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Family Preservation: The Parents' Perceptions

Cheryl D. Lee and Cecilia Ayón

This research documents the perspective of 100 parents who had an open case with the Department of Children and Family Service's (DCFS) regarding their family's well-being, reasons for referral and satisfaction with services. Two DCFS services, Family Preservation (FP) and routine Family Maintenance (FM) were examined using standardized instruments. Parents' responses regarding reasons for involvement with the system differed from DCFS administrative data. FP parents had more children, were more likely to be monolingual Spanish speakers, and perceived greater improvement in discipline and emotional care of children and housing than FM parents. FP parents reported being satisfied with services. Implications include supporting community based culturally competent FP programs.

Key Words: family preservation, child abuse and neglect, culturally relevant services

As the number of children in out-of-home placements surpasses half a million, various attempts have been made to obtain permanency for these children (AFCARS, 2005). Family Preservation (FP) programs have emerged as a vehicle for addressing the needs of the whole family in an attempt to promote family well-being and maintain children in their home. The evaluations of such programs have yielded mixed findings (Bagdasaryan, 2005; Fraser, Nelson, & Rivard, 1997; Kirk & Griffith, 2004; Lindsey, Martin, & Doh, 2000; Littell, 1995; Meezan & McCroskey, 1996; Potocky & McDonald, 1996; Unrau & Coleman, 2006). Most studies use placements outside the home as the primary outcome measure, and the results indicate equivalent findings in comparing FP to routine Family Maintenance (FM) services (Heneghan, Horwitz, & Leventhal, 1996; Meezan & McCroskey, 1996; Rubin, 1997; Schuerman, Rzepnicki, Littell, & Chak, 1993).

Researchers purport that most of the early studies on FP's success were flawed because of a lack of comparison groups and assignment of less difficult cases (Lindsay, Martin & Doh, 2002; Littell, 1995). Other researchers argue that we do great harm to children by leaving them with their dysfunctional families (Epstein, 1999; Gelles, 1993). Studies using comparison groups (Blythe & Jayaratne, 2002; Kirk & Griffith, 2004) and event history analyses (Kirk & Griffith, 2004; Unrau & Coleman, 2006) find family preservation services to be more effective than traditional child welfare services. Unrau and Coleman (2006), who used dynamic event history analysis, demonstrated that certain factors such as children's disability, family poverty, and number of children in the family affect long-term progress and recommended longer treatment and follow up booster sessions as do Kirk and Griffith (2004). Bagdasaryan (2004) studied a large sample in Los Angeles County and found that longer duration of services is a predictor of a successful outcome. Fewer studies have explored family functioning as an outcome

measure and are mainly conducted from the perspective of the agency worker (Feldman, 1990; Meezan & McCroskey, 1996).

Recently, family preservation techniques are being effectively employed in post-adoption services to ward off adoption disruption (Berry, Propp, & Martens, 2006; Atkinson & Gonet, 2007) and to diminish serious child behavior and management problems with families not yet in the child welfare system (Lewis, 2005). There is a continuing need to evaluate FP services because of the sensitivity and importance of this approach for children's welfare.

Previous studies have used case record review or instruments completed by child welfare workers to gather data. To add a different dimension to the body of research, this study looked at parents' perceptions of their families' well-being, reasons for referral, and satisfaction with services (i.e., FP or FM). Exploring the client perception has been identified as an important factor in evaluating services (Kapp & Vela, 1999). Kapp and Vela state that understanding how clients cope after the intervention and their perception of the impact of the services are important components of evaluative research.

Family Preservation and Family Maintenance Services

Family Preservation (FP) is a community-based service that provides caseworkers to families in their homes as well as an array of services such as parent education classes, drug abuse counseling, transportation, and housing assistance. FP has been characterized mostly in the literature as a crisis-oriented intervention for families for four to six weeks with multiple visits per week by a caseworker who is available 24 hours a day (Lindsey, Martin & Doh, 2002; Smith, 1995). This is not the model that exists in the Los Angeles Department of Children and Family Services (LADCFS) (Meezan & McCroskey, 1996; Soloman & Lee, 2001). Family Preservation in LA County is a home-based service offered by diverse community agencies where the totality of family and children's problems are addressed. The original request for service by DCFS is for six months, but this amount of time can be extended depending on the needs of the family. The FP in-home counselor or caseworker goes to the home one or two times a week. The primary goals of this service are to preserve and empower the family, protect children, and support healthy functioning of all family members. The DCFS worker maintains contact with the FP in-home counselor and visits the family once per month. Refer to Table 1 for a summary of the service characteristics.

Family Maintenance (FM) is the traditional case management program that offers office-based services to families that have substantiated cases of child maltreatment. FM is similar to FP in that as a result of services the family may remain intact. However, the goal of FM is different from FP as its primary focus is to protect the child from harm. Working with the other family members is secondary. Parents are helped as a means of protecting the child. The FM time frame is similar (typically 6 – 12 months) but the services are not home-based. The FM services are managed by the DCFS worker and may be completed by one or multiple agencies. The DCFS worker is responsible for visiting the child once per month.

Table 1. Family Preservation and Family Maintenance in Los Angeles

Characteristic	Family Preservation	Family Maintenance
Service Goal	Preservation of family	Children's safety
Nature of Service	Community/culturally sensitive	Case management
Services Offered (location)	In home	Various agencies
Length of Services	6-12 months	6-12 months
Frequency of Caseworker Visits	FP worker (1-2 times/week) Caseworkers (1 time/month)	Caseworker (1 time/month) Agency workers (office appointments depending on case)

Background

Child welfare policies in the U. S., such as the Adoption Assistance Child Welfare Act of 1980 (Wells & Biegel, 1991) and the Family Preservation and Support Services Act created as part of the Omnibus Budget Reconciliation Act of 1993 (Thieman & Dail, 1997) have supported permanency planning for children and looked at the child's biological family as the preferred resource for serving children's best interests. Even in the more recent Adoption and Safe Families Act of 1997, which supports reducing the amount of time children spend in foster care and severing parents' rights when case progress is not made in a year or less, biological families including kin are seen as the first line of defense in promoting children's welfare. This preference for preserving the biological family is criticized as a policy that merely saves taxpayers' money as opposed to being in the best interest of children (Epstein, 1999; Lindsey, Martin, & Doh, 2002). Placing children outside of the home is in most cases more expensive (Humphrey, Turnbull, & Turnbull III, 2006); additionally, the lack of available foster and adoptive homes for special needs children has reached a crisis level (D'Adrade & Berrick, 2006; Hanley, 2004). It has also been reported that children who spend time in foster care have a preponderance of problems including mental illness, drug and alcohol abuse, and homelessness as adults (Children's Defense Fund, 2000; Courtney, Terao, & Bost, 2004).

Since David Fanshel's classic longitudinal evaluation of the foster care system (Fanshel & Shinn, 1978), it has been documented that children are often subject to "foster care drift" where they remain in foster care for inordinate periods of time and have multiple placements. Children not only suffer from the abuse and neglect they may have experienced, but are further victimized by multiple placements in the foster care system (Courtney, Terao, & Bost, 2004). Classic research studies on attachment theory

(Ainsworth, 1978, 1993; Bowlby, 1969) explain how children develop optimally when attachments to significant people are maintained. Results from the National Survey of Child and Adolescent Well-Being (NSCAW), a longitudinal study of children who are in the foster care system, indicate that children in foster care experienced more developmental problems, especially infants (NSCAW, 2003).

