestic violence advocacy professionals.

### Conclusion

A great deal has been accomplished in the last five years in addressing the interrelationship of domestic violence and child welfare issues. Although much remains to be done—further research needs to be undertaken, partnerships need to be forged, and traditional barriers to collaboration need to be overcome—more individuals and programs are becoming committed to understanding the link between domestic violence and children's well-being. As a result, more families and children are finding their unique needs met.

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## Common Characteristics of Diverse State Reunification Programs

by: Randy Jenkins

The passage of the Adoption and Safe Families Act (ASFA) of 1997 included the reauthorization of the Family Preservation and Family Support Services Program, renamed the Promoting Safe and Stable Families Program (PSSF). PSSF, as we know, added two new services: time-limited reunification services, and adoption promotion and support services. Time-limited reunification services are defined as services and activities that are provided to a child who is removed from his/her home and placed in a foster family home or a child care institution, as well as to the parents or primary caregiver of the child. The services are provided in order to facilitate the reunification of the child and caregiver safely and appropriately within a timely fashion, but only during the 15-month period after the date that the child is considered to have entered foster care.

In developing reunification services programs, states have implemented a number of different approaches and designs, but the diverse programs all share three important characteristics:

- ◆ Intensity (time-limited)
- ◆ Engagement of parent/family
- ◆ Community-based

### Intensity

States are designing reunification programs that offer intense, time-limited services. However, there is a significant range in the amount of time allowed for services among the different states. For example, the time limit of Missouri's Family Reunion Services is 60 days, while Indiana's Intensive Family Reunification Program limit is 12 months. This variation in time limits is primarily driven by a program's target group. Missouri's program targets children and families who need intensive intervention in order for the child to return home within six months of his/her placement. The 60 day intensive intervention supports the six month goal. Indiana's program targets children who have been in

the system for 5 to 7 years, and thus allows the greater amount of time needed to work with children who have been in foster care for many years. Distinct target groups require different approaches to reunification, and the time length of intense services is varied accordingly among state programs.

### Parent/Family Engagement

Reunification programs, like family preservation and family support programs, are voluntary. In order to be successful, the child's family must agree on the desired permanent plan for the child, and be willing to work to achieve the desired outcome. For example, in Oregon, the Family Decision Meeting provides an opportunity for families to assess their own strengths and develop a permanent plan for the child. The program was designed on the premise that all families have strengths, all families deserve respect, and all family members should take part in making decisions. Likewise, the Texas Family Reunification Program (operated by the Texas Youth Commission), which targets families who have a child in the juvenile justice system, uses a family centered services approach to provide services. This juvenile justice system previously had been child specific, but now focuses on assessing family's strengths and needs, and beginning to develop a plan for reunification as soon as a child is "committed."

### Community-based

Another similar component of the diverse reunification services programs is the effort to provide services in the child's own community. This has posed a major challenge in Texas, as the state strives to achieve the family centered services principle of "close proximity." Often placement resources are hundreds of miles from the child's family and community, and the families often lack the transportation needed to visit the child. To address this problem, parole officers are working to

identify placement resources near the child's community, and also become familiar with a network of service providers who can assist families with transportation to visit their child. Similarly, Missouri's families lacked transportation to participate in counseling or search for employment, and this need had to be addressed. As these examples suggest, successful reunification of children with their families requires the identification of, and access to, a variety of services within the community where the family lives.

States across the country are striving to develop programs that assist in returning children home, rather than allowing ASFA timelines to force other permanency options. Reunification programs have unique differences from state to state, but they all aim at achieving the ASFA goals of safety, permanency and the well-being of children, and focus on achieving permanency through reunification of children in out-of-home placements with their parents or primary caregivers.

# INTRODUCING A NEW PARTNERSHIP AND A NEW WAY TO PROVIDE STAFF TRAINING:

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The first of a series of CD-ROMs to be developed focuses on systems thinking and assessment tools. While the importance of using assessment tools is not only to see a picture, but to learn how to ask questions with families, this interactive/multimedia training provides:

A precursor to the Family Development training:

- Staff will understand family centered vocabulary
- Staff will understand the techniques of assessment tools
- Staff will have a first look at thinking "systems"

A follow-up to training:

- Reference guide for using assessment tools
- Practice for homework assignments and exam

For more information contact:

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Available for distribution November 1, 1999.

