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# FAMILY PRESERVATION JOURNAL

A Publication of the *Family Preservation Institute*

Volume 5 Issue 1 2000

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### **Translating Rhetoric to Reality: The Future of Family and Children's Services**

*William Meezan*

### **Family Preservation Services under Managed Care: Current Practices and Future Directions**

*Melanie Pheatt, Becky Douglas, Lori Wilson,  
Jody Brook, and Marianne Berry*

### **Perceptions of Family Preservation Practitioners: A Preliminary Study**

*Judith C. Hilbert, Alvin Sallee, and James K. Ott*

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PLUS a review of current resources



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The *Family Preservation Journal* is a refereed biannual publication. The *Journal* provides a forum for practitioners, administrators, researchers and educators to present and critically review programs, policy, practice methods, and research findings in the areas of family preservation and family support. The *Journal* is intended to positively impact the type and manner of services provided to families. Research and case studies from those delivering services are encouraged.

Manuscripts should conform to American Psychological Association style, with an optimal length of 18 pages, not to exceed 25 typed, double-spaced pages (excluding tables and figures), with an alphabetical list of references. Also include a diskette copy using WordPerfect v 5.1 or v 6.1, or v 8.0 for PC.

Provide five copies of the manuscripts; the title page only should list the author's name, affiliation, address, and telephone number. The author's

name must not appear after the title page; only the title should appear on the abstract and first page of the text. Include an abstract of about 100 words.

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## Editorial

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### **The Demands of Protection, Preservation, and Permanency: Where Has Family Preservation Gone?**

With the Elian Gonzales story prominent in the news now for almost six months, the plight of children and their relationship to families has been thrust into the public view on a daily basis. Rescued at sea after his mother drowned escaping Cuba, Elian resided for 5 months with distant relatives whom he had never met before being "retrieved" by armed law enforcement officials and returned to his father. Evident is the political and value upheaval exhibited by very strong emotions regarding this topic. Aside from the political undercurrent of this case between the Cuban-American and Cuban-Communist perspectives, emotions and opinions still run high throughout the country.

As human service providers and academicians, we are all well aware that children are removed from similar situations every day by law enforcement personnel. While these cases are not as intensely watched by millions of people, the underlying principles remain the same. Those in political and elected office who often wave the flag of family values oppose the removal of Elian from his distant relative's home. These are many of the same people who have trounced upon children's rights, removed funding from children's programs, and proclaim that government has no place in private matters.

There is no subject which people believe they are more expert on than family issues. Herein lies the challenge to those who support and understand Family Preservation principles and values. Since the excitement and anticipation of the passage of the Family Preservation and Support Act of 1993, even the term Family Preservation has practically dropped from sight.

Within the past year, we have observed and noted a common theme emanating from a number of sources. The Editorial Board of this Journal (composed of national experts in the field) and the grass roots Conference Committee of the Family Preservation Institute have observed what is described as a wave of neglect and misinformation with respect to the promise and potential of Family Preservation. Since 1993, there has been almost a total turnover of top state child welfare agencies administrators, many of whom have little or no experience in child and family services. Thus, there has been a generational change from the excitement of the potential regarding the Family Preservation Act of 1993 to little knowledge of it.

The 1997 Adoption and Safe Families Act (ASFA) (PL 105-89) in fact provides even more federal dollars for Family Preservation services, yet, in light of legislative mandates and competing state priorities, it has been difficult for many states to maintain a focus on the advantages afforded family and states through the Safe and Stable Families funding and

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programs. This accentuates the need for family-centered advocates to more clearly articulate the benefits to children and families found in the goals of the Family Preservation and Support Act. Given the direction of the Department of Health and Human Services and the political undertones found in ASFA, Family Preservation dollars are in fact going into adoption programs and meeting the new timelines.

There is an emphasis by the Federal Government and many states on measuring successful outcomes in a field where the research methodology has perhaps not matured as quickly as practice wisdom. Several state administrators do not realize the potential impact that keeping children in their own home has in regard to ASFA. If nothing else, Family Preservation keeps the clock from starting on these children. The maintenance of the children in their own home is cost effective, not only in terms of out-of-home placement costs, but also the large number of persons who must work with those children as soon as they are removed from their homes. These include CASAs, attorneys, guardian ad litem, placement workers, treatment workers, supervisors, Citizen Review Board members, and Federal Court monitors.

While the state faces these barriers, at the same time practice wisdom points to the reality that humane excellence in social service practice is only achievable through skilled professional balancing of protection, preservation, and permanency. We are faced with critical questions.

First, what is the role of Family Preservation practice in achieving the balance between protection and preservation? Secondly, what are the necessary components of the service system capable of accomplishing this balance and how are they funded?

To help answer these questions, we must provide the following information to agency administrators and program designers: (1) Options to reinvigorate and refine the implementation of the Safe and Stable Families Programs in light of current political and legislative mandates. (2) Family Preservation system designs that employ the values and principles of family-centered practice to protect, preserve, and provide permanency for children. (3) A critical and forthright review of the Family Preservation research (facts and myths) and their implications for Family Preservation practice. Which values and principles remain relevant and what does the research really suggest? And, (4) Which human service system designs are successfully combating drift, assuring safety, and moving families through the various systems to case closure?

To achieve quality family-centered practice, we must go beyond the techniques and specific skills of Family Preservation and address collaboration and cross-systems training. One

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cross-systems training project in Colorado, Nevada, New Mexico, and Utah encourages joint training, program design, and service delivery through numerous agencies, including law enforcement, schools, mental health, developmental disabilities, substance abuse, domestic violence, child welfare, and welfare (Briar-Lawson, K., H. Lawson, N. Peterson, N. Harris, D. Derezotes, A. Sallee, and T. Hoffman, 1999). In these four states, there are the beginning success stories and perhaps more importantly, the identification of major barriers to collaboration.

The structural barriers created by conflicting and separate policies that have grown out of individual cases, such as Elian Gonzales<sup>7</sup>, must also be addressed through political advocacy. Political advocacy is not just working directly with legislators and administrators, but also helping to inform the general public of the strength of families and, in most cases, the fact that children, just as Elian Gonzales, grow and prosper best in families.

This Journal issue provides three important articles that will aid us in explaining what we do in service to families. We are very pleased to have the opportunity to print a major address delivered by William Meezan on "Translating Rhetoric to Reality: The Future of Family and Children's Services." The challenges of serving families under an evolution of models in Kansas is presented in "Family Preservation Services Under Managed Care: Current Practices and Future Directions" by Melanie Pheatt, Becky Douglas, Lori Wilson, Jody Brook, and Marianne Berry. What people doing the work think is addressed by the piece titled, "Perceptions of Family Preservation Practitioners: A Preliminary Study" by Judith Hilbert, Alvin L. Sallee, and James K. Ott. Finally, this issue presents a number of very interesting reviews of new resources.

*Alvin L. Sallee*

Briar-Lawson, K., Lawson, H., Peterson, N., Harris, N., Derezotes, D., Sallee, A., and Hoffman T. (1999). "Addressing the co-occurring needs of public sector families challenged by domestic violence, substance abuse, mental illness, child abuse, and poverty." Paper presented at Society for Social Work Research, Austin, Texas.

## Translating Rhetoric to Reality: The Future of Family and Children's Services

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**William Meezan**

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*These remarks were first prepared by the author for the inauguration of the Marion Elizabeth Blue Endowed Professorship in Children and Families at the University of Michigan School of Social Work. They were delivered on October 5, 1999, and originally appeared as a monograph published by the University of Michigan School of Social Work in December 1999. They are reprinted here by permission.*

I've entitled my remarks today "Translating Rhetoric into Reality: The Future of Family and Children's Services." I came to that title after reading an article (McCroskey & Meezan, 1998) in a very prestigious journal—*The Future of Children*—where the very best people concerned with various aspects of the field of family and children's services are actually **paid** to write scholarly articles. At various points in that article, the authors state the following:

"The child welfare system...cannot be fixed by attending to child welfare alone. The basic social problems that are at the core of the nation's malaise are also at the core of child welfare problems. Poverty, violence, and drugs affect almost every family..." (p. 68)

"[we need a] new emphasis on family-centered, community based, culturally competent...care." (p. 56)

"Evaluators who look systematically at a complex and layered set of outcomes may be better able to understand the true impact of...service." (p. 64)

"The delivery of services has been flawed...fragmented, inconsistent, and inadequate" (p. 56)

"[we need to] join efforts...to strengthen communities." (p. 60)

I thought to myself how easy such words are to write, and how difficult the task would be if we put our efforts into actually accomplishing such goals. Experts who write like this are our enemies, for they make it sound so neat, so sanitized, so easy to accomplish, and therefore denigrate our profession because we have not accomplished what we have said we must do.

Well, I have now met this enemy of my profession, and he is **me**. Yes, I wrote those words with a colleague at the University of Southern California, and they **do** sound good. But what would it take to make these ideas real—to accomplish what they say we should? Let's take them one at a time.

*The child welfare system...cannot be fixed by tending to child welfare alone. The basic social problems that are at the core of the nation's malaise are also at the core of child welfare problems. Poverty, violence, and drugs affect almost every family.*

Recent, unprecedented economic growth, high job creation, and a stock market that doesn't seem to know about upper limits or corrections have caused many to forget that there are still people—adults and children—being left behind. Currently, in the United States:

- 20% of all children are poor, 1 in 4 is born poor, and 1 in 3 will be poor at some point during their childhood (Children's Defense Fund, 1998a)
- 2.7 million children live in extreme poverty, at less than 50% of the poverty line, up 426,000 children in just the past year (Children's Defense Fund, 1999a)
- the richest 5% of families receive a larger share of the nation's income than the poorest 40% (Children's Defense Fund, 1997a)
- full-time, year-round work at the minimum wage equals only 83% of the poverty line for a family of three (Children's Defense Fund, 1997a)
- 11.3 million children are medically uninsured, the largest number ever reported by the Census Bureau, yet more than 90% of the uninsured children have one or more parents that work, and 60% live in two-parent families (Children's Defense Fund, 1998b)
- 1.6 million teenagers report that they have been victims of a violent crime (Children's Defense Fund, 1997a)
- every day, 13 children and youth under 20 die from firearms, 6 commit suicide, 20 are homicide victims, 420 are arrested for drug use, and 237 are arrested for violent crimes (Children's Defense Fund, 1999b)

These assaults on healthy family functioning and childhood are not spread evenly across all groups in our society. To cite just a few statistics, and noting that the statistics for the Asian community are similar if not better than those in the white community, we must remember that

(Children's Defense Fund, 1997a; Council on Economic Advisors, 1998; U.S. Department of Health and Human Services, 1999):

- while 75% of white children live with two parents, only 35% of African American children, 57% of Native American children, and 64% of Hispanic children live in these circumstances
- while 16% of white children live below the poverty line, 41% of African American children, 41% of Native American children, and 39% of Hispanic children live in poor families
- while 25% of white births are to women who are not married, 70% of all births in the African American community, 57% of all births in the Native American community, and 43% of the births in the Latino community are to unmarried mothers
- for every 1 white or Hispanic child who dies in infancy, there are 2.4 African American children who face this fate
- proportionally more minority children are likely to die from firearms, to be victims of homicides, and to be arrested for drug offenses than their white counterparts.

And Michigan is not spared from some of these dismal conditions (Children's Defense Fund, 1998c):

- 34% of all children in this state are born to unwed mothers
- 24% of children in this state are poor, ranking the state 34<sup>th</sup> in the nation
- while the state ranks 6<sup>th</sup> in the number of children who do not have health coverage, it ranks 36<sup>th</sup> in its infant mortality rate, and 38<sup>th</sup> in its percentage of children fully immunized against disease
- in 1995, 202 children died from firearms, 129 suffered from homicides, and 52 committed suicide

My friends, among industrialized countries, the United States ranks first in gross domestic product and first in the number of millionaires and billionaires, but 18<sup>th</sup> in the gap between rich and poor children, 17<sup>th</sup> in efforts to lift children out of poverty, and last in protecting our children against gun violence (Children's Defense Fund, 1998d). Compared with children in



25 other industrialized countries **combined**, children in the United States under age 15 are 12 times more likely to die from gunfire, 16 times more likely to be murdered by a gun, 11 times more likely to commit suicide with a gun, and 9 times more likely to die in a firearm accident (Children's Defense Fund, 1998d).

I am constantly amazed how, in this country, the solutions to easily solved problems are made difficult because of our unwillingness to invest in our people. Yet, at the same time, we search for easy solutions to our most complex problems.

During the recent tragedy at Columbine, our policy makers and newscasters searched for simple, easy, quick answers to the question **why?** It was video games, or uninvolved parents, or insufficient security in our schools, or gun accessibility, or rock/pop culture, or music, or black makeup, or something else as superficial.

To such complex tragedies there are no easy explanations—no simple, magic bullets to make us feel better or safe. Columbines happen for a complex combination of reasons that we can neither fully understand nor fully explain with our current knowledge. Yet our lawmakers, in their need to "do something," point the finger and offer solutions which cost little money but make it look as if we are responding responsibly to this problem.