Another important issue to consider regarding removal of children from families is that ethnic/racial minority children are overrepresented in the child welfare system (D'Andrade & Berrick, 2006; Derezotes, Poertner & Testa, 2005; Needell et al. 2002; Needell, Brookhard, & Lee, 2003; Pine & Drachman, 2005). African American and Latino children make up a large portion of the children in the foster care system. Furthermore, services that consider the specific needs of diverse ethnic groups are lacking. For example, in addition to possibly experiencing abuse, Latino children may have to endure long term foster care placement if parents are unable to comply with the demands of the child welfare system. This can worsen the state of crisis experienced by the child and the family as the family system is very highly valued within this culture (Baca Zinn, 1994; Cauce & Domenech-Rodriguez, 2000). There are specific needs of a Latino family that may differ from the needs of other families. For example, it is estimated that 10% of all children in the U.S. live in mixed documentation status households. Of these 30% reside in California and, of these, approximately 50% reside in the city of Los Angeles (CHCF, 2004; Kanaiaupuni, 2000). Not only do mixed status households experience special needs such as services in Spanish (or another language), economic hardships, trauma related to the migration process and discrimination/oppression experienced in this country, but they also run the risk of having their actions misinterpreted. For example, public health research has found that immigrant individuals (documented and undocumented) avoid or delay seeking medical attention due to fear of immigration consequences including deportation or penalties (Asch, Leake, & Gelberg, 1994; L.A. County Department of Health Services, 2004; Loue, Faust, & Bunce, 2000). Not seeking medical attention for children may be interpreted as neglect or not caring for the child's well-being, but in reality the family members may be acting in ways to ensure the safety of their family.

In order to examine parents' perceptions of their family's well-being, reasons for referral to DCFS, and satisfaction with services, this study was guided by the following research questions: (1) What are the demographic differences and similarities of caregivers in FP and FM cases? (2) What did FP and FM clients state as the reasons they were referred to child welfare services, and how do parents' reasons for referrals to services compare to DCFS administrative data? (3) Do FM and FP participants' well-being outcomes improve from referral to follow up? (4) Are FP and FM clients satisfied with the services received?

Method

Sampling and Data Collection

After approval for this study from the university's Institutional Review Board, LADCFS provided contact information which consisted of names, last known phone numbers and addresses, ethnicity, type of service received (FM or FP), and number of children. The cases had been closed in 1999, and this study took place in 2001, which

meant that the cases had been closed for approximately two years. There were attempts to contact every person on this list by telephone or mail (N=1000). This was a very difficult process since many of the former clients had moved or changed telephone numbers, which is typical of clients involved in the child welfare system. Of the 700 FM cases and 300 FP cases, 125 (65 FM and 60 FP) were actually located (12.5%). Of these, 55 FM cases and 45 FP cases agreed to participate by the deadline for scheduling interviews. This sample of 100 (10% of the original population) was somewhat comparable to the larger list of potential participants on the known demographics; that is, a greater number of FP clients were ethnic/racial minorities and had more children (Solomon & Lee, 2001). Once located, participants were asked if they wished to participate in 45-minute telephone interviews in exchange for a remuneration of \$20.00. The interviews were conducted in Spanish and English.

Measures

This study utilized The Parent Outcome Interview, a standardized measure used to evaluate children's and parent's well-being outcomes (Magura & Moses, 1986) and the Client Satisfaction Questionnaire (CSQ-8) (Attkinsson, 1985). FP participants were asked to reflect only on their FP in-home counselor and services, and FM clients were asked to reflect solely on their DCFS worker and services. In both groups, if the participant had multiple workers they were asked to reflect on the worker who was involved in their case for the longest period of time.

The Parent Outcome Interview (Magura & Moses, 1986) is a parent self-report measure used to determine children's and parents' well being. Ten outcome subscales from the Parent Outcome Interview were used in this study (Children's Academic Adjustment, Children's Conduct, Physical Child Care, Discipline and Emotional Care of Children, Children's Symptomatic Behavior, Parent's Coping, Housing Conditions, Economic Conditions, Overall Safety, and Overall Family Functioning). The instrument has established face, construct and convergent validity, and the average internal consistency of the subscales is $\alpha = .84$ (Magura & Moses, 1986). In addition to the English version of this instrument a Spanish one was created by translating the instrument into Spanish and then back into English in order to increase its validity. Although the instrument administrators were native Spanish speakers with child welfare experience, there was no established reliability and validity of the Spanish version of the instrument. Participants were asked to consider two time periods - onset of services and follow-up interview. Sample questions of the outcome subscales can be found in Table 2. Change scores were calculated by subtracting the "at referral" score from the "follow up" score. Lower change scores were indicative of greater improvement of children and parents' well-being. Alphas for this sample were good ranging from .76 to .91 (See Table 2).

Table 2. Parent Outcome Interview Subscales

Subscales	Number	Sample Questions	Alphas for this of items sample
Children's Academic Adjustment	9	Were any of your children: • not enrolled in school (if of school age)? • failing any classes?	.76
Children's Conduct	9	Were any of your children: • breaking and busting things on purpose? • lying and not listening to you?	.87
Physical Child Care	8	• Were your children hungry sometimes because you had trouble preparing meals? • Were you worried about leaving your children alone when you had to go out?	.78
Discipline and Emotional Care of Children	12	• Did your children get on your nerves so much that you sometimes lost your temper with them? • Did you sometimes feel that your children were taking up too much of your time, that they kept you from doing things that you really wanted to do?	.89
Children's Symptomatic Behavior	10	Were any of your children: • anxious, afraid, or tense a lot of the time? • complaining about aches and pains a lot?	.86
Parents' Coping	9	Were you: • having any health problem that limited what you could do? • overwhelmed with work and no one to help you?	.81
Housing Conditions	10	Did you have any problems with: • overcrowding in your home, not enough space for everyone to live, sleep, and have some privacy? • unsafe or dangerous conditions that could hurt someone?	.77
Economic Conditions	7	Did you • have enough money to pay your rent? • buy food for your family?	.91
Overall Safety	5	How likely is it that children might be harmed by: • parental discipline? • behavior of others in the neighborhood?	.79
Overall Functioning	6	How severe was the stress you've experienced been because of: • family relations? • economic security?	.86

*This table was adapted and modified from Lee & Ayón (2004).

The Client Satisfaction Questionnaire (CSQ 8) (Attkinsson, 1985) is an eight-question scale measuring client satisfaction with services rendered. It is a standardized instrument that has been translated into several languages including Spanish. Scores could range from 8-32. The higher the score the more satisfied the person is with the services. The established reliability has ranged from .86 to .94 in previous studies (Attkinsson, 1985). The reliability of this scale for this sample was excellent ($\alpha = .96$).

The following open-ended questions were also analyzed: What was the reason for the case with DCFS? Did you agree with what your worker said was the reason for referral for the case? Participants were able to reply "yes" or "no." Their responses were dummy coded with yes as 1 and no as 0. Administrative data was used to compare the allegations as reported by workers in contrast to the reasons why the parents stated they had been referred to DCFS.

