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Editorial

What Value Family?

Have you ever had to stay in a distant city over a Saturday night to get a cheaper airfare? Often, in Washington, D.C., I have been asked by Boards or the University to stay over Saturday night in order to save $300 - $500. Have you noticed that hotels charge less on the weekends, again sometimes requiring us to stay over the weekend? Have you noticed how holidays and vacations are not coordinated between schools, government, and businesses? Have you noticed how a number of social policies, from Temporary Assistance to Needy Families to the Adoption and Safe Families Act (ASFA) of 1997 focus on the individual and not the family unit? Little support is provided in our society to give families more time together.

During the recent election one could not escape the overwhelming rhetoric supporting family values in our society. The politicalization of families changed in the early 1970s when President Richard Nixon, a conservative, "captured" the family issue by declaring child care as anti-family. Family issues have remained prominent on the political landscape.

What value do we really place on families in our society? The reality of U.S. policy and practice raises serious questions. Airlines place making money first inhibiting families from being together on the weekend. The new Adoption and Safe Families Act of 1997 focuses more on children and less on the family unit—more on artificial time lines and less on skills to keep families together. It is clear our society does not really value families. Fortunately, under ASFA, States will be funded at a higher level to provide Family Preservation Services, even though the name has been changed, bowing to political pressure.

The family concept in American society has run headlong into rugged individualism. It appears that until this basic philosophy is addressed and clarified, those of us in the Family Preservation business will be hard pressed to get policy makers and program directors to truly value families and provide family-centered practice. There are a number of preventative activities through education, child care, employment, benefits, support services, and funding that are critically needed.

The White House Conference on Children in 1909 stated, "Home life ... is the highest and finest product of civilization. It is the great molding force of mind and character. Children should not be deprived of it except for urgent and compelling reasons." If only we could match this mission with our policies and actions today.

The articles in this issue help expand our knowledge and approach to work with families. Dr. Berry's study of the use of groups to help mothers who have been neglectful and feel isolated speaks to the need for agencies and workers to support the goals of families in their social environment. Ways to structure access and design programs for Intensive Family Preservation in Children's Mental Health based on the predictors of placement is found in Dr.

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Potter's article. Our cultural competence is advanced through the analysis of African-American Family Preservation by Dr. Ciliberti. Finally, Dr. Ortiz bridges Family Preservation and childhood education through the use of fathers in literacy development.

In addition to these excellent contributions, the following exercise helps us identify what the driving force is behind policies and practices. The exercise may be of use with program directors, administrators, and policy makers. It illustrates how often agencies and policies do not truly support family-focused work. Raising the awareness of nonfamily practice is the first step in creating true family-centered policy and practice, whether it is in the workplace, the home, or at the airport.

Alvin L. Sallee

Recognizing the Driving Forces of Services for Families

Driving Forces:

S   System-centered:the strengths and needs of the system drive the delivery of services
C   Child-centered: the strengths and needs of the child drive the delivery of services
F   Family-centered:the priorities and choices of the family drive the delivery of services.

1. _____ A family must bring their child to the mental health office for service.

2. _____ A complete assessment is done on a child and family.

3. _____ Family therapy sessions are arranged according to a family's schedule.

4. _____ Child care is provided for the brother and sister while the child with special needs receives services.

5. _____ The office hours of the psychologist are Monday through Friday, 9:00 a.m. - 4:00 p.m.

6. _____ A teacher sends the instructions for a special assignment home with the child.

7. _____ Transportation to the income maintenance (welfare) office is available from 9:00 a.m. - 5:00 p.m.

8. _____ Parent education groups may use the Food Stamp training room in the evening.

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9. _____ An Inter-Agency planning committee consists of professionals, parents, and representatives from the community.

10. _____ A child's case records are available 3-5 days after a release of information is received.

11. _____ A therapist comes to the home twice a week for a one-hour session with the child.

12. _____ A case plan developed by a multidisciplinary team is reviewed with the parent.

13. _____ School is closed for a day so that parent/teacher conferences can be held.

14. _____ Parents choose to send their child with special needs to a church camp instead of a special camp for children with his/her diagnosis.

15. _____ A homemaker arranges for Christmas gifts for a child in foster care.

Adapted from: L. Edelman (Ed), (1991), *Getting on Board—Training Activities to Promote the Practice of Family-Centered Care*, Bethesda, MD: Association for the Care of Children's Health.

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Getting to Know You: Psychoeducational Groups to Counter Social Isolation of Neglectful Mothers

Marianne Berry

This research indicates a uniformly positive use of psychoeducational groups to counter social isolation of neglectful mothers. This research was supported by a National Child Welfare Fellowship from the U.S. Children's Bureau to the author. The author thanks Nancy Dickinson, Sherrill Clark, and the staff of the California Social Work Education Center at the University of California for their oversight and guidance during this fellowship. The author is also grateful to her fellow fellows for their input and guidance during this research effort. Special thanks to Rose Benham, Anna Bowen, Judith Brewington, Caron Byington, Scottye Cash, Dottie Dixon, and Verna Rickard for their support of this project.

Public child welfare agencies are charged with the prevention and treatment of child maltreatment, with the priority of preserving families while keeping children safe (Barth and Berry, 1994). Achieving such a complex objective requires a sound knowledge base of risks associated with child abuse and neglect *and* the resources and skills associated with family wellbeing, and a strong knowledge base of the techniques and programs that are effective in a variety of circumstances, cultures, and populations.

Certainly, parents and families need to possess particular skills and resources in order to sustain and nurture their members. Child abuse and neglect are related to many deficits: poor parenting skills, parental depression, family stress, economic hardship, and other characteristics and conditions (Garbarino and Gilliam, 1980; McDonald and Marks, 1991). Many studies have also identified social isolation as a key correlate of child maltreatment (Belle, 1982; Berry, 1992; Brunk, Henggeler, and Whelan, 1987; Crittenden, 1985; Darmstadt, 1990; Leifer, Shapiro, and Kassem, 1993; Strauss, 1980; Zuravin and Greif, 1989).

On the other hand, not all families have the same combination or configuration of risks and service needs. Equally important, all families have strengths, including hopes and dreams. Sound programs must pay attention to the goals and aspirations of their clients, as well as the social environment's ability to support those goals. Attending to client-identified goals is not only a simple step in "starting where the client is," it is a critical step in engaging clients in the helping partnership.

Programs that address the social environment and social support of clients are often based on an ecological paradigm of practice (Whittaker, Schinke, and Gilchrist, 1986). Whittaker and colleagues posit that effective interventions that are based on an ecological or systems view of human behavior typically attend to two aspects of human life: improving life skills of the client and enhancing socially supportive relationships in the environment.

This study examined the use and effectiveness of psychoeducational support groups in a local public child welfare agency in achieving positive case outcomes by increasing the social relationship skills and social networks of neglectful mothers. Many have posited that without attention to the social relationship needs and skills of parents, advice and training around parenting or other family care strategies will not be effective or lasting (Cochran, 1991; Lovell, Reid, and Richey, 1991; Lovell and Richey, 1997; Miller and Whittaker, 1991; Whittaker and Tracy, 1988). Indeed, Patterson, Chamberlain, and Reid (1982) have found that parent training "enhanced" by attention to social relationship skills results in bigger and more durable gains in parenting skills. Griest and colleagues (1982) have also found "enhanced" parent training to produce improvements in parenting, longer lasting effects, and greater generalizability to other social skills.

Lovell and colleagues (Lovell, Reid, and Richey, 1991) evaluated a program to enhance socially supportive networks for low-income abusive mothers. The program followed an agency-based parenting group, so was a form of "enhanced" parenting education, teaching, and rehearsing skills basic to friendship and self-assertion in relationships. The program was developed in reaction to the finding that the parenting group alone, while providing opportunities for friendship and ongoing relationships, did not result in increases in social networks over time. Group leaders found that members did not know how to give and receive support to each other in the group; that skills in supportiveness had to be taught first for the group to serve as a support group. An evaluation of the enhanced social support training found significant increases in social network size as well as improved quality and quantity of social interactions. Associated reductions in child maltreatment were not addressed, however.

A repeated evaluation of this intervention with nonrandom assignment to a treatment and a comparison group (Lovell and Richey, 1997) found few statistically significant differences between groups after a seventeen-week intervention. The authors noted consistent patterns in "the social ecology of [clients'] daily lives" (pg. 240), including interactions with family and friends, that were relatively unaffected by the skills and knowledge addressed in the intervention.

Cochran's (1991) study of the Family Matters program in New York found that a community-based program to 160 families of three-year olds was successful in enlarging social networks, compared to a control group who did not receive the program. Participation in the program was associated with greater linkages to supports and higher perceptions of self as parent for both unmarried and married mothers. However, there were key cultural differences, corroborated by other research highlighting differences in social support across cultures (Timberlake and Chipungu, 1992). For white mothers, growth largely took place with nonrelated social network members, and this growth was associated with enhanced parental identity and the child's improved performance in school. For Black mothers, however, the majority of increases in the social network were confined to relatives. Among Black unmarried mothers, growth in the social network of relatives was associated with increases in parent-child activities, while growth in the social network of nonrelatives was associated with the child's improved academic performance.

The importance of social support and supportive networks in the community is made very clear in Fred Wulczyn's (1991) report, "The Community Dimension of Permanency Planning." Wulczyn examined a variety of indicators of family well-being for New York City on a household-by-household basis, and using census tract mapping, found that high percentages of families experiencing poverty, teen pregnancies, infant mortality, and child removals all clustered in the same neighborhoods and communities within the city. What is especially striking is his finding that, in some communities, in excess of 12% of all infants were placed in foster care before their first birthday. This analysis speaks to the importance of supportive neighborhood networks and the skills to use those networks.

Despite the caveat that families experiencing child neglect are poor candidates for support group attendance and participation (Polansky, Ammons, and Gaudin, 1985; Polansky, Chalmers, Williams, and Buttenweiser, 1981), the agency under study has developed and provided these groups over a number of years, and enjoys high participation rates. To date, however, there had been no concerted evaluation conducted by an independent researcher.

Method

Procedure

The *Learning About Myself* psychoeducational support group (Rickard, 1998) meets weekly at the public child protective services agency for twelve weeks. This is a group for both women and men, attended primarily by women, who are taught be to be more assertive, explore and make better choices, and improve their self-esteem. The particular emphasis of this group is self-esteem and self-image, but social relationship skills are an important corollary. Many of the group exercises and content include hands-on activities such as games, crafts, and role-plays. Positive affirmations are used weekly, including a "pretty prize,"

awarded each week to a group member. Transportation and child care are provided to group members.

Curriculum. Over the twelve weeks of the course, the following twelve topics are emphasized and explored: my self, my attitude, my relationships, my appearance, my time for myself, my friends, my education, my health, my family, my finances, my home, and my goals/a celebration. Each exercise or activity is read aloud in order to assist those members who may not be able to read.

Much of the curriculum emphasizes exploring one's hopes and dreams, taking charge of one's life, and recognizing choices where clients may see none. The presentation of many topics is nurturing and fun, through playing games, making crafts, and so on. For example, participants make hair bows together, and for many, this is the first time they have made something attractive and functional. During "budgeting" week, participants play "The Price is Right" with paired generic and name brand products, and the winners take the products home.

Each week's content stands alone, to minimize the negative effects of absences. Each group session lasts for two and one-half hours. Clients are free to attend on an open-ended basis, attending repeat sessions they may have missed in the past. Finally, a meal is prepared and served by group leaders and members together each session.

Sample

The sample for this study consisted of all mothers who attended the *Learning About Myself* psychoeducational support group in either 1994 or 1995, and who had completed the course and completed both an intake questionnaire and a graduation questionnaire, and for whom a caseworker had also completed intake and graduation questionnaires concerning the needs and progress of the client. This sampling frame is very conservative, eliminating those clients for whom there were any missing questionnaires out of the four mentioned above, and resulted in a sample of 19 mothers. This sample represents a 35% completion rate for the 54 clients who attended an initial session.

Design

This evaluation utilized a one-group posttest-only design. Although clients and their caseworkers filled out a questionnaire at intake and at case closure, the measures at posttest do not match those at intake, and thus do not provide any analyses of change from pretest to posttest. Therefore, only posttest measures provide any indication of program effects, or rather, perceptions of program effects.

Measures

The agency had pre-existing instruments for this psychoeducational support group, and this study used these pre-existing measures in the evaluation of this group. The pre-existing instruments consisted of four questionnaires. The client filled out a questionnaire at intake, and another questionnaire at graduation from the group. Similarly, the client's caseworker filled out a questionnaire when the client was accepted into the group, and then another questionnaire at the client's graduation from the group.

The intake questionnaires asked both the client and her caseworker about the following: the client's childhood experiences and beliefs, goals for herself and her family, and the client's beliefs about herself (self-efficacy, appearance, social support and friendships, etc.). Most of these questions were in the form of open-ended questions, to which the respondent could write or relate a brief response. These written responses generated coded categories of responses, categorized post hoc in this evaluation.

The graduation questionnaires asked about the client's and/or caseworker's perceptions of the usefulness or effectiveness of the group, both globally and in specific terms, and the client's current perceptions of self-efficacy, appearance, social support and friendships, and so on.

Results

Client Characteristics

A total of 19 mothers are included in this sample. Almost half were born prior to 1970 (were at least 27 years old), but one quarter were between the ages of 18 and 27 (see Table 1 on page 11). Most lived in poverty, with almost half reporting an annual income under $9,000. The vast majority of group members had either one (31%) or two (53%) children. Almost half were married, and another 43% were single heads of household in some capacity. Over half of the group members were Anglo (58%), with equal percentages of African-American (16%) and Hispanic (16%) group members.

There was variation in the types of child abuse for which these women were receiving child protective services, with some form of child neglect most prevalent. About a quarter of mothers had been reported for physical neglect, 16% for medical neglect, and 11% for neglectful supervision of their child(ren). Another quarter had been reported for physical abuse of their child(ren). The type of abuse report was unspecified for about a quarter of these respondents.

Client Background and Past Experiences

Upon entering the *Learning About Myself* group, members were asked to complete a two-page questionnaire asking them, in open-ended fashion, about their childhood and their hopes and dreams. This questionnaire is used to generate ideas for group exercises and to get to know the participants better. It provides critical descriptive data, as well.

Many of these women had been abused in childhood (see Table 2). About half had been either emotionally abused (53%) and/or neglected (47%), and many had experienced physical abuse (32%), incest (21 %), and/or sexual abuse by a nonrelative (21 %). About a third of group members had also experienced some form of abuse in adulthood.

Mothers also were asked what they had wanted to be when they grew up. Answers varied, and displayed the typical range of career goals for young women (see Table 2), including nurse, doctor, mother, and teacher. When asked, "what did you never have as a child that you wanted?" responses also varied, with one-third mentioning some material good, like toys.

Family members play influential roles in the lives of group members. When asked who had changed her life the most, over half of respondents named either their spouse/partner (32%) or their children (21 %). Friends were named as most influential by only 11% of group members (see Table 2).

Client Beliefs and Coping Strategies

About one-quarter of group members reported feeling happy about their life (see Table 3). More were ambivalent (32%), and many were angry (21 %) or sad (11%). When asked what members did to feel better or to have fun, responses varied across personal and social activities (see Table 3), with more women naming solitary (e.g., take care of myself, make personal changes, read) than social activities (e.g., be with others, go out),

Group members were asked what they liked most and disliked most about themselves. A full fifth of mothers said they liked nothing about themselves (21 %). Most saw their strengths in terms of those for whom they cared; one-quarter (26%) were most proud of their children and family (see Table 3), and many also felt good about the way they treat others (21 %). Comments about personal dislikes, on the other hand, centered primarily around self: personality characteristics (42%) and appearance (26%), rather than more interactional or instrumental abilities.

Client Goals

Several questions on the intake questionnaire asked about client goals (see Table 4). These questions provided background information on participants and also set the stage for goal setting within the group. When asked about personal goals, group members were somewhat vague and/or gloomy in their responses. When asked how they would most like to change their lives, one-fifth (21 %) said they would like to change their outlook, and another 16% could not identify a primary goal regarding changing their lives. Two respondents (11%) named the return of their children from foster care as their primary goal.

More specific questions asked about specific activities group members would like to pursue (see Table 4). Travel was the activity mentioned most by members (26%) when asked what they always wanted to do that they had never done. Another fifth (21 %) named a career choice, and an additional 16% mentioned acquiring more education. When asked what they wanted most for their children (see Table 4), responses were more varied and specific. Many mothers named an education (21 %). Additional goals for their children varied, but women often named independence (15%), happiness (11%) and a productive, successful or responsible life (11%). When group members were asked about their own goals for themselves five years from now, many mentioned economic stability or self-sufficiency; namely, home ownership (32%), financial security (16%), a new job (16%), and a new car (5%). These answers are particularly interesting, given their discrepancy from mothers' criticisms of themselves (see Table 3), which centered around features of personality and appearance.

Group members were also asked what one thing they have always wanted to know about or do, and many (31 %) said nothing (see Table 4). Other answers varied a great deal, with some respondents wanting to learn a musical instrument and others wanting to learn about computers. When asked what about their looks they would like to change, many group members again said nothing (37%), although another 37% said they would like to change their shape or weight.

Two questions asked about clients' material wants, and responses belied the significant issues of housing and material deprivation among child protective services clients (see Table 4). When asked, "Of all the things you could buy, what do you want most that there is a real chance you could get," group members often named housing (37%), a car (26%), clothing (26%) and appliances (16%). Also, when asked "What would you most like to have in your house that you don't have right now," group members most often mentioned furniture (31 %), appliances (21 %), and electronics (16%), although two respondents said "my children" (11%).

