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Looking Inside The Black Box

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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. The emphasis on "gold-standard" evaluation of IFPS has resulted in fewer "black box" studies that describe actual IFPS service patterns and the fidelity with which they adhere to IFPS program theory. Intervention research is important to the advancement of programs designed to protect the safety of children, improve family functioning, as well as prevent out-of-home placement. Employing a retrospective "clinical data-mining" (CDM) methodology, this exploratory study of Families First, an IFPS program, makes use of available information extracted from client records to describe interventions and service patterns provided over a two year period. This study uncovers actual IFPS service patterns, demonstrates IFPS program fidelity, as well as reveals the usefulness of CDM as a social work research methodology. These findings are particularly valuable for program planning and treatment, policy development and evidence-based practice research.

Over the last three decades, the child welfare system has placed a high priority on keeping families intact, while simultaneously protecting the safety and well-being of at-risk children. One popular programmatic approach to achieving these objectives is Intensive Family Preservation Services (IFPS). This paper describes IFPS intervention patterns in a single highly regarded agency over the course of two years. Clinical data mining (CDM) (Epstein & Blumenfield, 2001) compares retrospective findings from agency records with patterns of service described in previous studies, thereby demonstrating comparability of the IFPS agency studied and the reliability of CDM as a methodology. Knowledge generated in this study is intended to inform and enhance practice and program development for intensive family-focused placement prevention programs. In addition, this study is intended as a test of the feasibility of CDM as a methodology for conducting descriptive and quasi-experimental evaluation research.

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) around 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 & Biegal, 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 as assistance in negotiating access to community support services (Berry, 1995; Rossi, 1992; Wells & Biegal, 1992; Wells & Tracy, 1996).

Characteristics that distinguish IFPS from other holistic family-centered services and from the more traditional "person-centered" perspective (Farrow, 1991; Karger & Stoesz, 1997; 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 are supportive and strengthening to families, 4) collaborating with families and other agencies to best serve at-risk children and families, 5) intensive and rapid 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, 1995; Pecora, et al., 1995; Rossi, 1991; Whittaker, 1991; Whittaker, Kinney, Tracy & Booth, 1990).

Intensive Family Preservation Services: Intervention Research

Since its inception, IFPS evaluation research has focused overwhelmingly on outcomes (Craig Van-Grack, 1997), with most reporting the placement prevention rate as their primary criterion of success (AuClaire & Schwartz, 1986; Berry, 1997; Feldman, 1991; Fraser, Pecora, & Haapala, 1991; McCroskey & Meezan, 1997; Schuerman, Rzepnicki & Littell, 1994; Yuan, McDonald, Wheeler, Struckman-Johnson & Rivest, 1990). The design of exemplary IFPS services for children and families is dependent on systemically describing intervention patterns *before* attempting to consider their impacts. Intervention research, conducted to examine the specific services and combination of family preservation services provided to at risk families, has paled in comparison to research focused on placement prevention outcomes.

Key studies that 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, 1992; 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). The systematic description of actual patterns of service delivery has been referred to as the "black box" of evaluation research (Bickman, 1987; 1990). Directing attention to what is in that box allows for the assessment of "program fidelity", the extent to which interventions adhere to the program model employed (Mowbray, Holter, Stark, Pfeffer, & Bybee, 2005).

Without critical attention to the specificity of service delivery, causal inferences about intervention efficacy will remain not only problematic, but elusive.

Method

Pilot Project

Prior to gathering data for this study, a pilot project was conducted to determine if Families First adhered to the IFPS program model. Placement prevention rates from 1990 to 2000 revealed that 1995 had the lowest placement rate since the program's inception and was selected for analysis. Records were systematically reviewed and a detailed inventory of potential variables including interventions, demographics, risk factors, resiliency factors, placement outcomes, and family functioning were gathered.