# 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.

### 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.

### ANOTATED 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 PRINCIPLES 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 COMMUNITIES—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 COMMUNITIES: 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 NEGLECTING FAMILIES IN A LARGE METROPOLITAN 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.

### COMMUNITY RESPONSE TO HOMELESSNESS: EVALUATION OF THE HACAP TRANSITIONAL HOUSING PROGRAM

#### EXEC. SUMMARY (1996) no charge FINAL REPORT (1996) \$8.00

An evaluation of a HUD-funded demonstration 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.

### COMMUNITY SOCIAL WORK: A PARADIGM FOR CHANGE (1988) \$7.50

This book is a collective product of a work group in Great Britain set up to articulate core characteristics of community social work.

### 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.

### CREATING CULTURES OF FAMILY SUPPORT 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 BRIEFING PAPER FOR PLANNERS, PROVIDERS, AND PRACTITIONERS (1994) \$2.00

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 CONFERENCE ON FAMILY-BASED SERVICES (1990) \$5.00

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 CONFERENCE ON FAMILY-BASED SERVICES (1991) \$5.00

A collection representing the third published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. There are 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) \$5.00

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) \$5.00**

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) \$5.00**

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.

**EVALUATING FAMILY BASED SERVICES (1995) \$35.00**

Major researchers in the field of family based services contribute chapters on all aspects of the evaluation process appropriate to a variety of program models.

**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 FUNCTIONING OF NEGLECTFUL FAMILIES: FAMILY ASSESSMENT MANUAL (1994) \$5.00**

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) \$8.00**

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 GROUP CONFERENCES IN CHILD ABUSE AND NEGLECT CASES (1996) \$20.00**

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

**GUIDE FOR PLANNING: MAKING STRATEGIC USE OF THE FAMILY PRESERVATION AND SUPPORT SERVICES PROGRAM (1994) \$8.00**

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

**HEAD START OUTCOMES FOR HOMELESS FAMILIES & CHILDREN: EVALUATION OF THE HACAP HOMELESS HEAD START DEMONSTRATION PROJECT (1996) \$6.00**

This study reports findings of a transitional housing program for homeless women and children.

**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 REPORT (1990) no charge**

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

**KEY CHARACTERISTICS AND FEATURES OF COMMUNITY-BASED FAMILY SUPPORT PROGRAMS (1995) \$6.00**

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.

**LENGTH OF SERVICE & COST EFFECTIVENESS IN THREE INTENSIVE FAMILY SERVICE PROGRAMS**

**EXEC. SUMMARY (1996) \$2.00**  
**FINAL REPORT (1996) \$17.00**

Report of an experimental research study testing the effect of length of service on case outcomes and cost-effectiveness in three family based treatment programs.

**LINKING FAMILY SUPPORT AND EARLY CHILDHOOD PROGRAMS: ISSUES, EXPERIENCES, OPPORTUNITIES (1995) \$6.00**

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 IT SIMPLER: STREAMLINING INTAKE AND ELIGIBILITY SYSTEMS (1993)** \$4.00

This working paper from the National Center for Service Integration outlines a process for integrating intake and eligibility systems across agencies.

**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.

**MANAGING CHANGE THROUGH INNOVATION (1998)** \$25.00

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

**MAPPING CHANGE AND INNOVATION (1996)** \$18.00

This companion workbook to *Managing Change Through Innovation* addresses major issues related to managing change in any social organization and guides readers to develop a planned approach specific to their particular circumstances.

**MULTISYSTEMIC THERAPY: USING HOME-BASED SERVICES: A CLINICALLY EFFECTIVE AND COST EFFECTIVE STRATEGY FOR TREATING SERIOUS CLINICAL PROBLEMS IN YOUTH (1996)** 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.

**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.

**PREVENTING CHILD ABUSE AND NEGLECT THROUGH PARENT EDUCATION (1997)** \$25.95

Based on research of 25 parenting programs, this volume outlines how to develop and evaluate parent education programming to help prevent child maltreatment.

**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.

**QUALITY IMPROVEMENT AND EVALUATION IN CHILD AND FAMILY SERVICES: MANAGING INTO THE NEXT CENTURY (1996)** \$22.90

This handbook describes how agency executives can address the changing world of services for children and families by practically applying quality improvement theory to assess and improve programs and services.

**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.

**REALIZING A VISION (1996)** \$5.00

This working paper positions the progressive children and family services reform agenda within a complex welter of change, and it poses a provocative answer to the question: "Where do we go from here?"