Client and Caseworker Perceptions of Group Effects at Graduation

Both client and caseworker ratings of the effects of the *Learning About Myself* groups are uniformly positive, and in close agreement, with caseworkers slightly less positive about the effects of the group for their clients (see Table 5). Almost all clients agreed that they had (1) learned new ways to solve problems or make decisions, (2) become more assertive, and (3) improved in parenting skills. Somewhat lower numbers of caseworkers saw these same effects. There was a significant difference in age between those mothers about whom caseworkers reported an improvement in parenting skills, with those improving being younger on average (25 years old) than those not improving (33 years old; t=2.3, p <.05). Similarly, those mothers about whom caseworkers reported becoming more assertive were younger on average (26 years old) than were those mothers for whom caseworkers saw no change in assertiveness (32 years old; t= 2.2, p < .05).

Fewer group members felt that their appearance had improved over the course of group attendance, although their caseworkers were in close agreement about improvements in appearance. All women who had experienced spousal abuse said their appearance had improved as a function of attending *Learning About Myself,* compared to 58% of those who had not experienced spouse abuse (p < .05).

Group members were also asked about issues of empowerment and assertiveness. All 100% of clients said that they believed that individuals who used to feel helpless can learn to be more powerful (see Table 5), and 90% said that they now feel that they have choices and that life does not "just happen." Over a quarter of group members had tried something that they used to be afraid of while attending *Learning About Myself.*

Caseworkers also felt that *Learning About Myself* is an effective experience for their clients (see Table 5). Many saw indications of improvements in self-esteem (89%), improvements in the client's appearance (65%), improvements in the children's appearance (53%), and greater independence (44%). Almost all caseworkers felt that attendance at *Learning About Myself* would contribute to an earlier closure of the client's child protective services case.

Finally, regarding issues of social isolation and enhancements to social networks, clients were asked if they had made new friends since attending *Learning About Myself* (see Table 5). All clients said they had increased their social supports (100%), with an average of five new friends per client. One-fifth of group members had talked on the phone or visited another *Learning About Myself* member between group sessions. Talking on the phone was significantly more likely among divorced and single women than among married women (p < .05). Caseworkers also felt that clients had increased their ability to seek help as a result of attending *Learning About Myself* (83%), and only 18% felt that their client was as socially isolated as when they had begun attending *Learning About Myself.*

Clients were asked in specific terms about the most effective elements of the *Learning About Myself* group experience (see Table 6). Group members could answer as many items as applied. While the most commonly mentioned element concerned learning how to make choices (90%), experiencing warm relationships within the group was mentioned by 79% of members as a helpful element of *Learning About Myself.* Equally helpful were learning how to be assertive and learning how to identify and accept feelings. A few group members said that they wished they had learned more about relationships (16%).

Over half of all group members (58%) were attending some other counseling or class while attending *Learning About Myself* (see Table 6). Many of these attended parenting classes (26%), the *Rightful Options and Resources* group (11%)—a group for women experiencing domestic violence—or individual psychological counseling (11%). All women who had experienced spousal abuse had also attended some other form of counseling while attending *Learning About Myself,* compared to 33% of those not experiencing spouse abuse (p <.01).

A full two-thirds of the clients attending *Learning About Myself* (68%) experienced a successful closure of their child protective services case (see Table 6). Another 10% of clients were referred from intensive family preservation services to some other, less intensive service unit or agency. A full 22% of cases, however, were not closed at the end of data collection, or the outcome of the case was unspecified. Outcomes did not differ across types of abuse reported.

Conclusions

A few elements of this evaluation warrant reiteration. It is important to note the contribution of the pretest questionnaires to the evaluation, but more importantly, to the substance of the *Learning About Myself* group. Questions inquiring about clients' hopes and dreams rather than their immediate needs and methods of compliance with caseworker demands, probably helped to engage clients in the process of the group, and were integrated and completely congruent with the substance of the group. For many clients, this was the first time in a service setting that they were asked about themselves in a positive and unique manner, and the first time that their own personal goals were inquired about and made important. These qualitative measures were critical to both group process and evaluative analyses.

Given the uniformly high ratings given the *Learning About Myself* group by both participants and caseworkers, lengthy recommendations for improvement of the group are not warranted. Anecdotal evidence suggests that the originator and author of the *Learning About Myself* curriculum, who has been the primary group facilitator since its inception, is to be credited with much of the success of *Learning About Myself.* This leader is noted by many to be highly

nurturing, clear and creative, and her contributions to the success of *Learning About Myself* are substantial. This effective leadership is a blessing and curse, in that the effective replication of *Learning About Myself* by others is dependent upon clear information about the elements of this leadership; the group structure and curriculum. A training manual (Rickard. 1998), containing curriculum content and exercises, including worksheets and graphics, is used, and it is recommended that replication efforts adhere closely to the established curriculum.

Learning About Myself is aimed at low-income women with low self-esteem. The nineteen participants in the *Learning About Myself* groups show many indications of poverty and material deprivation, low self-esteem, and social isolation at entry into the group. Friends were not named as influential people by very many group members. Family members are much more influential than friends for this sample, and this has implications for the delivery of curriculum. The importance of partners/spouses cannot be discounted or neglected, given their primary contributions to these women's lives and their self-perceptions. Family preservation workers must avoid the common perspective that partners/spouses are not part of the family to be preserved.

When asked what they liked and disliked about themselves, group members' likes centered around other people in their lives, while dislikes focused on self-image and personality characteristics. Therefore, the dual focus of the group curriculum on self-esteem and on personal relationship skills seems to be a relevant approach, in that women initially rely on family members for their perceptions of self and may learn to broaden their circle of support to supportive friendships, many times with fellow *Learning About Myself* members.

At the closure of the group, both client and caseworker ratings of the effects of the group were uniformly positive. Almost all clients agreed that they had learned new ways to solve problems, had become more assertive, and had improved in parenting skills. All clients said they had made new friends, some of whom were *Learning About Myself* members, but not all. *Learning About Myself* therefore appears to contribute to improvements in these women's lives, particularly in their relationship skills and problem-solving skills.

Table 1
Client Characteristics and Presenting Problems

Characteristic	Respondents (n=19)
Client's birth year	
1955 to 1959	11%
1960 to 1969	37
1970 to 1979	26
Unknown	26
Annual family income	
Under $9,000	48%
$9,000 to $17,999	21
$18,000 or over	5
Unknown	26
Number of children	
One	31%
Two	53
Three	8
Four	8
Marital status	
Married	47%
Single	21
Separated	11
Divorced	11
Unknown	10
Client's ethnicity	
Anglo	58%
African American	16
Hispanic	16
Unknown	10
Type(s) of child maltreatment currently reported*	
Physical abuse	26%
Physical neglect	26
Medical neglect	16
Neglectful supervision	11
Sexual abuse	5
Missing	26

* Column may total more than 100% due to multiple responses.

Table 2
Childhood and Past Experiences

Characteristic	Respondents (n=19)
Experienced the following in childhood*	
Emotional abuse	53%
Neglect	47
Physical abuse	32
Incest	21
Sexual abuse by a nonrelative	21
Experienced the following in adulthood*	
Spousal abuse	37%
Sexual abuse by a nonrelative	32
What did you want to be when you grew up?*	
Nurse	21%
Doctor	16
Mother	16
Teacher	16
Beautician	11
Airline Stewardess	5
Computer Technician	5
Fireman	5
Musician	5
Writer	5
Other	15
What did you never have as a child that you wanted?*	32%
Toys/material things	22
Nothing	16
Love	11
Support	5
A childhood	5
A good home	5
A lot of things	5
A sister	5
Freedom	5
My own room	5
Privacy	5
To be normal	
Person who has changed your life the most	
Partner/spouse	32%
Children	21
No one	15
Parents	11
Friend/neighbor	11
Spiritual person	5
Other relative	5

* Column may total more than 100% due to multiple responses.

Table 3
Client Beliefs and Coping Strategies

Characteristic	Respondents (n=19)
How do you feel about your life?	
Ambivalent	32%
Happy	26
Angry	21
Sad	11
Life happens	5
Life is hard	5
What do you do to feel better about yourself?*	
Take care of myself	26%
Make personal changes	16
Read	16
Be with others	11
Buy things	11
Go out	11
Cook	5
Exercise	5
Music	5
Nothing	5
Pray	5
What do you do for fun?*	
Be outside	32%
Spend time together with family	26
Music	21
Movies	16
Sports	16
Television	16
Shopping	11
Read	5
What do you like most about yourself?	
Children and family	26%
Nothing	21
The way I treat others	21
Personality	11
Specific body feature	11
Confidence	5
The way I treat myself	5

Characteristic	Respondents (n=19)
What do you dislike the most about yourself?	
Personality characteristics	42%
Weight/appearance	26
Dependency	11
Education and/or job skills	11
Myself	5
Unable to provide for children	5

* Column may total more than 100% due to multiple reasons.

Table 4
Client Goals

Characteristic	Respondents (n=19)
How would you most like to change your life?	
Outlook	21%
Nothing	16
Children returned	11
Education	11
Financial security	11
Accomplish something	5
Car	5
Family change	5
Job change	5
Living situation	5
Relationship	5
What have you always wanted to do that you have never done?	
Travel	26%
Career choice	21
Education	16
Adventure	11
Nothing	11
Drive a new car	5
Relationship	5
Spend money freely	5

Characteristic	Respondents (n=19)
What is the one thing you want most for your children?	
Education	21%
Be independent	15
Be happy	11
Be productive/successful/responsible	11
Have a better life	11
Have a good career	11
Be healthy	5
Be loving and respectful	5
Have everything they need	5
Love without being afraid	5
What would you like your life to be like five years from now?*	
Own my own home	32%
Have a better family life	21
Be happy	16
Be independent	16
Better than now	16
Financial Security	16
Have a new job	16
Be better educated	5
Own/purchase a new car	5
What one thing have you always wanted to know about or learn to do?	
Nothing	
Musical instrument	31%
Computers/technology	16
Crafts/home improvement	11
Medicine	11
Cars	11
Education	5
Law	5
Parenting	5
What would you most like to change about your looks?	
Nothing	37%
Shape/weight	37
Hair	11
Demeanor	5
Everything	5
Face	5

Characteristic	Respondents (n=19)
Of all the things you could buy, what do you want most that there is a real chance you could get?*	
Housing	37%
Car	26
Clothes	26
Appliances	16
Happiness	5
Self-improvement	5
Things for children	5
What would you most like to have in your hose that you don't have right now?	
Furniture	31%
Appliances	21
Electronics	16
Everything	11
My children	11
Extra bedroom	5
Peace	

* Column may total more than 100% due to multiple responses.

Table 5
Client and Caseworker Perceptions at Graduation

Characteristic	Group Members (n=19)	Caseworkers[a] (n=19)
Did the client learn new ways to solve problems or make decisions?	95%	77%
Did the client become more assertive?	95	72
Did the client's parenting skills improve	90	60
Did the client's appearance improve?	74	65
Do you (the client) believe that individuals who used to feel helpless can learn to be more powerful?	100%	
Do you (the client) feel that you have choices and that life does not just "happen" to you?	90	
Have you (the client) done anything that you used to be afraid of?	26	
Is LAMS effective?		100%
Have you (the caseworker) seen any indications that your client's self-esteem has increased?		89
Do you (the caseworker) think that your client's attendance will contribute to earlier case closure?		88

Characteristic	Group Members (n=19)	Caseworkers[a] (n=19)
Have your client's children improved in appearance?		53
Is your client more independent?		44
Social Networks and Social Isolation		
Have you (the client) made new friends since becoming a LAMs member?	100%	
Average number of new friends?	5	
Have you (the client) talked on the phone or visited other LAMs members between sessions?	21	
Does your client seek help from others more now?		83%
Is your client as socially isolated?		18

(a) Sample size of caseworkers reflects caseworker responses, rather than the number of caseworkers referring clients to LAMs.

Table 6
Client Perceptions of Group Effectiveness

Characteristic	Respondents (n=19)
What was the most helpful to you about LAMs?	
Learning how to make choices that can change my life	90%
Experiencing warm relationships within the group	79
Learning how to be assertive, not passive, not aggressive	79
Learning how to identify and accept my feelings	79
Learning how my past experiences affect the present	74
Other	11
I wish we had learned more about	
Relationships	16%
Myself	11
Each other	5
Nothing	68
Attended additional or concurrent counseling	58%
Parenting classes	26
ROAR – Assertiveness	11
Individual counseling	11
Anger control	5
Mental health/mental retardation classes	5

Characteristic	Respondents (n=19)
Case outcome	
Case successfully closed	68%
Case referred to other, less intensive unit	5
Case referred to contract services (less intensive)	5
Outcome unknown/case not closed	22

* Column may total more than 100% due to multiple responses.

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Intensive Family Preservation in Children's Mental Health: Predictors of Placement

Cathryn C. Potter

This article examines the predictors of placement following IFPS for a sample of child mental health service recipients and their families. Risk and protective factors vary depending on the time frame under consideration. Immediately following service, children's level of Social/Legal functioning, a previous group home placement, and the presence of mental health problems for other family members increase risk of placement, while the number of follow-up services serves to lessen risk. Three to six months after service, the presence of a child behavior presenting problem and a projected placement in foster care serve as protective factors, while two service targets, alcohol monitoring and time management, serve to increase risk. Appropriate use of results for program design and for structuring access to services is discussed.

Intensive family preservation services (IFPS) programs typically involve the provision of intensive, short-term, home-based services to families at imminent risk of placement of a child, with services focused on increased family functioning and placement prevention (Pecora, Haapala & Fraser, 1991; Whittaker, 1991; Fraser, Nelson & Rivard, 1997). From a policy perspective, IFPS programs serve to expand the continuum of care for families, a continuum that has been historically weighted toward placement away from home as a primary intervention. This policy shift, from "child rescue to family support" (Whittaker, 1991) is evident in both the child welfare practice field, from which IFPS emerged, and the children's mental health practice field, to which these programs are increasingly applied (Stroul & Friedman, 1986; Petr & Spano, 1990). IFPS can play a pivotal role in the system of care for children with mental health needs and their families, by providing an important link in the continuum of community-based care (Knitzer & Yelton, 1990; Yelton & Friedman, 1991). However, examination of the outcomes of IFPS in the mental health arena has been limited. This article examines the predictors of placement following IFPS for a sample of child mental health service recipients and their families.

Research on Family Preservation

Existing research on IFPS has largely centered on the child welfare system, with primary attention given to placement prevention as the outcome of choice (Fraser, et al., 1997). A few studies have explored increased family functioning (Fraser, Pecora & Haapala, 1991b; Feldman, 1991), even fewer have focused on children's functioning (McCrosky & Meezan, 1997) and some have explored child and family correlates of success (Spaid & Fraser, 1991;

Bath, Richey & Haapala, 1992), again, largely on child welfare service populations. Although relatively few studies target child mental health samples (Dore, 1992; Morris, Suarez, & Reid, 1997), lessons from the family preservation literature in child welfare provide an important backdrop to the emerging mental health research.

Issues under Debate

The meaning of this large body of literature is under significant debate among practitioners and researchers. The primary issues under debate include:

1. the use of placement prevention as a primary outcome variable, including the difficulties in targeting IFPS services to families at "imminent risk" of placement (Rossi, 1992; Walton & Denby, 1997);
2. the use of large, randomized trials of IFPS programs in the implementation phase, including the difficulties in documenting intervention fidelity, and problems with large heterogeneous samples (Bath & Haapala, 1992; Blythe, Walley, & Jayaratne, 1994); and
3. the need for studies which provide direction to clinical practice, that is, studies which help document for whom and in what contexts IFPS is most effective (Blythe, Walley, & Jayaratne, 1994; Warsh, Pine, & Maluccio, 1995).

It is the later point to which this study is directed. Specifically, the correlates of placement for seriously emotionally disturbed children and their families, and the implications for practice and for research.

Findings Related to Placement Prevention

Placement prevention has been the cornerstone of the development of IFPS as an intervention, and all IFPS evaluations have measured it in some way. Certainly, it is the prevention of placement that also places IFPS strategically in the mental health continuum of care as the ability to serve high risk children in community settings, rather than hospitals, is of high value. Nevertheless, there are numerous problems with placement as a single measure of outcome. Many practitioners and researchers have noted that placement as an outcome is difficult to interpret, since, if clinical decision-making has been good, the decision to place is a "good" one for the family and child (Schuerman, Rzepnicki, & Littell, 1991).

Many IFPS evaluations have examined placement in a simple posttest design with no comparison group. Outcome is typically assessed at follow-up points of termination, 3, 6, 9, and 12 months post-termination. Using this design, placement prevention rates ranging from 67% to 96% have been reported (ISED, 1993 , Haapala & Kinny, 1988; Haapala, McDade, & Johnston, 1988; Kinny & Haapala, 1984; Kinny, Haapala, & Booth, 1991; Mitchell, Tovar, & Knitzer, 1989; Smith, 1993; Thieman, Fuqua, & Linnan, 1989). Several evaluations have also used designs in which comparison groups have been constructed with

placement prevention rates ranging widely from 0 to 52.2% (AuClaire & Schwartz, 1987; Fraser, Pecora, & Haapala, 1991; Maryland DHS, 1987; Wheeler, Reuter, Struckman-Johnson, & Yuan, 1993).

Four large random assignment studies have been conducted (Feldman, 1991; McCrosky, & Meezan, 1997; Schuerman, Rzepnicki, Littell, & Chak, 1993; Yuan, 1990). It is worth noting that three of these studies (McCrosky & Meezan, 1997; Schuerman, et al., 1993; Yuan, 1990) evidenced many of the problems mentioned above, including difficulty in operationalizing "imminent risk," variations in service fidelity, and highly heterogeneous service populations. None of these studies found significant differences in placement rates between the experimental and control groups.