On the other hand, addressing the problems of poverty and the lack of health care, violence in our communities, and our still out-of-control drug epidemic, is easier than those in power would have us believe. But solutions to these problems are costly, and therefore often go ignored. Here are some examples of what this country has not yet mustered the will to do in these areas, but which we know would have instantaneous effects on some of these problems, and go a long way to diminish the root causes of noxious social conditions that impact our children and their families:

1. raise the minimum wage, so that any person who works full time, year round can raise their family out of poverty
2. make health insurance available to all who work, through a government/business partnership, so that most adults currently without health benefits would receive them
3. ensure that those children now entitled to health insurance are enrolled and covered;
4. limit access to guns that are inappropriate for sport in order to decrease gun violence
5. institute a national network of programs for youth that are positive and affirming, and enhance their opportunities for access to legitimate adult roles

6. increase and institutionalize funding for proven programs which address issues of family violence and drug addiction among parents (Sarri, 1996; Children's Defense Fund, 1997a)

It takes will and money, and a **social worker**, rather than a rocket scientist or a politician, to alleviate the enormous pressures on our current child welfare system. Over 700,000 children—more now than ever before—lived in out-of-home care during the most recent year for which data are available (Committee on Ways and Means, 1998), and over 600,000 children reside in institutions or foster care on any given day (Lindsey, 1994; Sarri, 1996). The system will literally implode unless we address the root causes of this steady increase in disrupted lives.

The second quote that I spoke of at the beginning of this speech was: "[we need a] *new emphasis on family-centered, community-based, and culturally competent care.*" Let me take each of those concepts in turn.

What do we really mean by *family-centered*? The term means that programs are driven by a set of articulated beliefs and principles that respect the family, recognize and build upon its strengths, see it as the critical force in the child's life, and address children's needs in its context (Family Resource Coalition, 1996; U.S. Department of Health and Human Services, 1994). These principles include that "the primary responsibility for the development and well-being of children lies within the family, and all segments of society must support families as they rear their children" (Manalo & Meezan, in press); that "assuring the well-being of all families is the cornerstone of a healthy society..." (Manalo & Meezan, in press); that "child-rearing patterns are influenced by parents' understandings of child development and a personal sense of competence" (Manalo & Meezan, in press); that programs that provide such information and knowledge are empowering (Gutierrez, 1997); and that linkage to a wide variety of informal and formal supports are often crucial to meeting families' and children's needs (McCroskey & Meezan, 1998).

Thus, family-centered practices demand that services are focused on the family as a whole; that family strengths be identified, enhanced, and respected; that families are seen as resources to their own members, to other families, to the program, and to the community; that agencies include parents in their design and delivery of programs; that services are easily accessible and are delivered in a manner that affirms and strengthens the families' cultural, racial, and linguistic identities; that services are flexible and are continually responsive to emerging family issues; that staff and families work together as partners in identifying and meeting individual and family needs; and that staff mobilize formal and informal resources and

enhance families' capacity to support the growth and development of all family members (Allen, Brown, & Finlay, 1992; Family Resource Coalition, 1996; Manalo & Meezan, in press; Weiss & Halpern, 1990; Weiss & Jacobs, 1988a; Weissbourd, 1994). And it means that we must respect a family's right to raise their child as long as the child's safety is protected (McCroskey & Meezan, 1998).

In recent years, our commitment to the philosophy of permanency planning—keeping children with their families whenever possible—has withered, and we have watched our legislators respond to public pressures, pressures from the press, and prejudices in ways that diminish the abilities of families to recapture their children from systems which often do a poor job of caring for them. Among the most flagrant attempts to weaken our commitment to the integrity of the family have been:

1. the 1995 attempt to block grant child welfare funding to the states, which analysts agreed would restrict access to services; eliminate or greatly curtail preventive, family support, and family preservation services; diminish the quality of care provided; increase the potential for abuses within the system; and eliminate planning and coordination requirements (Meezan & Giovannoni, 1995). While this attempt failed, there is again a movement in Congress to legislate this change.
2. ongoing attempts to curtail demand for child protective services through the reduction of reporting activity and the rationing of resources. Rather than increase resources to respond to increasing numbers of child abuse reports, states have used numerous strategies to decrease demand for child protective services through such mechanisms as the constriction of reportable conditions, the insertion of terms such as "serious" and "immediate" into reporting legislation, and attempts to limit those from whom reports will be taken (Giovannoni & Meezan, 1995; Waldfoegel, 1998).
3. states limiting their responses to reports as a way of coping with an increased demand for services, and making procedural changes which allow for the additional screening out of reports prior to investigation, greater use of prioritization mechanisms in responding to reports, and the redefining of maltreatment so that fewer cases will be founded (Giovannoni & Meezan, 1995). Now, more than ever, families receive services only after serious harm to the child has been uncovered.
4. the recently passed Adoption and Safe Families Act of 1997 (P.L. 105-89) which, on the one hand, expands the funding base for family preservation and family support services, but on the other hand allows some of these monies to be used for other services. This law begins to tilt the balance between family preservation/reunification and adoption by

authorizing adoption incentive payments for states, establishing shorter time lines and conditions for termination of parental rights, giving families little time to become better care givers to their children, setting shorter time frames for permanency hearings, and modifying reasonable efforts requirements so that not all families receive services (Child Welfare League of America, 1997; Children's Defense Fund, 1997b; Hardin, 1997; Meezan & Manalo, in press); and,

5. most recently, we have the specter of managed care and capitated funding for child welfare services hanging over the field and waiting to limit services in the name of efficiency (Field, 1996; U.S. General Accounting Office, 1998).

Such attempts move the field from "saving families for children" to "saving children from families." In each of these attempts, the child ascends while the family declines, and in the process society and lawmakers deny the fact that our placement system does harm to about one quarter of the children with whom it has contact—and that the state rarely makes a good parent to any child.

To translate the construct of *community-based* into reality, one must go beyond simply locating services in communities. It means that service organizations must understand and engage with the communities in which their families live; involve community residents in the planning, implementation and evaluation of services; involve community leaders in the governance and administration of local social service organizations; network with other organizations in the community, including indigenous and faith-based institutions; and extend beyond their service mission and contribute to community-building efforts and processes (Chaskin, 1992; Manalo & Meezan, in press; Wynn, Merry, & Berg, 1995). Adopting a positive attitude toward communities does not come naturally to formal service providers, who are more likely to see communities as part of the problem rather than part of the solution (McCroskey & Meezan, 1998). Yet it has been demonstrated that services can be made more responsive to communities if workers are trained to assess community assets as well as needs, respond sensitively to communities' unique qualities, and forge partnerships with those who live in the community every day (Kretzman & McKnight, 1994; Page-Adams & Sherraden, 1998).

The second quote also contains the words *culturally competent*. Children and family services, no matter how broadly or narrowly defined, are delivered by a system in which the vast majority of providers are white, while minority children and families are overrepresented in the client population being served. For example, in 1994, 43.6% of the substantiated victims of child maltreatment were minority children (U.S. Department of Health and Human Services, 1996), while minority children constituted only 16.4% of the country's child

population (Schmittroth, 1994); minority children, particularly African-American children, are more frequently placed in the foster care system (English, 1990), stay in foster care longer (Jenkins, Flanzraich, Gibson, & Marshood, 1983), and are less likely to be adopted once in foster care than whites (Barth, 1997; Rosenthal, Groze, & Curiel, 1990); and minority families receive fewer follow-up contacts (Tracy, Green, & Bremseth, 1993) and fewer services (Courtney, et al., 1996) when compared to white families that come into contact with the system.

Being culturally competent goes beyond simply acknowledging, understanding, or being sensitive to differences in race or ethnicity. It means that in all of our activities—whether they be at the macro-, mezzo-, or micro-level—we must engage in ongoing activities that reflect our acceptance of the importance of multiculturalism and act in a way that reflects an understanding and acceptance of how issues of multiculturalism shape our responses to need and impact our work.

Being culturally competent means that we know and respect the history, norms, and culture of those we serve and that we are aware of the various forms of institutional discrimination and their impact on different population groups in the community. It means that we examine our own racial, ethnic, and cultural attitudes and values and understand how they impact our work and explore the concerns and issues our clients may have about racial, ethnic, and cultural differences. It suggests that we encourage greater participation by members of ethnic groups in the development, administration, and oversight of programs, that we use the client's cultural definitions when discussing key concepts, and that we develop a repertoire of helping responses that is culturally appropriate, even if we are less comfortable with these approaches than with the approaches we normally use. It implies that we set goals that are culturally acceptable, use interventions that are culturally appropriate, and incorporate empowerment approaches in practice by using methods which focus on education, participation, capacity building, choice, and restoring responsibility and control to the client. It requires us to convey respect for culture through our professional behaviors and to become familiar with other resources in the community that are responsive to the needs of our various racial/ethnic groups, turn to them for consultation, and be willing to refer clients to them in order to meet their specialized needs (Davis, Galinsky, & Schopler, 1996; Gutierrez, 1997; Gutierrez, GlenMaye, & DeLois, 1996; Hodges, 1991). Ultimately, the above litany suggests that we *must* engage more minority scholars and students in the field if we are to make strides toward providing meaningful service and engage in meaningful research, teaching, and training in the field.

The third quote "*Evaluators who look systematically at a complex and layered set of outcomes may be better able to understand the true impact of service*" focuses our attention

on the difficulties we face when we attempt to understand whether our programs are effective. A number of issues in this domain deserve significant attention.

First, as Mary Ann Jones (1991) has noted, there are two important types of outcomes commonly used in the field of child and family services—case events and changes in individuals, families, and systems. Case events are objective, easily recorded changes in the status of program participants. They include such outcomes as leaving the welfare roles, entry into foster care, and involvement with child protective services. Their strength lies in the fact that they are easily measured and require no judgment by the data reporter or collector. They are also the "hook" on which we too often sell our programs to policy makers.

There are, however, problems with these types of measures. First, such events tell us nothing about the well-being of people—they tell us only about the status of a system. Second, these indicators may tell us nothing about how effective a program is, for they are subject to historical events and are often influenced by non-programmatic inputs. Third, the use of such standards of program success often originates outside the relationship with the client, and therefore may not be brought up in the contracting process or accepted as reasonable by the recipient of service. Finally, such outcomes are focused on "program accountability" concerns and not on service improvement, and therefore leave much to be desired in terms of their actual usefulness for agencies (Jones, 1991; McCroskey & Meezan, 1997; McCroskey & Meezan, 1998; Pecora, et al., 1995). It is no wonder that programs using such measures often fail to demonstrate their effectiveness, and that programs that "feel right" to both workers and participants are unable to document their impact (McCroskey & Meezan, 1997).

On the other hand, changes in individuals, families, and systems tell us much about how to improve programs and allow us to begin to capture important information about who a program works for and under what conditions it works. Our field's commitment to ecological interventions suggests that we use measures that assess impacts along an continuum that includes children, parents, parent-child interactions, family functioning, social support networks, and communities (Pecora, et al., 1995). However, the field is plagued by a number of issues when it attempts to capture these diverse and nested outcomes.

First, given this ecological conception, choosing which domains to measure is difficult, with the multiple and often competing goals of many of our programs. Second, having to choose between appropriate goals within a single ecological level means that we risk missing potentially important program outcomes. Third, the quality of some of our measures remains questionable, although we continue to use them because they are the best we have available. Fourth, standardized measurements, designed to be sensitive to variability among individuals,

may not be sensitive to variations within individuals over time. Thus, their use in evaluation research is questionable.

Fifth, measuring change in individuals is much easier and better developed than measuring changes in systems, and changes in adults are easier to measure than changes in children. We therefore tend to concentrate on measuring the impacts of programs on individual adult participants rather than on children or on the interactions among program participants. Yet many of the problems we wish to alleviate are relational. Therefore, the inadequacies of our measurements mean that we may miss detecting programmatic benefits. Sixth, we have almost no decent measures of community change beyond the use of gross social indicators, yet the quality of a community, and life within it, is an outcome of our work that we should be capturing. We must, therefore, put more effort into the development of measures that capture the "outer rings" of our ecological conception (Bloom, Fischer, & Orme, 1999; Jones, 1991; Pecora et al., 1995; Weiss & Jacobs, 1988b).

In addition, we need to question whether our measures capture "reality" or whether they capture the unique perception of the person providing the data. More and more research, including my own (McCroskey & Meezan, 1997; Meezan & McCroskey, 1996), shows that multiple perspectives, using multiple measures and informants, often do not triangulate. We therefore need to accept the fact that our outcome research can contradict itself, since one informant's report may contradict another informant's account of the same situation. Our research must therefore become more complex, expansive, and expensive if we are to truly capture the gestalt of the social situation we are studying.

Finally, there is a desperate need to develop meaningful measurement tools applicable to the problems and programs we study. Too often, social work borrows its measurements from other disciplines, and thus is unable to capture the constructs of most interest to it. If we are to provide meaningful data regarding the effectiveness of our interventions, we must spend significant time developing meaningful measurements of individual, family, and community functioning as we define them, not as others do. For example, there are dozens of measures that capture domains of family functioning. However, these might not be the domains we social workers, or our clients, feel are appropriate. To use measures that are reliable but not valid, and to make judgements about programs and how to improve them based on these measures, leaves us particularly vulnerable to criticisms (McCroskey, Sladen, & Meezan, 1997).

There is no doubt that the statement "*The delivery of services has been flawed...fragmented, inconsistent and inadequate*" is true. In order to address this situation, we must develop strategies on numerous fronts.

First, we must broaden our understanding of the social services, and further develop primary prevention approaches which recognize that **all** families may experience stressful life circumstances (Brown, 1992; McCroskey & Meezan, 1998). In doing this, we must develop services that embrace a strengths-based approach rather than deficit orientation. In addition, we must enhance our secondary prevention efforts so as to alleviate the risks that noxious environments pose to child rearing, and concentrate our efforts to build on our developing knowledge about the resilience of families and children who are living under adverse conditions (Fraser, 1997; Werner & Smith, 1992). And, we must better target remedial services so that their effectiveness can be demonstrated (Pecora et al., 1995; Rossi, 1992 a, b; Rossi, Freeman, & Lipsey, 1999; Tracy, 1991).