All information accumulated on families was extracted from the narrative case notes, as well as written inter- and intra-agency documentation, including daily progress notes, case summaries, intake and discharge summaries, psychological and medical reports, and court reports. Families First did not systematically record information such as, family income, race, household composition, diagnosis, levels of abuse or neglect at intake and discharge, or placement and reunification information, thus necessitating other methods to quantify such data. From this initial subset of data, a preliminary data extraction form was developed. Outcomes of the pilot project demonstrated that Families First strongly subscribes to the philosophy and goals of the IFPS service model, as it provided: 1) home-based services, 2) short term with services for 4-8 weeks, 3) intensive treatment from 15-20 hours per week, 4) 24-hour emergency services, and 5) workers carrying no more than two families at a time.

Study Site

Families First is located in a small urban center, serving a suburban and rural community. This is a voluntary program that selects families for treatment based on their willingness to participate in intensive services. A continuum of hard, soft and enabling services are offered, tailored to accommodate individual family needs while building on family strengths (Berry, 1997). Referrals originate from units within the Department of Social Services including Child Protective Services, Mandated Prevention, Foster Care, Intake/investigation, Family Court, and Mental Health, as well as families themselves. Each worker serves no more than two families at any given time, with the requirement of being on call twenty-four hours per day and seven days per week. Family and individual meetings are scheduled at least four times per week, for up to fifteen hours per week in the home. Families First proved to be a prime site for this data mining research, particularly because client records contain detailed service information, which allowed for comparative intervention research with prior studies and made it possible to examine treatment fidelity.

Sample

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). Many 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.

Design

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).

Instrument

Guided by the pilot project review of client records, 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 the present 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 selection of variables was guided by the following questions: What were the specific services and interventions provided to families? How long did services last? Who referred the family for services? Why was the family referred for services? Were children placed in substitute care during service provision? Was the identified child reunited with the family following services? What were the individual and family stresses that could be associated with the risk of out-of-home placement for the children? The final, Inventory of Demographics and Services, resulted in 134 variable measures, 112 of these were interventions and the remainder were 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.

Measures

Process notes, three- and six-week case summaries and termination summaries of the 116 case records were analyzed for distinctive services, interventions, and demographic information 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 were entered onto the Inventory of Services and Demographics and later into SPSS for data analysis.

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 embedded in the case narrative, making it extremely difficult to count each dose. The priority was to discover the range of distinctive interventions and skills required to do this work versus the

frequency of each service. Types and combinations of interventions were treated as independent variables, while the dependent variable was placement outcome. The dependent variable was coded in a manner consistent with prior prospective research such as maintenance of the child in their home, reunification of the child with the family, and the reduction in family violence. For future examination, covariates considered to play a role in family functioning and placement outcomes included family constellation, number of children, age of identified child, and incidence of parental mental illness and childhood emotional disturbance. The child at imminent risk of being placed in substitute care is referred to as the "identified child", and 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.

Since Families First would not permit any outside readers of the case files, a compensatory means to establish reliability of the instrument was used. Ten case records were randomly selected and coded again three months after the initial data mining. The data-extracting instrument was validated through the literature review and through personal conversations with Family First practitioners who provided their interpretations of services. 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 assess program fidelity, the 112 interventions identified in the case records were then combined into existing categories defined by Berry (1995; 1997; et al, 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.

Results

Family Characteristics

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. In 32% of families, there were three children, 30.2% had two children, 23.3% had only one child, and in 12.6% of families, there were 4 to 8 children. The age of the identified child ranged from infancy to seventeen years with 14 and 15 year olds identified as equally at-risk, at 19.9% respectively, followed by 14.7% at 13 years of age. The child identified as being at risk of placement and most in need of services was more likely to be male (61.2%) than female. In more than half of the families (54.5%), the child most at risk of placement was between the ages of 13 to 17, and experiencing problems such as truancy and running away from home. Referrals made due to unmanageability at home and/or at school accounted for close to half of all cases (45.7%), followed by reunification (18.1%), child neglect (13.8%), child abuse (10.3%), domestic violence (5.2%), mental heath risk (4.3%), and self-referrals and cases that did not fit any of the aforementioned categories (2.6%).