The New Jersey evaluation (Feldman, 1991) randomly assigned eligible cases to IFPS programs and to regular services. The IFPS programs were designed to follow the Homebuilders Model. An assessment of model integrity across sites was done, and the model was found to be implemented reliably across sites. Using a conservative definition of placement (any placement of any duration), significant differences in placement rates were found between the control group and IFPS service group at termination and at 3, 6, 9, and 12 months post-termination. IFPS families had fewer children enter placement, and they entered placement at a slower rate than control group families. The differences between groups appear to dissipate over time, however, with 42.7% of IFPS families experiencing placement at 12 months post-termination, compared to 56.7% of control group families. Analysis of the hazard rates of both groups revealed that, at termination, the IFPS intervention was 74.5% more effective than the control group, and at one year post-termination, the effectiveness had declined to 24.6%.

Findings Related to Family and Child Functioning

A few studies have focused on increased family functioning, including individual goal attainment, family system functioning, social support, and resolution of specific family problems. Individual family goals for service, such as increasing anger management, communication skills, conflict-resolution skills, and school performance are commonly rated by clinicians as showing improvement (AuClaire & Schwartz, 1986; Feldman, 1991; Fraser, et al., 1991b; Haapala, et al., 1988; Kinny & Haapala, 1984). The more rigorous designs, using standardized measures and randomized or constructed control groups, have found mixed results. Although IFPS families improve in social support (Feldman , 1991; Spaid & Fraser, 1991) and on several child welfare specific measures of adequacy (Feldman, 1991; Mitchell, et al., 1989; Spaid, Fraser, & Lewis, 1991; Thieman, et al., 1989; Wheeler, et al., 1993) these changes were often not significantly different from those of control group families receiving regular casework services.

Studies using standardized measures of family functioning have also found mixed results. No differences in functioning on the FACES III were found in the Washington-Utah study (Spaid, et al., 1991); however, using the Family Assessment Form, McCrosky and Meezan (1997) found that IFPS families reported significant changes relative to control/comparison group families in discipline, time for play, appropriate authority role, sibling relationships, and scheduling for children.

Two studies have specifically targeted children's functioning as an outcome of IFPS. McCrosky and Meezan (1997) used the Child Behavior Checklist (CBCL) developed by Achenbach & Edelbrock in 1983, finding that parents report significant improvements on both the total behavior score and on the externalizing dimension; whereas, control group families reported no significant changes. Similarly, Wells & Whittington (1993) found parents reporting significant positive changes on the CBCL.

Predictors of Success

The findings reported as predictors of success meet two criteria: predictors which (1) emerge from more than one study, and (2) have emerged from at least one multivariate analysis. These criteria were chosen because of the complexity of the IFPS research, the broad variations in research design and rigor, and the complexity of understanding the complicated web of relationships among interventions and outcomes. Significantly, in all analyses, the outcome measure of IFPS success has been placement prevention.

A philosophical note is in order. In most studies which explore the relationships between child and family characteristics and placement, the question has been framed in terms of risk: What family characteristics predict service failure? Later when the few studies that have focused on service characteristics are explored, it will be seen that the question has been framed in terms of protective factors: What services predict success? This points to a fundamental assumption on the part of professionals (or at least researchers): families bring risk factors; services bring protective factors. This assumption may well be inaccurate and is certainly at odds with the family preservation philosophy of practice.

Four sets of family and child characteristics have consistently emerged as risk factors: *previous placement of children* (Fraser, et al., 1991, ISED, 1993; Nelson, 1988; Unrau, 1997; Wheeler, 1993; Yuan, 1990); *parental attitudes toward placement* (Fraser et al., 1993; Nelson, 1988); *economic situation* (Bath et al., 1992; Fraser et al., 1991; ISED, 1991; Thieman, 1989); and *children's functioning* (Bath et al., 1992; ISED, 1993; Nelson, 1988; Unrau, 1997; Wheeler, 1993). The studies cited have used varying indicators of children's functioning, including presence/absence of emotional disturbance, previous child hospitalization, and child disability. Families faced with the stresses related to children's abilities to negotiate the world appear to face greater risks in providing for those children, and ultimately in retaining custody of them.

Several studies have focused on the problems that are the stated reasons for the need for family preservation intervention. Again, the findings regarding risk factors are not surprising. The following factors increase the risk of placement: the *number of presenting problems* (Bath et al., 1992; Nelson, 1988); *child neglect* (Bath et al., 1992; Fraser et al., 1991; Yuan & Struckman-Johnson, 1991); and *adolescent behavior problems* (Bath et al., 1992; Nelson, 1988; Fraser et al., 1991; ISED, 1993). Again, we find that families whose presenting problems are related to child behavior problems are at increased risk for placement.

Fewer studies have explored the predictive value of specific interventions or service packages. However, the findings that do exist present some clues which relate conceptually to the family characteristics and presenting problem factors discussed above. Two sets of services appear to hold promise in family preservation interventions: *concrete services* (Berry, 1992; Wheeler, 1993; Yuan, 1991) and *skill-focused services* (Berry, 1992; Potocky & McDonald, 1996; Wheeler, 1993; Yuan, 1991).

IFPS Research with Mental Health Samples

A few studies have focused on families of SED children and all have used one-group designs. Nelson (1992), in a study of nine family-based prevention programs in six states, found that families of SED children had significantly more problems and were significantly more likely to experience placement than were families without SED children. An early Homebuilders study (Kinny & Haapala, 1984) found significant improvement for SED children on the Global Assessment Scale for Children (GAS-C) and the Child Behavior Checklist (Achenbach & Edelbrock, 1983), as well as in specific child problem areas.

In an evaluation of Pennsylvania's mental health IFPS initiative, Dore (1992) found significant increases on the GAS-C and in family functioning using the Family Assessment Device (FAD). These gains were more likely to be perceived by parents than by children. Hospitalization was experienced by 14% of children. Children's termination level of functioning on the GAS-C was the only significant predictor of subsequent placement.

A recent evaluation of a similar IFPS program targeted to SED children at risk of placement found significant reduction in both the internalizing and externalizing dimensions of the CBCL (Morris, et al., 1997). Youth with a diagnosis of Oppositional Defiant Disorder seemed to benefit the most, exhibiting significant change in a wide range of areas. Youth with mood disorders improved significantly in the internalizing dimension; whereas, youth with conduct disorders improved in the externalizing dimension. At the 12 month follow-up point, 64% of youth remained at home with their families.

This limited research on IFPS with SED children and their families indicates that these families are at higher risk of placement than families for whom children's mental health is not a presenting problem, that IFPS services have the potential to affect children's functioning,

and that children's level of functioning is a potential predictor of service failure/success. This is entirely consonate with the child welfare studies, in which children's functioning appears to be an important variable. To date, no assessment has been done of the critical domains of children's functioning which may most affect service outcome.

The Colorado Mental Health IFPS Study

Colorado's first implementation of IFPS services took place in the children's mental health system, under a partnership between the Division of Mental Health (DMH), mental health centers and the Colorado Trust. Eight sites around the state were developed between 1990 and 1991, all based on the Homebuilders Intervention Model. Six of these sites were located in local mental health centers; two were located in community agencies with close ties to the local mental health center. All children served were required to meet mental health criteria for service, which included diagnostic, functional, and situational criteria. Referrals were accepted from a number of child and family serving systems, including children's mental health, child welfare, and juvenile justice.

Sample and Data Collection

The Colorado family preservation sample consists of the 316 children who received family preservation services between September of 1990 and July of 1993. Data on demographic characteristics, presenting problems, the focus of service, and placement outcomes were gathered by using a standardized instrument to read case files. These data were then matched with the DMH data system for match with mental health, level of functioning information. The resulting data set contains information specific to the family preservation sample and intervention, along with information on the intake level of mental health functioning of all target children.

Children's level of functioning is measured using the Colorado Client Assessment Record (CCAR), a multi-dimensional measure that assesses functioning in nine critical domains (Potter, 1995; Wackwitz, Foster & Ellis, 1990). These domains include Feeling/Mood/Affect, Thinking/Mental Processes, Medical/Physical Health, Substance Use, Family Living, Interpersonal Relationships, Role Performance, Social/Legal Behavior, and Self Care/Basic Needs. Developed originally for adult samples, the structure of the instrument has been recently validated for a child mental health population (Potter, 1995). Clinicians rate children's functioning using a set of Level of Functioning (LOF) scales and associated problem checklist items. For this analysis, given the results of the structural analysis, the nine LOF scales of the CCAR are used.

Because of the concern in the IFPS literature about site variations in service, a preliminary qualitative study of intervention fidelity was conducted (Potter, 1995). This study, which involved interviews with program staff at all levels and observation of program activities, found strong intervention fidelity across sites. The Homebuilders Model of brief skill-focused intervention was reliably delivered across sites, with sites evidencing strong cohesiveness in terms of service philosophy and intervention approaches.

Results

<u>Child and Family Demographics</u>: Children served in the family preservation programs range in age from 1 to 18, with a mean age of 10.8 years. They are an ethnically diverse group, with Caucasian children making up 58.5% of the population, Hispanic children 28.2%, Black children 11.1%, Asian children .3%, and Indian children 1.9%. Thirty-eight percent are girls. The number of family members ranges from 2 to 12, with an average family size of 4.3 people. Approximately a third of the children (37.3%) live with married parents in biological or step-families. Another 9.5% live with one parent and a live-in mate. Almost half (49.7%) live in a single-parent family headed by the mother, while only 1.6% live in single-parent, father-headed families. Fifty-nine percent of families have some income from employment. In spite of the large number of single parent families, only 6% of families receive income from child support.

<u>Children's Level of Functioning</u>: Children's level of mental health functioning at intake is presented in Table 1. The level of functioning scales are measured on a 1 to 50 point scale, where lower values indicate higher functioning. The instrument is anchored at ten point intervals into the following five categories: above average functioning, average functioning, slight dysfunction, moderate dysfunction, and severe dysfunction.

Table 1
Admission Level of Functioning (N = 316)

Level of Functioning Scale	Average Functional Level	Mean Score	Standard Deviation	Percent > Moderate Functional Limitation
Feeling/Mood/Affect	Slight limitation	28.965	9.368	40.4%
Thinking/Mental Processes	Slight limitation	21.272	8.182	11.8%
Medical/Physical Health	Average	17.171	6.678	4.8%
Substance Use	Average	16.145	8.970	9.6%
Family Living	Moderate limitation	33.246	9.409	63.6%
Interpersonal Relationships	Slight limitation	27.588	.532	33.3%
Role Performance	Slight limitation	26.987	10.165	33.3%
Social/Legal Behavior	Slight limitation	24.139	10.973	26.8%
Self Care/Basic Needs	Average	16.810	6.211	3.1%

Clearly, on average, this family preservation sample is faring reasonably well in many areas. As a group, their functioning is average in three areas: Self Care/Basic Needs, Medical/Physical Health, and Substance Use. Moderate dysfunction is noted in only one dimension of functioning: Family Living. All other dimensions of functioning are, on average, in the slight dysfunction range. However, all children exhibited at least moderate dysfunction in at least one functional domain. Sixty-three percent are at least moderately dysfunctional in the family living domain, while 40% show this level of dysfunction in the Feeling/Mood/Affect dimension. One third exhibit at least moderate dysfunction in the Role Performance and Social/Legal domains.

Referral Situations

Many (42.2%) families are referred by a county department of social services. Referrals from the Division of Youth Services or from probation departments account for 21.5% of referrals. Mental health system referrals, including the two state hospitals, private hospitals, community discharge planning units, and ongoing mental health caseloads, account for 30.8% of referrals, while another 7.5% come from other community sources, such as insurance companies and school district referrals. Over half of cases (52.3%) are placement prevention cases; the remainder involve reunification of a family following the placement of a child. In terms of involvement in the legal system, 10.1% of children have delinquency charges pending at the time of intake, while another 16.4% are already involved with the juvenile justice system. Tables 2 and 3 present information on the previous placements of target children and the presenting problems of families. Over seventy percent of children have experienced at least one previous placement, with over fifty percent having been in foster care, a correctional facility or a psychiatric hospital. The families are characterized by conflict, parenting failures and children's behavior problems, although each family has its own complex set of additional presenting problems.

Table 2
Previous Placements

Type of Placement	Percent of Children
Psychiatric Facility	27.2
Foster Care	13.9
Shelter Care	11.1
Correctional Facility	12.3
Relatives	10.8
Detention Center	9.8
Group Home	8.9
Residential Child Care Facility	7.6
Other Placement	3.8

(Children with multiple placements are represented in multiple categories.)

Numbers of Previous Placements

0	29.4%
1	45.3%
2	15.8%
3+	10.0%

Table 3
Presenting Problems

Presenting Problems	Percent of Cases
Parenting Issues	90.4
Family Conflict	84.9
Child Behavior Problems	84.9
Family Member Mental Health Issues	63.8
Divorce of Separation Issues	46.9
Physical or Domestic Violence	44.9
Severe Financial Hardship	36.9
Child Abuse	34.9
Home Management Issues	34.6
Concrete Service Needs	33.7
Alcohol Abuse (by some family member)	33.4
Criminal Record	32.7
Suicidal Tendencies	30.1
Child Neglect	27.6
Sexual Abuse of Incest (Present or History)	25.3
Medical Illness or Disability	22.4
Drug Abuse (by some family member)	18.6

Presenting Problems	Percent of Cases
Developmental Disability	13.8
Other Problems	9.9
Average Number of Problems = 7.7	

Mental Health Family Preservation Services

Tables 4 and 5 reflect the mental health family preservation service targets and follow-up services in place at termination. These services are most likely to focus on improving parenting skills and family communication, developing skills to manage anger and child behavior, and providing general mental health counseling. However, many other service goals are identified in response to families' specific needs. Mental health family preservation workers are most likely to identify individual counseling as a follow-up to service, with family counseling, support groups and other service packages used in approximately a quarter of cases.

The length of service for family preservation ranged from 9 to 152 days, with an average of 43.5 days. This is approximately seven weeks in duration, and indicates that, on average, Colorado family preservation services are providing interventions that are slightly longer than the 4 to 6-week model from which they were conceptualized.

Table 4
Service Targets

Service Goals	Percent of Cases
Parenting Skills	77.8
Communication Skills	67.1
Behavior Management	66.8
Anger Management	50.0
Mental Health Counseling	49.7
Self-Esteem	38.9
Stress Management	37.3
Support Services	32.3
Alcohol Monitoring	11.4
Home Management	25.9
Concrete Services	25.0
Depression Management	25.0
Employment	15.5
Medical Attention	11.1
Time Management	9.8
Financial Assistance	8.5
Sexual Abuse Intervention	7.3

Service Goals	Percent of Cases
Gang Awareness	7.3
Housing	6.6
Help Budgeting	6.3
Nutrition	4.1
Other	6.0
Average Number of Service Targets = 5.8	

Table 5
Follow-Up Services in Place at Termination

Follow-Up Services	Percent of Cases
Individual Counseling (for some family member)	47.0
Open Social Services Case	35.3
Support Group	27.9
Family Counseling	26.4
Special Education	18.7
Group Counseling (for some family member)	11.4
Substance Abuse Counseling (Child)	6.3
Substance Abuse Counseling (Parent)	5.1
Other Services	29.6
Average Number of follow-up services = 2.0	

Placement Outcomes

Placement follow-up data were gathered for children at 3, 6, 9, and 12 months following termination from the IFPS programs. Placement was defined as a publicly funded placement, or an institutional placement of any type of more than 1 week in duration. Data were coded so as to identify for each time period: (1) the expected n (i.e., the number of families meeting the appropriate criteria for time since intervention), (2) the number of children remaining out of placement, (3) the number who entered placement during this time period, and (4) the number who had previously been placed. The results are presented in Table 6.

Table 6
Placement Outcomes by Time Period

Time Period		Placement Outcomes			
	Expected N	Total not Placed	Placed this Time Period	Placed Previously	Missing
3 mo.	316	265	51	0	0
6 mo.	288	151	14	45	78
9 mo.	271	92	13	53	113
12 mo.	117	58	3	55	117

At 3 months post-termination, the figures are clearly interpretable, as 83.9% of children avoided placement. At 6 months, however, the problem of missing data surfaces. Seventy-eight of 288 cases, or 27%, are missing. Of the 210 cases for whom data are available, 14 entered placement during this time period, and 45 experienced a placement episode previously. Thus 28.08% have experienced placement. At the latter two time points, missing data make interpretation impossible.

Predictors of Placement

Earlier it was noted that family preservation research in both child welfare and children's mental health has provided relatively little information about for whom, and in what circumstances, interventions are optimal. Here, the correlates of placement are examined in order to add to the emerging body of literature about risk and protective factors for children with mental health issues and their families. Programs may seek to use information on risk and protective factors in two ways: (1) They may wish to improve their intervention models to address risk factors more explicitly and/or (2) they may wish to exclude certain families from service based on patterns of risk factors. Therefore, two results of the analysis are of interest. First, what are the variables that increase or decrease the risk of placement for children with mental health issues? This has implications for intervention design. Second, how good is the predictive model that emerges? This has implications for decisions about access to service.

This question was addressed using backward logistic regression, a multi-variate technique in which a set of variables is identified that best predicts an observed, dichotomous outcome in this case placement. Placement outcome was examined at both 3 months and 6 months post-termination. Because of the number of predictor variables and the limited sample size (n = 237 following deletion of missing data), models were built in a two-step process. In the first step,

variables were organized into four sets: demographic, level of functioning, referral situation, and service targets. Backward regression of each set onto placement identified those variables that were significant at the .1 level. In the second stage, all variables emerging from the first stage were used in a backward logistic regression from which the most parsimonious set of variables that best predict placement emerged.