Second, we must plan our services in a better way. In doing so, our planning efforts must begin to include voices not usually heard around the table, and we must capitalize on opportunities to engage in service planning in a coordinated way when opportunities like those in the 1993 legislation present themselves (U.S. Department of Health and Human Services, 1994).

Third, we must use information in a more reasoned and coordinated way. We must develop information systems that can link family conditions and characteristics to service planning and delivery in order to chart outcomes (McCroskey & Meezan, 1998). And, we must teach agencies to use this information and encourage them to become learning organizations, so that information which challenges their practices is not ignored but rather is used to reexamine the way in which they do business and perform their functions (Cherin & Meezan, 1998).

Fourth, we must forge new partnerships, both within and outside the boundaries of the traditional service system in order to make service delivery more efficient and thus enhance the possibility that we will be effective. We must enter into partnerships with nontraditional partners, including indigenous local groups, community-based organizations, and faith-based institutions to develop new ways of providing services; continue to promote service integration so that the inefficiencies now present in service systems are eliminated; and continue to develop wraparound, community-based supportive services that assist children and their families as they exit service systems or change status within them (Bailey & Koney, 1996; Briar-Lawson, Lawson, Collier, & Joseph, 1997; Epstein, Kutash, & Duchowski, 1998; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998; Waldfogel, 1997).

We must also recognize that the co-morbidity of poverty, substance abuse, domestic violence, mental health issues, problems of maternal and child health, developmental disabilities, and child placement has been established beyond a reasonable doubt, and that service systems must address these multiple problems in a coordinated way if they are to meet the needs of clients (Azzi-Lessing & Olsen, 1996; Hampton, Senatore, & Gullotta, 1998; Roberts, 1998).

At the same time we must acknowledge the fact that many of these co-morbid problems are chronic and their solutions are adult-centered rather than family-centered. Thus, programming must be modified and enhanced so that goals can be accomplished within current child welfare time frames and can embrace the principles of family-centered services which set forth our notion of best practices within the field of child and family services.

In addition, we must develop ways to ensure that there is a coordinated, integrated, and reliable funding stream for these services (McCroskey & Meezan, 1998), encourage and suggest innovative procedures and practices within the courts and other systems in order to facilitate timely decision making within the child welfare system (Duquette, Danziger, Abbey, & Seefeldt, 1997), and locate services within nonthreatening environments within the families' ecological space, including schools, churches, and libraries that are part of larger efforts to rebuild neighborhoods and communities.

This last point leads to the final statement in the article that I wish to address—that "[we need to] join efforts ... to strengthen communities." On the wall of the building that houses the Department of Social Services for the City and County of San Francisco is a quotation from Margaret Mead that states: "The task of each family is also the task of all humanity — This is to cherish the living, remember those who have gone before, and prepare for those who are not yet born."

It seems clear to me that in our current situation, cherishing the living and preparing for those yet unborn means that we must move beyond adhering to a **service** approach to solve social problems. Beyond providing for the basic income, health, food, and housing needs that all families have, we must reclaim some of our neighborhoods from the devastation which has overtaken them.

In the last 20 years, we have seen the physical and social destruction of neighborhoods, like the one I grew up in the Bronx, due to the loss of economic infrastructure, neglect, the crack cocaine epidemic, the rise of urban gangs, middle-class urban flight, and, in Los Angeles from where I have just come, civil unrest. Too many communities can no longer support the healthy growth and development of those who reside within them.

Social workers in general, and those concerned with families and children in particular, must join forces with professionals from other disciplines to develop ways to rebuild communities, since communities serve as the context in which individual change becomes possible. Such community-building efforts recognize that non-cohesive and disorganized communities are the poorest environments for rearing children; that physical, economic, social, family, and individual well-being are all interconnected; that single-strategy approaches to solving

problems are always inefficient and often ineffective; that strategies should be tailored to the individual neighborhood involved and focus on an area of manageable size; that efforts should begin not merely when we have identified a neighborhood's needs and deficiencies, but when we have taken an inventory of its assets and strengths; that change strategies must involve local stakeholders, including residents, in setting goals and priorities and shaping plans to address them (Barton, Watkins, & Jarjoura, 1998; Chaskin, 1992; Chaskin, Joseph, & Chipenda-Dansokho, 1997; Halpern, 1995; Kretzman & McKnight, 1994; Page-Adams & Sherraden, 1998; Wynn et al., 1995).

Community-building initiatives, which hope to improve the lives of neighborhood inhabitants, must work on many fronts simultaneously—economic development, physical development, the creation of social opportunities, and the development of integrated systems of social services—in order to transform neighborhoods and thus impact their residents. Such initiatives must coordinate disparate sectors, foster collaboration within sectors, build bridges between organizations and residents, and encourage full participation (Barton et al., 1998; Chaskin et al., 1997).

Such initiatives are not easy to implement. They require deep changes in existing institutions and systems, changes in power structures, and changes in the way people deal with each other. It takes time to build constituencies committed to such efforts, to conduct needs assessments in order to plan change, to establish credibility and legitimacy, to develop leadership to manage such change, and to know whether such efforts are effective (Chaskin et al., 1997). A recent report by the Annie E. Casey Foundation, which has funded such community building efforts, admits in the most honest way that I have ever seen in print that comprehensive community building efforts are "very difficult;" that they "take time;" that they cannot be accomplished in every community; that the development of local capacity and the transfer of authority and resources to the local level, which are the key to local ownership are "no simple matter;" that initial plans for comprehensive community change require "repair, revision, reassessment, and recommitment;" that one needs to judge success based on the realistic attainment of proximate goals within a reasonable time limit; and that real change depends on increases in economic opportunity and social capital (Nelson, 1996).

Others have noted that "operational barriers such as time, resources, and organizational structure inhibit the development of integrated programs" and that "competing motivating factors that influence collaborative activity and decision making may interfere with the integration of projects" (Chaskin et al., 1997, p. 441).

Despite these difficulties and many more articulated by others working in the field and funding such efforts, these comprehensive experiments and efforts must go on. For, as John McKnight

points out, without such efforts, "the community, a social space where citizens turn to solve problems, may be displaced by the intervention of human service professionals...[and] as the power of professions and service systems ascend, the legitimacy, authority, and capacity of citizens and community descend. The *citizen* retreats. The *client* advances...And as human service tools prevail, the tools of citizenship, association, and community rust" (McKnight, 1995, pp. 105-106).

My friends, our society needs no more clients. We need strong families raising strong children, in strong neighborhoods, with strong social institutions if we are to successfully meet the challenges of the next millennium. It is my passionate hope that we will all work toward this end and that **my** rhetoric can become **the field's** reality.

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## Family Preservation Services under Managed Care: Current Practices and Future Directions

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*Family preservation service agencies in the State of Kansas have undergone major changes since the implementation of a managed care model of service delivery in 1996. This qualitative study examines the successes and barriers experienced by agency directors in utilization of a managed care system. Outcome/ performance measures utilized by the State of Kansas are reviewed, and contributing factors to the successes and limitations of the program are discussed. Included in these reviews is an analysis and presentation of literature and research which has been used as support for the current program structure. Recommendations for further evolution of practice are proposed.*

Family preservation service agencies in Kansas are experiencing an evolution in treatment and administration models, as are agencies across the country. Programs in Kansas, however, are specifically affected by the recent shift of all Kansas child welfare services in 1996 to a managed care model, with public child welfare services now contracted out to private providers; for family preservation services, for foster care services and for adoption services. The state public child welfare agency retains administrative responsibility and authority over all cases served by these private providers; the state agency continues to perform investigations of child maltreatment and referral of the family to an agency providing one of the above services: family preservation services, foster care services or adoption services.

The advent of managed care has resulted in rapid changes in the delivery of child welfare services in the state. In terms of the management of care, performance measures and expected outcome rates in the areas of safety and permanency have been set for all agencies; the state agency (with the courts) oversees and monitors the achievement of outcomes for all providers and takes corrective action where warranted. It should be noted that a key distinction between managed care models in child welfare settings and the health care arena is the involvement of the courts in the oversight and responsibility for case decision making and outcomes. This complicates the management of care substantially.

Some aspects of management of care have been difficult to make consistent across the range of agencies and agents that now provide services to the state's families and children. Referral

criteria for each of the services are inconsistent and not well-defined; judicial determinations of case disposition vary widely across the state; and worker turnover has been high in the aftermath of the move to managed care, resulting in concerns about experience and training among service providers.

In order to understand the impact of the move to managed care upon family preservation agencies in the state of Kansas, we performed a qualitative study of key agency directors, supervisors and caseworkers in the state in the Spring of 1999, almost three years after the implementation of managed care. Program directors had gathered substantial data and experience in this time, and as one set of "consumers" of the managed care model, could provide key insights as to the success of the program, what the barriers have been in providing family preservation services, and most importantly, how these programs need to continue to evolve to fit with a privatized service delivery model of all child welfare services.

### Family Preservation Services in Kansas

Kansas family preservation providers and child advocates have been surprised by an under-utilization of family preservation services in the new managed case system. Foster care rates continue to remain constant. This study sought to understand the utilization of this service and where it might expand or be more appropriate.

Kansas's practice of family preservation services differs significantly from the Child Welfare League of America guidelines, in considering a family eligible even if a child is not at *imminent* risk of placement. Referral criteria in Kansas is as follows: (1) family must be at risk -but not necessarily imminent risk - of having a child removed; (2) a parent/care giver must be available to protect the child; (3) a parent/care giver must be willing and able to participate in family preservation services; (4) if a family has chronic problems, they must have experienced a significant change which makes them able to progress; (5) a parent/care giver who has mental or emotional health issues must have been stabilized; (6) a parent/care giver with limitations must be able to care for self and children; and (7) a substance abusing parent/care giver must be able to function adequately to care for children. This broad eligibility is a result of these programs serving as a placement prevention effort for all child welfare families, rather than as only one placement prevention option in an array of programs.

Contractors provide services in the home and community. Workers are available to families 24 hours a day. Commonly provided services include counseling, education, coordination, advocacy, crisis intervention, referrals, and provision of concrete services. Services and participation are voluntary, not mandatory, but those who decline services then have their

participation are voluntary, not mandatory, but those who decline services then have their children placed into foster care. Services are to be provided through two weekly contacts in the home with 2-10 hours of service per week. However, actual practice sometimes varies, with some families receiving less intensive service than this. Kansas's practice also differs significantly from intensive models in both lengths of service and caseload. Workers generally have a case load of ten families. Although contracts provide that service will be provided for up to three months, services may continue from three months to one year. The managed care capitated rate of \$3400 is calculated based on three months of services, so any services beyond that are on the house. Most contractors report three to six months as common service duration, particularly with families who have substance abuse issues.

Six outcomes measures have been established in Kansas to evaluate the effectiveness of family preservation services: (1) 97% of all families referred will be engaged in treatment; (2) 90% of families will have no substantiated reports of abuse or neglect while participating in the program; (3) 80% of families successfully completing the program (no child removed from the home) will have no substantiated reports of abuse or neglect within six months of case closure; (4) 80% of families will not have a child placed outside the home during program participation; (5) 80% of families successfully completing the program (no child is removed from the home) will not have a child placed outside the home within six months of case closure; and (6) parents and children age 14-21 living in the home will report 80% satisfaction with services as measured by the Client Satisfaction with SRS<sup>1</sup> Services Survey completed 30 days from the start of the program.

Statewide performance against these measures for the first seven months of the third year of privatized services is shown in Table 1. Performance has exceeded the standard for each measure. Since many families served are not at imminent risk of having a child placed outside the home, these figures are not comparable to other programs who serve a largely imminent risk population.

<sup>1</sup> Child welfare services in the state of Kansas are managed by the state agency, the Department of Social and Rehabilitative Services, also known as SRS.

**Table 1. Performance Levels of Family Preservation Programs in Kansas, 1999**

Outcome	Performance Standard	YTD Statewide Performance
Engagement	97%	98.2%
Child safety during participation	90%	99.7%
Child safety after six months	80%	95.6%
No placement during participation	80%	94.9%
No placement after six months	80%	94%
Client satisfaction rate	80%	94%

Source: University of Kansas School of Social Welfare, January 1999.

### Research Questions and Methodology

In this study, the researchers used a qualitative approach to assessing current experience of family preservation personnel in the State of Kansas. Specific areas of assessment focus included examination of the obstacles faced by caseworkers in providing effective service delivery, and ideas about areas of service that were in need of expansion or revision in the aftermath of managed care.

The sample included four Program Directors for family preservation services in urban and rural areas of Kansas, one family preservation supervisor, one family preservation case manager, and one public child welfare worker with the state agency. Interviews occurred in February and March 1999. Additionally, three of the researchers attended a meeting of all family preservation agencies in the state held in March 1999, which was convened to discuss the Directors' ideas for expansion of family preservation services. An Interview Guide for these interviews can be found in Table 2.

The researchers compiled results from these interviews and meetings, and emergent themes are described in detail below.

**Table 2. Interview Guide**

1. With the success of the family preservation program there has been discussion of expanding the program to serve families with children now being placed in foster care. What kinds of cases could be served by family preservation that are now being served by foster care?
2. Can you describe what resources, program, treatment, practice or policy changes would need to occur to support an expansion of services?
3. Are there other agencies in the community that you currently have a well-developed partnership with in providing services to multi-need families?
4. What are some of the community strengths that are presently a positive influence to the agency and the families being served?
5. What are some of the barriers in the community that are presently of negative impact to the agency and the families being served?