Results

The demographic characteristics of the FP and FM cases are described in Tables 3, 4, and 5. Chi-squares and *t*-tests were used to test Research Question 1 regarding demographic differences. The characteristics of the primary caregivers in both groups were: they were mothers (94%), 70% had no secondary caregiver, 48% were Latino, and the average age was 37.85 (*SD* 7.8). Educational levels were comparable ranging from less than high school (32%), high school graduates/GED (15%), to college graduates (33%). Sixty-four percent had incomes less than \$20,000 when they received the services. At follow up 62% were still in this impoverished income bracket. Forty-three percent received public assistance at time of entry and two years later at follow-up.

Table 3. Demographics of Caregivers

Variables	Study Sample N = 100		Family Preservation n = 45		Family Maintenance n = 55	
	N	%	N	%	N	%
<u>Primary Caregiver</u>						
Mother	94	94.0	43	95.6	51	92.7
Father	1	1.0	1	2.2	0	0.0
Grandmother	1	1.0	0	0.0	1	1.8
Missing	4	4.0	1	2.2	3	5.5
<u>Secondary Caregiver</u>						
None	70	70.0	33	73.4	37	67.3
Father	26	26.0	10	22.2	16	29.1
Grandmother	3	3.0	1	2.2	2	3.6
Mother	1	1.0	1	2.2	0	0.0
<u>Ethnicity of Primary Caregiver</u>						
Latino	48	48.0	24	53.3	24	43.6
Caucasian	26	26.0	9	20.0	17	30.9
African-American	14	14.0	6	13.3	8	14.5
Pacific Islander	1	1.0	1	2.2	0	0.0
Italian	1	1.0	1	2.2	0	0.0
Missing	10	10.0	4	8.9	6	10.9
<u>Language* Interview was Conducted in</u>						
English	65	65.0	24	54.0	41	26.0
Spanish	35	35.0	21	46.0	14	74.0

Note: * $X^2 = 4.90$, $p = .03$

Table 4. Education and Income Characteristics of Caregivers

Variable	Study Sample N = 100		Family Preservation n = 45		Family Maintenance n = 55		$X^2(p)$
	N	%	N	%	N	%	
<u>Education of Primary Caregiver</u>							
No Formal Educ.	1	1.0	1	2.2	0	0.0	
> High School	31	31.0	13	28.9	18	32.7	
High School Grad 15		15.0	4	8.9	11	20.0	
Some college/Trade School or college Graduate	39	39.0	14	31.1	25	45.5	
Missing	14	30.7	13	28.9	1	1.8	
							.95(.33)
<u>Income as DCFS Clients</u>							
Under \$19,999	64	64.0	27	60.0	37	67.3	
Over \$20,000	20	20.0	6	13.3	14	25.5	
Missing	16	16.0	12	26.7	4	7.3	
							.11(.74)
<u>Income at time of Study</u>							
Under \$19,999	62	62.0	25	55.6	37	67.3	
Over \$20,000	22	22.0	8	17.8	14	25.5	
Missing	16	16.0	12	26.7	4	7.3	
							2.62(.27)
<u>Receipt of Public Assistance as DCFS Clients</u>							
Yes	43	43.0	20	44.4	23	41.8	
No	45	45.0	14	31.1	31	54.4	
Missing	12	12.0	11	24.4	1	1.8	
							1.57(.46)
<u>Receipt of Public Assistance at time of Study</u>							
Yes	43	43.0	19	42.2	24	43.6	
No	45	44.0	15	33.3	30	52.7	
Missing	12	12.0	11	24.4	1	1.8	

Table 5. Mean Comparisons of Select Demographic Characteristics

Variable	Study Sample N = 100		Family Preservation n = 45		Family Maintenance n = 55		<i>t</i>
	M	SD	M	SD	M	SD	
Age of Primary Caregiver	37.85	7.80	37.47	7.68	38.14	7.96	-.40
Number of Children in Home	3.33	1.85	3.80	2.05	2.96	1.59	2.28*

Note: * $p < .05$

The groups differed in number of children per family with FP parents averaging four children and FM parents three children ($t = 2.28$, $df = 1$, $p < .05$). More FP parents were Spanish speakers ($X^2 = 4.90$, $p < .05$). Thirty-five of the participants were interviewed in Spanish with twenty-one of these being former FP clients.

For Research Question 2, participants indicated they were most often referred for physical abuse (24%), followed by severe neglect (16%), and drug abuse (12%). Domestic violence was the least common reason for referral (5%) and others reported truancy and false reporting by neighbors. The administrative data revealed that approximately 40% of the cases had two or more suspected abuse allegations. The most common allegations were general neglect (41%), physical abuse (36%), and emotional abuse (31%, See Table 6).

Although many of the parents reported the reason as one of the child maltreatment categories (i.e., neglect, physical abuse, or sexual abuse), their responses did not always correspond to the allegations found in the administrative data. A comparison of the allegations as reported by the parent and reported by DCFS revealed that approximately 60% of the parents reported a different reason leading to an open case with DCFS.

The participants were asked if they agreed or disagreed with their worker regarding the reasons or cause for their referral to DCFS. Forty-five percent of the participants said they agreed with the worker. An independent means t-test revealed that FP parents were more likely to agree with the worker about the reason for referral to DCFS (FP, $M = .78$, $SD = .42$; FM, $M = .53$, $SD = .50$; $t = 2.204$, $df = 62$, $p = .03$).

Table 6. Reasons for Referral – Parents' Perceptions and Administrative Data

	Parent Report N	Administrative Data* N
Physical abuse	24	36
General neglect	16	41
Severe neglect		7
Drug abuse	12	
Domestic violence	5	
Caretaker absence	1	15
Emotional abuse	1	31
Sexual abuse	3	14
Child runaway	5	
School related (truancy)	6	
Both physical & neglect	1	
Parent concerned for child (self-report)	2	
Parent illness	1	
False reporting	4	
Don't know	19	

**Note:* Multiple referral reasons were reported in the administrative data.

In order to test Research Question 3, multiple dependent means *t*-tests were completed to find if the families who received FP and FM services perceived that they improved from time of referral to follow up on the well-being outcomes (See Table 7.). To protect against a Type 1 error, a Bonferroni correction was completed. The Bonferroni correction lowered the alpha to a .005 level of significance. Families who received FP services indicated that they improved in the following well-being measures: Housing Conditions, Overall Safety, Discipline and Emotional Care of Children, Parent Coping, Overall Family Functioning, Children's Academic Adjustment, Children's Conduct, and Children's Symptomatic Behavior. FM recipients reported they improved on the following well-being measures: Overall Safety, Discipline and Emotional Care of Children, Parent Coping, Overall Family Functioning, Children's Academic Adjustment, Children's Conduct, and Children's Symptomatic Behavior. Both FP and FM families reported no improvement on the Economic Conditions outcome subscale, and FM families reported no improvement in the Physical Care of Children or Housing Conditions.