Logistic regression produces several interesting pieces of information:

1. It assesses how well a model fits the data, based on the Chi Square Goodness of Fit (GFI) and the -2LL statistic, both of which should exceed .05. A model with poor fit cannot not be interpreted; that is, we can conclude only that no set of variables predicts the outcome significantly.
2. Individual significant variables are identified.
3. The relative strength of these variables in predicting the outcome is given in the form of the Odds Ratio. Odds Ratios greater that 1 are interpreted as increasing the likelihood of the outcome. For example, for a dichotomous variable with an Odds Ratio of 2.3, we might say that families having this attribute are 2.3 times as likely to experience the outcome than families without this attribute. For Odds Ratios less than 1, the interpretation is usually stated as a percent reduction in likelihood. For example, again for a dichotomous variable, with an Odds Ratio of .2, we could say that families having this attribute are 80% less likely to experience the outcome than those without the attribute.
4. Logistic regression gives us information about the quality of the predictive model. When all risk and protective factors in the model are considered, how well does the model predict outcome for the sample, and where does the most error occur?

The 3-month model (Table 7) provides good fit to the data, based on both the GFI and -2LL statistics. Individual variable impact on the outcome of placement varies considerably. Children with higher (more dysfunctional) ratings on the Social/Legal Behavior variable are 1.04 times more likely to be placed with each one point increase on the 50 point scale. Thus, an increase from one functional category to another (10 points) increases the odds of placement by 40%. Having a family member with a mental health issue increases the odds of placement by a factor of 2.84. Children who have been previously placed in a group home are 6.57 times more likely to be placed following family preservation services. This is by far the greatest individual impact on placement odds.

Table 7
Predictors of Placement: 0-3 Months Post-Intervention

Variable	Beta	SE	p	R	Odds Ratio
Age	-.0823	.0480	.0865	-.0666	.9210
Social-Legal Functioning	.0454	.0195	.0201	.1269	1.0464
Number of Follow-Up Services	-.3022	.1441	.0360	-.1064	.7392
Previous Group Home Placement	1.8840	.5267	.0003	.3359	6.5796
Family Member Mental Health Issues	1.0555	.4415	.0168	.1325	2.8434
Chi Square Goodness of Fit				.2397	
-2 Log Likelihood				.9873	
df				230	

The two other variables present in the model decrease the odds of placement. An increase of one follow-up service results in a 26% decrease in odds of placement. Increased age of the child decreases the odds of placement by a small factor of 8% for each increase of one year in age. Notice that age remains in the model without a significant beta value. However, age cannot be deleted from the final model without a significant decrease in model fit and classification accuracy. As we are concerned at this stage in both the odds associated with individual variables and the practical ability to predict placement, this variable is interpreted.

Examination of the classification table gives information on the accuracy of prediction using the above model. In this case much of the error in the model lies in the ability to accurately predict placement as opposed to no-placement. The model accurately predicts no-placement in 99.49% of the sample. However, its prediction of placement is only correct in 17.95% of cases, for an overall classification rate of 86.02% .

The 3- to 6-month model (Table 8) displays good fit to the data using both the Chi Square GFI and the -2LL indices. Moreover, this model does a much better job of predicting the placement of children during this time period than does the model from the 0-3 month time frame. Overall, the model successfully predicts the state of 95.49% of cases. Again, most error in the model comes in the prediction of placement. The model successfully predicts no-placement for 99.19% of applicable cases, but only successfully predicts placement for 50% of applicable cases.

Table 8
Predictors of Placement: 3-6 Months Post-Intervention

Variable	Beta	SE	p	R	Odds Ratio
Projected Foster Care Placement	-1.6254	1.1141	.1446	-.0425	.1968
Child Behavior Problem	-2.3257	.8807	.0086	-.2631	.0987
Alcohol Monitoring Service Target	1.7426	.8053	.0305	.1944	5.7120
Time Management Service Target	2.3108	.9829	.0187	.2229	10.0823
Chi Square Goodness of Fit				.1834	
-2 Log Likelihood				1.000	
df				127	

A projected placement to foster care and the presence of a child behavior problem both reduce the odds of placement. Previous foster care placement reduces the odds by 80.32%; the presence of child behavior problems reduces the odds by 90.13%. Families with a service target of alcohol monitoring are 5.7 times more likely to have their child placed. Families with a service target of time management are 10.03 times more likely to have their child placed.

Previous research has indicated that child behavior problems are risk factors (Bath et al., 1992; Fraser, et al; 1991). In this case, it appears that family preservation is successful with these cases. It may well be that these child behavior problems are experienced in the family setting as opposed to community settings, as evidenced by the lack of predictive ability of delinquency- oriented variables. Projected foster placement is a protective factor, again, perhaps because family preservation interventions are successful with families presenting with parent skill deficits.

On the service side, two service targets serve as risk factors. The first, alcohol monitoring, is easily interpretable. In a short-term intervention, families who received necessarily limited substance abuse intervention may well not be able to maintain improvement over a longer follow-up period. Not as easily interpreted is the finding that families for whom time-management is a service target are at elevated risk of child placement. One explanation may be that families for whom this is a service target are struggling with basic skills in family management.

It may help to examine the pattern of bi-variate relationships surrounding time management to get a picture of its relationship to other variables. A time management service target is not related to any demographic variables, including income. It is related significantly to the sheer number of service targets identified (t = -4.08, p = .002). Specifically, it is most likely to

occur in concert with the following service targets: budgeting, home-management, nutrition, depression management, mental health counseling, self esteem, stress management, and provision of support services. A time-management service target is not related to any variables that might be expected to cluster with child neglect, including substantiated neglect, the presence of a pending dependency or neglect hearing, income, or concrete service or financial needs as presenting problems. This indicates that this variable may be tapping into a cluster of attributes related to parental incapacity, which manifest in terms of significant disorganization in the home, but which are not associated with the legal definition of neglect.

Discussion

Risk and Protective Factors: Implications for Program Design

These results indicate that prediction of placement for this mental health sample is dependent on the time frame under consideration. There are important differences between risk and protective factors relative to placement during the first 3 months post-termination and the second 3 months post-termination. During the first 3 months, children's level of functioning in the Social/Legal behavior domain, a previous group home placement and the presence of mental health presenting problems in the family increase risk of placement, while the number of follow-up services in place serves to lessen risk. During the second 3-month period, the presence of a child behavior presenting problem and a projected placement in foster care serve as protective factors, while two service targets, alcohol monitoring and time management, serve to increase risk.

Perhaps most importantly, in the first 3 months following intervention, the number of follow-up services serves as a protective factor. No particular service package is predictive of success; it is the density of the follow-up network that is protective for families. This underscores the need to view family preservation services in the mental health system as just one of a continuum of services available to families. As a short-term, crisis-oriented service, IFPS cannot stand alone if it is to be effective in helping families make gains that can be sustained. The number and nature of the follow-up services in place at termination constitute key elements of the intervention model, not simply a post-script to it.

It was expected that children's level of functioning in critical domains would have predictive value with regard to subsequent placement. This is only partially true for this sample. The only functioning variable that enters into a final model is children's Social/Legal Behavior functioning, where increased functional problems are related to placement during the first 3 months following service. The implications for service during the IFPS intervention include targeting interventions to children's social and legal behaviors in the community, as well as

to children's behavior in the home. Fraser (1996) notes that family-centered activities aimed at delinquency prevention need to "focus on lowering expressive and incendiary parent-child interchanges, setting graduated sanctions for defiant behavior, providing effective alternatives to harsh discipline and increasing consistency in rewarding desirable behavior and ensuring consequences for aggressive behavior" (p. 353).

When the finding regarding social/legal functioning is coupled with the finding that follow-up services are critical to maintaining family unity, it is clear that the nature of the delinquency prevention follow-up services is important. The literature suggests that certain school, peer, and neighborhood interventions are effective in supporting the social and legal behavior of children and youth (Fraser, 1996). School-oriented interventions should address children's skills for school involvement and academic achievement, address negative views and experiences of school, and promote involvement in school activities, while promoting parents' home-school collaboration and ensuring provision for monitoring children in after-school activities. Peer-oriented interventions include social skills training, with a focus on processing information and problem solving, and programs focusing on weakening negative beliefs and values and strengthening bonds of attachment of positive peer groups (Fraser, 1996). Parents should be encouraged to set goals related to peer interactions, convey their own positive beliefs and values, and target parenting interventions to peer issues (Heneggler, Schoenwald, Pickrel, Bondino, Borduin, & Hall, 1994). Neighborhood programs, which include after-school tutoring, vocational and mentoring activities, along with proactive opportunities to help others, are also important (Fraser, 1996).

Mental health problems of another family member significantly increase the odds of placement in the first few months following IFPS. These mental health IFPS programs would appear to be ideally situated to maximize cooperation between family preservation and traditional mental health services, and the data on service follow-up indicate a great reliance on mental health programs as follow-up services. In spite of this, only one presenting problem results in increased risk of placement in the short-term: family mental health issues. This indicates that more work is needed in the design of family preservation intervention in these areas, including (1) scrutiny of the use of concurrent mental health services for all family members experiencing mental health problems, and (2) examination of the congruence between mental health services (concurrent and follow-up) and family preservation intervention. The qualitative data from the intervention fidelity study (Potter, 1995) indicate that IFPS workers believe that the philosophical fit between traditional mental health services and IFPS is not good, and that families experience a significant shift in service philosophy as they move from family preservation services to mental health follow-up services. Again, the power of service success may lie in the quality of the helping relationship, and in this case, in the continuity of this type of relationship in follow-up services.

During the 3-6 month time frame following intervention, projected foster care placement and presenting child behavior problems serve as protective factors, indicating that family preservation interventions are adequate to the needs of families in need of parenting skill development. However, two service targets greatly increase the risk of placement: alcohol monitoring and time management. In both cases, it may be that the limited intervention available during family preservation is simply not adequate to effect lasting change in these areas. Moreover, although follow-up services are a protective factor during the earlier time-frame, they do not function in that capacity for this time frame. These findings have implications for the design of the family preservation intervention package, which may need to include concurrent substance abuse intervention as well as well structured follow-up. Similarly, for families experiencing extreme disorganization and parental incapacity, longer term family-based interventions may be indicated, including the use of intensive family preservation during the immediate crisis, followed by continued supportive home-based support services.

The results of this study provide empirical support for some of the current discussion among family preservationists about the kinds of families at risk for service failure. Wells and Tracey (1996) summed their concerns as follows: "We speculate that two groups of families are at particular risk for failure in these programs: impoverished families headed by single mothers who neglect their young children and have significant mental health and substance abuse problems of their own, and families with highly oppositional adolescents who may have been placed previously" (p. 678).

Model Fit: Implications for Program Decisions

What has been learned about risk factors and the implications for decisions regarding access to services? Program administrators look to predictive research for help in screening out families who are not likely to benefit from an established intervention. In general, however, risk and protective factors, as well as the models built of them are not sufficiently accurate in their prediction of failure to warrant denial of access to services. This is certainly true for the models that emerge from this study.

Although the overall models for the separate time periods fit the data well, they do not predict placement very well. In both cases the model does a good job of predicting which children will remain home, but a very poor job of predicting which children will be placed. The latter is, of course, of the most interest. The predictive model for the 3-6-month time frame is the best, predicting placement at 50% accuracy; yet, this results in little practical usefulness, since one could simply flip a coin and make as informed a decision about who will succeed! Thus, these results are useful in considering which families may be at increased risk of placement for the

purpose of designing or redesigning a targeted intervention package for families with these characteristics. These results are not useful in making screening decisions regarding access to services.

Future Directions

The results from this study raise some interesting questions for family preservation practice. Because this research is exploratory and examines only one group of service recipients, the results are not conclusive. However, these results do add to the growing body of knowledge about the nature of IFPS programs in children's mental health systems, the families they serve, and the factors associated with maintaining family unity.

While this study expands the information available on the service context and predictors of success for IFPS services in mental health settings, much more information about IFPS in mental health settings is needed. There is a need to focus on the changes in children's functioning in critical life domains as a result of IFPS or as a result of a package of services of which IFPS is a part. There is a need to focus on the critical aspects of IFPS intervention that are most associated with child and family functioning changes, and a particular need to focus on the nature of the helping relationship as it relates to service success. Research on the effectiveness of IFPS as opposed to other interventions, such as Multi-Systemic Therapy (MST) (Hennegler, et al., 1994), which might occupy a similar position in the continuum of care is particularly important. The next generation of IFPS research is likely to focus on these types of questions, that is, on generating information that is directly applicable to practice and programming decisions for specific IFPS populations.

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An Innovative Family Preservation Program in an African American Community: Longitudinal Analysis

Patricia Ciliberti

This paper presents a secondary analysis of data from a longitudinal evaluation of a community-based family preservation program in Portland, Oregon, designed for and by African Americans. Families served by the Family Enhancement Program (FEP) resemble chronically neglecting families in terms of numbers of children and length of contact with child protective services. Six- and twelve-month follow-ups for FEP clients were compared to data on families served by the Oregon State Office of Services to Children and Families (SOSCF). The author found that FEP families are more likely than SOSCF families to show greater improvement between the pretest scores and the posttest scores for number of days in placement, number of placements, and number of founded maltreatment reports.

Problem Statement

The Emerging Africentric Perspective in Child Welfare

Although the field of child welfare has begun to respond to the need for Africentric child welfare by developing theory to inform practice and guide research (Boyd-Franklin, 1989; Briggs, 1994; Everett, Chipungu, and Leashore,1991; Grey and Nybell, 1990; Hodges, 1991; Isaacs and Benjamin, 1991), research related to Africentric child welfare continues to be sparse. The following article reports upon the efficacy of a community-based family preservation program located in an African American community. Implications of using an Africentric perspective are explored within the overarching context of community-based service provision.

Literature Review

Definition and Prevalence of Neglect

Although the term child maltreatment encompasses both physical abuse and neglect, neglect is more prevalent than physical abuse. The Third National Incidence Study of Child Abuse

and Neglect (U.S. Department of Health and Human Services, 1996) showed an estimated 551,700 physically and emotionally neglected children, compared to 381,700 physically abused children.

Children exposed to neglect are at risk for developmental delay, higher rates of out-of-home placement, and lower levels of academic achievement (Paget, Philp, & Abramczyk, 1993; Nelson, Landsman, Cross, & Tyler, 1993). Neglecting children have school problems, difficulties with situations perceived as frustrating, low self-esteem, and lower attachments to their mothers, compared with a control group of children with mothers who provided adequate care (Egeland & Stroufe 1981; Egeland, Stroufe, & Erickson,1983). Neglected school-age children have been found to lag significantly behind peers in academic achievement (Wodarski, Kurtz, Gaudin, & Howing, 1990). A 1990 study which compared neglecting families with a sample of families drawn from the 1980 U.S. census of Allegheny County (Nelson, Saunders, & Landsman, 1990) showed that chronically neglecting families had lower incomes, almost four times as much reliance upon public assistance, almost twice as many female-headed families, and a higher rate of unemployment than comparison families from the same tract.

Correlation Between Neglect and Poverty

In a longitudinal cohort study by Nelson, Saunders, and Landsman (1993), chronic neglect was associated with extreme poverty, large families, inadequate housing, unemployment, lower levels of formal education, lack of parenting skills, health and mental health problems, placement, and developmental delay. Poverty-related stressors have also been correlated with physical neglect (Zuravin, 1989).

Neglect in African American Children

Nelson et al. (1993) found that 45.3% of 182 families referred to child protective services for neglect were minority families, with all but two minority families headed by an African American caregiver. In a study which examined the relationship between racial inequality and child neglect, Saunders, Nelson, and Landsman (1993) found that after marital status and per capita income were controlled, African Americans referred for child neglect were more likely than European Americans to occupy substandard housing, to have rats in their homes, to live in drug-ridden neighborhoods, and to see their neighborhoods as high in crime. However, ethnicity by itself is not correlated with maltreatment. A national study found no significant relationship between the incidence of maltreatment and a child's race or ethnicity, but identified poverty as a tremendous risk factor (National Council on Child Abuse and Neglect, 1993).

Family Preservation With Neglecting Families

Neglecting families have significantly larger households and are more likely to receive AFDC (Berry, 1991, 1992, 1993), and have significantly poorer family functioning, fewer available household resources, significantly more previous child removals, and less service time in spite of having cases open significantly longer. Neglecting families may be particularly difficult to engage and maintain in services, making family preservation programs appear to be less successful with neglecting families than with families in other maltreatment categories (Berry, 1992, 1993; Nelson, 1994; Nelson & Landsman, 1992; Yuan & Struckman-Johnson, 1991).

Neglecting families tend to be among the most difficult to engage in helping relationships, and the extreme poverty often faced by neglecting families must be addressed in order for family interventions to be effective (Nelson, 1997). Motivating neglecting caregivers is more likely to succeed in programs that provide comprehensive family-based services, including transportation and paraprofessional services, as well as counseling and parent education (Nelson and Landsman, 1992). However, strong social networks are empowering to families and increase the likelihood of successful family preservation interventions (Tracy, Whittaker, Pugh, Kapp, & Overstreet, 1994). Service length should be matched to service model and population (Nelson, Landsman, Tyler, & Richardson, 1996).

Screening As a Predictor of Success

The criteria used to screen clients into family preservation programs are linked to client success (Smith, 1995; Urquiza, Wirtz, Peterson, & Singer, 1994), with placement prevention tied to purposive screening and admission criteria conducted within a culturally appropriate context. The problems faced by children entering placement may be complex and difficult, combining emotional difficulties with educational and developmental problems, particularly in African American children (Urquiza, Wirtz, Peterson, & Singer, 1994). When intensive family preservation services fail, clients and workers often tend to identify client factors as responsible (Pecora, Fraser, Bennett, and Haapala, 1991).

