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Learning What Works: Demonstrating Practice Effectiveness with Children and Families Through Retrospective Investigation

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Intensive family preservation services (IFPS), designed to stabilize at-risk families and avert out-of-home care, have been the focus of many randomized, experimental studies. Employing a retrospective "clinical data-mining" (CDM) methodology (Epstein, 2001), this study makes use of available information extracted from client records in one IFPS agency over the course of two years. The primary goal of this descriptive and associational study was to gain a clearer understanding of IFPS service delivery and effectiveness. Interventions provided to families are delineated and assessed for their impact on improved family functioning, their impact on the reduction of family violence, as well as placement prevention. Findings confirm the use of a wide range of services consistent with IFPS program theory. Because the study employs a quasi-experimental, retrospective use of available information, clinical outcomes described cannot be causally attributed to interventions employed as with randomized controlled trials. With regard to service outcomes, findings suggest that family education, empowerment services and advocacy are most influential in placement prevention and in ameliorating unmanageable behaviors in children as well as the incidence of family violence.

Intensive family preservation services (IFPS), designed to stabilize at-risk families and avert out-of-home care, have been the focus of many randomized, experimental studies (Pecora, Whittaker, Maluccio, Barth & Plotnic 1992). This study attempts to assess the overall effectiveness of family preservation, treated as a single, relatively standardized intervention, on placement prevention, as well as explore associations between IFPS interventions, presenting problems, and placement prevention. Employing a retrospective "clinical data-mining" (CDM) methodology (Epstein & Blumenthal, 2004), this study makes use of available information extracted from client records in one IFPS agency over the course of two years.

Empirically assessing the delivery of specific service components responds to the demands for greater accountability in intervention management (Rossi, 1991). Moreover, it can suggest ways in which intervention variations differentially affect child and family outcomes, as well as providing an opportunity to reconfigure practice, based on the identification of differentially effective interventions (Berry, 1997; Pecora et al., 1992; Rossi, 1991, 1992a; 1992b; Staff & Fein, 1994). Knowledge generated is intended to inform and enhance practice and program development for family support programs and family focused placement prevention programs.

Literature Review

Service Provision

The intensive family preservation services model posits a family empowerment approach, encouraging family participation in intervention, goal setting, and in developing solutions to avoid family dissolution. The operational elements of this model include: 1) a home-based approach, 2) service intensity up to 20 hours per week for no longer than 90 days, 3) round the clock worker availability for emergency visits, and 4) worker caseloads of no more than two families at any given time in order to insure intensive treatment (Wells & Biegel, 1992).

Services typically provided by IFPS programs have been described as soft, hard/concrete, and enabling services (Berry, 1995). Soft services include such activities as psychoeducation, family counseling, and individual counseling. Concrete services consist of a range of services such as, financial assistance, home repairs, transportation, and recreational activities that families generally cannot afford. Enabling services provided on behalf of families include advocacy with social services, legal and educational systems, as well assistance in negotiating access to community support services (Berry, 1995; Rossi, 1991; Wells & Biegel, 1992; Wells & Tracy, 1996).

Characteristics that distinguish IFPS from other holistic family-centered services and from the more traditional "person-centered" perspective (Farrow, 1991; Nelson, 1997; Whittaker, 1991) include: 1) establishing a service continuum with the capacity for individualized case planning, 2) promoting competence in children and families by teaching practical life skills and providing environmental supports, 3) providing services that support and strengthen Families, 4) collaborating with families and other agencies to best serve at-risk children and families, 5) intensive service provision, of short duration, to all members of the household to restore family stability and, 6) ongoing assessment of the safety and well-being of the children with consideration of placement when necessary (Brieland, 1987; Pecora**,** Fraser, Nelson, McCroskey & Meezan**,** 1995; Rossi, 1991; Whittaker, 1991; Whittaker, Kinney, Tracy & Booth, 1990).