Table 7. Mean Comparisons of Subscales

Scale	Family Preservation n = 45				Family Maintenance n = 55			
	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>
<u>Physical Child Care</u>	2.90	.006			2.41	.02		
At Referral	.79	1.52			.49	.91		
At Follow up	.21	.62			.11	.43		
<u>Housing Conditions</u>			-3.65	.001*			-2.68	.01
At Referral	1.97	2.35			1.16	1.45		
At Follow up	.68	1.27			.59	1.06		
<u>Economic Conditions</u>			.24	.96			.41	.68
At Referral	2.94	2.24			1.82	1.63		
At Follow up	3.03	2.44			1.90	1.64		
<u>Overall Safety</u>			-3.81	.000*			-5.31	.000*
At Referral	5.18	3.02			5.18	2.49		
At Follow up	3.53	1.61			3.81	1.48		
<u>Children's Conduct</u>			-3.08	.005*			-3.50	.002*
At Referral	2.41	2.27			2.75	3.43		
At Follow up	1.64	1.31			.54	.99		
<u>Discipline/Emotional Care</u>			-4.97	.000*			-3.40	.002*
At Referral	2.69	2.93			.86	1.44		
At Follow up	.71	2.03			.16	.53		
<u>Parental Functioning</u>			-4.83	.000*			-6.36	.000*
At Referral	2.97	2.68			2.58	2.05		
At Follow up	.68	1.40			.82	1.68		

Table 7. Mean Comparisons of Subscales (Continued)

Scale	Family Preservation n = 45				Family Maintenance n = 55			
	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>
<u>Overall Family Functioning</u>			-4.54	.000*			-5.42	.000*
At Referral	13.12	4.24			11.23	3.73		
At Follow up	9.67	3.56			9.18	3.42		
<u>Children's Academics</u>			-3.14	.004*			-4.29	.000*
At Referral	1.72	1.65			1.78	2.10		
At Follow up	.86	1.44			1.44	.45		
<u>Children's Symptomatic Behavior</u>			-3.51	.001*			-3.86	.000*
At Referral	2.46	2.58			2.12	2.45		
At Follow up	1.03	1.94			1.00	1.78		

Note: The Bonferroni correction lowered the alpha to a .005 level of significance; * $p \leq .005$. Research Question 4 sought to find if differences existed in satisfaction with services between FP and FM clients (See Table 8). A *t*-test revealed that FP clients rated their satisfaction with the quality of services considerably higher than routine FM participants ($t = 4.22$, $df=1$, $p < .001$). The mean for FP was 27.10 ($SD = 5.8$). The mean for FM was 21.03 ($SD = 8.37$).

Table 8. Mean Comparisons of Client Satisfaction with Services

Variable	Study Sample N = 100		Family Preservation n = 45		Family Maintenance n = 55		<i>t(p)</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Client Satisfaction Questionnaire	23.8	7.92	27.21	5.80	21.03	8.37	4.22(.000)*

Note: * $p < .05$

Limitations

This study looked at family preservation and routine family maintenance services from the perspective of the clients (the parents). Former clients of LADCFS may have been fearful of indicating problems with their own or their children's functioning as this may cause them to be re-reported and again come under state scrutiny. Parents were asked to reflect back on when they first started with DCFS services and retrospectively report on their problems comparing the past to the present. This is a significant limitation as their memories of problems may lack accuracy. In addition, this design does not allow for the study of causality. Only the perspective of parents is explored. Other perspectives, the children's and the workers', were not studied. As previously mentioned the Spanish version of the Parent Outcome Measure had not previously been standardized and results need to be interpreted with caution. Selection bias may also play a role in the results as it was difficult to locate many of the families on the original sampling pool list. Providing a compensation may have contributed to sampling bias. Although this study was not without limitations, it makes significant contributions to the field as it examines families' well-being from the perspective of the parent/client, and this is rare.

Discussion and Implications for Practice, Policy and Research

It is clear from the results of this study that FP cases were not the easier cases as other studies have reported (Lindsey, Martin, & Doh, 2001; Littell, 1995). This may be an artifact of LA County's large and diverse child welfare system where workers are overburdened with cases and distribute them to services that will help the families. When referring to FP services, workers are aware that a FP worker, who regularly visits the home, will share their responsibilities. In fact, these results may indicate that more complex cases are sent to FP services. For example, mothers in FP had more children and were more likely to be monolingual Spanish speakers. Therefore, FP services should continue to be supported and efforts toward allocating more funds for such programs need to be made as families are likely to benefit from receiving intense help from an FP worker as well as oversight by the DCFS worker.

Parents reported physical abuse as the primary reason their families had been referred to LADCFS. Neglect and drug abuse were the next most frequent responses followed by other responses including domestic violence, runaway children, and school-related issues. It is important to note that the referral allegations found in the administrative data varied from those reported by the parents. DCFS reports the allegations as a type of maltreatment toward children, but when parents were asked about the reasons for their case with DCFS many of them reported the actual problem they were facing rather than a type of maltreatment. If a parent responds domestic violence or drug abuse, this is an indication of a special type of help that is necessary. Although current policy views the protection of the child as a priority, by removing a child due to neglect or emotional abuse and not providing the parent with the necessary help, the child is not being protected in the long run. Family preservation programs tend to address the needs of the whole family, as these services are family-centered while maintaining children in their homes; yet, the support for such programs is scarce. It is important to consider that in order to maintain families and keep them together parents need to receive services and supports that address the needs of each family member. Child welfare workers in the

child welfare system need to pay close attention to what the parents present as the problems and advocate for services to meet those challenges. For example, if a family member has an addiction problem then services need to be tailored to address those needs (i.e. as part of case management services, families should be referred to addiction treatment programs and support groups for families of addicts such as Al-Anon).

The findings revealed that 45% of the parents did not agree with their worker about the reason for having an open case. This may be due to the problem being viewed as something internal to the parent rather than something occurring to the child, or parents may also disagree with their worker based on cultural norms. However, parents who received FP services were more likely to agree with the worker about the reasons for receiving services. FP workers spend more time with the parents and families, which may allow them to establish better relationships with their workers (Lee & Ayón, 2004); this may facilitate their interaction with the system. Family preservation cases in LA are open for a minimum of six months. Some recent studies recommend longer-term services to be effective and even booster services after case closure (Bagdasaryan, 2005; Kirk & Griffith, 2004; Unrau & Coleman, 2006). The FP worker who is not an employee of the public child welfare system would be in a good position to offer services once the case is closed with child protective services; however, this would require government funding for such services which currently does not exist in many traditional child welfare service systems or budget allocations.

From the parents' perspectives, FP families improved on a majority of the family well-being or parent and child functioning scales. Similarly, FM families improved on most of the well-being measures. Most of the parents in this study reported that they and their children's functioning had improved from the time that they received FM or FP services until the time of this follow-up study (two years later). Child welfare agencies and workers are under constant criticism by the media and the professional community, but this study's sample self-reports on standardized measures that they perceived that some progress had been made for themselves and their children since they first entered the system. The participants/former-clients' responses validate the work of child welfare workers. FP clients were significantly more satisfied with the services and perceived that they had greater improvement regarding housing and discipline and emotional care of children than FM parents. This study adds to other recent research (Bagdasaryan, 2004; Berry et al., 2006; Blythe & Jayaratne, 2002; Kirk & Griffith, 2004) that illustrate that family preservation services is better suited for addressing the multifaceted needs of families compared to traditional child welfare services. As previously indicated, these services may be constantly improved by offering booster sessions after the case is closed (Kirk & Griffith, 2004; Unrau & Coleman, 2006).