"Data mining" the records revealed a core of risk factors for the families that received services. Approximately half (53.4%) of the 116 identified children were diagnosed with an emotional disturbance. The most common diagnoses were bi-polar disorder (15.5%) and post-traumatic stress disorder (12.1%). Slightly more than one fourth (28%) of the children served suffered from suicidal or homicidal ideations. Additionally, there were children served who were victims of sexual abuse (14.7 %), had experienced at least one previous placement in substitute care (14.7%), and were adopted (4.3%). Almost half of the children (48%) had committed a status offense (an offense which would not be considered a crime if committed by an adult). Close to one-fifth of the parents (19.8%) were diagnosed with a mental illness, and almost half (45.6%) of all parents/caretakers were identified as experiencing substance abuse problems. The case notes indicated that many families in the sample struggled financially, surviving on time-limited public assistance, Social Security benefits, or minimum wage salaries. Moreover, 7.8% of families either were homeless at the time of referral or became homeless during treatment. Finally, single mothers headed 50% of all families in the sample.

Service Typologies

The final Inventory of Demographics and Services identified 112 types of interventions provided to families in varying proportions. Of the 112 types of interventions, 82% were types identified as clinical or soft services, 11% were types of interventions identified as enabling activities and 7% were types identified as concrete activities. An average of 57 different types of interventions was provided per family unit.

Concrete services. The centrality of the provision of hard services is addressed extensively in the literature (Berry, 1995, 1997; Berry et al., 2000; Fraser et al, 1991; Kinney et al., 1991; Lewis, 1991). The application of a direct solution to a concrete problem early in the intervention pattern (Kinney et al., 1991) is thought to help the caseworker to engage the family in the treatment process and to sustain its involvement in the treatment process. Additionally, families may not find it possible to address emotional and/or communication problems if their more pressing day-to-day living condition is ignored. On the average, families received three types of concrete services during the treatment period. Transportation was the concrete service most often provided. Table 1 illustrates the proportion of families in receipt of concrete services.

Table 1. *Proportion of Families Receiving Types of Concrete Services (N=116)*

Type of Concrete Service	n	%
Transportation	105	90.5
Financial Assistance	65	56.0
Family Celebrations	44	37.9
Home Management Activities	33	28.4
Arranging for Daycare or Respite	35	30.2
Helping with Chores	10	8.6
Helping with Homework	8	6.9

Note: Percentages add to more than 100% because families could receive more than one service

Enabling services. Enabling services facilitate access to both the external soft and concrete services by helping the family establish community linkages. Fraser et al. (1997) refers to these services as collateral services. Approximately 9.5% of all types of service activities fell under this rubric. On the average, families received seven types of enabling services over the course of treatment. The most commonly provided enabling services were advocating on behalf of the family (94%), accompanying clients to agencies (91.4%), providing information and referral linkages (85.3%), providing information on various resources (84.5%) and providing case management service (73.3%). Enabling services to decrease social isolation included: testifying and attending court with clients (62.1%), teaching clients how to access services and modeling how to negotiate services (44%), assisting in building informal community supports (41.4%), and teaching clients how to use leisure time (38.8%).

Soft services. Ninety-two interventions were categorized as soft service activities and of these; twenty-eight were categorized as marital and family interventions. Overall, soft services were provided more often than either concrete or enabling services. Each family in the sample received an average of 47 (46.73) types of soft services and an average of 27 (27.10) marital and family interventions. Table 2 illustrates the types of soft services and the proportion of families in receipt of each type of service.