Intensive Family Preservation Services: Intervention Research

Key studies which explore IFPS service provision include prospective descriptive intervention evaluations (Berry, 1992, 1995; Berry, Cash & Brook, 2000; Fraser, Pecora & Lewis, 1991; Kinney, Haapala & Booth, 1991; Lewis, 1991; Tjeerd ten Brink, Veerman, de Kemp & Berger, 2004), experimental studies (Feldman, 1991; Schuerman, Rzepnicki & Littell, 1994), and quantitative studies correlating services to placement and treatment outcomes (Berry, 1994, 1995; Cash & Berry,2003; Kirk & Griffith, 2004). Additionally, two meta-analytic studies explore family preservation outcome research with attention to the provision of services and interventions to specific populations (Blythe, Salley, & Jayaratne, 1994; Fraser, Nelson & Rivard, 1997).

A number of researchers have addressed the effects of intensive services on the reduction of risk behaviors relative to child behavior and family functioning (AuClaire & Schwartz, 1986; Feldman, 1991; Fraser et al, 1991; Landsman, 1985; Meezan & McCroskey, 1996; McCroskey & Meezan, 1997; Wells & Whittington, 1993). Feldman (1990) found that families referred because of a combined problem of emotional

disturbance or behavior problems and poor parenting were more likely to experience placement. In a similar vein, Fraser, Pecora and Lewis (1991) found that children who had mental health histories had a greater risk of placement than those children with no prior mental health history. Fraser, Nelson and Rivard (1997) reported that intensive home based services appeared to be moderately effective in preventing placement of children who are in early adolescence and who are referred for behavior problems such as truancy, oppositional behaviors and other delinquent acts.

Assessing the improvement in child functioning is an implicit goal of intensive family preservation programs, yet few studies focus on specifying service components to determine the impact on child and family functioning (McCroskey & Meezan, 1997). Studies focusing on family outcomes (Berry, 1992, 1995; Feldman, 1991) reported that skill building services, such as teaching child management, alone or in combination with concrete services, was generally associated with better outcomes for families. In contrast, soft services, such as individual or family counseling, were not found to be associated with improved family functioning or placement prevention (Fraser, Pecora & Lewis, 1991, Berry, Cash & Brook, 2000). In yet another study conducted by Cash and Berry (2003), it was concluded that services had minimal effect on improved family functioning outcomes when the relationship between family characteristics, services provided and child well-being were explored.

Method

The study site, Families First, is located in a small urban center, serving a suburban and rural community. The program adheres to an intensive family preservation service model (IFPS), similar to the Homebuilders model, developed in the 1970's which was designed to stabilize at-risk families and avert out-of-home care. It was theorized that out-of- home care could be prevented by the provision of a combination of counseling, psychoeducation, and concrete services to families in their homes for ten to twenty hours per week and for four to six weeks (Nelson, 1997; Rossi, 1991; Wells and Biegal, 1992). Consistent with intensive family preservation program theory, Families First is a voluntary program that subscribes to a family centered approach, in-home intensive service provision, a generic and integrated response to multiple family problems, and a time-limited service duration. The entry point for service eligibility is a child's risk of imminent placement. Treatment is based on a family's willingness to participate in intensive services, commencing when at least one family member expresses a desire to maintain the family unit. Tailored to accommodate individual family needs while building on family strengths, a continuum of hard, soft, and enabling (Berry, 1996) services are provided, including counseling, information and referral, budgeting and money management, health care, nutrition, parenting and communication skill development. Referrals originate from the Division of Social Services, Child Protective Services unit, specifically through either the mandated prevention unit; the foster care unit, the intake/investigation child protection service workers, family court, mental health services, or families themselves. Services are provided from four to eight weeks, meetings are scheduled at least four times per week for as many as fifteen hours per week in the family's home, and workers are on call to their caseload of two families, twenty-four hours per day.

Families First proved to be a prime site for this data mining research, particularly because client records contained detailed service information, which allowed for comparative intervention research with prior studies and made it possible to examine treatment fidelity.

Participants

The sample was comprised of case records for all families served by Families First during the two-year period from January 1, 2000 through December 31, 2001 resulting in 116 case records (N=116). Four of the currently employed Families First workers were also employed during the two-year period noted above. This allowed for input from practitioners and corroboration of information for potential interpretation of interventions and services.