Families in both groups encountered serious economic hardships, which did not improve from the time they entered the system to the time of this research study. This indicates that the child welfare system is not able to change the poverty status of their clients. FM families did not improve their housing conditions whereas FP clients indicated that their housing situation had improved. The more intense home based services where the worker is aware of the clients' living situation and needs may assist these families in obtaining subsidized housing or improving their housing conditions. FP parents reported a tendency toward greater improvement in the physical care of children than FM parents. Having a worker who regularly visits the home and is able to observe

and help modify family interactions may facilitate improved physical care. The structural systemic issue of poverty, which both groups of parents reported as a continuing problem, must be addressed. It is a societal problem that needs to be at the forefront of child/family advocacy at the state and national levels of government. Issues such as unaffordable housing, inadequate jobs and pay, and lack of access to medical care are problems that incite stress in families and foster child abuse and neglect as well as a host of other pathological behaviors.

The most significant finding in this study was that FP clients were more satisfied with their services than the FM parents. This finding is consistent with Meezan and McCroskey's (1996) study on FP in LA County. It indicates that the community-based services, which are sensitive to cultural differences, are appreciated by the clientele that these agencies serve. If clients feel good about the way they are treated, they are more likely to accept the services, make an effort to change, and seek out future assistance when needed (Solomon & Lee, 2001). The FP workers may lend a vision of an opportunity to improve family functioning (Schwartz, 1961).

The longer length of FP services and the community culturally based model in LA County may be reasons why the FP services seem to have a positive impact on these families. LADCFS acknowledges that problems that families experience, such as poverty, cultural dissonance with mainstream culture, lack of parenting skills, coping with disabilities, and substance abuse, may take significant time to heal and treat. Some families may have been able to make progress because they received services in their own homes and community and for a longer period of time. Many of the parents of the children that come to DCFS's attention have had difficulties in their own lives and families of origin. Intensive and culturally sensitive services can offer them rehabilitation as opposed to having children permanently removed. However, some cases exist where removing a child is necessary because of the egregious treatment by the parents. In these cases, placements outside the homes would be considered positive outcomes as opposed to leaving the children with their families. Educating child welfare workers to appropriately assess and treat their cases, providing them with manageable caseloads, and giving them adequate supervision, assessment tools, resources, and support will help foster the practice of preserving families while at the same time protecting vulnerable children.

Future studies will want to gain multiple perspectives of family preservation services. Particularly enlightening would be data collected from older children whose families receive these services. Longitudinal research is needed to enhance objectivity in reporting family and child functioning. It is recommended that social work researchers develop instruments that can be used across cultures in multiple languages. Larger studies from this location and others will continue to shed light on family preservation as a practice that protects children by preserving the family and helping each family member improve their functioning.

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Relationships, Income Support and Decision Making: A Qualitative Synopsis

Angie Logan and Kevin Meir

This qualitative study of one midwestern state's child protective services addresses whether an income support measure for poor biological caregivers reduces the length of time that their children spend in foster care. The overall findings suggest that workers do value the worker-family relationship. However, some view the immediate worker-client relationship as secondary to the inclusion of extended familial supports particularly as related to sustained more long-term outcome achievement. Most workers additionally agree that client involvement during all phases of the reunification process is critical.

In 2005, one midwestern state's child protective services agency administrative staff expressed an interest in conducting a qualitative study to determine whether an income support measure for poor biological caregivers would reduce the length of time that their children spend in foster care. This particular qualitative inquiry was initiated as a means to elicit insight regarding the caseworker–client relationship, discretionary decision-making, income support, and biological family reunification. The state's child protective agency administrators were asked to select key stakeholders for inclusion in the focus group from both Economic and Employment Support Services (EES) and Child Protective Services (CPS) administrative, supervisory, and front-line staff while simultaneously identifying key foster care subcontractor staff members from a foster care agency in the state.

Poverty/Child Neglect Connection

Poverty-related neglect substantiations account for nearly 60% of the entire foster care population (CWLA, 2000). When children are outplaced into foster care, their parents often lose Temporary Assistance to Needy Families (TANF) cash in addition to medical card benefits. Consequently, the loss of these supports results in extended length of stay in foster care for children. Therefore, if public assistance policy were construed in concert with child welfare policy all parents would be given the opportunity to reunify with their biological children. "Vagueness of statutes enlarge judicial discretion while increasing the likelihood of failures of due process and false findings of child abuse" (Huxtable, 1994, p.60). Since states receive their Temporary Assistance to Needy Families (TANF) funding via block grants, they have the authority to determine how their TANF dollars get spent. Therefore, it would be a viable option, according to the state's child protective services agency administrators, to pilot an income support measure by utilizing a portion of their block grant budget. However, federal Adoption and Safe Families Act (1997) permanency timeline legislation would still need to be amended to include a standardized TANF waiver, which would extend monthly payments throughout the standard fifteen month outplacement period.

Empirically Identified Factors in Reunification

The following factors serve to reinforce timely reunification: the caseworker-client relationship, discretionary decision-making, and income support. Numerous child welfare scholars have indicated that a link exists between the caseworker-client relationship and sustained long-term outcomes (Littell & Schuerman, 2000; Littell & Alexander, 2004; Caliso & Milner, 1992; Coleman & Collins, 1997; Stein, 2003; Smith & Donovan, 2004; Safran, Crocker, McMain, & Murray, 1990; Gaudin, 1993; Morrison-Dore, 1996; Horvath & Greenberg, 1989; Berry, Charlson & Dawson, 2003). The caseworker-client engagement process in the volatile involuntary child welfare arena is difficult to cultivate when families are experiencing pervasive levels of poverty. An empowerment-based theoretical approach to working with these families would support the notion that their participation to work toward reunification is contingent upon adequate access to income, healthcare, childcare, employment, transportation, housing, and education.

Although this particular qualitative inquiry includes caseworkers as participants as opposed to parents as participants, it is imperative to briefly provide a context citing parents' views of the working relationship as described in the child welfare literature. Chapman, Gibbons, Barth and McCrae (2003) found that parents receiving child welfare services cited four overall key factors contributing to the success of the worker-client relationship: frequent contact, continuity of care by the same worker throughout the entire treatment process, implementing relevant services in a swift manner, and ensuring that service provision will assist in sustaining successful outcomes.

According to Cash (2001), parents are more likely to participate in services when more task-oriented approaches are utilized as a means to reduce heightened levels of family stress. Coleman and Collins' (1997) qualitative inquiry further lamented that parents prefer working with friendly yet frank workers who "listen, support, and teach" while providing individually tailored services and supports. Morrison-Dore's (1996) comprehensive review of the working alliance literature suggested that relationships with involuntary child welfare clients could be cultivated fairly quickly if workers would consistently adhere and subscribe to using an empathy-driven empowerment-based approach.

Outcomes in child welfare are in part, contingent upon the quality of the caseworker-client relationship (Berry & Dawson, 2003; Littell & Alexander, 2004; Morrison-Dore, 1996). Morrison-Dore (1996) refers to Safran, Crocker, McMain, and Murray's (1990) work on the warning signs of alliance rupture, while noting that the caseworker-client relationship could in fact be monitored and tracked by specifically identifying (1) negative statements regarding the caseworker or services rendered by the caseworker; (2) conflicting responses from clients regarding previously agreed upon goals, (3) failure to maintain appointments, (4) refusal to follow through on agreed upon tasks between scheduled appointments, and (5) overly compliant reactions to agreed upon objectives.