Evaluations of Family Preservation Programs

Random heterogeneity of populations served in family preservation programs may constitute a threat to internal validity (Bath & Haapala, 1994). Family history and demographics may be the most consistent predictors of outcome (Nelson, 1991), with age of target child a possible predictor of outcome (Spaid & Fraser, 1991; Spaid, Lewis, & Pecora, 1991). Younger children in multi-problem families may pose more complex issues for practitioners (Spaid & Fraser, 1991) and may have higher placement rates (Scheurman, Rzepnicki, Littell,

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& Chak, 1993; Nelson, Landsman, Tyler, & Richardson, 1996), particularly with younger neglected children.

Most family preservation evaluations involve longitudinal analyses, with twelve months being the most commonly selected follow-up point (Blythe, Salley, & Jayaratne, 1994); however, a variety of factors may impact longitudinal findings.

Feldman (1991) attributed the lack of findings of long-term effectiveness of family preservation services to methodological factors; in contrast, Meezan and McCroskey (1996) found that long-term placement results were influenced by a complex interaction of family history and characteristics, as well as by service history.

Study of homogeneous samples of children in intensive family preservation programs may reduce variability (Bath & Haapala, 1994) and increase the likelihood of significant findings. Moreover, limitations of studies comparing neglecting and non-neglecting families include the methodological concern that unless a control group is screened for maltreatment, they may include maltreating families, reducing differences (U. S. Department of Health and Human Services, 1995). Fraser, Nelson, and Rivard (1997) caution that apparent lack of effectiveness may in fact be the result of limitations in the research which may not detect program success.

People of Color

Most family preservation service evaluations have aggregated results from diverse client groups to yield a single success or outcome rate, a factor which attenuates the statistical power of a study by maximizing the heterogeneity of respondents (Bath and Haapala, 1994). However, even when ethnic composition of studies was reported, extreme variations in numbers of people of color were rarely commented upon by investigators (Blythe, Salley, and Jayaratne (1994).

Community-Based Interventions to Preserve Families

Community-based interventions emphasize community services and supports as well as social and kinship networks, and the recent move toward community-based services has been termed a major paradigm shift (Nelson & Allen, 1995). Creative and innovative approaches to family preservation assume added importance in the current climate of attenuated resources to public social services, with the resultant increased focus on critical cases by cost-conscious public service providers (Adams & Nelson, 1995).

The Family Enhancement Program: A Community-Based Child Welfare Intervention Designed By and For African Americans

Program History

Although only five percent of children in Multnomah County, in Oregon, are African American, they compose a disproportionate number (35%) of children in foster care (Children's Service Division, 1993). In 1993, the Oregon State Office of Services to Children and Families (SOSCF) responded to this situation by developing an association with an African American community-based service agency, Self-Enhancement, Inc. (SEI) in Portland. Families, staff, and program founders of SEI are all members of that community, which now contains 52% of Oregon's African American residents (Wollner, 1995). The resultant "home-grown" program, located in the Albina district of Portland, represents a growing trend in community-based services.

Theories Behind the FEP Intervention

Based on the Homebuilders crisis intervention model of intensive family preservation services, initially the Family Enhancement Program at SEI provided intensive family preservation and support services for four to six weeks, with an optional 90-day aftercare period. (At the time of this writing, the intervention period has been expanded to a four- to eight-week period.) The initial face-to-face FEP contact with a family occurs within 24 hours of referral from SOSCF, or as soon as the family can be located. Case coordinators are available to caregivers 24 hours a day, 7 days a week. Services are family-oriented, either in-home or in the Albina community, and include a combination of treatment modalities such as individual treatment, groups, parenting education, basic survival skills, or other services as needed to keep target children at home.

FEP expands upon usual community-based interventions by utilizing an explicitly defined relationship-focused treatment model that draws upon the Albina community's interconnectedness and collective identity, principles which Everett, Leashore, and Chipungu (1991) describe as integral to the African American world view. The relationship model (Leary, 1993) emphasizes central values around the importance of interpersonal relationships rather than upon temporal awareness and acquisition of material objects.

Central to treatment at FEP are three roles identified as primary to functioning in the African American community: parental, instructional, and mentoring. Case workers assume these various roles with families; in the parental role, workers address their clients in the manner of a parent providing guidance; in the instructional role, knowledge is imparted; and in the

mentoring role, workers advocate and support their clients in the nonjudgmental manner of a peer. Development of a positive relationship with clients occurs during the early stages, as case coordinators participate in friendship-building activities such as assisting with household errands. This positive relationship is in itself a goal of treatment, since it affirms positive functioning of the client families within the African American community. With most staff and clients born and raised in Northeast Portland, staff personally know many client families prior to treatment—a relationship which makes it easier for clients to trust workers (personal interview with Ellon Manly, Aftercare Services Coordinator with FEP, March 11, 1997).

Intensive services may include skills for survival and self-esteem building, such as parenting education, advocacy, counseling, communication and negotiation skills, home maintenance, budgeting skills, and job readiness training. External supports used in tandem with FEP services include drug and alcohol treatment, child care, housing, mental health treatment, employment services, and neighborhood community resources, including residents and paraprofessionals. Extended families are used as caregivers and supports whenever possible; grandmothers or even great-grandmothers often are primary caregivers for FEP families.

Unique features of FEP include the following: the relationship model, the low number of cases assigned to each case coordinator (no more than two at a time), development and ownership by the African-American community, the community-based structure of the agency, and the aftercare component, which includes a 90-day period of coordinating additional supports, service referrals, and moral support as needed after the initial service period is over.

Initial Evaluation

In 1995, a preliminary evaluation of the FEP component of SEI was undertaken in order to compare the demographics and service utilization for families served by FEP with those for comparable families who received the usual services delivered by SOSCF (Child Welfare Partnership, 1995). The evaluation was conducted by the Child Welfare Partnership of Portland State University in Portland, Oregon. Findings from the initial evaluation indicated higher service utilization by FEP families, as well as higher placement risk, twice as many vulnerable children, and more success in resolution of barriers to returning home (Child Welfare Partnership, 1995).

In addition, findings indicated that FEP is serving a very difficult population that resembles chronically neglecting families in terms of numbers of children and length of contact with SOSCF (Nelson, Saunders, & Landsman, 1993). FEP services are based upon a short-term crisis intervention model of family preservation that has been found to be less successful with neglecting than with other types of families (Berry, 1992; Nelson, 1994; Nelson & Landsman, 1992; Yuan & Struckman-Johnson, 1991).

Research Question for Outcome Analysis

A long-term outcome analysis for families served by FEP followed the initial evaluation in 1995, which was descriptive in nature. The research question for the outcome analysis, which is reported on in this paper, explored whether the families served by the culturally responsive FEP intervention, when compared with similar families served only by SOSCF, have significantly greater improvement in outcomes at six and twelve month follow-ups.

Target Population and Screening

Children served by FEP are African American or of mixed race, and live in metropolitan Portland, Oregon. Target children at the time of the outcome evaluation were six years of age or younger and at imminent risk of placement, according to the SOSCF. If already placed, a plan must be set for children to be returned home three to seven days after admission to FEP.

The referral process for FEP includes screening by the SOSCF liaison. Cases screened in include families with histories of physical abuse and neglect, families whose environments pose a threat of harm, and cases in which the biological parent has abandoned a child and extended family members are providing care. Approximately 65% of families admitted to FEP were found to be abusing alcohol or other drugs.

Cases screened out include sexual abuse cases in which penetration or oral sex has occurred or the perpetrator is still in the home with the child and extreme cases of physical abuse in which the safety of the children cannot be assured by in-home services. Families with histories of violence between adults in the household are often screened out, as are families with no immediate plans to return target children in placement to the home. Chronically homeless families are not admitted; however, clients who are inadequately housed are admitted if they can provide a verifiable address.

Usual State Child Protective Services (Children's Service Division, 1994)

A variety of treatment modalities are available through the SOSCF. These include, but are not limited to, shelter care for families and children, foster care, relative care, residential treatment, psychiatric hospitalization, day treatment, day care, counseling for families and groups, parent training, and intensive home-based services. Services may be offered for one

day only or for extended periods of months or years, depending on the type of service, the kind of client issue, and the progress of the client in working through designated goals.

Levels of Vulnerability: Children entering care at the State Office of Services to Children and Families receive services based upon a priority system known as the level of vulnerability (State Office of Services to Children and Families and Child Welfare Partnership, 1995). In the level system, children are spread across a continuum of categories encompassing a variety of ages, kinds of maltreatment, and severity of maltreatment. Characteristics of a child's age, condition, and the severity of the maltreatment must be evaluated in order for the child to be placed upon the continuum. The most vulnerable children are placed in Level 1, and the least vulnerable are placed in Level 7.

Data Collection and Reliability: Data on FEP families were obtained from SOSCF's Integrated Information System (IIS), from FEP case coordinators, and from FEP case records. SOSCF comparison families included in-home and out-of-home cases, which were drawn from a pool of African American families living in the metropolitan Portland area, and studied in the 1995 Child Welfare Partnership evaluation. Information on these families was collected from the Integrated Information System at SOSCF. In addition, descriptive data on comparison families were drawn from data collected in the SOSCF Focus 90's evaluation, a study which collected material on demographics, family and caregiver characteristics, and services for both in-home and out-of-home placements for a random sample of families with children in Oregon foster care in 1990 and 1992.

The same case reading instrument was used for the Focus 90's cases as for the FEP cases (Children's Service Division, 1994). Focus 90's case readers had been given a number of trainings in order to maximize reliability. Informal tests of the Focus 90's case reading instrument showed a high level of agreement between readers (personal communication with P. Bellaty, researcher for Child Welfare Partnership, February 8, 1997).

Issues of confidentiality: Possible breach of confidentiality existed in the process of the secondary data collection, and was guarded against by entering the data onto forms which were structured to safeguard confidentiality by using research project numbers rather than names or other identifying information.

Placement was selected as a dependent variable for this research because it is relevant to desirable outcome and easily measured. Repeated maltreatment, repeated placements, and days in placements were used as dependent variables, in order to capture multiple effects of the program (Scheurman, Rzebnicki, & Littell, 1991; Jones, 1991). Only placements that were court-ordered in Oregon were used for the research (Scheurman et al, 1991). All were clearly delineated in the IIS statistics, so that no qualitative judgments from the researcher influenced the placement outcome.

Days in placement refer to calendar days spent by a target child in any of the out-of-home placements available through SOSCF. Days were calculated from IIS data, which list exact dates and numbers of days in each specific placement.

Design

The outcome evaluation employed a pretest-posttest comparison group repeated measures design (Pecora, Fraser, Nelson, McCroskey, & Meezan, 1995). Families were compared both within and across groups. Data on the outcome variables of number of placements, number of days in placement, and number of founded maltreatment reports at the six and twelve month follow-up points were also compared to data at six and twelve months prior to the target service:

FEP: $O(1)\ O(2)\ X\ O(3)\ O(4)$
SOSCF: $O(5)\ O(6)\ X\ O(7)\ O(8)$

Here, $O(1)$ and $O(5)$ are the observations at 12 months prior to the target service; $O(2)$ and $O(6)$ are observations at six months prior to the target service; $O(3)$ and $O(7)$ are the observations at six months following the target service; and (4) and $O(8)$ are the observations at twelve months following the target service.

A nonrandom matched groups comparison attempted to control for extraneous selection variables. Families in the comparison group for the preliminary evaluation had already been selected to match FEP families only on the basis of African American cultural background and residence in metropolitan Portland; additional matching for the outcome study observations took place on variables specifically associated with neglect (National Council on Child Abuse and Neglect, 1993), including the age of the target child (child referred for protective services), level of vulnerability of target child (type of maltreatment combined with age of the target child), and number of children in the family. Rationale for additional matching for the outcome study was based on the need to create a comparison group as closely matched as possible to the 46 FEP families.

Matched Comparison Sample: To select the matched comparison group, FEP cases ($n = 46$) and comparison cases ($n = 107$) were divided into four categories, based upon case-reading data and IIS case information: physical abuse, neglect, sexual abuse, and drug-affected infants. FEP cases in the four categories were then matched by category with cases chosen

from the comparison group of 74 out-of-home and 33 in-home cases. In order to standardize comparison group cases as much as possible, severe out-of-home cases from that group were screened out, and severe in-home cases were screened in. The comparison group was thus reduced to 43 cases.

When the matching process had been completed, no significant differences existed between groups on age, family size, or maltreatment category (see Table 1). Because of inaccessibility of service data for four FEP families, at the time of analysis, the FEP group included only 42 families with follow-up information that were contrasted to the 43 comparison families.

Hypotheses: Predictive variables for all hypotheses included participation in the respective program delivering services to families, either FEP or SOSCF; and time of measurement (pretest versus posttest). Dependent variables included number of placements, number of days in placement, and number of incidents of repeated maltreatment. Six hypotheses were tested, with each of the three dependent variables tested at both the six-month and twelve-month points. It was expected that FEP families would show greater improvement between six-month and twelve-month pretest and posttest scores for the three dependent variables.

All hypotheses predicted an interaction effect between group membership (SOSCF or FEP) and time of measurement (pretest versus posttest). Significant differences were also predicted both between groups (FEP versus SOSCF) and within groups (pretests versus posttests). Hypotheses tested using this one-between, one-within repeated-measures design were evaluated at a significance level of .05 using a MANOVA (multiple analysis of variance for repeated measures).

Supplementary Analyses: As a context for interpreting the results of the hypotheses tested, an additional analysis was conducted. This included analyses of concurrent and in-home services offered to FEP families during the initial four- to six-week intervention, as well as during the aftercare period.

Characteristics of Treatment and Comparison Groups

Demographic information and maltreatment categories were available for 42 FEP families and 43 comparison families (see Table 1). Mean age for FEP children was 2.57 years; the mean for comparison children was 3.47 years. A t-test for independent means showed that no significant differences existed between these two groups ($T(84) = -1.57$, $p = .121$).

The preponderance of FEP families (90%) had four or fewer children ($M = 2.73$), comparable to size for SOSCF families ($M = 2.71$). A t-test for independent means showed that no significant difference existed between the groups ($T(86) = .38$, $p = .704$).

Neglecting families composed 62% of the FEP sample, with families having drug-affected babies composing the next largest group (24%). Dispersion of maltreatment type and severity was very similar for the SOSCF group. A chi-square test showed no significant difference between groups on the basis of maltreatment category ($X^2(3, N = 85) = .485$, $p = .922$).

Aggregate Statistics Before Target Service For Treatment and Control Groups

Aggregate statistics for total number of founded maltreatment reports, number of placements, and number of days in placement for both groups were calculated as a way of capturing the critical differences between the treatment and comparison groups. A two-tailed t-test for independent groups was used with an alpha level of .05 for all statistical tests.

No significant difference existed in the mean aggregate numbers of months in which cases were open with SOSCF prior to the respective target service (see Table 2). However, FEP families had on aggregate significantly more families with children in placement prior to the target service than did SOSCF families, as well as more days in placement, although the difference in placement days was not statistically significant. Of FEP families, 63% experienced out-of-home placements for a child prior to the target service, compared to only 26% of SOSCF families.

Maltreatment reports for FEP families were on aggregate significantly higher than for SOSCF families. Eighty percent of FEP families experienced at least one founded report, while only 35% of SOSCF families experienced prior founded maltreatment reports.

Bivariate Analysis of Placements, Days in Placement, and Founded Maltreatment Reports Six Months Prior To and Following the Target Service: Follow-up information was available for 42 FEP families who were matched to 43 SOSCF families with comparable data. Mean length of target intervention for FEP was 43 days ($SD = 18.89$), compared to 117 days ($SD = 181.48$) for SOSCF families—a significant difference ($T(43) = 2.68$, $p = .010$). For both treatment and comparison families, number of founded maltreatment reports, number of placements, and number of days in placement were calculated at twelve months pre and post the target service and six months pre and post the target service.

Table 1
Demographic Characteristics and Maltreatment Categories in Treatment Group (FEP) and Comparison Group (SOSCF)

	FEP (N = 42)		SOSCF (N = 43)	
Target Children				
Ages	No.	%	No.	%
1	21	50	13	30
2	7	17	6	14
3	3	7	7	16
4	2	5	5	12
5	1	2	1	2
6	6	14	4	9
7	1	2	3	7
8	1	1	3	7
9	0	0	1	2
Missing	4	4	3	7

FEP: $\underline{M}$ = 2.57, $\underline{SD}$ = 2.12; SOSCF: $\underline{M}$ = 3.47, $\underline{SD}$ = 2.45; ($\underline{t}$(84) = -1.57, $\underline{p}$ = .121).

	Number of Children in Family			
Number	No.	%	No.	%
1	11	26	10	23
2	9	21	13	30
3	11	26	9	21
4	7	17	4	9
5	2	5	2	5
6	1	2	3	7
7	0	0	1	2
8	0	0	0	0
9	1	2	0	0
Missing	4	10	4	9

FEP: $\underline{M}$ = 2.73, $\underline{SD}$ = 1.63; SOSCF: $\underline{M}$ = 2.71, $\underline{SD}$ = 1.59; ($\underline{t}$(86) = $\underline{p}$ = .704).

	Maltreatment Category			
Category	No.	%	No.	%
Drug-affected infants	10	24	9	21
Sexual abuse	1	2	2	6
Physical abuse	5	12	5	12
Neglect & threat of harm	26	62	27	63
Missing	4	10	3	7

(X^2 (3, N = 85) = .485, p = .922)

Note: Treatment Group = Family Enhancement Program (FEP); Comparison Group = Oregon State Office of Services to Children (SOSFC); Missing = data not available.

Table 2
Aggregate SOSCF Service History of Families Entering Respective Programs Prior To Target Intervention

	FEP (n = 42)		SOSCF (n = 43)		Significance of differences between groups		
Measures	$\underline{M}$	$\underline{SD}$	$\underline{M}$	$\underline{SD}$	$\underline{t}$	$\underline{df}$	$\underline{p}$
Months cases open with SOSCF	44.12	47.73	42.44	41.31	.17	83	.863
Days in placement	143.40	230.13	70.51	166.10	1.67	75	.099
Placements	1.71	1.67	.79	1.62	2.57	83	.012
Maltreatment reports	1.14	.68	.51	.80	3.92	82	.000

Note: Programs = Family Enhancement Program (FEP); Oregon State Office of Services to Children and Families (SOSCF).