Procedure

This study was essentially a case study of a single IFPS agency. Yin (1989) describes the case study as an "empirical inquiry that investigates a contemporary phenomenon within its real life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used" (p. 23). CDM was selected for determining the specific nature of IFPS practice and intervention patterns because it is an unobtrusive approach to gathering clinical information from existing client records (Epstein, 2001).

Materials

The extracting tool, the Inventory of Demographics and Services was designed to retrieve and record available data from client records. This inventory reflected salient program theory and concepts derived from the family preservation literature. Three tools designed for prospective analysis of IFPS interventions informed the development of this data-mining instrument: 1) Concrete Service Checklist and the Clinical Services Checklist (Fraser, Pecora & Haapala, 1991), 2) Major Techniques Checklist (Schuerman, Rzepnicki & Littell, 1994), and 3) Therapeutic Interventions and Concrete Services Inventory (Pecora, Fraser, Nelson, McCroskey & Meezan, 1995). The final Inventory of Demographics and Services resulted in 134 variable measures of which 112 were interventions and the remainder was demographic characteristics. In order to insure that each intervention was mutually exclusive and simple to understand, an exhaustive list of operational definitions was developed for all variables, utilizing the review of the literature, as well as practice knowledge. A few examples of operational definitions for interventions are: 1) Define obstacles to task achievement: identify events, relationships and behaviors that interfere with successful accomplishments of tasks, goals and/or behaviors; 2) Explore problems: work from generalized labels of problematic behavior down to specifics; break into small, manageable goals; examine why this is a problem; determine problem ownership, family goals/values in relation to problem; and 3) Generate action plan: negotiate mutual agreement on treatment methods to be used, how to measure success, consequences, timetables.

Measures

The 116 case records were analyzed for distinctive services, interventions, and demographic information through an exacting review of process notes, three and six week summaries, termination summaries, and from supplemental material in the case record, such as, hospitalization or police reports, psychological testing reports, individualized education planning reports, school incident reports, and summaries from mental health counseling and other social service agencies. Data was entered onto the Inventory of Services and Demographics and later into SPSS for data analysis.

The child at imminent risk of being placed in substitute care is referred to as the "identified child" who was in physical and/or emotional danger in terms of personal safety at home, at school, or in the community. Only one child per family was considered as the "identified child", the child most in danger of placement.

Each intervention was counted and recorded only once, despite the number of times a worker might have utilized an intervention in a single case. This decision to record service provision only once was made because services were imbedded in the case narrative, making it extremely difficult to count each dose. Types of interventions were treated as independent variables when the dependent variable was placement outcome. However, when assessing interventions relative to family problems, the family problem was treated as the independent variable while the intervention was treated as the dependent variable. To assess program fidelity, the 112 interventions identified in the case records were then combined into existing categories defined by Berry (1995, 1997, 2000) and Lewis (1991) as hard, soft, enabling, and strengths assessment services. Additional categories of service identified by Fraser et al (1997) and used in this study included: empowerment, skill building, collateral, marital and family, crisis, and concrete services. A Cronbach's Alpha was performed to determine reliability of the summated service scales, resulting in positive reliability scores ranging from .81 to .86 of the summated scales.

The data-extracting instrument was determined to be content valid through the literature review and through personal conversations with Family First practitioners who provided their interpretations of services and interventions, when necessary. Reliability of the data-gathering instrument was assessed empirically within the study itself and by comparing study findings to those in prior empirical studies (Berry, 1992; Berry, et al., 2000; Fraser, et al., 1991; Lewis, 1991). To establish intra-rater reliability of the instrument ten case records were randomly selected and coded again three months after the initial data mining. Although not an ideal method for establishing reliability, Families First would not permit any outside readers of the case files. The intra-rater reliability was computed using .80 as the cut-off point for inclusion or exclusion. A reliability coefficient of .96 to .80, was obtained for 134 of the 137 inventory variables. Reliability ratings below this standard were found in the following three service related variables: 1) providing reinforcement had a reliability coefficient of .60, 2) teaching cognitive self-control, .70, and 3) teaching self-management skills, .60. These variables were deleted in order to increase assurance of intervention distinctiveness and to avoid services being counted more than once.