### Results

#### Obstacles to Effective Family Preservation Services

**Need for Placement and Respite Options.** Program Directors proposed that a greater availability of resources for respite care and or emergency placement, both at the beginning of a case and during the case, would enable family preservation providers to better prevent foster care placement. This care might last from one week to one month, and might be needed for a variety of reasons, including: (1) providing for a child's safety in a high risk situation, (2) providing an opportunity for a runaway to be reintegrated into the family, (3) providing care while a parent is participating in an in-patient substance abuse program and (4) providing care while a parent is participating in a parenting group or other program recommended by the contractor. Currently, neither caseworkers nor law enforcement have access to these resources; while funding is available, there is a dearth of providers.

It was reported that temporary kinship placement would also be an appropriate resource while family preservation services are being delivered. These placements are preferable to non-relative placements, as they maintain and reinforce family bonds, and ease reunification with

the family of origin. One Program Director interviewed noted that current managed care contracts and policy do not provide enough flexibility in placement options. S/he described one case in which the court ordered an appropriate kinship placement. But, since the case then became a "foster care" case, the family was no longer eligible for concurrent family preservation services.

Given the high percentage of families with substance abusing parents, there is a need for drug and alcohol treatment programs that can accept both parent(s) and children, but few are available. These programs prevent the need for temporary out-of-home placement for a child, and allow the family to continue to receive services as a family unit while parent(s) receive treatment for substance abuse.

**Unnecessary Referrals to Foster Care.** Referrals to family preservation programs are well below the rates expected by contractors. Wells and colleagues (1996) did a pilot study to determine why workers were reluctant to refer families to family preservation programs. They found that workers who were interviewed said that they questioned whether children at imminent risk of placement could be maintained safely in their homes. These workers reported that they made family preservation referrals instead when they believed that a family could benefit from the services. These authors also note that factors influencing caseworkers' decisions include the adequacy of the information available, the time frame within which a worker must make a decision, the individual worker's beliefs about the goals of child welfare services, and the range of available child welfare and other services in the community.

A state agency caseworker reported to one of the researchers that the agency as well as the court system were more comfortable in referring the less difficult cases, such as those needing informal supervision and those experiencing less severe truancy, to family preservation services. They sometimes referred more difficult cases to foster care instead because they were not confident of the family preservation contractor's ability to provide the level, amount and type of services needed by the family.

Bath, et al. (1994) note that the decision to place a particular child may be related to many factors other than the actual risk status of that child. These factors might include "...the availability of preplacement services, the availability of placement options, the attitude of the courts, local child protection services agency policies, and the pressures on caseworkers that arise from negative publicity over child deaths at the hands of maltreating parents." (p.393). All of these factors are considerations in any effort to decrease unnecessary referrals to foster care.

**Variance in Services Offered and in Judicial Decisions.** Families in similar circumstances are sometimes served differently. One Program Director reported differences in adjudication of similar cases by different judges. Another Program Director reported differences in adjudication that appeared to be linked to particular families, rather than to particular judges. In both instances, the differences in adjudication led to foster care placement instead of the provision of family preservation services. Two Program Directors identified a youth's truancy as one area in which adjudication led to foster care placement instead of family preservation services for some families. One reported that schools are not required to report truancy or lengthy school suspensions to any agency. Program Directors consistently felt that early identification and referral is essential to achieve the optimum outcome for a family. Two Program Directors identified truancy as one area in which adjudication varied from one jurisdiction to another. Services offered by family preservation contractors may also vary from one area to another, due to difference in available community resources, as well as differences in the pool of available workers.

**Lack of Clarity on Model for Services.** Significant differences exist between practice in Kansas and the family preservation service model as defined by the Child Welfare League of America. Differences include referral criteria, duration and intensity of services, as well as caseload. Considering the significance of these differences, it is difficult to say whether the services being delivered are true to the CWLA guidelines, and it is even more difficult to measure the outcomes of these services and compare them with empirical research on family preservation service. This study did not obtain information on theoretical frameworks for the programs, or on service fidelity; the lack of this information is also a barrier to examining outcomes data in a meaningful way.

### **Kansas Program Directors' Ideas for Expanding Services**

**Early Intervention.** Research indicates that earlier intervention and service generates more positive and longer lasting outcomes for families. It has the potential for interrupting patterns of abuse or neglect, and preventing family problems from becoming more severe or chronic. Early intervention services are also likely to be delivered over a shorter period of time and to use fewer resources. By contrast, service entailing out-of-home placement is significantly higher in monetary and resource cost to the community. The current cost for foster care in Kansas is a minimum cost per child of \$15,500; the capitated rate for family preservation services at this time is \$3,400 per family.

A work group of Program Directors identified truancy referrals for children under age 12 as a rich source of potential family preservation services. The thinking is that truancy at these

ages is an indicator of family problems, and that early intervention will prevent problems from becoming chronic. The potential value of early intervention is borne out by research noted by Barth (1984). A high-nonattendance group studied in one school system increased its absences by .7 per year from first grade through junior high; that compared with a low-nonattendance group of first graders whose non-attendance rates dropped by .2 per year. By the eighth grade, the high-absence group had missed school four times more often than the low-absence group.

Several populations listed below were suggested as appropriate for referral to family preservation services. Charlotte Booth, director of the Homebuilder's program in Tacoma, Washington, states that there is no one particular targeted population that is best served by family preservation (personal communication, March, 1999). Rather, there is a need for practitioners to do a thorough assessment of each individual family, to determine the appropriate interventions and outcomes. This determination can hardly be made by artificially "forcing" referrals into family preservation.

In an urban county, an active community Truancy Committee, begun before family preservation services were offered, targets first, second, and sixth graders with truancy problems. The Program Director for this area also believes that seventh and tenth graders should be targeted, as youths who don't make these transition points may be future dropouts. Another Program Director also noted that they have a truancy component in their program. Yet another Program Director notes that, although truancy referrals are almost always more complex than they initially appear to be, this population is often more positively impacted by family preservation services than are other populations.

Families with children who are developmentally delayed are more likely to be placed out-of-home as compared with the normally developed child (MacEachron & Krauss, 1983). The judicial system has recognized and mandated the provision of services to the handicapped in the least restrictive setting. Provision of family-based services in the community and home of the child reduces fiscal cost, helps service providers focus on the family unit and their extended natural environment, and helps to maintain familial connections which are so vital to individuals with handicaps throughout their lives.

Community-based services, such as family preservation, can be quite effective in linking families to resources. Providers can also educate families on a child's disability, how the disability impacts the child, appropriate interventions, prognosis, how to develop goals for the child and how to plan for achieving those goals—both for the present and for the future. Families can also receive help in grieving the multiple losses generated by the death of their dreams of having a "normal" child with a "normal" future; unless these losses are faced and

dealt with, parenting can be negatively impacted. Families can also learn skills that will help them to deal with issues including stress, social isolation and reduced autonomy.

An agency worker can be effective by developing a family plan that connects families with informal familial social networks, concrete services, appropriate formal services and training. Family-based services also provide counseling and therapy for the purpose of focusing on the needs of all family members. Family-based services can also be used in a continuum of services to the family. The San Diego Center for Children (SDCC), a multi-service agency which focuses on prevention, has developed two categories of family based services: prevention and aftercare (Heying, 1985). The purpose of the service is to help families learn how to manage their internal responses and needs as well as learn to manage their own external needs. Once families learn how to manage their external environment, there is growth in feelings of power, competency and autonomy (Heying, 1985).

Some Program Directors expressed the ideal of early intervention services as those services being provided to young families or families with pre-school children. Because of the developmental implications for ages 0 to 5 and the importance of children developing a secure attachment to consistent care givers, it is logical to use family preservation services to stabilize the family. By providing support and education to the parents of young children, as well as connecting the families to local resources and supports, problems that families are struggling with will be targeted before they get out of control. An example that is widespread throughout the child welfare system is foster care drift and the emotional problems associated with children experiencing multiple placements, particularly at a young age (Katz and Robinson, 1991).

A wide range of services, and an emphasis on developmental needs, should inform practice for pre-school children. Wells and Tracy (1996) cite models by Newman and Newman (1995) and Culbertson and Schellenbach (1992) in discussing service delivery goals for pre-school children. They note that family preservation services for parents who have abused or neglected their infants should help to promote the achievement of the critical developmental tasks of that stage of life, such as helping the infant to develop a secure social attachment to its mother. They also note that factors which may threaten achievement of this goal may be the same factors that might predispose a mother to physically abuse or neglect her child; these factors might include "...feelings of rejection of an infant, rigid expectations of an infant's behavior, limited range of parenting skills, and inadequate social support." (Wells and Tracy, 1996, p. 684). Bath & Haapala (1993), in a discussion of services needed for neglectful families, cite Besharov (1988) as recommending that services for pre-school children should include infant

stimulation programs, Head Start, therapeutic day care, homemaker care and early childhood development programs. Strong community support is essential to achieve these goals.

A work group of Program Directors identified other means to increase referrals to family preservation agencies rather than foster care. One of these is a proposal that workers must review a case with the supervisor for potential referral on the third unconfirmed child abuse report within two years. (Kansas' child welfare program, like many others, operates under a settlement agreement with the American Civil Liberties Union; one Program Director reminds us that this review is a requirement for compliance with ACLU standards.) The thinking behind this proposal is that multiple unsubstantiated reports may be an indication of family problems, which might be more easily ameliorated in the early stages of problem development.

**Increasing Referrals by Training SRS Workers, Examining Outcomes.** Program Directors report that the most recent James Bell report evaluating child welfare services in Kansas (1998) indicates that only 10% of child abuse reports that are screened in are referred to family preservation; 77% are referred to foster care. One Program Director believes that providing additional training for SRS workers, examining their outcomes, and holding them accountable for making appropriate decisions will also increase referrals. S/he believes that training is needed for workers on when it is appropriate to refer to family preservation and when it is appropriate to refer to foster care. S/he believes that it will be useful to establish family preservation referral percentages for each worker; those who have low (as compared with other workers) or no referrals to family preservation should then receive additional training on decision making for these referrals. Another Program Director believes that frequent worker training on the specific services that are available through family preservation is essential, particularly due to the high turnover rate of staff.

**Collaborative Efforts – Enhancing Communication and Understanding.** The challenge for social service agencies has long been that of achieving and maintaining communication and understanding. Recent changes in our child welfare system have seen many of our social service agencies responding with a guardedness which in turn has brought a decrease in collaboration, communication and understanding. A family preservation Program Director has suggested that the various private contractors for family preservation, foster care and adoption should meet to discuss challenges, needs and solutions. Another Program Director has suggested that an even larger group meet; this group would include the State Commissioner, State Child Welfare Area Directors, district attorneys, judges, and legislators. The purpose of the meetings would be to enhance collaboration, identify current challenges and take steps towards solutions.

Prior to privatization, different communities developed coalitions that focused on using the continuum of agency services in a mindful, accessible and seamless way. Gaps in services were also identified for the purpose of development or brokering of services. Consideration should be given to re-forming these broad-based coalitions, or beginning similar collaborative efforts for the same purposes.

There do appear to be some current efforts towards collaboration occurring at some points in the child welfare system. State personnel and foster care contractors have had meetings; a public/private partnership has developed as a result. There have been some positive outcomes, beginnings of mutuality, and from this, collaboration. For example, on the foster care side, state personnel and all of the regional foster care contractors have made a joint business plan; this plan identifies needs, outcomes and steps to achieve those outcomes. The plan also identifies accountabilities for each agency. A future initiative is to have direct line staff for state personnel and foster care contractors participate in joint training. These are two examples of how collaboration can help the child welfare system to work more effectively, for the benefit of the families, children and communities that we serve. It is our hope that these efforts will extend into the family preservation area.

**Examining the Timing of Filing for State Custody.** At a meeting of Program Directors, one suggestion for increasing family preservation referrals was that there be a delay in the filing of a custody petition for up to 30 days; a child would be placed in respite care, if needed, during this period. Before considering implementation of this type of change, the authors believe that other ideas, some identified in this paper, others identified by Program Directors and some which are likely to be identified with additional research on this issue, ought to be explored.

### Recommendations for Further Evolution in Programs

#### Developing Respite Care/Emergency Care Resources

The availability of respite and emergency care resources is clearly needed to prevent unnecessary foster care placement. Increasing the flexibility of the privatized contracts so that family preservation providers could access resources through foster care providers would help. One Program Director suggests that the local children's shelters should be used for respite/emergency care. This would enable family preservation workers to continue to provide service to the family while assuring the children's safety. This Director also suggests that funding for respite care should not come from family preservation dollars, as each referral brings a payment of \$3,400. S/he recommends the use of United Way or Medicaid funds.

Another Program Director said that area SRS directors are willing to fund respite care, but that providers are not available.

### **Increasing Access to Substance Abuse Facilities that Can Accept Families and Enhancing Other Natural Sources of Support**

Chemical addiction brings a complexity to the nature of the services needed to effectively support a family. In addition to building up natural sources of support, it is necessary to provide concrete and formal services as well. Concrete services are needed for all families, but particular attention must be paid to families of color because of systemic inequities that impact these children, who experience increased risk of out-of-home placement (Carten, 1996). Increasing access to facilities that can accept parent(s) and children will also enhance services. Family preservation and foster care providers note that services for families with addictions are needed for longer periods of time. Another well-known fact is that, once children are removed from a family with issues of addiction, they often remain out of the home longer.

Formal services offered in the community to chemically dependent individuals often target the following: (1) relapse prevention, (2) co-dependency, (3) parenting skills, (4) anger management, (5) mental health, (6) self-esteem and (7) behavioral change. The addiction itself so often bankrupts the family of its resources at all levels and in many areas. The opportunity to restore resilience for this population is a necessity. Additionally, services are often provided to groups of individuals seeking treatment. It is there that many begin relationships that can possibly become a natural and recurring support.