Petras, Massat, and Lehr-Essex (2002) developed the ENGAGE Model for caseworkers serving children and their families involved in the child welfare system. The premise of their conceptual model conforms to Bowlby's (1969) notions regarding

attachment theory, which implicitly acknowledges the inherent bond between children and their biological parents. Petras et al., (2002) further illustrate that child welfare system involvement serves to perpetuate despair and hopelessness. Therefore, they recommend that caseworkers work toward educating parents about the adversarial nature of the child welfare system while simultaneously culminating the restoration of hope and the development of supportive community partnerships.

“Given the time limitations in child welfare legislation and managed care, it is especially important to determine methods of quick engagement and treatment compliance for neglectful families” (Dawson & Berry, 2002, p. 305). Littell and Schuerman (2003) in conjunction with Gaudin (1993) and Berry (2003) further illustrate that relationships and services need to be individually tailored to suit the immediate and complex needs of families involved the child welfare system in an effort to promote more sustained long-term changes.

Berry, Charlson, and Dawson (2003) stated that “The two most recent family policy directives [Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) 1996 and Adoption and Safe Families Act (ASFA) 1997] are: limits on the length and amount of financial assistance to families in poverty and limits on the amount of time that families can receive child welfare services. Given that families who neglect their children are those typically most in need of (i) continuing financial assistance, and (ii) services of a longer duration, the outlook for these families under current practice directives is poor” (p. 21). Concurring with the findings of other child welfare scholars, Waldfogel (2004) states that increases in poverty in the state of Illinois are associated with increases in child maltreatment rates. Courtney (1999) additionally indicated that as a nation, we must begin to assess the ramifications of poverty instead of consistently focusing on individual family deficits as a means to more adequately address and prevent child maltreatment. Courtney (1991), in earlier work, also noted that it is a common phenomenon for biological caregivers to become involved in the child welfare system while unemployed.

According to Gaudin (1993), poor caregivers substantiated for child neglect have ongoing restricted access to the adequate resources necessary to remedy their allegations. “Poverty is a confounding factor in defining neglect”(Gaudin, 1993, p. 4). Paxon and Waldfogel’s (2002) work further illustrated that poor parents receiving TANF, consistently more often than not, were reported, alleged and substantiated for poverty-related neglect. “We still find that poverty, working single mothers, and unemployed parents are significantly related to the number of victims of maltreatment” (Paxon & Waldfogel, 2002, p. 458).

Child well-being outcomes, with respect to child maltreatment, are relative to the economic conditions of individual states (Waldfogel, 2004; Ozawa et al; 2004). Brandon (2000) also previously found that that prior to welfare reform, states with higher Aid to Families with Dependent Children (AFDC) cash payments had lower foster care caseloads. Wells and Guo (2003) also indicated that consistent receipt of welfare as opposed to income earned from work is associated with swift reunification. In sum, the child welfare system is utilizing the foster care system as an ineffective means to address the overall wellbeing of poor children.

Income Support

Too many poor children are residing in foster care because TANF public policy is not construed in concert with child welfare policy. Waldfogel and Paxon's (2002) research illustrated that 40% of families receiving TANF in Illinois had their children removed from the home. The authors also concluded based on their findings, that lower welfare payments were associated with higher foster care caseloads. Wells and Guo (2003) study found that consistent receipt of TANF during child outplacement resulted in reduced number of days spent in out of home care. Currently, foster care "maintenance payments" paid to foster parents during child outplacement come from uncapped Title IV-E funds which cost states millions of dollars, whereas TANF child payments to biological parents typically range from \$140.00-\$202.00 per month (Kansas Social and Rehabilitative Services Economic and Employment Services Manual, 2004). One midwestern state's child protective services agency 2003 Fact Sheet indicated that 88.4 million dollars were spent on preserving 3,046 foster care families while only 9.3 million dollars were spent on more front-end family preservation services for 2,570 families. At the present time, several states provide a 45-180 day TANF extension to poor families during outplacement, however, this is a discretionary decision that presently rests in the hands of individual caseworkers. Several Child Protective Service (CPS) workers in one state noted during an informal focus group interview, that they were completely unaware of the discretionary 180-day waiver extension option for poor families even though it is clearly outlined in that state's 2004 Economic and Employment Support Services (EES) Manual.

Discretionary TANF waivers are only authorized and extended to poor families during the outplacement period if their caseworker is aware of the 180 day policy. Child abuse and neglect substantiation and removal criteria consume the bulk of the research literature regarding caseworker decision-making. Therefore, it is necessary to refer instead to the literature on income support immediately following child outplacement to ascertain reunification outcomes as related to discretionary caseworker decision-making. Smith and Donovan's (2003) qualitative research findings suggest that "Decision making time frames established by the federal Adoption and Safe Families Act (ASFA; U.S. Public Law 105-89) underscore the need for child welfare caseworkers to use efficient and effective practices, especially when families are working toward reunification" (p. 541).

Child welfare scholars Kortenkamp et al(2004); Harris and Courtney (2003); and Wells and Guo (1999) suggest that there are six key characteristics that predict longer lengths of stay for children living in out-of-home placements: family race (African American); child gender (male); female-headed single parent households; neglect substantiations; pervasive poverty conditions; and child and maternal health problems. Doherty (2003) stated that biological parent reunification occurred more often when caregivers had a high school education, steady employment, comprehensive support services, and an absence of substance abuse issues.

Following their evaluations of the Norman Cash and Housing Assistance Program, Shook and Testa (1997) and Eamon (2004) concurred that when family participants received cash and housing help, length of stay in out of home placement was reduced overall by an average of 122 days. Eamon's (2004) work provides a

comprehensive overview of the Norman Program (NP). This initiative resulted from a consent decree agreement between the American Civil Liberties Union (ACLU) and the Illinois Department of Child and Family Services. The *Norman v. Johnson* (1990) holding stipulated that it was unconstitutional to remove children from their biological families solely on the basis of poverty. Reminiscent of the “no removals based solely on reasons related to poverty” statements made by Teddy Roosevelt at the White House Conference of 1910, the holding from this proceeding required the state to adhere to “reasonable efforts” by providing intensive cash and housing support services to poor families. Eamon (2004) additionally illustrated, by citing case law examples, that many children, despite lower court implementation of “reasonable efforts” provisions, continue to be removed from their biological caregivers solely on the basis of poverty.

“Using state level panel data, we find that socioeconomic circumstances, in particular income, parental work status, and single parenthood, affect the incidence of child maltreatment” (Paxon & Waldfogel, 2002, p. 465). Caregivers who receive consistent cash assistance from monthly welfare checks as opposed to income earned from wages reunify with their children at swifter rates; however, not all families are given the opportunity to continue to receive assistance following outplacement (Meier, Booe & Zeysing, 2005). In order to more effectively address the poverty related underpinnings of neglect and dependency, income support waivers must be tied to parallel the 15-month ASFA (1997) permanency planning timelines.

Caseworker Discretion

Caseworkers are often over worked and inundated with superimposing federal policies that don't adequately address the structural barriers that their families face. “Correcting the imbalance of power involves the sharing of information, including educating parents about the child welfare system and fully disclosing information about their case so that they can make informed decisions” (Petras et al., 2002, p. 236). According to the Urban Institute's (2001) *New Federalism Child Welfare* report, several states have implemented Statewide Automated Information Systems (SACWIS), Adoption and Foster Care Analysis and Reporting Systems (AFCARS), and Structured Decision Making (SDM) standards for accountability purposes, caseworkers are still using subjective decision-making processes to make removal, reunification, and termination determinations.