Results

Cross tabulations permitted analysis of possible associations between: 1) whether a child was placed or not and presenting problems, 2) whether a child was placed or not and interventions provided, and 3) interventions provided and presenting problem. To determine if any relationship existed between the level of family violence before and after service provision, a paired samples T Test was computed based on the assessment of the level of family violence at the time of referral and discharge. A linear regression analysis was conducted to determine if any association existed between interventions and the reduction in family violence following service provision. Throughout the data analysis, $p < .05$ level of statistical significance is used for treating findings as "facts". However, given the relatively small sample size, trend level findings will be reported at $p < .07$ level, suggesting possibly important associations between IFPS interventions and outcomes.

Family Characteristics and Presenting Problems

Overview of Families: Families First served 296 children from 116 families in the two year period under investigation, with one child from each family referred to as the identified child (N=116). The mean number of children per family unit was 2.55. The age of the identified child ranged from infancy to seventeen years of age. In more than half of the families (54.5%), the child most at risk of placement was between the ages of 13 to 17, who demonstrated incorrigible behavior at home and at school, and who were receiving outpatient or inpatient mental health treatment. The child identified as being at risk of placement and most in need of services was male (61.2%) of the time. Approximately half of the 116 identified children referred to Families First were diagnosed with an emotional disturbance (53.4%) and had committed a status offense (48%). As compared to other risk factors, child abuse and neglect were not major reasons for referral. Family violence was a reason for referral in approximately 20% of all families served. Table 1 reports a more detailed list of family demographics mined from the existing data.

Placement prevention and demographics: The mean age of children who had placement prevented was 11.90 as compared to the mean age of children who experienced placement, which was 13.57. No significant age difference was found for identified children by placement outcome, $t(114) = 1.45$, $p = .15$, or gender difference by placement outcome, $\chi 2$ (1, N=116) = .701, p=.403. Children residing with birthparents and living in a blended family unit were defined as a "dual" parent family, while all other families were defined as single parent family units. A statistically significant relationship was not found to exist between family composition and placement prevention, $\chi 2$ (1, N=116) = 2.66, p=.102; therefore, one can infer that family composition had no association to placement outcomes in this study.

Placement prevention and presenting problems: Child abuse and neglect, emotional disturbance, reunification, unmanageability resulting in a status offense, family violence, parental mental illness, and substance abuse were typical family problems which constituted a reason for referral to Families First. Overall, placement prevention was achieved for 88% of all 116 families served. Table 2 illustrates the placement prevention outcomes relative to presenting problems.

There were significant associations between the provision of IFPS services and the prevention of placement, particularly when substance abuse, parental mental illness, and unmanageability were problems.

Family Violence: Approximately 20% of all families in the sample experienced some form of family violence. Family violence was assessed by the referral source using a 4-point scale. Each category was defined as follows (per referral agent): 1) high level-often physically or verbally threatening, physically abuses others and damages property, 2) moderate level-has angry outbursts, verbally abusive, may be destructive to property, but not people, 3) low level- occasionally has verbal outbursts and, 4) no family violence. At case closure, the Families First worker provided a narrative description of family accomplishments and areas for continued improvement. This narrative was read carefully and assessed for the level of family violence utilizing the 4-point scale discussed above. A paired samples T Test was administered to assess the reduction in family violence before and after service provision for ten family characteristics. Table 3 illustrates the outcomes.

It was encouraging to find that there was a significant reduction in family violence for all families in the sample from intake to discharge when: 1) families were referred for unmanageability, domestic violence, and reunification, 2) when substance abuse was a problem for a parent/guardian; 3) the identified child was male; 4) when a child committed a status offense; and 5) when a child was emotionally disturbed. Thus, these findings are suggestive of a positive impact of IFPS on child and family functioning.

Interventions and the Reduction in Family Violence: When individual services were assessed relative to the reduction in family violence, there were no statistically significant associations. However, when services were assessed as categories of service: hard, soft, enabling, empowerment, skill building, collateral, marital and family, crisis (Berry, 1995, 1997, 2000; Lewis, 1991; Fraser et al., 1997) significant associations were found to exist between the reduction of violence and soft services, skill-building services, marital and family interventions, and empowerment services. These outcomes do not reflect the impact intervening variables may have had on the reduction of family violence. Table 4 illustrates associations between the reduction in family violence and service categories. The following section will discuss the findings relative to services and demographic characteristics.