**REINVENTING HUMAN SERVICES: COMMUNITY- AND FAMILY-CENTERED PRACTICE (1995)** \$25.00

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.

**REPAIR: REASONABLE EFFORTS TO PERMANENCY THROUGH ADOPTION AND REUNIFICATION ENDEAVORS**

**Executive Summary (1996)** \$4.00  
**Final Report (1996)** \$17.00

REPAIR created a family based approach to residential treatment characterized by reduced length of stay, integration of family preservation and family support principles, and community based aftercare services to expedite permanency. The Final Report describes the conceptual approach and project design, lessons learned from implementation, and evaluation results (including instruments). [Funded by ACYF, Grant #90CW1072.]

**RIISING ABOVE GANGS AND DRUGS: HOW TO START A COMMUNITY RECLAMATION PROJECT (1990)** \$2.00

This is a how-to manual for building and sustaining a community collaboration focused on youth issues.

**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 LEGISLATIVE LEADERS: KEYS TO EFFECTIVE LEGISLATION FOR CHILDREN & FAMILIES: A REPORT (1995) \$1.00**

This is the report of an eye-opening survey on how far children and family advocates have to go towards building a sustained legislative agenda.

**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) \$35.00**

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.

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

An analysis that defines and compares family-centered services by identifying three models whose primary goal is tertiary prevention, the prevention of out-of-home placement of children from seriously troubled families, or reunification once placement has occurred. Also examines data from 11 family-centered place-

ment prevention programs that further specifies and compares these models. Reprinted with permission from *Child Welfare*, Vol. LXIX: No. 1, (Jan/Feb 1990).

**TRAINING MANUAL FOR FOSTER PARENTS (1990) \$12.00**

Created by Dr. Patricia Minuchin at Family Studies in New York, the manual includes a theoretical section describing the rationale, goals, themes and skills, and a training section that describes eight sessions. The activities of the sessions are experiential, including role playing, small groups, simulated cases, and discussions. The sessions are focused on understanding families and on exploring attitudes about families, on the skills of making and keeping contact with biological families, and on the liaison between foster parents and professional workers as they function in the foster care network.

**TRAINING RESOURCES: FAMILY CONTINUITY (1993) \$2.00**

A bibliography of training resources of the National Resource Center for Family Centered Practice, The National Foster Care Resource Center, The National Resource Center for Special Needs Adoption, and other organizations.

**WHO SHOULD KNOW WHAT? CONFIDENTIALITY AND INFORMATION SHARING IN SERVICE INTEGRATION (1993) \$4.00**

Analyzes issues pertaining to confidentiality in collaborative projects. The paper includes a checklist of key questions.

**WISE COUNSEL: REDEFINING THE ROLE OF CONSUMERS, PROFESSIONALS, AND COMMUNITY WORKERS IN THE HELPING PROCESS; RESOURCE BRIEF #8 (1998) \$8.00**

This collection of readings examines the need for and benefit of changing relationships between professionals, community workers and consumer needs to implement true system reform and improve results.

*For a detailed description of audiovisual materials, see page 35.*



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Table with 4 columns: TITLE/DESCRIPTION, PRICE, QTY, TOTAL. Lists various publications with their respective prices and availability status.

continued on next page



TITLE/DESCRIPTION	PRICE	QTY	TOTAL
Realizing a Vision (1996)	5.00	_____	_____
Reinventing Human Services: Community- & Family-Centered Practice (1995)	25.00	_____	_____
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**AUDIOVISUAL MATERIALS:**

<b>Video Tapes--</b>			
Circularity & Sequences of Behavior (1992) [price includes s/h]	\$25.00	_____	_____
Family-Based Services: A Special Presentation (1990) [add \$5.00 for s/h]	\$80.00	_____	_____
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**AUDIOVISUAL MATERIALS**

**CIRCULARITY AND SEQUENCES OF BEHAVIOR (1992) (\*includes s/h) \$25.00\***  
 This 30-minute training videotape describes the family systems concepts of circularity and sequences of behavior, and then demonstrates how the concepts are utilized in a child protection interview with a family where inadequate supervision of young children is an issue. Useful for training family-centered practitioners in any human services program.

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

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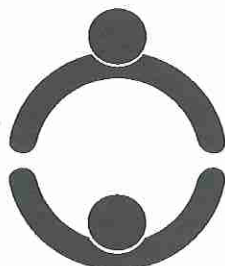
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