The aim of recent reform, according to the 2001 Urban Institute report, is to “propose a more customized and individualized approach to families” (p.12). Due to the changes in ASFA's permanency planning guidelines, workers now have only 12 months to engage families in the treatment process. If little progress is made within the first few months, workers begin to work more diligently toward finding alternative placement options for the child (Zeysing, 2005). Stein (2003), in addition to Smith and Donovan (2003), stated that caseworkers prefer to work with foster parents instead of biological caregivers following child outplacement because foster parents have more access to resources and are typically easier to work with. “An unanswered question of vital importance is how preventative efforts be given the necessary attention at the same time that foster care services are expanded so that they are available to all children who need them” (Whittaker & Maluccio, 2002, p. 108).

In child welfare services, although supervisor signatures are required, decisions are based upon disclosures made by individual family caseworkers. EES and CPS workers have the ability to engage in discretionary decision making on a daily basis. Though workers around the country are now required to use universal standardized risk assessment templates, individual workers ultimately still determine whether children will be removed, maintained, reunified, and or alternatively placed. EES workers additionally have the authority to cut off cash assistance to biological caregivers as a penalty for non-cooperation or compliance. One state's child protective services caseworkers are given the authority to discern which particular caregivers are worthy of TANF waiver provisions following the removal of the child from the home into foster care. They also possess the discretionary power to withhold needed supports such as access to streamlined substance abuse and mental health services (Meier & Booe, 2005).

Themes conveyed throughout the literature support the notion that caseworkers consistently spend more time during the 12 month outplacement period focusing on alternative placements in contrast to preserving the biological family unit due to ASFA's conflicting concurrent case planning stipulations (Stein 2003; Smith & Donovan 2003; Waldfogel 2000; Urban Institute 2001). This unrealistic approach to permanency presents an insurmountable strain on caseworkers, particularly those working to address maltreatment concerns reinforced by poverty. "If workers do not attend to the biological parents, they cannot compile the data necessary to sustain a petition to reunite a child with her or his parents nor the data necessary to sustain a petition to terminate parental rights" (Stein, 2000, p. 591).

Smith and Donovan's (2003) qualitative inquiry suggests that caseworkers are often subjected to restrictive working conditions that are reinforced and maintained by poorly developed public assistance and child welfare policy mandates. State level agencies that are required to adhere to these strict guidelines render caseworkers helpless in their quest to provide assistance to poor caregivers. "For example, if caseworkers deprioritize contacts with parents, decision makers who depend on caseworkers for knowledge about parents may fail to learn about important aspects of parent's lives, families may fail to receive services they need or want, especially under ASFA timelines, and important permanency decisions could be based on insufficient or inaccurate information" (Smith & Donovan, 2003, p. 560).

The authors further indicated that sensationalized child maltreatment media accounts may explain why caseworkers view the treatment of the biological parents as secondary to maintaining the foster family. "Media stories often portrayed tragedies as the result of faulty decision making or caseworker errors" (Smith & Donovan, 2003, p. 548). Huxtable (1994) additionally posited that the tendency to sensationalize child deaths by blaming caseworkers results in an exacerbated number of children being removed from the home.

Stein's (2003) work indicates that the tenets of ASFA are based upon "anecdotal rhetoric" instead of raw data. "Adoption and Safe Families Act (1997) and the Personal Responsibility and Work Opportunity Reconciliation Act (1996) rest on a common set of values that express, among other views, the conviction that (1) social policy should not reward women who choose to have children out-of-wedlock and to raise their children on their own at state expense and that (2) social policy should not provide the means for people who use illicit drugs to support their habit nor should a parent's use of illicit drugs

be rewarded by the state taking on permanently the role of the parent” (Stein, 2003, p.670).

Methods

The study that is the subject of this manuscript sought to explore and identify the following three questions:

- 1) How does the caseworker-client relationship influence reunification outcomes?
- 2) How does individual caseworker discretion influence reunification outcomes?
- 3) How does extended income support during child outplacement influence reunification outcomes?

Sample and Design

Two ninety-minute focus groups were conducted. Key state child protective services agency administrators from both EES and CPS selected 12 participants for inclusion in the relationships, decision-making, and income support as related to reunification outcomes inquiry. Three participants were administrators from a foster care agency in the state while the remaining participants were state protective service agency EES or CPS administrators, supervisors, and or front-line staff. This study was operationalized using Lincoln and Guba’s (1985) naturalistic paradigm while additionally incorporating the key elements of Kreuger’s (1994) focus group methodology. “A focus group is a carefully planned discussion designed to obtain perceptions on defined areas of interest in a permissive, non-threatening environment...conducted with approximately 7 to 10 people by a skilled interviewer” (Kreuger, 1994, p.6). The focus group sessions were conducted at two different points in time with 12 participants in attendance at the first meeting and 8 of the former 12 in attendance during the second group at one midwestern state’s service center.

Procedure

First upon entering the group room, a non-judgmental atmosphere was created for participants, the consent form was reviewed , and the following methodology procedures were explained :all perceptions are valid; no right or wrong answers; open and honest communication is preferred; review informed consent and confidentiality issues; discuss intended use of feedback elicited (Einsidel, Brown & Ross, 1996). Following consent from all participants, I proceeded to discuss the nature of the inquiry and requested that the participants answer the first question about the caseworker client relationship. After 30 minutes had passed I requested that the group transition into discussing discretionary decision-making, which prompted a few participants to request further clarification regarding what I meant by term “discretionary decision-making”. Following the passage of another 30 minutes, I continued by asking the group to discuss income support as related to reunification outcomes.

Data Collection

During the interviews, Lincoln and Guba's (1985) five constructs were utilized to guide the note taking procedure: "here and now constructions of individual workers; reconstructions of these entities in the past projections of these entities in the future; triangulation and; member checking" (p.268). Here and now constructions, reconstructions of the past, and projections of the future were all elicited and expressed via direct quotes in the final individual and group summary write-ups. Triangulation and member checks were initiated by sharing notes taken during the two sessions following the completion of each group. Official transcripts were not made readily available to group participants due to time constraints related to classroom limitations. In addition to note-taking, audio tape equipment was used during both interviews for verbatim transcription.

Following the completion of each focus group, the audio tapes were transported to the transcriptionist, group notes were reviewed, and recurrent themes were collapsed into summaries based on my notes for participants to review in the absence of the official transcripts.

Data Analysis

Lincoln and Guba's (1985) constant comparative method was used to analyze the data in Microsoft word. The process, according to the authors, consists of a procedure which entails: "comparing feedback to each category, integrating categories and properties, delimiting the theory, and writing the theory" (p.339). Workers were assigned initially to one of three categories: administrator, supervisor, or front-line worker but later collapsed due to the sensitive nature of the subject matter discussed.

Following the examination of the categories, some were collapsed into broader themes whereas others were partitioned out if relationships between/within themes were not clearly delineated. Grounded theory was used throughout the course of the data analysis process as a means to continually monitor the fit between my questions and the individual caseworker realities. Finally, the method also conformed to the rigor of Lincoln and Guba's (1985) trustworthiness standards by submitting the written notes to the group members following both 90 minute audio taped interviews so that they were given the opportunity to make any needed additions or clarifications.