The importance of enhancing natural sources of support was noted. One Program Director described mentoring programs such as Big Brothers/Big Sisters, Mother to Mother, Alcoholics Anonymous and other substance abuse support groups as important resources. By referring families who are receiving family preservation services to natural sources of support, the contractors are weaving a safety net around the family that will remain in place long after the contractor's work is finished.

### **Enabling Kinship Placements**

Kinship placements ought to be an alternative to foster care placement. Studies indicate that successful reunification is increased for children who are in kinship placements. Trauma for children is reduced when a relative placement can be arranged. A California study revealed that there is a greater assurance for African American youth to achieve permanency with

family than with other out-of-home placement or adoption should the child's permanence not occur with the family of origin (Barth, 1994).

Consistent with a policy statement by the Black Administrators in Child Welfare (1994), cited by Danzy and Jackson (1997), to facilitate these placements, we recommend that child welfare agencies be more supportive of kinship in policy and practice, removing administrative obstacles. We also recommend that kinship placement be reimbursed at a daily rate for the cost of care. Relatives caring for children should receive needed training, support, and services.

### **Developing Collaborative Truancy Programs**

The authors found a small body of literature on truancy, with very few current resources, and very little in the way of current outcomes research. Thorough assessment, with close attention paid to individual factors influencing truancy, is essential to effective intervention. Service delivery that focuses on family strengths, rather than pathology, is also essential. One such approach is the solution-focused approach to family-centered practice described by Fausel (1998). A variety of truancy programs are being developed in different areas; frequently, these programs are being developed by a community or by a family preservation contractor. As with every aspect of family preservation services, a disciplined approach, grounded in theory, and informed by outcomes research, is likely to generate better results.

Considering this, the authors believe that a pilot project to study the effectiveness of truancy programs embedded within or working closely with family preservation providers will be useful. A program that identifies families with truancy problems early, and involves a wide range of community resources would be appropriate. The truancy program developed in one urban county might be considered for such a study. This program is collaborative; the truancy committee includes representatives from SRS, Court Services, schools, the family preservation provider and others. The program targets first, second and sixth graders for early intervention. A pilot study could help determine what types of interventions are being delivered, and whether or not they are effective.

### **Risk Assessment/Enhancing Children's Safety**

Decisions about when or if a child needs to be placed out-of-home are difficult to make at best. Berry (1997) identifies two purposes for risk assessment: to target services for appropriate cases, and to aid in decision making and plans for individual treatment based on particular risks. A number of risk assessment systems are in use in the child welfare system;

they often consist of checklists or inventories of characteristics of the child, caretaker, environment, and abuse (Berry, 1997). Forty-two states use formal risk assessment tools. Risk assessments should be supported by the U.S. Department of Health and Human Services. The model should emphasize strengths, child safety concerns and needs which promote consistency in the criteria used for decision-making (De Panfilis & Scannapieco, 1994).

We recommend the use of an empirically validated risk assessment tool designed to help assure children's safety while they remain in the home. The University of Kansas, State agencies and private contractors have formed committees to develop a risk assessment tool; a statewide pilot project is being implemented. As this tool is implemented, worker, consumer, administrator and academic feedback should be gathered along with the data collected. The tool should be empirically validated as effective prior to full implementation statewide. Use of treatment fidelity tools will also be helpful in determining the connection between goals, outcomes, and use by the workers. Training, monitoring, and research outcomes will need to be implemented and reviewed on a regular basis. The risk assessment model needs to be implemented and reviewed on a regular basis. The model should be used as the first step in a treatment model which focuses on the client's strengths, and which can be connected to the worker's causal model of the child abuse and/or neglect. (Murphy-Berman, 1994).

#### **Improved Training, Communication and Decision Making for State Personnel, Family Preservation Contractors and Courts**

We recommend a survey of referring SRS workers and supervisors, as well as District Attorneys and Guardian Ad Litem, to determine how, when, and why they refer to foster care rather than to family preservation. The results of this survey will help to identify obstacles to family preservation referrals.

We also recommend "institutionalizing" training capability, as advocated by Nelson (1990, page 28). He notes that family preservation workers must possess skills in (1) recognizing and analyzing a wide variety of individual and family problems, (2) communicating with and earning the trust of family members and (3) using an appropriate therapeutic approach. They must also have a good working knowledge of community resources families may need to access. With the exception of the training unit within the Homebuilders program, he states that these skills are primarily acquired through on the job training by experienced staff.

One model for "institutionalized" training is described by Lindblad-Goldberg, Dore & Stern (1998, pp. 243-263). This is a state-wide training initiative adopted in Pennsylvania. This three-year mental health home-based curriculum was developed by Lindblad-Goldberg. Each

component of the program is consistent with the ecosystemic structural approach that is used in Pennsylvania's home-based program, and the program is targeted to every level of staff, from the highest level of administrator to the home-based worker. The program emphasizes the necessary knowledge and skills that will have most relevance for families receiving in-home services. One component of the program includes a parent-educator (formerly a consumer of services) who teaches new program workers what they can learn from parents and how they can support parent advocacy.

Fausel (1998) describes another training model developed in Arizona; this model is a solution-focused approach that also emphasizes the importance of collaborative work amongst community agencies. The program is community based, teaches (among other things) cultural competency and it provides training to all of the funded agencies involved in collaborative efforts.

These services make sense and are helpful to families. Tracy, Whittaker, Pugh, Kapp, & Overstreet, in their 1994 exploratory study, discuss the research on social support: Various studies show that social networks and social support can influence parents in positive ways (Cochran & Brassard, 1979, Dunst, Trivette, & Cross, 1986). A review of the research literature indicates that parenting attitudes, parent-child interactions, and child behavior are influenced by the availability of social networks and social support (Tracy & Whittaker, 1987). Social support has a mediating role for parents.

#### **Strengthening Community Supports**

Program Directors identified a number of community strengths. These vary by community, with some cited identified as strengths for some communities but not for others. The authors noted in particular that some Program Directors identified schools, including alternative schools and school counselors, as a strong resource for families, while others identified schools as not providing needed support and services. The following strengths were identified: (1) local truancy committees and truancy diversion programs, (2) Health Departments and programs, (3) education services and programs, such as early childhood services, Parents as Teachers, Birth to Three programs and prevention centers for substance use and abuse, (4) good working relationships with other agencies; those cited include mental health centers (offering programs for SED children, and for substance abuse), county extension offices, family resource centers (offering child trauma centers, day care, special education and pre-school services), law enforcement, domestic violence programs, YMCA and SRS, (5) churches and church-sponsored agencies such as Salvation Army and Wesley House; these resources are cited as providing both spiritual and concrete resources to needy families; (6)



collaborative efforts such as wraparound planning for family support, (7) Harvesters—a supplier of very low-cost food and other donations, (8) community donations, (9) community volunteers, (10) ROTC programs to help with youth interventions and (11) alliances with universities and colleges.

Some concrete examples of some of these community supports follow. Friends University in Wichita, Kansas has a family-based counseling service that develops programs and social work tools. Local businesses have shown an interest in supporting the efforts of families to stay together while overcoming their difficulties; one business donated alarm clocks and book bags for a program to use in their truancy interventions. One adult community center sets up center-based activities for client families as well as for other agencies. An adult living center allows parents to bring their expelled adolescents to the center to be involved in positive and productive work activities or projects. The Housing Authority in one community has placed 80 to 85 families in homes during the past 3 years. Local stores send loaves of bread or emergency food supplies.

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#### **Engaging Key Players in a Task Force to Make Recommendations for Policy, Contract, and Legislative Changes to Enhance Service to Families**

Because of the relatively low cost of family preservation versus foster care, there is great interest in expanding these services, but there is a lack of communication amongst key stakeholders as to how and why this might happen. To effect *positive* programmatic change in the delivery of family preservation services, all of the parties concerned need to be a part of the conversation. Key players representing SRS, family preservation providers, foster care providers, the judicial system (judges and district attorneys), legislators, researchers in child

welfare policy and practice, as well as representatives of families who have been served, must come together to determine goals for change and methods for accomplishing those goals.

A specific agenda, including what will be decided, how it will be decided, and when it will be decided, must be established. Roles must be assigned and power must be shared. Particular attention must be paid to how policy change will affect real families who are currently experiencing oppression based on poverty, race, gender, age and single parent status. The sweeping changes introduced with so-called welfare reform have generated further oppression. This needs to be held to the light. Social workers, who have traditionally worked for social justice, must be a knowledgeable, consistent, and precise voice; they must bring practice wisdom, solid research, and a commitment to the families that they serve to this process.

#### **Clarifying the Model: Continuum of Services, Consistency of Services, Fidelity of Services, Booster Shots**

Wells and Tracy (1996) suggest abandoning prevention of placement as a goal in favor of using family preservation services as "...an initial response to all maltreating families where children do not require immediate placement. Such services should be designed to assess a family's strengths and weaknesses in relation to the social-psychological context in which maltreatment has occurred, to meet a family's critical concrete needs, to disrupt child maltreatment, and to lay the groundwork for providing comprehensive, home-based, and relatively long-term services." (p. 682). Three major areas for study, practice, and policy change in Kansas would be helpful.

First, it is important to examine the theoretical consistency within family preservation programs. This recommendation is informed by Cavazos Dylla & Berry's (1998) publication discussing theoretical consistency. We need to identify the theoretical framework or basis of each program. Then, we need to examine the consistency of program goals, service delivery models and expected outcomes with that theoretical framework. Then, we need to examine the fidelity of service delivery. If inconsistencies are identified, or if service is not delivered as it was designed, contractors can work towards improvement. Cavazos Dylla & Berry (1998) note that theoretical consistency within program service delivery models will allow us to identify the characteristics of successful programs.

The second area for further research involves identifying program components that will best serve the needs of different types of families. Due in great part to the methodological problems with family preservation research done to date, empirically validated studies of specific program elements which will "work" for specific family problems do not yet exist. Wells and

Tracy (1996) suggest, as a beginning, assigning families to programs based on the children's age, developmental stage, type of maltreatment, and the family's overall social condition.

Finally, further research needs to be done in examining the continuum of services provided to families. Charlotte Booth, director of the Homebuilders program in Tacoma, Washington, wonders why family preservation providers should consider it a "failure" when a family needs additional services at a later date (personal communication, March, 1999). She suggests that we consider these services to be "booster shots" that enhance a family's ability to maintain and build on skills and competencies they have developed. Rigorous attention to assessment, followed by the provision of appropriate services for a particular family, wherever they may be on the need/service continuum, is likely to generate optimum results.

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## Perceptions of Family Preservation Practitioners: A Preliminary Study

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Judith C. Hilbert, Alvin Sallee, and James K. Ott

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*This exploratory, qualitative study examined practitioners' perceptions about family preservation practice. Findings reveal a wide range of identified strengths as well as the limitations of such a model. Interestingly, the most frequently identified strengths were value based rather than practice based in perspective whereas limitations were practice based. Keeping families together was the most common perceived strength but concern about children's safety by keeping the family intact was a frequently reported limitation. Further, lack of support and a lack of theoretical clarity were identified as considerable limitations. Implications suggest these practitioners (mostly child welfare/mental health workers) believe in the approach for the sake of keeping families together but are concerned with endangering the child in the process and recognize the need for theoretical guidance.*

### Introduction

Family preservation services, developed to prevent unnecessary out-of-home placements of children and preserve family bonds, are widely recognized and utilized in agencies across the U.S. Confusion prevails about the definition of 'family', the appropriate recipient and focus of care, the underlying theoretical framework, the outcome measures of service provision, and the techniques, skills, and competencies necessary for family preservation workers. Attention is being addressed to these concerns by academics and theoreticians. What is scant in the literature, is the perceptions of practitioners interested in and/or employed to provide such services to their clientele.

Family preservation services arose from a dissatisfaction with the traditional foster care approach to child welfare services (Tracy, 1995). Research conducted in the 1960's and 70's suggested that children were often removed from their homes as a means to avoid further abuse and neglect, but also because no other alternative method of practice with abusing and neglectful families was conceptualized (Pecora, 1991). The foster care movement, while attempting to protect children, in many respects harmed them however, with multiple placements, a lack of permanent plans, and little involvement with their biological parents (LeVine & Sallee, 1999). The psychological effects of family disruption and the cost of foster

care resulted in the need to develop alternative measures to assist children in family situations which were causing them harm. The family preservation movement was conceived upon the assumption that children could remain at home safely provided services were offered early and intensely and in the family's home (Tracy, 1995).

The driving forces for the creation and on-going development of the family preservation movement was clearly a philosophy and set of values about children and their families which assume that family is a powerful influence in one's life and that the biological family should be maintained whenever possible. Further, separation from one's family of origin is harmful to all family members. Moreover, society should be concerned with keeping families together rather than creating placement facilities for separated family members (Hooper-Briar, et al., 1995).