Presenting Problems and Categories of Service

Data "mined" from the records included length of service time, concrete, enabling, and soft or clinical interventions. Of the 112 interventions, 82% were identified as clinical or soft services, 11% of interventions were identified as enabling activities, and 7% were identified as concrete activities. Chi-square analyses listed in the following subsections suggest that associations exist between presenting family problems and a profile of interventions provided to families.

Emotional disturbance: Families with an emotionally disturbed child were more likely to receive enabling services such as helping clients to locate housing $\chi 2$ (1, N=116) = 5.105, p = .024, and testifying and attending court hearings, $\chi 2$ (1, N=116) = 10.590, p =.001. Soft services aimed at improving family functioning and child management skills included: encouraging the client to tell their story $\chi 2$ (1, N=116) = 4.59, p =.032, encouraging individual ventilation $\chi 2$ (1, N=116) = 4.32, p =.037, use of the family

process, $\chi 2$ (1, *N*=116) = 13.721, p =.000, identifying behavioral sequences for change, $\chi 2$ (1, *N*=116) = 7.39, p =.007 and developing behavioral contracts, $\chi 2$ (1, *N*=116) = 5.34, p =.035. Skill-building services provided included: teaching anger management, $\chi 2$ (1, *N*=116) = 4.45, p =.035, teaching time outs, $\chi 2$ (1, *N*=116) = 4.45, p =.035 and teaching relaxation skills, χ^2 (1, *N*=116) = 3.92, p =.048.

Status offenses: Children who committed a status offense accounted for 48.3% of the 116 identified children in the sample. Significant associations with placement prevention were found for this group when soft services were provided: with clarifying family roles, $\chi 2$ (1, *N*=116) =12.33, p =.000, clarifying family rules, $\chi 2$ (1, *N*=116) = 9.51, p =.002, generate action plan $\chi 2$ (1, *N*=116) = 9.20, p =.002, explores coping skills, $\chi 2$ (1, *N*=116) = 12.10, p =.001, and use of family process, $\chi 2$ (1, *N*=116) = 7.36, p =.007. The enabling service that appeared to be significantly associated with families where children had committed a status offense was the provision of information and referrals χ^2 (1, *N*=116) = 6.34, p =.012.

Substance abuse: Almost half (45.6%) of all parents and or caretakers were identified as experiencing substance abuse problems. As with the previous presenting problems discussed, the soft services, particularly skill building and crisis intervention services were associated with better outcomes for these families. Examining past behavior and consequences $\chi 2$ (1, *N*=116) = 4.21, p =.040, teaching parenting skills χ^2 (1, *N*=116) = 6.82, p =.009, teaching social skills, χ^2 (1, *N*=116) = 4.94, p =.026 and providing structure during a crisis, χ^2 (1, *N*=116) = 4.497, p =.034 all produced significant associations.

Parental mental illness: In this sample, 19.8% (n=23) of families had a parent or guardian who suffered from a mental illness. Significant associations were found relative to the enabling services, concrete services, and soft services. Teaching clients how to negotiate service systems $\chi 2$ (1, *N*=116) = 10.44, p =.001 and arranging for respite or daycare services $\chi 2$ (1, *N*=116) = 4.24, p =.039, were significantly associated with placement prevention. The provision of concrete services, including food and financial support, was found to be significantly associated with parental mental illness, $\chi 2$ (1, *N*=116) = 5.339, p =.021. Soft services which were found to be associated with this group of families included encouraging families to call during a crisis, $\chi 2$ (1, *N*=116) = 4.41, p =.036, and teaching problem solving skills, χ^2 (1, *N*=116) = 4.015, p =.045.

Categories of Service and Placement Prevention

Overall, the soft services were most commonly provided to families in this study, suggesting that these types of services were most significantly associated with the prevention of placement for the 116 families served by Families First. Considering the complexity and overlapping nature of family problems, a modicum of success in placement prevention has been achieved by Families First. Table 5 illustrates these findings. This table demonstrates that significant associations exist between the soft and enabling interventions and placement prevention.