Support for Rigor

Key characteristics of moderators should have high levels of interpersonal and communication skills, appear non-biased, and able to maintain control as well as flexibility within the group (Kreueger, 1994; Litoselletti, 2003). Lincoln and Guba (1985) additionally noted that trustworthiness consists of upholding the true realities of those working in the environment to which the inquiry is being made. Although it was not possible to evoke prolonged engagement for the purpose of this particular time-limited inquiry, credibility and engagement was achieved in the short run by honoring the workers experiences through the member checking process.

Notes were shared with workers as a means to adequately member check with them. Transferability regarding relevance to other contexts was mutually determined by a tenured Social Work professor, participants, and this researcher. Dependability in addition to confirmability was monitored by using two member checks and later conveyed using direct quotes derived from verbatim audio transcriptions. Finally, participants were given the option to elect to drop out by contacting the researcher in person or via e-mail or telephone.

Results

Interestingly enough, during the course of the inquiry, I began to realize that the literature terms I was using were not as familiar to the participants as I had initially expected. Instead of using the term “reunification”, they were using the term “reintegration” and in contrast to “child outplacement” they were using the term “out-of-home placement”. Additionally, by virtue of having a diverse group, many participants were entirely unaware of the concepts. For instance while talking about income support, EES workers knew exactly what I was talking about however, some foster care agency and CPS staff did not know what TANF was, although the focus groups were conducted in 2005. In regard to discretionary decision-making, some workers understood the basic construct while others did not. These reactions suggested that many of the participants were unaware of the findings in the literature.

Four major themes emerged following the first focus group: relationships; discretionary decision-making; income support; and service systems.

Theme I: Relationships

Participants repeatedly said that caseworkers need to be “open and honest” with their clients using a “client-centered approach”. One participant stated that the manner in which workers engage families albeit a “direct” or “indirect” approach greatly influences the nature of the overall case outcome. Other workers posited that it is critical to inform families what “you’re going to tell the court” and whether it’s “good” or “bad” news. Several participants indicated that “families like to be praised” while others said it is difficult to achieve an alliance with a family when caseload sizes are too high. Participants also noted that frequent consistent contact with the same worker results in better outcomes.

Participants further stated that workers need to be “creative” in their work with families while simultaneously promoting the inclusion of client-driven decision making during all phases of the concurrent case planning process noting: “clients need to be a part of the plan...the solution”. Caseworkers additionally suggested that clients are more motivated when they feel that they are “running the show.” A few caseworkers lamented that the caseworker-client relationship is actually secondary to the more informal naturally occurring “extended family and extended systems” networks. Workers finally emphasized the importance of acknowledging “what resources they bring to the table”. Another worker said that it is critical to initiate client conversations by asking: “Where do you want to start?” In her concluding statements about relationships, one worker posited “every interaction is an intervention.”

Theme II: Discretionary Decision Making

In regard to discretionary decision-making, “creativity” is the preferred method of working with clients. Although several workers prefer a more “creative” discretionary approach to decision making, others advocate for a more universal standardized approach as a means to ensure equal access for all families. “While I think it’s great that we have creativity, I also think that in order to ensure that services are maximized for all communities, and for all that we are responsible for as social workers, that we have to be responsible agents of what we’re given.” One participant said “...How are we ensuring that all of our caseworkers and all of our customers are getting all of what they deserve...that what’s creative here is creative in County A...what’s creative here is creative in County B”. Other workers indicated that creativity and standardization are essentially irrelevant topics to discuss because “Attorneys and judges have the ultimate decision making authority...not individual case workers...Reunification-that’s still dictated by our court system.” Regional differences and worker proximity were also mentioned in regard to the manner in which decisions are made. In rural settings workers were more familiar with one another’s roles, responsibilities and capabilities. “You can just walk across the hall and talk to your people”. While in contrast, an urban site respondent reported that it’s more difficult to assist families in crisis because “It’s a bureaucracy...that gap of getting them re-established.”

Theme III: Income Support

In most instances, immediately following outplacement, biological families lose their TANF cash assistance, medical benefits, and food stamps. The discussion of income support indicated that families often additionally lose their housing when their children are outplaced as a result of the immediate loss of TANF income: “It’s really hard to get off ground zero without housing.” Another participant stated, “ They’d need to get a bigger apartment because there is no way we’d integrate four children back into a one bedroom apartment.” Participants further noted that the loss of healthcare and counseling services benefits also present significant barriers for caregivers working toward reunification with their children.

Loss of cash assistance following outplacement ultimately prolongs the time children reside in foster care and too much time is wasted addressing other issues related to poverty as opposed to helping families overcome other barriers: “ Yet we see time and time again that we spend tons of time talking to parents and helping them to adjust to the loss of income when the children are removed...That time could be better spent working towards reunification...You spend tons of time prior to reunification trying to figure out how to pay for all the things they need to get the bigger house again and get the utilities turned on again and get the home furnished again because of the losses that they had financially when the kids were removed”. Workers stated that children are reunified more quickly when the continuity of TANF is sustained throughout the outplacement period. “ And in those families where the financial support did continue, those children went home faster because she was able to maintain her home, legal employment, working on getting her GED, and some job skills and things.” Another participant noted that “ ...There’s no doubt that the length of stay is extended because finances are cut ...If they don’t have transportation to get kids to a medical appointment that placement will last more long term because their medical needs then will be more long term.” Reunification

criteria primarily rests on the family's history with the child welfare system: number of previous contacts, prior and current case plan goal achievements, and ultimately "The court needs to be on board". Several participants concurred that "Poverty can play into it for some families ...Poverty can slow things down." "But, we've never held out poverty as a reason why children don't return home...Poverty can't be the reason".

Theme IV: Service Systems

Workers posited that systemic constraints determine the manner by which workers collaborate with one another, by which interventions are used to help support families and whether policy actually reinforces reunification efforts. "Policy is black and white...It didn't say I couldn't do that...You know you've gotta kinda bend the rules." Workers insisted that the new collaborative client-centered Integrated Service Team (IST) approach to care has proven to be an effective method to address both material hardship and child abuse simultaneously. IST employees call themselves the "People in the pods" because EES and CPS staff are required to work in close proximity to one another instead of being relegated to separate departments on different floors of the building. Several participants further indicated that in-home case management services and programs provided by family preservation, foster care, and adoption agencies are extremely helpful when responding to poor families struggling to confront substance abuse, mental health and domestic violence issues.

Conclusion

The overall findings in this inquiry suggest that workers do value the worker-family relationship. However, some view the immediate worker-client relationship as secondary to the inclusion of extended familial supports particularly as related to sustained more long-term outcome achievement. Most workers additionally agree that client involvement during all phases of the reunification process is critical.

Several participants additionally note that most child welfare decision making rests in the hands of attorneys and judges as opposed to individual caseworkers; however, being "creative" and "bending the rules" was perceived as being more helpful to clients than "going by the book." Many group participants concurred that they would be "able to focus on what we need to focus on if finances were in the picture in terms of their aid continued." One group member said that she wouldn't have to figure out how to get "clients gas and transportation if they received a TANF waiver during outplacement." Other group members indicated that more availability of intensive case management services might serve to mitigate outplacement.

Successful caseworker-client relationships lead to promising outcomes. However, alliances cannot be achieved in the absence of basic needs. Discretionary TANF waivers may or may not give authority to individual caseworkers to discern whether biological caregivers are worthy or unworthy of cash assistance, thereby rendering parents helpless in their quest to reunify with their children. TANF waivers must be made available to all CPS families so that they may sustain stability while attempting to address the real issues at hand.

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