The philosophy and value base of family preservation as a movement was followed with the development of techniques and skills necessary for practitioners to become competent in the practice of family preservation. Several theories were suggested as applicable to the practice of family preservation. These included crisis intervention theory, family systems theory, and social learning theory--with and without an ecological perspective (Barth, 1990)

While the family preservation movement has begun to mature in its philosophy, theory, and methodology, the growing pains of confusion about several issues have surfaced among practitioners and educators alike (Hooper-Briar, Broussard, Ronnau & Sallee, 1995; Friedman, 1997). In particular, while originally intended to prevent unnecessary out-of-home placements of children and to keep families together, questions arise about precisely what is meant by family. Does a family consist of two parents and children under the age of 18 or can this concept apply to an elderly widow who lives with a roommate and her pet? What constitutes family and to what length does a family preservation movement support services for maintaining any family member within his/her own home? Further, the critiques of the theoretical underpinnings suggest a need to more intensely examine theories which have been used to support this approach to practice (Grisby, 1993; Barth, 1990; Tracy, 1995; ) While several theories have been identified as foundation for family preservation practice, no unified theoretical framework has been developed or tested to any degree. Finally, current research and evaluation of family preservation programs report mixed findings. Early evaluations, while reporting favorable results, were deemed methodologically flawed while current studies suggest contradictory findings (Rossi, 1992; Bath & Haapala, 1994; Tracy, 1995).

In the midst of this heuristic evolution of a movement and approach to practice, educators are refining family preservation curriculum (Hodges, Morgan & Johnston, 1993), agency

administrators are supporting continuing education training in this field for their practitioners and individuals are self-seeking direction and expertise in family preservation through attendance at conferences such as the one in Dallas, Texas in September 1995. Clearly the "need to know" this perspective has gained momentum over time and while "those in the know" recognize the strengths and weaknesses of this approach, one wonders the about perceptions of those who practice this approach. Our research question addressed the need to learn from those who conduct family preservation practice in order to better ascertain what the perceptions of the strengths or benefits of family preservation were, what the weaknesses or limitations were, and whether years of practice, type of agency, and focus of services impact the perceived strengths and weaknesses of family preservation practitioners.

### Methodology

This exploratory, qualitative study used a survey design, whereby upon registration participants who attended the Family Preservation Conference in Dallas were given an instrument to complete as part of their conference materials. Participants were instructed to return the completed questionnaire to a collection site at the conference. A total of 206 subjects responded. This sample is not representative in number (40% response rate) or in randomization of the total population who attended the conference. It simply reflects the opinions of those who took the time to complete the instrument.

The instrument was designed for simplicity and ease of response. No personal identifying information was requested in terms of socio-demographic characteristics. Five questions were asked. The first three related to years of practice, type of agency, and focus of agency service. Using a qualitative approach, the final two questions addressed the subjects perceptions about the strengths or benefits of a family preservation approach to practice, and the weaknesses or limitations of such an approach. The researchers assumed the definition of family preservation would be frequently addressed throughout the conference workshops and therefore deliberately did not define family preservation for the participants. The goal was to determine the respondents' perceptions about family preservation and to discern if these perceptions were in any way associated with years of practice, type of agency, or focus of service. Questions were clear, concise and simple. Participants were competent to answer these items. Consequently, attention was paid to issues of internal validity (Grinnel, R., 1997). The open-ended nature of the questions regarding strengths and limitations allowed for respondents to indicate their range of understandings and perceptions about family preservation.

## Data Analysis

### Practice Variables

The length of practice variable was coded from less than 1 year (0) to the actual number of years specified by respondents. The type of agency was coded as State, private for-profit, Tribal, private non-profit, County and other. The focus of service variable was coded as mental health, developmental disabilities, children and family (child welfare), criminal justice and other.

A content analysis was performed to determine the categories of concepts for the open-ended questions related to the strengths and the limitations of family preservation practice. Subjects identified 13 strength categories and 9 limitation categories which appeared to be mutually exclusive.

Univariate analysis was performed on all categories of variables. Descriptive statistics revealed 49.3% of the sample were employed in family preservation practice for 2 years or less ( $n = 205$ ). The range of years in practice was from 0 - 33 years and the mean was 4.7 years. The type of agency and focus of services responses were rank ordered. Forty five point one per cent of the sample reported working for the State while 27.5% indicated they worked for a private for profit agency. The remaining responses were distributed among private non-profit (9.8%), other (7.8%), Tribal (5.4%) and County (4.4%). Children and family (child welfare, CPS) accounted for 58.9% of the focus of agency service. Another 21.8% indicated the agency focused on mental health, 15.8% other, 3% criminal justice and .5% developmental disabilities (See Table 1).

**Table 1. Descriptive Analysis: Practice Variables**

Variable: Length of years in practice		n = 205			
r = 0 - 33 years		mode = 1			
$\bar{x} = 4.7$		median = 3			
Type of Agency	n = 204	%	Focus of Service	n = 202	%
1) State		45.1	1) Fam/Children, Child Welfare		58.9
2) Private for profit		27.5	2) Mental Health		21.5
3) Private non profit		9.8	3) Other		15.8
4) Other		7.8	4) Criminal Justice		3.0
5) Tribal		5.4	5) Developmental Disabilities		.05
6) County		4.4			

### Perceived Strengths

Thirteen categories of perceived strengths were identified by the participants. Almost one third (30.8%) of the respondents indicated keeping families together as the most frequently reported strength. Recognizing the family as expert (20.5%) and using a strengths based approach (20.5%) while focusing on the family rather than an individual family member (17.8%) were next frequently reported categories. (See Table 2)

**Table 2. Perceived Strengths of Family Preservation: Rank Ordered by Frequency of Responses**

Variables	# of Responses	%	Valid n = 185
1) Keeps Families Together	57	30.8	
2) { Family Is Expert	38	20.5	
{ Strengths - Based	38	20.5	
3) Family Focused	33	17.8	
4) Facilitates Change	25	13.5	
5) Systems Perspective	24	13.0	
6) Family Turf, Comfort	20	10.8	
7) Cost Effective	15	8.1	
8) Prevents Trauma of Removal	13	7.0	
9) Holistic	10	5.4	
10) Good for Society	8	4.3	
11) Hands on Training	3	1.6	
12) Non-Judgmental	2	1.1	

### Perceived Limitations

Nine variables were identified by respondents when asked about limitations of family preservation. The most frequently cited limitation was lack of support (28.4%). This variable included all responses related to a lack of funding, lack of designated staff, lack of intra and interagency resources and lack of community resources. The second most frequently reported variable was that children were endangered by this approach (21.3%). Lack of family cooperation (17.5%) and theoretical ambiguity (16.9%) were the next most frequently identified categories. It is interesting to note that the response "none at all" was specified by 6% of the participants. (See Table 3)

**Table 3. Perceived Limitations of Family Preservation: Rank Ordered by Frequency of Response n = 183**

Variable	# of Response	%
1) Insufficient Support	52	28.4
2) Children Endangered	39	21.3
3) Family Uncooperative	32	17.5
4) Theory Ambiguity	31	16.9
5) Time Limited	19	10.4
6) Limits # of Families Served	13	7.1
7) None at All	11	6.0
8) Worker Endangered	9	4.9
9) Worker Not Culturally Sensitive	4	2.2

**Limitations**

Clearly, this study is limited by the non-representativeness of the sample. However, to have 206 participants at a Family Preservation Conference voluntarily complete the instrument does attest to an interest and commitment to family preservation and a need, perhaps, to have input about this approach to practice.

**Discussion and Implications of the Findings**

The strengths identified by our respondents reflect their ideological positions regarding an approach to practice with families (Ronnau & Sallee, 1993). This is in keeping with the understanding that “family preservation is not a service...., it is a way of thinking” (Stepleton, 1992, p.281). It “embodies an optimistic, tolerant attitude toward both family structure and family functioning” (Mac Donald, 1994, p. 46). In fact, this hopeful, optimistic, strengths based, ‘family as expert’ view is one of the major distinguishing characteristics of family preservation from traditional social welfare services (Sallee, 1991). Ideologically, not only are practitioners embracing this position, but also we find the nation is politically and legislatively supportive of family values, and the mission of child welfare agencies has become to keep families together (Mac Donald, 1994).

It may well be that while keeping families together is a frequently perceived strength by our respondents, at the same time a concern for the lack of support workers receive is a major limitation. Moreover, the children’s safety is considered a major concern as well. While contradictory at face value, these findings may reflect the disparity between the ‘ideal and the

real’. Ideally, practitioners subscribe to the power and value of family cohesiveness. In reality, however, the children’s safety must always be of primary concern. Finally, this disparity may reflect the need to move from an ideological perspective to an approach to practice based on a sound theoretical foundation.

Barth (1990, p. 98) suggests “the value of theories can be determined by whether the interventions they spawn produce results that are superior to other theories or no theory at all.” Outcome research on family preservation is flawed in many respects. For the purposes of this discussion, we posit the atheoretical or mixed theories nature of family preservation may account for the confusing and often contradictory findings of family preservation research. One might suppose that issues about research and theory are of concern only to academics and theoreticians. Hardly would we expect that practitioners, often overwhelmed with large and/or intense, difficult caseloads, burdened by agency demands to document and complete enormous amounts of paper work, and frustrated with the never-ending needs of their clientele, would have little time to consider the importance of theory in application to family preservation practice. Common sense suggest this is particularly true among practitioners in public non-profit agencies that focus on services for children and their families. Yet in our study, practitioners from public non-profit and private for-profit in child welfare and mental health focused agencies concerned about family preservation identified theory ambiguity as a major limitation. These findings suggest a need to further develop a family preservation theory base that can serve to direct practice in a purposeful yet responsible manner and can lend such practice to the rigors of research for evaluation of practice effectiveness.

Our findings did not include any mention of partnering among family members and workers-- a key practice competency espoused by family preservation educators (Ronnau & Sallee, 1993). Nor was the concept of mutuality between family members and workers in plan development and implementation mentioned. While families were perceived as the expert about their situation, recognizing and identifying family members as crucial partners in the helping process was missing (Family Preservation Institute, 1994). Although it is impossible to make inferences about what respondents did not include, it is interesting to note that a keystone of practice competency and a cornerstone of the value base of family preservation was overlooked.

Not as surprising an omission is the lack of response to the strengths or limitations of family preservation related to policy issues. Given that most of the respondents had 3 years or less of family preservation practice, one might assume that these respondents were the line workers, not supervisors or administrators. Perhaps it is a function of their job position that resulted in this omission to policy issues.

A need for further research is evident as we continue to define and refine family preservation as an approach to practice. Fraser (1991) indicates that agency based research comprised of small, modest studies with a variety of designs, involving workers and clients in all phases of the evaluation are needed to best understand the strengths and limitations of family preservation as a major focus of intervention with families in trouble. Certainly the respondents in our study imply a willingness and a need to become better grounded in family preservation practice as they endeavor to honor the ideological perspective of 'keeping families together'.

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## Review of Current Resources



**Children Who Could Have Been: The Legacy of Child Welfare in Wealthy America. William M. Epstein. (1999).  
Madison, Wisconsin: University of Wisconsin Press.**

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William Epstein sets the tone for this book, which purports to be an evaluation of the public child welfare system in the United States, by examining the cases of two teenagers, Natalie and Adam, who both wound up in Boys Town in southern Nevada. Natalie, we are told, was repeatedly molested, raped, and beaten by her father. A few weeks before her twelfth birthday, she was removed to a temporary children's shelter, but was returned home after two weeks. Her father continued to sexually abuse her. At thirteen, she was again placed in a temporary shelter, and then a foster family home; then a large group home for 25 teenaged girls, run by a church organization; then a smaller group home run by a for-profit agency; and finally, at age 15, in Boys Town. Adam was placed in a temporary shelter at the age of two, when his mother, a prostitute and drug addict, was terminated from AFDC and evicted from her apartment. He was returned to her a few months later, but placed in a temporary shelter again when his mother was jailed for selling drugs. Returned once again, some time later he was placed yet again in a temporary shelter after his mother admitted that she had no money and no place to live. Adam was then placed in a foster family home. Some time after, parental rights were legally terminated and Adam was adopted by his foster parents, who often beat him. He was eventually placed in Boys Town, at age twelve. Epstein characterizes the two group homes that Natalie lived in as understaffed and neglectful, and Adam's foster-adoptive family as emotionally as well as physically abusive, but he has praise for Boys Town.

These two cases are not merely one-paragraph vignettes; they comprise one fifth of the entire book. Yet, we are not told how this sample for this study was selected. Presumably, the author met both children at Boys Town. The case histories, it turns out, although "largely based on the experiences of two children," are composites, "leaving out some actual experiences and adding others" (p. xviii). Epstein admits that a "problem of representativeness naturally remains," but puzzlingly excuses himself by claiming that the "literature is too weak to

provide any authoritative description of the typical child" (p. xviii). Even if we were willing to assume that the two children comprised a random sample of the entire population of Boys Town in southern Nevada, it obviously would be an extremely narrow lens through which to view the public child welfare system. Most children in the system, or even in foster care, do not wind up in residential treatment settings. Nevertheless, Epstein concludes from this highly selective sample that "most children in public care have been abandoned—physically and emotionally—by their parents" (p. 28). (Strangely, on the back of the dust jacket, Duncan Lindsey claims that the author "examines the [public child welfare] system through the eyes of those it serves.")

Having thus established his research credentials, Epstein is prepared to harshly judge the work and methodological flaws of others. He will, however, apply quite different—although often equally odd—standards to their work, while continuing to violate the most basic rules of rational, much less scientific, discourse. He criticizes Maas and Engler's classic study of many hundreds of children in foster care as "quite limited," and like "a series of case studies," drawing cases "from only nine communities" (p. 44). Compare Epstein's fictional sample of two. Tatar's estimate that the median length of continuous stays of children in foster care declined in the late 1970s and early 1980s is criticized on the grounds that it was "based on only 60% of the children in foster care" (p. 53). That there is no reason to believe that the estimate would be any different if based on 100% of the children does not concern Epstein. This is far more a petty game of "gotcha" for its own sake than it is responsible or pertinent scientific criticism. In regard to other descriptive studies, he spews out charges concerning sample representativeness, "unreliable data collection," and "weak" studies (p. 61) without any specificity or substantiation of his claims. And against all reason and evidence, most of which is based on studies he has apparently not read or at least avoids mentioning here, he doubts the strong relationship between poverty and child abuse and neglect (p. 61).