Feasibility of "Clinical Data Mining" as a Research Strategy

Clinical Data mining has helped to clarify which interventions appear to be associated with placement prevention when particular family and child problems are

present. Retrospective study of process notes, three and six week summaries, and assessments, yielded service variables and family demographics not considered in other studies of interventions. Accordingly, CDM helped enumerate a range of interventions that are often glossed over in the literature as simply "marital and family" or "enabling" services. The character of the work and of the families became vivid in the detailed notes of family problems, interventions used, and outcomes.

The findings produced comparable results to published findings using prospective measures (Fraser, Pecora & Haapla, 1991), particularly with regard to the positive association between placement prevention and enabling services, skill-building services, and empowering services. Fraser, Pecora, Haapala, and Lewis (1991) found that placement was prevented when the following interventions were provided: parenting education, child development education, self-esteem enhancement, relationship development skills, and case management. Similarly, the present retrospective study found that the soft services which focus on relationship building and
improving family dynamics, as well as those, devoted to skill building and advocacy activities were associated with placement prevention. Likewise, Feldman (1994) in an experimental study found that the soft services, particularly, child management education, relationship building skills, communication skill development, as well as advocacy activities were associated with placement prevention.

In Berry's studies of services, it was found that enabling services were associated with better family outcomes (1992) and placement prevention was associated with counseling (1995). Similarly, the present study found that couples counseling, as well as a number of other counseling interventions such as listening to the client's story and encouraging ventilation were associated with the prevention of placement. It was encouraging to find that family education, empowerment interventions, and marital and family interventions were associated with a reduction in family violence. It is to be remembered that participation in Families First is voluntary; therefore, positive outcomes might naturally be a result of family willingness to engage in intensive services.

There were limitations to utilizing CDM in this study, which must be taken into consideration: 1) each practitioner possessed their frame of reference, worldview, and style of treatment, which influenced how and what was documented in the case record; 2) this research method did not employ a control group; and 3) the sample size was small. Therefore, generalization to other programs is risky, and the ability to infer causality within the data is not realistic. In addition, CDM is time consuming, however once definitions are operationalized and the extracting tool is created, work proceeds smoothly. Use of available clinical records, although not experimental, is a very feasible method of research in evaluation of services and outcomes in social work practice, child welfare, and family preservation practice. It allows one to get "at the heart" of services and their effectiveness.

Implications for Policy Development, Research and Education

Program planners, child welfare policy-makers and practitioners must seriously consider the multi-problem nature of at-risk families and the need for representatives of child welfare, social services, and mental health to work as a team in treating the mental health problems of children and families. Equally important is the ongoing education

needed to support the creativity and ingenuity of workers who are engaged with families whose problems may have a long history.

If the social work profession hopes to conduct more research using "clinical data mining" as well as advance the practitioner-research model toward improving service delivery, front line workers must be provided with the opportunity and education to be involved in program evaluation. There are many aspects of family preservation programs that are in need of evaluation, as they bear heavily on placement outcomes. Essential program components that need to be measured include client characteristics, program goals and objectives, improvement of child and family functioning, the presence and extent of the range of services provided to families, measurement of the knowledge and skill family members have acquired reduction in family risk factors, and identification of family strengths. However, more knowledge is needed for child welfare professionals to determine who really benefits from IFPS services. These authors did attempt a qualitative study with little success due to a very low response rate. Thus the question that remains for future analysis is-under what kind of conditions, with what kinds of families, do these interventions work?

Conclusion

For quite some time now, experts in the child welfare field have questioned the utility of placement prevention as the single outcome measure of IFPS program effectiveness (Berry, 1997; McCroskey & Meezan, 1997; Pecora, et al., 1992; Rossi, 1991). The child welfare literature has acknowledged that remaining at home is not always in the best interest of the child and that not every family can or should be preserved. To better serve children and their families, program outcomes should be defined more broadly and not limited to placement prevention. Because placement has many causes, it is important that a measurement of outcomes address the impact of services on the whole family and the individuals that are a part of that family unit.