Table 2. *Proportion of Families Receiving Types of Marital and Family Services (N=116)*

Type of Marital and Family Intervention	n	%
Makes purposeful phone call	114	98.3
Defines treatment plan	113	97.4
Examines past behavior/consequences	113	97.4
Examine current behaviors	112	96.6
Provides praise	110	94.8
Makes supportive phone call	110	94.8
Explores family coping skills	110	94.8
Reflect and validate feelings	109	94.8
Listen to client's story	109	94.8
Gives advice and direction	105	90.5
Encourage individual ventilation	104	89.7
Offers support and understanding	104	89.7
Use of family process	102	87.9
Worker observes	102	87.9
Discusses termination	101	87.1
Seeks verbal reports between sessions	101	87.1
Clarifies family rules	100	86.2
Conducts structured family interview	100	86.2
Discusses progress at termination	100	86.2
Builds in hope	96	82.8
Confrontation	88	75.9
Examines behavior patterns	88	75.9
Clarify family roles	84	72.4
Develop a time-line	84	72.4
Identify behavior sequences	81	69.8
Values clarification	79	68.1
Tracking child behaviors	70	60.3
Reframing	50	43.1
Tracks parent behavior or affect	43	37.1
Couples counseling	41	35.3
Encourages family and child	31	26.7
Hypothesizing function of symptom	28	24.1
Encourages client to get family facts	24	20.7
Predicts relapse	21	18.1
Uses metaphor to convey a point	21	18.1
Restrains change	15	12.9
Identifies feelings	15	12.9
Worker self-discloses	4	3.4
Team/Co-therapist is utilized	3	2.6
Family sculpting	2	1.7
Miracle exercise	2	1.7
Circular questioning	2	1.7
Uses paradox	1	.9

Note: Percentages add to more than 100% because families could receive more than one service

Skill-building activities (Fraser et al., 1997) or "psychoeducational" services, another type of soft service, combine psychotherapeutic and social learning approaches in an effort to teach families new methods of handling day-to-day activities, parenting issues, and family problems (Kinney et al., 1991). These activities constituted approximately 6.2% of the 112 soft services routinely provided and on the average families received 8.2 types of skill building activities. Table 3 illustrates the types of skill-building interventions and the proportion of families in receipt of such interventions.

Table 3. *Proportion of Families Receiving Types of Skill Building Services (N=116)*

Type of Skill Building Service	n	%
Teaches parenting skills	101	87.1
Teaches social skills	93	80.2
Teaches token system	87	75.0
Teaches time out	86	74.1
Teaches communication skills	77	66.4
Provides information on child development	76	65.5
Teaches relaxation skills	75	64.7
Teaches anger management	74	63.8
Teaches child management skills	72	62.1
Teaches problem-solving skills	72	62.1
Provides literature	69	59.5
Teaches through role-playing	64	55.2
Behavioral rehearsal	47	40.5
Teaches use of leisure time	45	38.8
Teaches home management skills	33	28.4
Teaches assertiveness and advocacy	28	24.1
Teaches sex education	25	21.6

Note: Percentages add to more than 100% because families could receive more than one service

Building on family strengths, individualizing treatment, collaborative problem solving and goal setting are cornerstones of intensive family preservation practice (Berry, 1997). Such services are referred to as empowerment services (Fraser, et al., 1997) in the intensive family preservation literature and are considered a subcategory of soft services (Berry, 1997). Families received an average of 11 types of empowerment activities. Table 4 illustrates the proportion of families in receipt of empowerment services.