At six months prior to the start of the respective target service (see Table 3), FEP families had significantly greater numbers only for placements and numbers of founded maltreatment reports compared with the SOSCF families. However, at the six-month follow-up period, the between-groups differences for none of the three dependent variables were statistically significant.

Bivariate Analysis of Placements, Days in Placement, and Founded Maltreatment Reports Twelve Months Prior To and Following the Target Service: Mean number of placements and maltreatment reports for FEP families were significantly higher during the twelve-month pretest than for SOSCF families (see Table 4). By the time of the twelve-month posttest, the between groups differences for none of the three dependent variables were statistically significant.

Tests of Hypotheses

As predicted, a significant interaction, $\underline{F}$(1,2) = 9.92, $\underline{p}$ = .002, existed between the group and time of measurement for the variable of number of placements at the six month follow-up (see Table 5). Although they had a higher number of placements at the six-month pretest, families in the FEP group showed a greater reduction in numbers of placements six months following the target service compared to families in the SOSCF group.

Table 3
Pretest and Posttest Contrasts Within and Across Treatment Group (FEP) and Comparison Group (SOSCF) at Six Months

	FEP target (n = 42)		SOSCF target (n = 43)		Significance of difference between groups		
			Pretest				
Variable	M	SD	M	SD	t	df	p
Days in placement	46.21	69.75	25.09	56.41	1.53	79	.129
No. of placements	1.00	1.23	.35	.61	3.08	83	.003
Maltreatment reports	.69	.64	.16	.43	4.43	72	.000
			Posttest				
Variable	M	SD	M	SD	t	df	p
Days in placement	43.20	72.71	62.42	76.67	-1.18	82	.242
No. of placements	.55	.94	.77	.99	-1.04	83	.299
Maltreatment reports	.02	.15	.06	.26	-1.00	69	.321

Note: Treatment Group = Family Enhancement Program (FEP); Comparison Group = Oregon State Office of Services to Children and Families (SOSCF).

Table 4
Pretest and Posttest Contrasts Within and Across Treatment Group (FEP) and Comparison Group (SOSCF) at Twelve Months

	FEP target service (n = 42)		SOSCF target service (n = 43)		Significance of differences between groups		
			Pretest				
Variable	M	SD	M	SD	t	df	p
Days in placement	71.69	118.41	52.47	115.24	.76	83	.450
No. of placements	1.21	1.35	.49	.91	2.90	72	.005
Maltreatment reports	.81	.59	.21	.47	4.47	83	.000
			Posttest				
Variable	M	SD	M	SD	t	df	p
Days in placement	96.44	148.73	116.72	144.94	-.63	82	.529
No. of placements	1.00	1.73	.95	1.31	-.14	82	.890
Maltreatment reports	.05	.22	.09	.30	-.81	83	.420

Note: Treatment Group = Family Enhancement Program (FEP); Comparison Group = Oregon State Office of Services to Children and Families (SOSCF). *p<.05.

Table 5
Improvement Between Pretest and Posttest Scores at Twelve Months for Numbers of Placements, Days in Placement, and Founded Maltreatment Reports: Treatment Group (FEP) and Comparison Group (SOSCF)

Source	df	F ratio
Group membership placements	1	3.20
Days in placement	1	.00
Maltreatment reports	1	16.85*
Within+redidual		
Placements	82	(2.11)
Days in placement	82	(20527.82)
Maltreatment reports	82	(.19)
	Within subjects	
Group by time of measurement		
Placements	1	3.40
Days in placement	1	1.21
Maltreatment reports	1	28.23
Within+residual		
Placements	82	(1.55)
Days in treatment	82	(14773.17)
Maltreatment reports	83	(.16)

Note: Treatment Group = Family Enhancement Program (FEP); Comparison Group=Oregon State Office of Services to ChildrenOffice of Services to Children and Families (SOSCF). Values enclosed in parentheses represent mean squares. *p<.05.

For number of days in placement at the six-month follow-up period, a statistically significant interaction also existed, with $F(1,2) = 4.52$, $p = .036$, as was predicted in Hypothesis 2. Families in the FEP group showed a greater reduction of days for target children in out-of-home placement compared with SOSCF families, although the FEP families had a higher number of days in placement at the six- month pretest.

The number of founded maltreatment reports at the six-month follow-up period also decreased sharply for FEP families, producing a statistically significant interaction, $F(1,2) = 20.04$, $p = .000$, which was in accord with Hypothesis 3. Families in the FEP group were more likely than comparison families to have reduced numbers of founded maltreatment reports by the six-month follow-up.

By the point of the twelve-month follow-up, numbers of placements (see Table 6) continued to decrease for FEP families, although Hypothesis 4 was not supported, with $\underline{F}(1,2) = 3.40$, $\underline{p} = .069$. In comparison, placements increased for SOSCF families.

For number of days in placements at the twelve-month follow-up, increases existed for both groups compared to their pretest scores. Although increases were higher for comparison families, Hypothesis 5 was not supported. With $\underline{F}(1,2) = 1.21$, $\underline{p} = .275$, the interaction effect between groups was not statistically significant.

Table 6
Improvement Between Pretest and Posttest Scores at Six Months for Numbers of Placements, Days in Placement, and Founded Maltreatment Reports: Treatment Group (FEP) and Comparison Group (SOSCF)

Source	df	F ratio
Group membership placements	1	1.86
Days in placement	1	.02
Maltreatment reports	1	14.49*
Within+residual		
Placements	83	(1.07)
Days in placement	82	(5633.79)
Maltreatment reports	83	(.17)

		Within subjects
Group by time of measurement		
Placements	1	9.92*
Days in placement	1	4.52*
Maltreatment reports	1	20.04*
Within+residual		
Placements	83	(.81)
Days in treatment	82	(3991.58)
Maltreatment reports	83	(.17)

Note: Treatment Group = Family Enhancement Program (FEP); Comparison Group=Oregon State Office of Services to Children, Office of Services to Children and Families (SOSCF). Values enclosed in parentheses represent mean squares. *$\underline{p} < .05$.

A statistically significant interaction effect $\underline{F}(1,2) = 28.23$, $\underline{p} = .000$, was observed for a number of founded maltreatment reports at the twelve-month follow-up, confirming Hypothesis 6. Families in FEP continued to show a stronger likelihood than comparison families of a greater reduction in founded maltreatment reports, compared with SOSCF families.

Supplementary Analysis of Services to FEP Participants

This analysis focuses upon trends and patterns that illuminate the internal dynamics of the Family Enhancement Program. Kinship care and maltreatment category were explored in order to understand their relationships with service provision.

Kinship Care

At the six-month follow-up point, twelve families had children in placement. These children were divided equally between children in kinship and unrelated foster care placements. In comparison, at the twelve-month follow-up, of the 17 families who had children in placement, 10 (60% of the 17) used kinship placements and 7 (41% of the 17) used unrelated foster care placements.

A Mann Whitney U-Wilcoxon Rank Sum W test showed that placement in kinship care had accounted for a significant increase in numbers of days in placement ($\underline{U} = 56.5$, $\underline{W} = 521.5$, $\underline{p} = .000$). No relationship was found between any maltreatment category and either numbers of placements or days in placement. Nor was any relationship found between either age of target child, or numbers of children in family, when assessing the impact of those variables upon placements or placement days.

Aftercare Services

The target period of service at FEP is intended for stabilization, while the aftercare period gives families an opportunity to examine their issues in depth over a longer time period (personal communication with FEP Program Manager A. Vernon Baker, January 23, 1997). Because many more families engaged in aftercare than in target services, due to the longer time period, the effects of aftercare services upon placement outcome were examined. For families with children living in unrelated foster care, services to biological parents were tracked.

Trends toward influencing length of placement were found for certain aftercare services. Children whose biological mothers received drug/alcohol services during the aftercare period had lower means for placements or days in placement compared to children whose mothers did not receive drug/alcohol services; this was true for both children in kinship care and unrelated foster care (see Table 7). Children with parents or kinship care providers who

received job/education services, AFDC, emergency funds, mental health services, daycare services, and transportation services had higher placement means than children in kinship care whose caregivers or parents did not receive these services.

Table 7
Mean Days in Placement for Children in Treatment Group (FEP) by Use of Aftercare Services

Aftercare Service	Service			No Service		
	No.	M	SD	No.	M	SD
Drug and alcohol tx						
Kinship care	3	99.67	83.39	7	271.00	143.96
Unrelated fc	4	169.50	163.44	3	360.00	8.66
Jobs/ed						
Kinship care	4	352.25	18.39	6	131.17	127.74
Unrelated fc	4	245.75	166.45	3	258.33	171.93
AFDC						
Kinship care	8	251.14	149.38	2	93.50	62.93
Unrelated fc	6	233.17	160.58	1	359.00	–
Emergency funds						
Kinship care	6	266.00	137.29	4	150.00	156.38
Unrelated fc	6	232.17	159.61	1	365.00	–
Mental health						
Kinship care	5	317.20	100.31	5	122.00	126.88
Unrelated fc	3	203.00	175.29	4	287.25	151.53
Daycare						
Kinship care	3	361.00	6.93	7	159.00	137.91
Unrelated fc	4	245.75	166.45	3	263.33	176.09
Housing						
Kinship care	4	192.75	192.91	5	212.00	126.44
Unrelated fc	5	279.80	132.28	2	179.50	241.12
Transportation						
Kinship care	6	275.67	138.12	4	135.50	138.29
Unrelated fc	6	291.50	121.74	1	9.00	--

Note: Treatment Group=Family Enhancement Program (FEP).
     -- = not statistically meaningful.

In contrast, children in unrelated foster care whose biological parents received job/education services, AFDC, emergency funds, and mental health services had shorter stays in placement than children in unrelated foster care whose biological parents did not receive these services.

However, a Mann Whitney U-Wilcoxon Rank Sum W test showed that no single aftercare service had significant impact upon treatment outcome.

Discussion of Primary Findings

Aggregate data suggest that SOSCF families and FEP families are comparable in terms of numbers of children, ages of target children, type and severity of abuse of target child, and numbers of months open in SOSCF prior to target service. However, the families arriving at SEI for inclusion in the Family Enhancement Program had more than twice as many founded maltreatment reports and target children in out-of-home placement. This finding suggests that clients of family-based service programs are no less difficult than clients in the general child welfare population, and in fact may represent a group which is more difficult to treat (Nelson, 1991).

Differences between the two groups at the pretest points were statistically significant, with FEP showing more days in placements, significantly more placements and significantly greater numbers of maltreatment reports than comparisons at both the twelve-month pretest and the six-month pretest. Data collected at both the six-month and twelve-month posttest periods showed that although differences were not statistically significant, after service FEP families had fewer placements, fewer days in placement, and fewer founded maltreatment reports than comparison families.

Significant interaction effects existed for all three variables (numbers of placements, numbers of days in placement, and numbers of founded maltreatment reports) at the time of the six-month follow-up, with families in FEP showing greater improvement than comparison families on the three dimensions. At the point of the twelve-month follow-up, a significant interaction continued to exist only for founded maltreatment reports; however, a strong trend toward greater improvement by FEP families continued to be manifest. These findings are consistent with the research studies of Meezan and McCroskey (1996) and Feldman (1991), which show that treatment effects of family preservation services are negligible after about twelve months.

Conclusions are drawn that a culturally responsive approach may be more effective than standard child welfare interventions for reducing out-of-home placements for African American children. Although statistically significant treatment effects began to dissipate at the twelve-month posttest, trends continued to indicate greater improvement for families receiving the culturally responsive intervention.

Discussion of Supplementary Analysis

The influence of such exogenous variables, primarily kinship care, upon twelve- month placement outcomes is a key finding for the outcome analysis. By the twelve-month follow-up, more FEP families with children in placement were using kinship than nonkinship care, with children in kinship care showing significantly more placements and days in placement. For the primary analysis, this may explain the lowering of significance levels at the twelve-month observation points for total numbers of placements and days in placement for FEP families when compared to SOSCF families.

Overall, aftercare service utilization and use of kinship care appear to be related. The shorter placement means for children in unrelated foster care whose biological parents received most aftercare services suggest that these services may prompt reunification. Longer placement means for children in kinship care whose caregivers receive many aftercare services indicate that supportive services may promote stable, long-term placements. Further research might continue to explore ways of identifying cultural resources and assets within communities as a way of empowering families, with implementation and evaluation of culturally specific service models such as family foster care (Courtney, Barth, Barrick, Brooks, Needell & Park, 1996; Brown and Bailey-Etta, 1997).

Kinship Care

Dual perspectives exist when evaluating the appropriateness of kinship care as a treatment strategy. From a standard child welfare perspective, kinship care has been regarded as an out-of-home placement; in contrast, for African American families, "kinship care" and "family preservation" are interchangeable terms (Danzy & Jackson, 1997). For interpreting the primary findings of the outcome research, kinship care placements were included together with all out-of-home placements. Additional research might reexamine the two groups from the perspective of kinship care as family preservation rather than as out-of-home care.

The fewer placements but higher number of days in placement among FEP children in kinship care corroborates findings, which show that children in kinship care tend to remain there longer than their counterparts in nonrelative family placements (Benedict & White, 1991; Berrick & Barth, 1994; Berrick, 1996) with fewer changes in placement (Benedict & Zuravin, 1992; Berrick & Barth, 1994; Iglehart, 1994).

For children in kinship care, appropriate placement outcomes, then, might be stability and continued contact with families of origin—indicated by high numbers of days in kinship placement, but low numbers of actual placements. Further research might continue to explore the spectrum of factors that would constitute appropriate outcome measures for kinship care, particularly in a culturally specific context.

Policy Support For Kinship Care: Ongoing policy development might address methods of streamlining the process of licensure for kin caregiving, screening and assessments for kingiver providers versus unrelated foster care providers, and types of services that are particularly appropriate for kin caregivers and biological parents with children in kinship care (Minkler, Driver, Roe, & Bedeiari, 1993). Culturally appropriate instruments for assessment and screening should also be developed.

Ongoing research might also explore how the field of child welfare and African American communities would benefit from emphasis upon collaborative relationships between community partners (Brissett-Chapman, 1997). Such relationships would link representatives within the African American community with child welfare professionals, in order to redefine resource allocations and screening processes, rather than contributing to inappropriate removals and destructive interventions (Lawrence-Webb, 1997).

Further study might clarify the ways in which culturally based definitions of maltreatment would relate to community-based services and supports. Theories of neglect should also be placed within culturally specific paradigms (Brissett-Chapman, 1997), with the relationship between poverty and ethnicity emphasized.

Services and Service Utilization

The impact of engagement in drug/alcohol services on FEP families emerged as an important finding. During the aftercare period, almost half of all families utilized this service. Biological mothers living with their children were the primary recipients of this service. However, when the service was offered to biological mothers with children in unrelated foster care, average days in placement decreased sharply. This decrease in placement days was also evident for children in kinship care whose biological mothers received these services. Drug/alcohol services offered to the biological mother thus appear to be an important factor in family reunification.

Findings overall show the relatively high engagement of neglecting families in services, indicating that neglecting caregivers may show more motivation when services are provided in programs using a family-based context (Nelson and Landsman, 1992). Further research might investigate aftercare services, which, with their presumption of a long-term relationship with families, are consonant with the notion of the relationship model.

Limitations of Study

In reviewing the findings, the following limitations should be considered:

External Validity:In order for maltreatment to be documented, cases must first be open with child protective services. This research could therefore be generalized mostly to other caseloads in public child protective services agencies; it would not be able to account for maltreating families who have not yet come to the attention of state caseworkers.

The literature review indicates that FEP is unique among family preservation programs, because of its exclusive service to African American families, as well as its relationship approach based upon developing Africentric theory. Although the community-based approach of FEP is not unique, the Albina community in which SEI is located has unique characteristics in terms of history and community development. For these reasons, generalization of results to other family preservation programs should be approached cautiously.

Internal Validity: The screening process into FEP may constitute selection biases which compromise internal validity. Families were admitted into the program primarily on the basis of neglecting their children; however, not all incidents of neglect or physical abuse may be known to caseworkers, or detected by casereaders; thus, designating families as neglecting may not be accurate. By making the two groups as homogenous as possible, the author attempted to increase internal validity. The threats to internal validity of selection and selection-maturation were controlled for by screening out comparison group cases that did not resemble FEP cases.

Intervening variables that affect treatment outcomes for families may also exist. These might include a desire to comply with FEP expectations and please FEP workers, or maturational features interacting with the process of selection into FEP. Regression effects might also confound the FEP intervention; since at intake FEP families were a relatively difficult group, improvement might be expected from almost any intervention.

Instrument design constitutes another issue that could potentially compromise validity. Originally designed to collect information for use by the state child protective services agency, the Docus 90's case reading instrument is descriptive and collects general information about family history and characteristics, rather than specific psychodynamic data. However, the instrument was specific enough to enhance discriminant validity, in that it presents placement and maltreatment as conceptually distinct issues.

Reliability: The case readers who read the Focus '90's cases for this project had identical special training for the case reading process. However, differences in reader assessment of cases may have existed. Lack of reliability may also apply to caseworkers, who may not have had identical training, and might therefore be predisposed to make differential assessments of maltreatment reports and family issues. Data collection for both groups depended upon accurate assessment, reporting and recordkeeping by caseworkers—a notoriously unreliable process for tracking services and family problems, but a common limitation in conducting systems research in state child protective service agencies.