There are many aspects of family preservation programs that are in need of evaluation, as they bear heavily on placement outcomes. Essential program components that need to be measured include client characteristics, program goals and objectives, improvement of child and family functioning, the presence and extent of the range of services provided to families, measurement of the knowledge and skill family members have acquired reduction in family risk factors, and identification of family strengths. As has already been demonstrated, "clinical data mining" is a promising method for gaining insight into program process, service and intervention technology, and the impact on child and family functioning.

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Table 1

Profile of Families (N=116)

	N	%
Single Mother	49	42.2
Biological Family	26	22.4
Blended Family	28	25.0
Other Family Type	13	10.4
Identified Child		
Male	71	61.2
Female	45	38.8
Reasons for Referral		
Unmanageability	53	45.7
Reunification	21	18.1
Neglect	16	13.8
Abuse	12	10.3
Other	3	13.4
Family Risk Factors		
Emotional disturbance	62	53.4
Unmanageability/Juvenile court involvement	56	48.3
Substance abuse	49	42.2
Domestic violence	23	19.8
Parental mental illness	23	19.8
Previously placed in care	17	14.7
Sexual abuse victim	17	14.7
Homeless	9	7.8

Table 2

Placement Prevention by Presenting Problem (N=116)

Presenting Problem	Problem				$\chi 2$	df	p	phi
	Yes		No					
	%	n	%	n				
Child Neglect	100	14	86.3	88	2.18	1	.139	.137
Child Abuse	93.8	15	87.0	87	5.92	1	.442	.071
Emotional Disturbance	91.9	57	83.3	45	2.012	1	.156	.132
Family Violence	95.7	22	86.0	80	1.61	1	.204	.118
Parental Mental Illness	100	23	84.9	79	3.93	1	.047	.184
Reunification	81.5	22	89.9	80	1.37	1	.240	.109
Substance Abuse	77.6	38	95.5	64	8.61	1	.003	.270
Unmanageability	82.1	46	93.3	56	3.41	1	.064	.172

Table 3

Comparison of Mean Family Violence Scores by Characteristics at Intake and Discharge

Characteristic	Mean at Intake	SD	Mean at Discharge	SD	df	*t*	p
Identified Child was Male	3.04	1.10	2.49	0.15	70	4.236	.001
Single Parent	3.02	0.13	2.17	0.14	64	5.738	.001
Dual Parent	3.06	1.61	2.75	1.31	50	2.679	.01
Reunification	2.67	1.43	2.00	1.26	20	2.870	.009
Emotional Disturbance	3.03	1.23	2.42	1.11	115	6.117	.001
Status Offense Committed	3.16	0.14	2.34	0.15	55	5.440	.001
Substance Abuse	3.22	0.14	2.59	0.16	49	4.280	.001
Unmanageability	3.04	0.94	2.40	1.18	52	4.204	.001
Placement was Prevented	3.00	1.13	2.32	1.22	101	6.312	.001
All Families	3.03	1.11	2.42	1.23	115	6.117	.001

Table 4

Reduction in Family Violence by Intervention Categories (N=116)

Intervention Category	*ß*	*Beta*	*t*	p
Crisis	-.012	-.009	-.106	.916
Hard	-.027	-.024	-.304	.761
Enabling	-.041	-.070	-.915	.362
Collateral	-.804	-.806	-1.044	.299
Skill Building	.022	.186	2.487	.014
Marital and Family	.48	.212	2.573	.011
Soft	.027	.205	.2742	.007
Empowerment	.162	.2989	4.160	.000

Table 5

Placement Prevention by Interventions (N=116)

Intervention	Intervention				χ^2	df	p	phi
	Yes		No					
	%	n	%	n				
Generate Action Plan	90.7	98	50.0	4	11.65	1	.001	.317
Teaches to Negotiate Services	96.1	49	81.5	53	5.69	1	.017	.222
Reflect and Validate Feelings	89.7	98	57.1	4	.6.65	1	.010	.240
Couples Counseling	97.6	40	82.7	62	5.54	1	.019	.219
Teaches Problem Solving	94.9	56	80.7	46	5.59	1	.019	.218
Provides Information	90.8	89	72.2	13	4.95	1	.026	.207
Discusses Progress	90.6	87	75.0	15	3.80	1	.051	.181
Solution focused Techniques	97.1	33	84.1	69	3.77	1	.052	.180