Table 4. *Proportion of Families Receiving Types of Empowerment Services (N=116)*

Type of Empowerment Service	n	%
Explores problems	116	100
Focus and define problems	113	97.4
Define obstacles to task achievement	112	96.6
Identify family strengths	110	94.8
Discuss problem impact on health	110	94.8
Generate action plan	108	93.1
Contracting and negotiating	106	92.2
Discusses future hopes and goals	92	79.3
Explores family coping skills	92	79.3
Solution-focused services	82	70.7
Explore family respect and support	77	66.4
Develops behavioral contracts	71	61.2
Explore religion and spirituality	65	56.0
Draws genograms	10	8.6
Draws eco-maps	5	4.3

Note: Percentages add to more than 100% because families could receive more than one service

All families referred to Families First were at risk of imminent placement, as identified by both the referral agent and the program director. The occurrence of crisis is

common for families struggling with mental illness, poverty, homelessness, domestic violence and child endangerment. Percentages of families provided with specific crisis interventions are as follows: encourages client to call during a crisis (87%), provides structure during crisis (75.9%), suicide assessment and recognition (25.9%), and use of crisis card (2.6%). Of the 116 families in this sample, only 6% did not receive any type of crisis intervention.

Clinical data mining also revealed a variety of non-traditional interventions provided to families. These activities were designed to fit the specific needs, strengths, and desires of each individual family member and the family as a whole. The most common activities provided to the sample are as follows: painting, drawing, sculpting (36.2%), indoor and outdoor games (35.3%), dinner preparation and hiking respectively (12.9%), caring for pets, gardening, and affirmations (3.4%) respectively, photography (2.6%) and talking stick activity (1.7%). A few interventions were provided to just one family: teaching a child yoga, meditation, or tai chi; taking a family on a window-shopping excursion to the mall; going to a museum, church, or on a foot race. These "creative" interventions exemplify the family preservation philosophy of "doing whatever it takes" to meet family needs.

Discussion

Intensive family preservation services are theoretically intended to holistically respond to the needs of a family relative to a child's placement risk. The model proposes that the core service components - hard, soft, and enabling services - should be "tailored" to meet individual needs, while strengthening the family to reduce the risk of placement and protect the safety of children (Berry, 1997). The findings of this study confirm the eclectic, diverse, and wide-ranging nature of services provided by Families First.

Consistent with the intensive family preservation philosophy, it was found that Families First provided services in a holistic manner, serving the whole family and considering the health, mental health and well-being of all individuals. Each family was provided with an array of services that "fit" developmental needs, aspirations, capacities and limitations of all family members. Services were pragmatic and hands-on in order to teach practical life skills. Additionally, services included communication skills training, encouraging and teaching about parenting, and linking families with resources and supports aimed at supporting the client's competence level and providing ongoing assessment for child well-being and support.

The provision of concrete services was consistent with findings of other authors including that of Fraser, Pecora, and Haapala (1991) and Lewis (1991), suggesting that workers tailored services to meet individual family needs (Lewis, 1991). The provision of transportation services exceeded that of other studies (Fraser et al, 1991; Lewis, 1991; Berry et al., 2000); however, this contrast might be explained by the constraints of a rural community that does not support comprehensive affordable or alternative transportation systems. All clients received some type of concrete service; however, less emphasis was placed on concrete service provision, possibly because of program budget constraints and the nature of family problems requiring more family and child counseling.

The soft services provided a heavy concentration of psychotherapeutic techniques, as well as a substantial number of "skill building" or psycho-educational interventions, empowerment interventions, and crisis intervention services. This study also found that

soft services were provided the most often and with the most variation. These findings were comparable to research outcomes in studies conducted by Berry (1992, 1995); Berry, et al. (2000); Fraser, Pecora and Haapala (1991), and Lewis (1991).

Enabling services bridge the gap between the soft and hard services (Berry, 1997). It was encouraging that all families received some type of support to facilitate linkages with both formal and informal support systems. The enabling services most often provided to families included advocacy with social service systems, schools, courts, and landlords, followed by accompaniment of clients to service organizations.