Epstein also doubts that children have been removed from their homes because the mother frequented taverns or was a lesbian, or for reasons of homelessness and poverty. Yet he presents no evidence to refute these facts, and shows no more than passing knowledge of child welfare, grounded almost exclusively in his reading of aggregate data studies. Even then, he ignores studies that have revealed homelessness, inadequate housing, and lack of financial resources as reasons accounting for the placement of sizable percentages of the children in foster care. Moreover, he ignores, and thus makes no attempt to explain away, research findings suggesting that even small amounts of additional income and material supports are related to less harm to children and less child removal (p. 39).

Epstein sets up for his vituperative criticism a simplistic structuralism held by no one and presumes to lecture us on the difference between correlation and causation (p. 38). Moreover,

one need only skim the child welfare literature to know that the behavioral problems of the parents and children are abundantly recognized, and any extensive reading of case records would reveal that there is little reluctance on the part of caseworkers to identify parental inabilities or personality deficits, or on the part of supervisors to act on workers' judgments. Epstein's comment that children merely "appear" to be removed for reasons of poverty because of others' (presumably supervisors and researchers) preference to ignore the workers' judgments is naive (p. 60).

Epstein's criticisms of experimental evaluations of child welfare interventions are often insubstantial. For example, in regard to the Second Chance for Families project evaluation by Mary Ann Jones and associates in New York State in the 1970s, he points out that workers, knowing of the experimental conditions, sometimes vowed to provide extraordinary service to a control case. He also claims that we do not know that the experimental group actually received different services than the control group. Then how can we explain the fact that, six months after the intake phase of the study, a far greater percentage of the control group children than experimental group children had entered foster care? That we do not know what, specifically, about a complex experimental intervention has produced the results, does not obviate the success of the intervention. The findings cannot simply be dismissed, as Epstein tries to do, without providing some convincing reason or evidence to believe that the intervention itself did not produce the results. The fact that certitude will never be achieved does not negate the value of experimentation, and does not dismiss detractors from their obligation to provide convincing reasons for their own claims of ineffectiveness.

In regard to the sum of experimental testing of so-called Intensive Family Preservation Services (IFPS) programs in recent years, the findings regarding prevention of the need for out-of-home placement are mixed at best, permitting the conclusion that we do not yet know if such programs are effective (or not), without even beginning to examine the methodological flaws of the studies. Yet such flaws have been amply analyzed by others. Epstein, however, criticizes one IFPS program evaluation for using an overflow comparison group and having children in both experimental and comparison groups who may not have been at imminent risk of placement (p. 106), without providing any supportable reason for believing that the findings would have otherwise been different. He inexplicably criticizes another evaluation for excluding nonrandomly selected cases from analyses and for not having produced findings that would permit rejection of the null hypothesis (p. 109). His strategy is to pile up such criticisms, in a bewildering display of "the substitution of volume for substance" (p. 116), to borrow a phrase from Epstein himself. His object is to claim that there has been little credible research in child welfare and no credible demonstrations of the effectiveness of any programs (pp. 33, 40, 127).

By contrast, Epstein offers no evidence for his own conjectures, which amount to crude stereotyping (generalizations, perhaps, from his case study of two). For example, he claims that foster parents, generally, are motivated only by "mundane financial considerations" (p. 58); that the children in foster care, in general, are not loved by their parents or their caretakers (p. 125); that only a minority of foster families provide nurturing care (p. 125); and that the children in care are "essentially feral" (p. 125). Not a scintilla of evidence is offered in support of any of the foregoing pronouncements. In regard to conjectures that he does try to support by referring to research, he is highly selective in the research he cites (in reference, for example, to his proposition that foster children are "frequently" abused and neglected in foster care [pp. 73, 125]). And he is not above citing studies with exceedingly small sample sizes and statistically insignificant findings (in support, for example, of his claim that "reunified" children have worse physical care and lower school achievement than those remaining in foster care [p. 101]).

Epstein displays a basic misunderstanding of the scientific method, its use in the applied social sciences, and its role in rational discourse and the policy arena. In the absence of being able to establish causation with certitude, we are obliged to depend upon the weight of the evidence. In an ongoing manner, theories are setting the child welfare agenda, and policies and programs are operative. Thus, the choice is never to do nothing or something, and the task is to determine whether the weight of the evidence favors the current operative theories and programs relative to others. We are obliged to develop plausible hypotheses, consistent with the evidence, and test them as best we can, feeding the incomplete evidence that emerges back into the process of rational discourse. Despite the facade of erudition in his writing, Epstein displays a baffling ignorance of epistemology, and engages in a sophistry divorced from the need to act in the real world. According to his logic, we should say nothing about anything, and do nothing, until flawless experiments have been performed and certainty has been reached. For this, we will be waiting forever. Epstein, of course, would exempt himself from this rule and would continue to make generalizations based on no evidence at all.

The book is littered with nasty and mean-spirited judgments of the leading researchers in the field, again with no credible evidence. Mary Ann Jones and her associates are characterized as a "group of canny researchers" whose evaluation project was "an adventure in neglect" (p. 85). John Schuerman and his colleagues are accused of allowing "careerist motives" to influence their "self-serving" conclusions (p. 99). Researchers in the field, in general, are accused of "professional decadence," and of operating in "the hope of political favor" (p. 101). Peter Pecora and his associates are claimed to "manipulate professionally expedient findings" (p. 106). This is yellow journalism, not scholarship nor even rational discussion.

What is Epstein's point in all this, other than a demonstration of what he erroneously believes to be his own scientific dexterity, and other than his claims that the researchers in the field are unethical, deviant, and dishonest; the foster parents are motivated only by money and are unconcerned about the children they take in; the children themselves are wild animals; and their parents are depraved, defective, and incompetent (p. 36)?

Epstein condemns the American public for lacking generosity and being "miserly" (p. 30). Inexplicably, after declaring all experiments, analyses, and demonstrations over the past 40 years "not believable," he claims that this very circumstance suggests that "generous interventions may be needed" (p. 122). He states that the "consistent inability of the human services—notably child welfare services—to demonstrate the effectiveness of any of its weak interventions suggests that more intensive interventions are necessary" (p. 131). He is seemingly suggesting that if a little of something is not working, then this automatically implies that more of the same will be effective. He is silent on how or why we should convince the public to throw good money after bad.

But amidst this illogic, there is a confusion between aggregate funding and funding of the individual case. The provision of housing, income support, or day care for an individual family is not a small or inexpensive intervention. Moreover, many children are currently in institutional placements at costs of upward of \$50,000 per year. In the individual case, this is not an "ungenerous" amount. Yet in that individual case, we can question whether or not better outcomes could be achieved if that same amount were to be used for some type of intervention within the family.

Thus, we must ask what more "generous" interventions should consist of. What, exactly, should be implemented with more money, and what interventions, specifically, does Epstein propose? What are his "possibly effective solutions" (p. 126)? Epstein opines that even such aggregate programs as public housing and urban renewal have done more harm than good (p. 131). And he has already denounced such provisions as income assistance, day care, and housing (when indeed given) as "trivial," as failed remedies, and a result of liberalism (pp. 37, 38, 49, 62, 131). And certainly, he has no use whatsoever for counseling and therapy (pp. 62, 120).

What Epstein does propose is "more intensive surrogate care for many more children" (p. xix). He lauds Boys Town and claims that "the child welfare system needs to improve on Boys Town," by providing access to a greater range of experiences, and offering "more opportunities for self-expression" (pp. 126-127). But nowhere in the book does he refer to any evaluative studies of the effectiveness of Boys Town or for that matter, any other institutional

settings. He offers no evidence whatsoever. Finally, he mentions the need to "reform the system" (p. 128), but gives no indication of what it should be reformed to, or how.

Although Epstein suggests that perhaps "far too few children are removed" (p. 69), and expresses doubt that there have been inappropriate removals, he fails to define what he means by "inappropriate" (p. 61). For him, foster care placement decision-making criteria are a nonissue. And although he suggests that many more children than are known to the child welfare system lack adequate care (p. 32), nowhere does he state what he means by "adequate." He ominously states that "a cost-conscious society obviously learns to tolerate the vagaries of diverse child-rearing practices" and that a more "humane" society "might sacrifice some amount of personal liberty" for the sake of children (p. 34), but he is unclear about exactly whose personal liberty he has in mind.

Although he tries to distance himself from conservatism as well as liberalism, he is closer to the former despite his rhetoric of generosity. Conservatives are willing to spend as much money or more than liberals, but they are more inclined to spend it on prisons, the futile drug wars, foster care, and institutions or "orphan" asylums. Despite Epstein's more-radical-than-thou posturing throughout this book, his views have more in common with Herrnstein and Murray (in *The Bell Curve*), Newt Gingrich, and Chicago's Patrick Murphy than he might think. His recommendations for the beginning of the 21<sup>st</sup> century amount to child rescue with a vengeance and are a throwback to the end of the 19<sup>th</sup> century, with the same predictable results.

Child welfare scholars, understanding that no one has cornered the market on truth, at least try to maintain civility in their discourse. Yet Epstein, deluding himself that he has no ideological bias, has the certitude that everyone else is wrong. The only one left unscathed in this book, of course, is Epstein himself. Judging from on high, he offers his pronouncements as a gift to us dimwits and mercenaries here on the ground. His level of arrogance is not warranted by the quality of his analysis.

**Skills for Families Skills for Life. Linda M. Shadoin, Joni Cook-Griffin, and Jane L. Peterson. (1999). Nebraska: The Boys Town Press.**

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*Skills for Families Skills for Life* is an easy to read guide written for family practitioners that lists over one hundred family life skills and their behavioral components in eleven different skill areas. The skill areas include a wide range of household and life management skills: communication, education, housing, medical needs, money management, child supervision, social support, nutrition, sexual abuse, stress and home safety. The authors provide a brief introduction to skills teaching and do a thorough job breaking down each skill into component steps. The lists of the components of each skill are very comprehensive, although some of the components seem oriented toward fairly well functioning or higher educated parents/caregivers. The skill components/steps are presented very clearly with some behavioral indicators and examples provided. For example, the first step under the skill of "Recognizing Medical Needs" ("Observe and note when the child displays unusual physical symptoms...."), provides clear, specific examples of possible symptoms – "fever, sweating, pulling at ears, coughing." Other skills such as "Hiring a Baby Sitter," "Transporting Children in a Car," and "Asking Children about Personal Safety" could benefit from more specific examples of what to do and say.

Although many of the skills presented in the guide appear fairly easy to teach and implement, some are complex and will require practitioners to identify the necessary "pre-requisite" skills (e.g., conversational/social skills, cognitive skills, problem solving skills, assertive skills, etc.) that many parents/care givers may need to learn before tackling these skills. Practitioners and others who work with parents/care givers who are overwhelmed and are experiencing significant family problems also may need to identify and address other "barriers" to skill building (e.g., chaotic/disorganized household, lack of daily routines, time constraints, unmet basic needs, etc) before introducing many of the skills and their behavioral components.

The authors provide a brief annotated bibliography of "in-house" publications that are related to this guide. It would have been useful to include a more comprehensive list of other skill

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building resources, as well as the references/citations for the source of some of the skills presented (e.g., Thomas Gordon's "active listening" and "I messages").

Practitioners who already have a solid grounding in skill building and teaching strategies will be able to use this guide very easily and may find it to be a useful resource for identifying the behavioral component and steps for a wide range of skills. The behavioral steps can provide a basic roadmap to use when teaching skills to families. New practitioners or paraprofessionals will need more specific training and experience in skills teaching before they can use this guide more effectively.

**Attachment Disorganization. J. & George C. Solomon. (Eds.) (1999). New York, NY: The Guilford Press.**

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Up-to-date, concise and well written, this ambitious book presents a comprehensive overview of current investigations and research on the construct of disorganized attachment. The editors have gathered prominent contributions from leading attachment researchers in their exploration and examination of the etiology of attachment disorganization, its social and cognitive sequelae, its impact in atypical populations, and its implications for practice.

Attachment theory holds that the early relationship between an infant and his or her primary care giver is biologically predisposed for purposes of safety and security and is a blue print for future relationships. Attachment classification (Ainsworth, Blehar, Waters, & Wall, 1978) came about through the research in Ainsworth's Strange Situation Study (1978). In assessing the effect of maternal separation on infant exploration and behavior, Ainsworth found that babies had differing responses when reunited with their mothers.

Three patterns of reunion in infants were identified. Some infants sought closeness to mother and wanted contact and comfort before returning to play. Mothers of these infants tended to be responsively attuned and sensitive to their infant's cues. These infants were subsequently

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designated as securely attached. Other infants gave no special recognition to their mother upon her return and simply avoided her. They seemed blasé, nonchalant, and overly independent. These infants were designated as "insecure avoidant" infants. A third group of infants seemed to both approach their mother upon her return and simultaneously resist her efforts to comfort them. These infants needed soothing, but they would often walk away from their mother while looking at her. They were designated as "insecure ambivalent." In later research (Main and Solomon, 1990), an additional fourth group was discerned, composed of infants who did not fit any of the patterns already described and had no clear strategy for responding to care givers. Their behavior included freezing upon reunion, staring at the care giver as if they were in a confused daze, fearfulness toward the parent, and alternating clinging with intense avoidance. This group was classified as "disorganized." Subsequent research indicated that the infants in this latter category had usually experienced neglect and/or abuse, had mothers with severe bipolar illness, or experienced other environmental factors that had impacted adversely on their well-being.