Contributions to the Research on Family Preservation

The research adds to the knowledge base of Africentric child welfare and enriches community-based service research by focusing upon a unique intervention developed by and for African Americans. Internal homogeneity of the groups assures that African American families are compared to other African American families, rather than to white families or to families from disparate racial backgrounds. This study is the first in family preservation evaluation to focus exclusively on African American families, as well as to examine the effectiveness of an intervention grounded in African American history and culture.

The research offers improvement over previous research methodologies in family preservation services by the use of a matched comparison group, use of multiple outcome measures, and longitudinal evaluation of family preservation programs. The researcher has attempted to decrease within-group variance and exert statistical control through the study of a homogeneous population and the use of carefully matched comparison families.

Contributions to Family Preservation Practice

Perhaps the most important implication of this research relates to the use of the relationship model in family preservation intervention. Use of the model underlies the apparent success of the findings, and is apparent in both the relationships between families and case coordinators, and between families and the agency itself, as family members are encouraged to participate in support groups, the parent advisory board, and community activities tied in to the SEI mission. The high engagement of families in aftercare services also suggests the success of the relationship model.

Additionally, use of the relationship model reflects the growing emphasis on Africentricity in social work practice. Schiele (1996) notes that a key component of the Africentric model involves personalizing the professional relationship, and downplaying the emotional distance between worker and client. This perspective is distinctly at variance with the model often

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espoused by Eurocentric policy and practice, which stresses the importance of therapeutic distance, with personal and emotional separation from clients. However, standard interventions by child protective service agencies appear to have had less than optimal results for African American children and their families. In recognition of this fact, the subcontract between Oregon SOSCF and SEI has created a partnership with collaborative features that are as innovative as the program itself. Both the partnership and the culturally sensitive intervention appear to have a great deal of potential for realizing these cardinal values, not only for families and children, but for communities.

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Chipping Away at the Monolith: Dispelling the Myth of Father Noninvolvement in Children's Early Literacy Development

Robert W. Ortiz

Current research stresses the importance of parent involvement in their children's academic development. Parents reading and writing with their young children is shown to prepare them for the benefits of formal education. Studies completed on parent participation in early literacy activities have tended to look at mothers' role. Few researchers have investigated the contributions fathers have made. The results of a study completed on father-child early literacy practices are presented. Fathers reported engaging in reading and writing activities with their children for three reasons: To prepare their children for school, to bond with their children, and to assist their children in language skill development. Recommendations are provided on how to encourage fathers to participate in early literacy practices.

A concern in the field of family preservation is the social workers' role in assisting parents with their children's academic development, while upholding the uniqueness, dignity, and essential role that families play in the health and well being of each member (Ronnau & Sallee, 1993). With the many obstacles that parents face in the course of providing support to their children's daily needs (Meezan & McCroskey, 1996), requests from parents for strategies and techniques they can use to help their children in school often go unanswered. Mothers and fathers can often be assisted in recognizing the communication and social factors that organize the everyday lives of each family member, thus affecting their involvement in children's academic performance.

Because literacy skills are essential components of academic success, researchers have isolated early literacy factors that are associated with reading achievement, such as children having the opportunity to see that literacy can be functional, and parents modeling literacy activities (Mason, 1977, 1992; Teale, 1986; Teale & Sulzby, 1986). As crucial as early literacy experiences are for academic success, fathers' role in this area has not been thoroughly examined. Research on parent-child early literacy development has generally focused on the contributions mothers have made (National Academy of Sciences, 1982; Dickinson, De Temple, & Smith, 1992; Ninio, 1980, 1983; Pellegrini, Perlmutter, Galda, & Brody, 1990; Williams, 1991). A review of the history, dimensions, and determinants of paternal involvement is necessary for understanding the degree fathers will interact with their children.

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Father Involvement Through the Decades

Lamb (1987b) states that to understand the contemporary concern with fatherhood and its impact on children, it is important to examine the changes in the conceptualization of paternal roles that have taken place. Father as "moral teacher" was the prevalent concept during colonial times, followed by "breadwinner," "sex-role model," and currently the new "nurturant" father. These phases, adds Lamb, are crucial because in a pluralistic society like ours, "various conceptions of the father's role coexist" (p.6). Recognizing that fathers fill many roles helps to place "fathering" in multicontext situations, which identifies the various things fathers will do for their children (e.g., bread-winning, sex-role modeling, moral guidance, emotional support, and shared reading).

Other researchers (La Rossa, Gordon, Wilson, Bairan, & Jaret, 1991) state that the image of fathers as competent caretakers and socializing agents of their children has not shifted gradually "for the better," as is often assumed. Instead, the image of the American father has changed not once but at least twice during the 20th century. The current (1970s-1990s) depiction of father as "involved and nurturant" was witnessed before during the 1930s and early 1940s, when, among other socio-historical factors, similarities in birth rates, rising labor force participation of mothers, and increased advocacy of egalitarianism had occurred. Interspersed between these periods, fathers as "incompetent" and "bumbling" parents were often prevalent themes.

Dimensions of Father Involvement

Father involvement in the family is not a unidimensional construct (Volling & Belsky, 1991; Belsky & Volling, 1987). Lamb (1986) identified three types of paternal involvement. The first, labeled interaction/engagement, includes time that the father spends in direct one-on-one interaction with his child. The second type, accessibility, includes time spent in child-related housework or time spent in proximity to the child, but does not include actual interaction. The third type, responsibility, refers to the extent to which the father takes responsibility for child care and makes arrangements for such things as baby-sitters, doctor's appointments, and day care services.

Determinants of Father Involvement

Researchers have examined father involvement with their children's moral, physical, and emotional development. Factors that have been found to contribute to father-child relationships have been isolated. These variables include child, father, community, and familial characteristics.

Child Characteristics. The child's age, for example, has been shown to be related to differential paternal involvement. Adolescence is often characterized as a "conflict" period between parent and child as they prepare themselves for transition to adult roles. The age of siblings, therefore, can impact the parent-child relationship, with older children being less close to fathers (Davis, 1974; Roberts, Block, & Block, 1984; Jacob, 1974; Steinberg, 1981).

Gender of the child may influence within-family variability (Morgan, Lye, & Condran, 1988). Fathers may be seen as having an advantage in teaching sons sex-typed behavior, thus, initiating greater involvement with male siblings than with daughters. Various studies have shown the importance of gender composition in family research (Morgan et al., 1988; Powell & Steelman, 1989; Harris & Morgan, 1991), demonstrating that fathers assumed more active roles in large families that included one or more boys.

Other studies show that fathers with more offspring spend somewhat more time with their children (Barnett & Baruch, 1987; Elder & Bowerman, 1963; Nock & Kingston, 1988). Blake (1989) argues, though, that the "dilution" theory may account for reduced involvement of fathers in larger families because of the spreading thinly of "parents' time, emotional and physical energy, attention, and ability to interact with children as individuals" (p.11).

Another factor found to impact father involvement is sibling position. First and second born children may temporarily benefit from less expenditure of parental energies because of the small family size (Zajonc, 1976). Finally, Sirignano and Lachman (1985) found that fathers with infants characterized as having difficult temperaments experienced a decrease in their sense of efficacy and control as parents.

Father Characteristics. Several studies indicate that men demonstrating androgynous tendencies (i.e., male and female characteristics) are more involved with their children than fathers with traditional sex-role orientations (DeFrain, 1979; Feldman, Nash & Aschenbrenner, 1983; Palkovitz, 1984; Russell, 1978). On a similar note, Levy-Shiff & Israelashvili (1988) suggest that fathers described as affiliative, caring, and nurturant appear more playful with their children.

Men with more child-centered attitudes participate more in child care. In addition, men with higher self-esteem before the birth of the baby were more satisfied with the role of care giving than fathers with lower self-esteem, who reported greater stress in their parenting role (Cowan & Cowan, 1987).

Heath (1976) found that fathers displaying greater personality integration, having less depression and anxiety, and considering themselves independent and stable persons were also more affectionate and emotionally involved with their children. Lastly, Mondell and Tyler

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(1981) observed that fathers with an internal locus of control (i.e., to think of oneself as responsible for one's own behavior), high levels of interpersonal trust, and an active coping style displayed higher levels of warmth, acceptance, and helpfulness, and lower levels of disapproval during interaction with their preschool children.

Community Characteristics. Other researchers have looked at external-contextual influences as possible contributors to increased father involvement with their children. In sum, increasing labor force participation of mothers, social support for the women's movement, and community acceptance of role-sharing between parents are among factors felt to positively impact father-child relationship (Haas, 1982; Radin, 1981; Sagi, 1982; Russell & Radin, 1983; Lamb, 1987a; La Rossa et al, 1991; Pleck, 1985).

Familial Characteristics. Familial factors found to affect differential paternal involvement include parents' socioeconomic status, mother's and father's employment situation, the degree of marital harmony, and education of the parents (Mason, Czajka, & Arber, 1976; Nock & Kingston, 1988; Hill & Stafford, 1980; Russell, 1986; Harris & Morgan, 1991; Feldman, Nash, & Aschenbrenner, 1983). Although it can be shown that multiple domains of influence impact the extent and quality of father-child interactions, researchers (Belsky, 1984; Volling & Belsky, 1991) feel that the personality or psychological well-being of the father is probably the most influential determinant of a father's parenting style, since it plays a key role in determining the interpersonal environment of the other relationships he forms with his family and social contacts.

Father-Child Interaction Studies

There have emerged three bodies of literature on paternal influences on child development: correlational strategies; the effects of father absence; and the impact of highly involved fathers (Lamb, 1987b). Briefly, underlined correlational strategies are concerned with relationships between paternal and filial characteristics. Since most of these types of studies were completed during the 1940s and 1950s, fathers as sex-role models was considered most important. Researchers (Mussen & Rutherford, 1963; Payne & Mussen, 1956; Sears, Maccoby, & Levin, 1957) found that as far as paternal influences on sex-role development are concerned, characteristics of the father (e.g., masculinity) were much less important formatively than his warmth, and the closeness and nature of his relationship with his child. Similar findings were obtained in studies concerned with paternal influences on achievement (Radin, 1981), and psychosocial adjustment (Biller, 1971; Lamb, 1981); that is, paternal warmth and closeness is advantageous, whereas paternal masculinity is irrelevant. Father-absence research, the comparison of behavior and personalities of children raised with and without fathers, suggests that households without fathers may be harmful to the child's development not necessarily because a sex-role model is absent, but because many aspects of the father's role (e.g.,

economic, social, emotional, etc.) go unfilled or inappropriately filled (Maccoby, 1977; Glick & Norton, 1979; Hetherington, Cox, & Cox, 1982; Rutter, 1973, 1979; Hess & Camara, 1979). Lastly, studies on increased paternal involvement, as exemplified by fathers who either share in or take primary responsibility for child care (Lamb, Pleck, & Levine, 1985; Russell, 1983, 1986; Radin & Russell, 1983; Hochschild, 1990), suggests that children with highly involved fathers are characterized by increased cognitive competence, increased empathy, less sex-stereotyped beliefs, and a more internal locus of control (Pruett, 1983; Radin, 1982; Radin & Sagi, 1982; Sagi, 1982; Pederson, Rubinstein, & Yarrow, 1979; Ninio & Rinott, 1988).

Father Involvement as an Accommodated Activity

It is equally important to recognize that varied contexts may produce different outcomes in parent-child interactions. Wachs and Chan (1986) note, in their discussion of the specificity of environmental influences on behavioral development, that certain parent-child relations and child development may hold in some environmental settings but not in others. In the case of joint father-child activities, under specific contextual and socio-cultural conditions, some determinants may have more of an influence than others in predicting father participation in these events. It may be that certain environmental and interpersonal determinants (e.g., values and beliefs) predict father involvement with his child much better than others. Parent-child literacy interactions, for example, may be the result of a number of "accommodated" factors between family members and environmental variables.

"Accommodation" is defined as the "process of creating a meaningful, sustainable routine of everyday life, one that is also congruent with the abilities, ages and status of family members" (Weisner, Garnier, & Loucky, in press, p.1). For example, a father who believes that taking his six-year-old daughter to the library will help develop and refine her literacy skills, may also require the cooperation of his wife to care for other children, and who also views these activities as an important prerequisite for school success. These mutual arrangements may be the result of parental values that engender planned activities. The premise is that families are proactive as well as reactive bodies, seeking through various "accommodations" to mitigate the impact of environmental factors on daily life (Gallimore, Weisner, Guthrie, Bernheimer, & Nihira, in press; Gallimore, Weisner, Kaufman, & Bernheimer, 1989). As a result of these dynamic processes, a child's learning experience is viewed to be a product of both environmental forces and family proactivity on achieving set familial goals.

Given this framework on which interactive relationships are built, it is suggested that "accommodation" processes influence parents' involvement with their children's development (Weisner, Garnier, & Loucky, in press; Gallimore, Weisner, Kaufman, & Bernheimer, 1989; Gallimore, Weisner, Guthrie, Bernheimer, & Nihira, in press). Weisner et al. (in press), in a

longitudinal study, compared—among other family related factors—task sharing and father participation in 207 families. They found that fathers' involvement with household and child participation in 207 families. They found that fathers' involvement with household and child care duties is not contingent on one single factor, such as ideological commitment, type of care duties is not contingent on one single factor, such as ideological commitment, type of household, or ecological adaptation, but instead is influenced by the overall daily routines that families have established based on a varied set of values and practices. Weisner et al., concluded that, to a large extent, the personnel available to do tasks in the home greatly influences who is doing those tasks. Gallimore et al. (1989), state that the participation of family members in various child care activities may occur because it serves familial purposes in the overall schema of task assignments and performance. "Accommodation," therefore, requires that family members reorganize their plans, resources, constraints, time availability, goals and dreams to establish a daily routine that is meaningful, and sustainable, over time.

Fathers and Child Care Responsibilities

Research on father-child relationships suggests an increased involvement of fathers, particularly in the child care areas (Lamb, Pleck, Charnov, & Levine, 1987). There is a growing body of research on the nature and extent of paternal involvement (Barnett & Baruch, 1987; Mackey, 1985; Pleck, 1983; Radin & Goldsmith, 1985; Russell, 1982), the characteristics of the father and child interaction (Lamb, 1981; Pedersen, 1980), and the potential impact (direct and indirect) of fathers on their children's development (Biller, 1982; Lamb, 1981; Lamb, Pleck, & Levine, 1985; Parke, 1981).

Increasingly, research in other countries is also challenging traditional father stereotypes. Works by Mirandé (1979) and Bronstein (1984) in Mexico contradict traditional beliefs of Mexican fathers as aloof and authoritarian. Jackson's (1987) research in Great Britain suggests that cultural prohibitions against the expression of tender feelings and nurturant behavior by men appears to be weakening rapidly. Hwang (1987) demonstrates the changing nature of the father's role in Swedish society. Russell (1983) shows that, although the prevalent pattern of Australian fathers is one of a traditional type, an increasingly significant amount of fathers are highly involved in child care. Ho and Kang (1984) found that, although there is a strong link with the past, younger Chinese fathers in Hong Kong show a distinct departure from the traditional authoritarian mode of child rearing and are more involved in child rearing. And, in Ireland, Nugent (1991) demonstrates the increasing number of fathers who are substantially involved in infant care-taking.

In the United States, fathers' involvement in their children's development has also experienced a rapid growth. Researchers maintain that public and academic interest in the father role is warranted given the fact that paternal participation may affect the well-being of the family (Lamb, 1986; Lamb, Pleck, & Levine, 1987). Despite the existing studies on father's involvement in their children's development across ethnic and cultural groups, there is a

noticeable lack of research in the area of their participation and contribution to early literacy experiences.

Fathers and Early Literacy Practices

Because of the traditional roles mothers have played within the context of the family unit and their involvement in the education of young children, there is a general tendency to perceive them as having a major impact on children's early literacy and language development (Chall, Jacobs, & Baldwin, 1990). Even as late as the 1970s, when the inclination was for professionals, educators, and researchers to view both parents as "learners and teachers" of their children, the literature of this period contains almost no reference to the role of fathers in their children's early literacy and language development (Turnbull & Turnbull, 1990).

Yet, despite the lack of research, some studies have looked at fathers' participation in early literacy development. In one of the earliest efforts to measure the influence of fathers on young children's reading achievement in elementary school, Durkin (1966) attempted to interview both parents regarding their reading patterns. Durkin found it extremely difficult in getting fathers to attend the interview sessions to discuss their role in early reading activities. Their absence at these meetings was often reported due to "being on the road," "working during the day and going to school at night," "spending long hours at the office," and "having two jobs." This phenomenon prompted Durkin to bring to mind the term, "the vanishing American father," referred to in so many titles of popular magazines at the time. Durkin did find that the few fathers who were interviewed tended to have some positive influence over their children's early reading achievement.

Taylor (1983), in looking at the ways that parents shared literacy experiences with their young children, found that through the interplay of the personal biographies and educative styles of the fathers, comparable childhood literacy experiences were mediated in different ways. That is, although some fathers had very similar literacy experiences as children, these same fathers had evolved different styles in working with their own children—an idiosyncratic process that Taylor feels can result in varied reading experiences for individual children.

Reese, Goldenberg, Loucky, & Gallimore (1989) found, in a sample of families, that parents who assisted with their children's literacy development tended to have more education than those who did not. Reese (1992), in examining the reading achievement of fifth grade students, found a family history of literacy shared by mothers and fathers. Other studies show an array of literacy practices engaged in by both parents (Gallimore & Goldenberg, in press; Goldenberg, 1987, 1984; Delgado-Gaitan, 1992; Ortiz, 1992). The list of activities observed in these homes include literacy for entertainment, daily living, general information, religion, and others beyond activities involving books or schooling per se.