Examination of process notes indicated that family contact was provided almost daily, in many cases, even on weekends. Adherent to the IFPS model, services were provided for a brief, but intensive period, with a mean service time of 6 ½ weeks.
Information contained in the case records indicated that approximately 88 % of families served were intact at case closure. This finding was consistent with other studies of IFPS (Berry, 1995; Berry, Cash & Brook, 2000; Pecora, Fraser, Bennett & Haapala, 1991). Almost half of all families served by Families First were referred for the child's unmanageable behaviors including running away from home, community vandalism, and truancy. These findings vary from those presented by Berry, Cash and Brook (2000), where 44% and 34% of families referred presented with physical abuse and neglect. In another study conducted by Berry (1995) it was found that 58% of families referred presented with physical abuse and 25% for physical neglect. Similarly, Fraser, Pecora and Haapala (1991) reported that in Utah, 59% of referrals came from Child Protective Services. According to the Director of Families First, this variation could likely be explained by the fact that Families First had become a prime referral source in this community for the treatment of incorrigible adolescents and their families. The findings validated that services were consistent with IFPS program theory.

Feasibility of "Clinical Data Mining" as a Research Strategy

A second goal of this study was to test the feasibility of using "clinical data mining" as a strategy for testing the effectiveness of intensive family preservation services. Berry (1997) urged evaluators and researchers to "begin to broaden the lists of design and measures available from which to choose, to include not only scientific and standardized methods but also qualitative methods in order to answer the evaluation questions, the research questions or some combination of both" (p. 171). This intervention research study was undertaken to explicate the nature, depth and breadth of IFPS service delivery, to compare these findings with previous studies of comparable intensive family preservation programs, and to assess the feasibility of utilizing CDM as a method for studying family preservation programs retrospectively with available case information. The review of process notes, three- and six-week summaries, as well as diagnostic assessments, yielded service variables and family characteristics not considered in experimental studies of IFPS interventions. "Mining the data" helped to add to the list of distinctive interventions that are often glossed over in the literature as simply "marital and family" or "enabling" services. Moreover, the complexity of family preservation interventions and of the families served became apparent in the detailed notes of family meetings, interactions and outcomes. A final supporting claim for "clinical data mining" is the unobtrusiveness of this method. This retrospective study of Families First made possible the in-depth study of service provision and families'

characteristics with no interference for family, worker or intervention process. Finally, it revealed that Families First clearly adhered to the IFPS program model.

Limitations of Clinical Data Mining

There were limitations to utilizing this methodology: 1) each practitioner possessed her/his own 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. In addition, CDM is time consuming; however, once the definitions are operationalized and the extracting tool is created, work proceeds smoothly. Despite these limitations, use of available clinical records is a very feasible method of research in evaluation of services and outcomes in social work practice, child welfare, and family preservation practice.

Future Directions and Conclusions

Home visitation, which can be traced back to the Charity Organization Society (COS) developed at the turn of the century (Popple & Leighninger, 1999), could be said to be a forerunner of IFPS programs. As in family preservation practice, the early COS workers called for a balance of social justice and individual intervention, the caseworker being alert to the implications of individual reform, as well as the provision of concrete services. Advocating to improve the human condition, case-by-case, is the backdrop of the social work profession (Reynolds, 1942), and that of intensive family preservation services.

Parents/caretakers (Pecora, et al, 1991) have rated highly the value of working with clients in their environment. It has been reported by IFPS practitioners that working with families in their environment emphasizes ongoing and more accurate family assessment, worker persistence, loyalty, and commitment, while new behaviors are being modeled for families and family boundaries are enforced. Furthermore, the home environment permits the practitioner to more readily assume a supportive position with the family, while reinforcing parental control and ability to make choices. Professional preparation for family preservation practice must give greater attention to the skills necessary for working in the home versus those for working in the office. In addition, professional preparation should emphasize the skills associated with effective case management and skills for working collaboratively with family-service providers.

Finally, social work professionals should be educated to participate actively in the development of practical and usable outcome measures, conversant in the research methods, and capable of translating service data into more structured formats that will capture the service delivery process. Research utilizing clinical data mining methodology can strengthen practitioners as researchers and expand the opportunities for practitioners to carry out research.

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