Ainsworth and her associates (1978) and Main, Kaplan, and Cassidy (1985) have suggested that differences in reunion behavior reflect differences in the ongoing interactional relationship between infant and primary care giver, usually mother. These behaviors, which became the basic attachment paradigm, reflect the child's strategy for relating with the parent and coping with absences. Main and her colleagues (1985) argued that once these patterns of attachment are developed, they tend to persist and become part of the personality with implications for social and cognitive functioning. Current examinations of disorganized attachment focus on the impact of the parent's unresolved attachment trauma, frightening and frightened behavior of the parent and possible neurological and temperamental issues. Insecure attachment patterns are not considered pathological and although the disorganization classification suggests a higher risk for psychopathology, it does not, in itself constitute an attachment disorder.

The current research is reminiscent of another outstanding investigator in the area of child development, social worker Selma Fraiberg and her colleagues (1975). Fraiberg identified care givers who themselves were abused, neglected, or rejected as children, as being vulnerable to perpetuating destructive patterns of parenting, unless there had been a reworking and understanding of their early conflicts on both cognitive and emotional levels. Fraiberg believed the parents' unremembered past, despite good intentions, interfered with their relationship with their child as a result of defenses they used—largely, their denial of painful affects associated with unresolved trauma and their identification with their own parents' behavior.

Fraiberg also identified infant behaviors which were quite similar to the avoidance patterns described by Ainsworth (1982). However, Fraiberg believed there was an important

qualitative difference between the patterns she saw and those described by Ainsworth. Those differences were thought to exist because Ainsworth's population was presumably normal, while Fraiberg's clinical cases had reached pathological extremes of abuse and/or neglect. The infants Fraiberg observed ranged between three and eighteen months of age and had experienced extreme deprivation and stress in their relationships.

Although interventions based on attachment concepts are varied and diverse and depend on specific situations and context, they are always directed toward developing, enhancing, and maintaining the attachment relationships between primary care givers and children. Knowledge of attachment concepts are also used to ameliorate situations where there has been a disruption in the primary care giver relationship.

This volume should serve as a useful springboard for future research on attachment in general and the challenging disorganized attachment pattern, in particular. It contains valuable ideas that are thought provoking, often conflicted, and in some cases, suggestive of profound dilemmas. While written for readers with a fairly sophisticated understanding of attachment concepts, it is essential reading for professionals involved in child evaluation, consultation, expert testimony regarding children and their care givers, policy makers, and especially those involved with primary prevention.

Family preservation practitioners need to recognize and identify the at-risk symptoms of children with disorganized/disoriented patterns in order to refer to professionals with attachment expertise and/or formulate services directed toward therapeutic interventions. An important resource for Family Preservation work is the Appendix in this volume, which details procedures for identifying attachment disorganization.

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**Infants, Toddlers, and Families: A Framework for Support and Intervention. Martha Farrell Erickson, and Karen Kurz-Riemer. (1999). New York: The Guilford Press.**

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*Infants, Toddlers, and Families: A Framework for Support and Intervention* provides an excellent framework for early intervention with infants, toddlers, and their families. The authors reaffirm the importance of integrating theory and research to inform practice in regard to promoting optimal development of children. The authors' passion and wisdom of early childhood intervention are reflected in this book. They offer concrete information and illustrations for working with children from diverse backgrounds, including families from the general population, families of different cultures, disadvantaged families, and families with disabled children. They validate the need to focus on strengths more than deficits, to empower families by supporting them to gain their own power, to employ collaboration, and to share resources to support families in building the capacity of children.

Chapter 1 provides a brief historical overview of theories, research, and clinical findings that have supported and promoted early intervention with children and families. In this chapter, an important theme indicated by the authors is the need to focus on the child in the context of the family and the family in the context of the larger community. Likewise, in Chapter 2 the authors discuss the importance of developing a solid foundation of knowledge bases to inform practice. These knowledge bases include prevention and intervention research, clinical evidence, and basic developmental research. Although general conclusions from intervention research confirm the positive impact of early intervention, additional work needs to be done because outcomes have been modest and effects differ among disadvantaged, disabled, and "normal" children.

Chapter 3 offers ideas for identifying and building on parenting strengths. The authors suggest specific tasks that parents should complete to promote good child developmental outcomes. Among these tasks are building infant-care giver attachment and parental sensitivity. The authors also add that interventionists, care givers, and parents should work together to supply important ingredients to promote optimal learning and development. Examples of these ingredients include encouragement of exploration, mentoring in basic skills, celebration of developmental advances, guided rehearsal and extension of new skills, protection from inappropriate disapproval, teasing, or punishment, and provision of a rich and responsive language environment.

Chapter 4 presents ways for developing and enhancing parental knowledge and understanding child development and capabilities at different ages and stages. The authors suggest videotaping as the best tool for expanding parents' knowledge of children's capabilities. Central to this task is enabling parents to see through the eyes of the child. In developing and enhancing their knowledge, parents must examine the past and choose what to carry forward and what to leave behind. Likewise, they must take advantage of all available resources to help them in the process.

In Chapter 5, the authors focus on strengthening family support networks as a critical element in the development of children and functioning of families. The authors outline basic principles of family support, promote service collaboration for better family support, address barriers to using resources, and promote home visiting and parent support groups as family support strategies. Furthermore, the authors recommend building cultural competence, helping families adjust to the changing times, and communities, cultures and interventionists becoming partners with families.

This is an excellent resource for practitioners and educators as well as families. The book is comprehensive and practical, and its contribution will strengthen the field of early childhood intervention. The conceptualization of ideas and provision of concrete examples and illustrations will be useful for family-centered practice and research. The discussion on building cultural competence may benefit from additional in-depth examples and illustrations. Nonetheless, it is evident that the strength of the book is in its focus on children and families from diverse life situations.

**Solution-Based Casework: An Introduction to Clinical and Case Management Skills in Casework Practice. D. N. Christensen, J. Todahl, and W. C. Barrett. (1999). New York: Aldine De Gruyter.**

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I originally agreed to review this book as a professional courtesy to a colleague and personal friend. In reading it, however, what began as a review progressively became a professional reflection on the many successful outcomes that can be promoted through a pragmatically informed practice based on the primary assumption that humans develop; they do not pathologize. By pragmatic, I refer to a goal-oriented conceptualization of "what works" grounded in clearly defined theory and research, not an eclectic cookbook or "what I think ought to be." By develop, I refer to the assumption that persons do the best they can, many times under very trying circumstances and possess the native competencies to modify their actions and instigate more positive solutions. As quoted by the authors of *Solution-Based Casework*, Burke (1997) argued,

Two major tendencies in all people from birth to death...the progressive and regressive trends in nature. Other things being equal, progressive trends are stronger...We must identify the progressive forces with which we can ally ourselves and which, at the appropriate time, we can help mobilize. (pp. 42-43)

The authors of *Solution-Based Casework* assert the importance of a solution-oriented assessment, case planning, and case management that takes into consideration "environmental factors, client competencies, family development, and relapse prevention strategies" (p. 3). They do this superbly throughout the book. One example offered by the authors particularly mirrored my own professional experience.

As a young Child Protection Team Psychologist, I was puzzled by the all-too-typical case recommendations of "counseling" and "parenting classes" for families where abuse was an issue. This was particularly so, given that many families were repeat offenders despite their

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previous participation in these supposedly therapeutic endeavors. The authors' description that follows echoed my consistent request at case planning meetings and during court testimony:

If the case planning targets attendance at counseling and parenting classes as an objective, then attendance is what you will be measuring....If the case plan does not target the specific behavioral skills the family will need to avoid, interrupt, or escape their problem pattern, you won't be able to help them sort out where they allowed their problem pattern to escalate. Because you won't be able to help them identify where they became at risk, you won't be able to help them generate alternative responses to those situations. (pp. 126-127)

*Solution-Based Casework* offers the reader a resource for developing case plans that are "(1) tied to everyday life events, (2) are measurable, (3) are accountable, (4) specifically target high-risk behaviors, and (5) plan for relapse prevention" (p. 3), plans that in my experience promote successful outcomes.

The book is divided into three sections, with varying numbers of chapters in each section. Section I provides a foundation for the authors' position in which they skillfully incorporate elements of family-centered practice, ecological and competence perspectives, family life cycle theory, postmodern family casework, solution-focused family therapy, and relapse prevention theory. Section II considers assessment and case planning and does so in a very organized, concrete manner emphasizing "everyday life" issues that client families can come to better manage and develop from. The chapters in this section expound upon "working with client families" in contrast with "working on families." Section III highlights case management and treatment team issues. Chapter 11 is especially well-offered in describing "How Staff Experience Change;" challenges, success stories, and training recommendations for implementing staff development from a traditional deficit-focused, to solution-based casework model.

I would give *Solution-Based Casework* my highest recommendation for current practitioners. I would also recommend it for educators training future professionals but with one caveat. The practices promoted within this book require the professional to have attained a postformal level of cognitive development, where one can maintain a coherent theory and research base while simultaneously considering the day-to-day reality of a clinical context, join these two, and arrive at a synthesis of optimal professional practice. Depending upon the experience level of the trainee, they may need to be challenged intellectually and/or experientially in order to be able to fully appreciate and employ what this book offers. I personally plan to make it a required text in my Ph.D. level Family Therapy Practicum.

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**Childhood Sexual Abuse: An Evidence-Based Perspective. (Volume 40, Developmental Clinical Psychology and Psychiatry.) David M. Fergusson and Paul E. Mullen. (1999). Thousand Oaks, CA: Sage Publications, Inc.**

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*Child Sexual Abuse* provides a very thorough and clear analysis of our present understanding regarding sexual abuse. The authors adopt an epidemiological approach which, they explain, contrasts with the previous prevailing approaches that were closely aligned with issues of the politics of gender and the politics of victimization. The research of the 1960s, 1970s, and 1980s was based largely on accounts of adult female survivors of childhood sexual abuse and interpreted in terms of a growing body of feminist theories that regarded sexual abuse as one of the manifestations of the patriarchal social structure that oppressed women. The authors explain that the epidemiological approach is freer of such bias and, therefore, brings more specific facts and factors to the fore.

Their epidemiological approach involves reviewing and collating findings of the past three decades about the prevalence, correlates, and consequences of childhood sexual abuse. Using this meta-analysis of previous epidemiological studies, the authors review the prevalence of sexual abuse during childhood, characteristics of victims and of perpetrators; the effects of child sexual abuse on children's functioning; the effects of child sexual abuse on later adult functioning; the data surrounding current controversies, such as the false memory syndrome.

A major contribution of this book's meta-analysis from an epidemiological perspective is that child abuse is not reified into a single phenomenon. Rather, the concept of child sexual abuse is deconstructed so that various types of abusive interaction are correlated with the effects

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upon childhood and adult states. Objectifying and breaking down their data lead to a range of very interesting and helpful conclusions. For example, they are able to break down the stereotype that child sexual abuse is a male monopoly. Instead, their meta-analyses suggest that one in five perpetrators are female. As another example, their analyses indicate that, contrary to popular belief, the majority of child sexual abuse perpetrators have not been sexually abused as children. They also document the possibility of the nonspecific link between abuse and adult mental health problems rather than sexual abuse having specific psychological effects (such as causing eating disorders).

These and other findings have immense relevance for practitioners and educators. Clearly, efforts to prevent and ameliorate the effects of child sexual abuse are more effective to the extent that they are based upon reliable data. This concise yet thorough review of the research on child sexual abuse would be a helpful addition to a library of any professional involved in research or practice on child sexual abuse.

**Spiritual Resources in Family Therapy. F. Walsh. (1999). New York: Guilford Press**

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The stated purpose of this edited book is to support the work of family therapists by providing a variety of perspectives on spirituality, religion, and family therapy that are consistent with the editor's emphasis upon the strengths, collaboration, and systems perspectives. Part I is essentially a summary of literature authored by the editor. Part II contains 7 chapters, each written from a different religious or spiritual perspective. These perspectives range from African American to Buddhism and Judaism. Part III contains 7 chapters with various theoretical perspectives on spirituality and practice.

A welcome strength of the book is the editor's ecumenical and pluralistic emphasis. History has recorded many examples of how religious difference can lead to family, community, and international violence. This book models alternatives to violence and sensitivity to religious diversity for the family therapist and community activist. The chapters on spirituality and various ethnic minorities are especially original and may be useful to practitioners from all

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helping professions. Overall, the editor has made a contribution by bringing the subject of spirituality to the attention of more family therapists.

This book has some of the problems common to edited texts. Linkages between the chapters are sometimes weak, and the emphasis upon spiritual plurism may create some confusion, particularly for the beginning reader. For example, although basic definitions of spirituality and religiosity are offered in Chapter One, the reader is not certain that the other 14 authors agree on these definitions or whether they indeed even distinguish between spirituality and religion. The distinction can become especially important when therapists deal with family members who have strong positive or negative transference about religiosity.

The book also has some of the problems sometimes associated with other recent scholarship in spirituality. Although Transpersonal Psychology is now over 25 years old, many new authors do not seem to consult the rich multi-professional literature that is already available to them in the broad area of spirituality and practice. The reviews of the literature in many of the chapters in this book seem to omit, for example, some of the most important authors in psychology (e.g., Ken Wilber) and social work (e.g., Au-Deane Cowley, Ed Canda). The uninformed reader may therefore remain unaware of the rich knowledge and theory that has been developed in recent decades.

This text would probably be particularly useful to family therapists who would like a collection of readings on the subject under one cover. Educators might find the book useful as a supplemental text for a required family therapy class or an elective on spirituality and family-centered practice.



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