Additional findings suggest that paternal early literacy activities range from fathers who rarely read with their children to those who establish consistent reading and writing patterns (Ortiz, 1992; Laosa, 1982; Reese, Gallimore, Balzano, & Goldenberg, in press). For example, Laosa (1982), in examining linkages between parental schooling and behavior towards their children, states that although spending less time in early literacy practices than their spouses, Hispanic fathers often read with their children on a regular basis. Laosa attributed parent-child early literacy practices to increased years of parents' formal education.

Ortiz (1996) investigated father-child early literacy patterns in a sample of multigenerational Mexican American families. The range of paternal involvement in these activities varied. Demographic variables, such as generation status, education, and income had a minimal relationship with joint early reading and writing events. Instead, early literacy practices were found to be associated with marital relationships, in that, fathers who "shared" child care duties with their spouses, as opposed to "dividing" these tasks, were more likely to engage in literacy interactions with their children. Finally, a study (Gallimore, Reese, Balzano, Benson, & Goldenberg, 1991) on immigrant Mexican families suggests that a positive relationship exists between the amount of literacy fathers engage in and their children's scores on academic reading tests.

A Current Look at Father-Child Reading Practices

The current study (Ortiz & Stile, 1996) on shared father-child early literacy practices has the following four-pronged purpose: (a) to describe the extent to which two *convenience samples* (Charles, 1995) of 47 Southern New Mexico fathers have been involved in early literacy activities with their young children, and to identify the types of these activities, (b) to describe recurring themes as to why fathers engaged in early literacy activities, (c) to describe three emergent levels of father-child literacy activities, and (d) to make recommendations designed to assist teachers who may wish to initiate and support literacy activities for children and fathers with whom they work.

Participants

Cohort One (1995-96). Cohort One consisted of 20 fathers (N=20) who completed the authors' survey instrument regarding father-child literacy activities. These fathers had children currently enrolled in three preschool programs. These programs were Head Start (N=4), public school developmentally delayed (N=8), and a preschool for the gifted (N=8) housed at the local state university as a lab school. A total of 85 letters were sent home. All interviews were audio-taped.

Cohort Two (1996-97). Twenty-seven fathers (N=27) of preschool-aged children with developmental delays made up Cohort Two. A total of 149 letters were sent home. Of this total, 27 fathers responded. Unlike Cohort One, fathers from Cohort Two were not personally interviewed due to budget and time constraints. Instead, they were asked to respond to a brief six-item survey. Fathers were asked to complete the survey and return them to their children's teachers, where they were subsequently picked up by the researchers.

Extent and Type of Involvement

Extent. Two cohorts of 47 fathers (Cohort One=20; Cohort Two=27) provided information over a two-year period regarding involvement in reading and writing activities with their young (3- and 4- year old) children. Reading. Sixty percent (N=12) of the fathers in Cohort One reported that they engaged in reading activities with their children at least *once a day*. *Daily* reading activities were reported by 26% (N=7) of the fathers in Cohort Two. Daily writing activities were reported by 15% of the fathers in both Cohorts One and Two (N=3; N=4, respectively).

Writing. On a weekly basis (i.e., fathers engaging in writing experiences with their children at least once a week), 40% (N=8) of the fathers in Cohort One reported joint reading activities. Weekly reading activities were reported by 60% (N=16) of the fathers in Cohort Two. Weekly writing activities were reported by 70% (N=14) of the fathers in Cohort One, and 23% (N=6) in Cohort Two.

Type. Reading. The fathers reported a variety of reading activities. For example, many of the fathers read story books to their children at night. Some fathers took advantage of environmental print found in their community by engaging their children in reading road signs, logos on the sides of buildings, and billboards. Others read TV ads, newspapers, and magazines. Many fathers read dictionaries, maps, phone-books, and manuals. One father read interactive children's stories found on the Internet.

Writing. Writing also involved varied experiences. Shared activities included spelling words and defining them, coloring letters, and making use of the chalkboard and computer paper as writing surfaces. Others worked on spelling names and tracing letters on sheets of school paper. One father reported that he helped his daughter spell words on the computer so that she could learn to recognize letters.

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Recurring Themes

Three themes surfaced regarding the rationale for fathers' participation in early literacy activity. First, the fathers wanted their children to be *ready for school* when they reached school-age and, therefore, were giving them a "head start" by fostering skill development in reading and writing. As one father put it, "He has to be ready for school—he just can't go in there cold!" Another expression of this theme was provided by the father who exclaimed, "Teachers can't do it all! Parents have to help."

A second frequently expressed theme was *bonding* or parent-child attachment. Many of the fathers engaged in early literacy with a desire to develop a closer relationship with their children. A typical expression of this theme was, "I enjoy just sitting there with him and being together with him reading."

A third theme was *bilingual skill development*. Typical of parents expressing this theme was the father whose primary language was not English. This father pointed out that he engaged in early literacy activities with his children in order "to teach them different languages." Other fathers felt that it was important that their children develop English literacy skills at an early age because of school reports that children from linguistically and culturally diverse backgrounds began their formal education with few reading readiness skills. Figure 1 describes the proportion of fathers in Cohort One who expressed the three recurring themes.
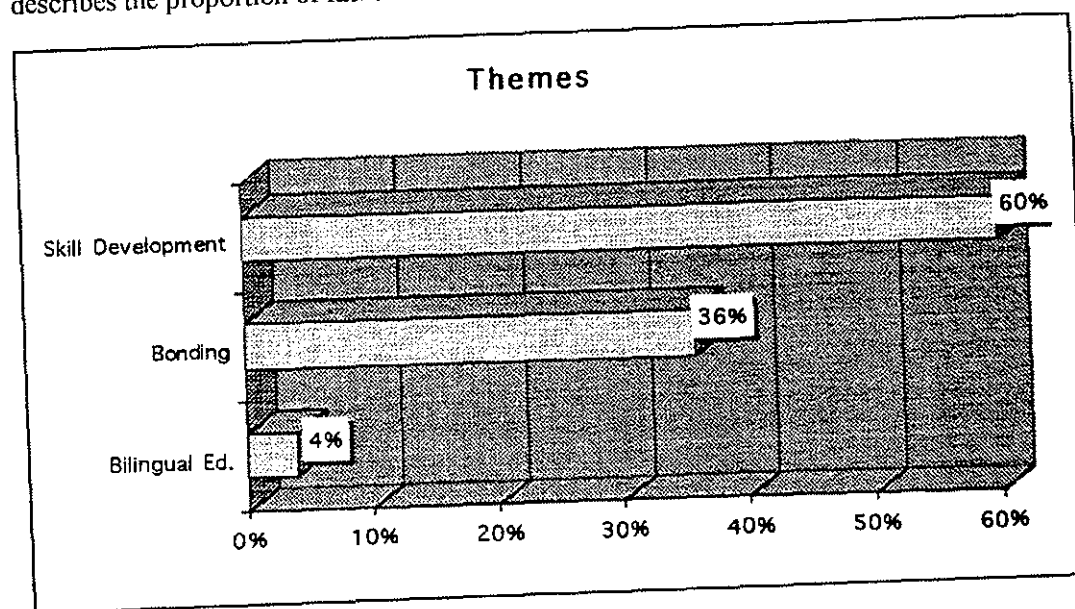

Figure 1. Recurring Themes for Cohort One

Themes for Cohort Two were found to be similar to Cohort One. The themes were obtained verbally from a small number of fathers at a workshop held during the 1996-97 school year. At that time, fathers where asked to state why they engaged in early reading and writing activities with their preschool-age children. Fathers' responses were audio- and video-taped.

Three Levels of Father-Child Literacy Activity

Three levels of father-child literacy activity emerged from the studies (Ortiz, 1992, 1994, 1996). These levels are described in the next three subsections together with vignettes used to illustrate each level.

Level I

As Morrow (1997) has pointed out, it is no longer believed that literacy is something that develops overnight (e.g., suddenly at 75 months). Instead, there is research evidence to indicate that literacy begins in infancy when children begin to interact with others in their immediate environment. Given an underlying assumption that production and consumption of print is social interaction, Level I involvement is adult-child interaction in relation to emerging skills such as those found on the Personal-Social domain of the Denver II assessment protocol (Frakenburg, & Dodds, 1990). For example, "regards face" normally develops during the first month and "smiles spontaneously" by the end of the second month. The following vignette illustrates a Level I literacy activity that might take place when the child is two months old:

> Two-month old Hanna was being held by her father while her mother was talking to a friend on the phone. Suddenly, Hanna began staring into her father's eyes. Hanna's father put his face close to Hanna and smiled. He said, "I love you Hanna—you are Daddy's little angel from Heaven." Hanna returned her Daddy's gaze and smiled spontaneously.

Level II

As in Level I activities, those at Level II are informal and spontaneous, and usually child-initiated. These activities may take place in the home (e.g., reading books aloud to children at bedtime) but are not limited to that setting. For example, typical Level II activities take place while the father-child dyad is traveling by car through the community as in the following vignette modified from Morrow (1997):

> Drew was now four years old and loved traveling by car around town with his dad. As they drove by the mall on this morning, Drew spied the large

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sign above a department store and said, "Look Daddy, I can read those letters on top of the store, M...A...C...Y...S. Those letters spell Sears!" Drew's dad said, "That was great reading—you got all the letters right. Now I'll read the sign—it says Macy's. This is another big store like Sears. You read to me like a big boy when you saw that sign."

Another example of a Level II type literacy activity is expressed by this father,

> We'll be driving down the highway and Caira, who is five, will ask what the words say on a billboard that has a picture of a lobster. I turn to her and tell her, it says "Red Lobster Restaurant." she exclaims, 'that's how you spell lobster!'

This child now has an idea what the word "lobster" looks like because she has visually made a mental 'bookmark' of the spelling of the word and a picture of a lobster.

Level III

These are structured adult-directed activities which often take the form of *direct teaching.* One typical example is helping young children learn their letters at home as part of a home-school partnership (Shockley, Michalove, & Allen, 1995). In the following vignette, Killian tells his preschool teacher about the direct instruction he received the previous last night from his dad. In Killian's class by prior arrangement with parents, the teacher sends home a book of the children's choosing once a week from the class library together with a journal in a zip-top plastic bag. The journal is a spiral notebook that contains written entries from the children and parents regarding the stories that are read together. The journals also contain short notes written back and forth between the teachers and family members.

> Killian was four and enrolled in a gifted preschool class housed in a Sunday school classroom. During the morning snack, Killian told his teacher that he really liked the book *Where the Wild Things Are* that he had read with his dad last night. He then told his teacher, "I asked my dad to help me with my *m's* and *n's* so I could help write more in our journal. We pretended that we were in school and worked at the kitchen table. My dad wrote the letters down and then told me to look at them carefully before I copied them. You know what? I bet I could write them for you now. Would you like to see them?" Killian's teacher said, "yes, I'd love to see your letters—let's find a pencil and paper while the other children finish their snack."

Another father, as reported by Ortiz (1994), shares a similar story:

> When driving to her grandma's house, my daughter will ask what street she (grandmother) lives on. I tell her to look for Pioneer Street and then ask her what letter does the word start with. I also ask that she try and spell the word. She will spell the word so that when we come to the street she recognizes the sign and lets me know we're there. I do this with other signs or places we go to.

Level III literacy may also be accomplished through modeling. The following father's comment illustrates the importance on having his child learn through this process:

> Because I think that's the most important thing for William is to learn how to read. And I think one of the ways to do it is to read to him, so he learns to like it and pick-up a lot of information from reading. I'm a role model.

Recommendations

As more social workers and family preservation consultants are employed within school districts, it becomes paramount that they assist families in understanding the importance of parent involvement in their children's education. The following recommendations are suggested in helping fathers and mothers participate in early literacy activities.

- It is never too early to begin reading to children. The benefits of very early book experiences include the following as outlined by Kupetz and Green (1997): helping infants focus their eyes and recognize objects, development of language, enhancement of listening skills, building sensory awareness, reinforcing basic concepts, stimulating the imagination, and extending experiences.

- Fathers should offer a *choice* of child-centered, hands-on literacy experiences that they are available to engage in with their children. This is because children learn best when they engage in activities that they enjoy rather than those that are at a relatively low-interest level.

- Start with informal and simple activities that may involve only one parent and the child, such as reading the weekly comic strip section or rented video box. A common misconception is that the entire family must read together to instill in young children the importance of learning to read. Although this indeed is one method of motivating children to read, some parents may find group reading activities uncomfortable, particularly in

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families where reading occurs infrequently, where parents work late or off-shifts, or where households consist of a single parent.

- Fathers should take advantage of spontaneous and incidental reading activities that occur within and outside the home. Such activities include reading mail, TV guides, newspapers, magazines, labels, instructions, flyers, letters, and the Sunday funnies.

- Capitalize on environmental print. Children who are learning to read are often curious about familiar signs, logos, and billboards that they see on their way to school or the market. Fathers can read these signs to their children to help them understand that print not only has meaning but that it serves a function.

- Most important, be patient. Allow children to become comfortable in a world filled with print. Children constantly observe adults engage in activities they do not yet fully understand (i.e., reading and writing). As a result, they will ask many questions. Respond with answers at the child's level. Explain to children how print will serve *their* purpose and how they can interact with words in fun and interesting ways. It takes but a few seconds to help children make sense of print and text around them, and the rewards are lifelong.

Summarization and Implications

Much of the research on parent-child early literacy experiences has tended to focus on mothers' contributions to their children's reading and writing development. Studies suggest an increase of father participation in their children's development, not only in the U.S. but in other countries as well (Russell & Radin, 1983; Lamb, 1976, 1987 a & b; Lewis & Weintraub, 1976; Radin & Russell, 1983). The effects of highly involved fathers seem to have a positive impact on children, such as achievement motivation, language and literacy competency, and cognitive improvement (Radin & Russell, 1983; Blanchard & Biller, 1971; Radin, 1976; Reese, Balzano, Gallimore, & Goldenberg, 1991; Gallimore, Reese, Balzano, Bensen & Goldenberg, 1991). Morever, there is evidence that fathers who are involved in early literacy practices tend to motivate children to read (Laosa, 1982; Ortiz, 1992; Ortiz & Stile, 1996).

The implications of fathers as "educators" of their young children in early literacy development can be considered from three perspectives. First, school-based programs addressing early literacy skill building may wish to include strategies in assisting fathers help their young children improve reading and writing skills. Teachers can assist fathers in identifying activities to involve their children in learning experiences, such as sentence

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construction, spelling, word recognition, and writing techniques. Fathers can also develop fun and interesting ways to help their children understand the connection that exists between printed words and the words' functions. Fathers can serve as literacy role models and provide the motivation and encouragement to read. They can be encouraged not only to attend PTO, open house, and other school-related functions but to share the significance of these activities by reading with their children upcoming events through letters, flyers, and memoranda sent home by the school.

Second, continual research is needed in father-child early literacy practices. Few data have been gathered on the contributions fathers make in this area. Factors that have been found to affect father involvement in their children's development include socioeconomic status, employment status, marital harmony, and education of parents. Additional research will help shed light on whether these familial variables impact father-child shared early literacy practices as well.

Lastly, with fathers as active participants in early literacy practices, children can view both parents as resources and "meaning makers" of their environment. For many parents, engaging in literacy is an everyday experience. However, parents may not realize the benefits that are associated with reading and writing in the presence of their children. In demonstrating and discussing the meaning in which literacy practices occur, parents assist children in understanding the function and purpose of print. Parents play a significant role in the education of their young children. Encouraging and supporting parents' efforts in helping their children take their first steps in learning to read and write is a goal well worth achieving.

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Answers from Editorial (from page vi)

Recognizing the Driving Forces of Services for Families

Driving Forces:

S System-centered: the strengths and needs of the system drive the delivery of services
C Child-centered: the strengths and needs of the child drive the delivery of services
F Family-centered: the priorities and choices of the family drive the delivery of services.

1. **S**   A family must bring their child to the mental health office for service.
   System-centered - What if the family can't get to the office?

2. **S**   A complete assessment is done on a child and family.
   on not with, therefore not Family-centered

3. **S**   Family therapy sessions are arranged according to a family's schedule.
   Therapy won't conflict with family's other activities

4. **F/C**   Child care is provided for the brother and sister while the child with special needs receives services.
   Family needs are met, but if this is the rule rather than option then it can be seen as Child-centered.

5. **S**   The office hours of the psychologist are Monday through Friday, 9:00 am - 4:00. p.m.
   Rigid nonflexible hours make it difficult for families.

6. **S/C**   A teacher sends the instructions for a special assignment home with the child.
   The teacher may feel the child needs the assignment but doesn't involve the parents.

7. **S**   Transportation to the income maintenance (welfare) office is available from 9:00 a.m. - 5:00 p.m.
   hours not adequate

8. **F/S**   Parent education groups may use the food stamp training room in the evening.
   meets Family-centered needs but if the room is only available in the evening then System-centered

9. **F/S**   An interagency planning committee consists of professionals, parents, and representatives from the community.
   If consumers have true input, Family-centered—if only tokenism, then System-centered

10. **S**   A child's case records are available 3-5 days after a release of information is received.
   rigid time frame—what if parents need it sooner?

11. S/C/F   A therapist comes to the home twice a week for a one-hour session with the child.
> *Family-centered if family requested this—Child-centered if only child involved— if the office is too small then System-centered*

12. S   A case plan developed by a multidisciplinary team is reviewed with the parent.
> *System-centered if no evidence plan was developed with the parent*

13. S   School is closed for a day so that parent/teacher conferences can be held.
> *working parents have to miss work—child care must be arranged*

14. F   Parents choose to send their child with special needs to a church camp instead of a special camp for children with his/her diagnosis.
> *Choice indicates family had options*

15. C   A homemaker arranges for Christmas gifts for a child in foster care.
> *if it is not discussed with the family Child-centered*

Adapted from: L. Edelman (Ed), (1991), *Getting on Board: Training Activities to Promote the Practice of Family-Centered Care*, Bethesda, MD: Association for the Care of Children's Health.