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FAMILY PRESERVATION JOURNAL

A Publication of the *Family Preservation Institute*

Volume 7 2003

SPECIAL FEATURES

A Renewed Day for Family Preservation

Alvin L. Sallee

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Elisabeth A. Weston, and Lorie E. Anderson*

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Timothy Barnett-Queen

The Extended Family: Reviewing an Invaluable Resource

Elaine Walton, Jini Roby, Richard Sullivan, and Amy Frandsen

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.

Please submit all materials to **Family Preservation Journal**, *Family Preservation Institute, School of Social Work, New Mexico State University, P.O. Box 30001 Dept. 3SW, Las Cruces, NM 88003-8001*.

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A Renewed Day for Family Preservation

The journal in your hands represents eight rewarding years for me as Editor of the Family Preservation Journal. Years of reviewing new research, ideas and challenges in the form of manuscripts. Years of wonderful friendships with the most knowledgeable authors and leaders in the field of family preservation. Years of working with Eddie, and Sandy Bowers and Sharon Lloyd as publisher and staff. Years of editing and formatting with Barbara Myers and the FPI staff. And years of hearing from readers regarding the usefulness of the articles in their work with families and programs.

Now I am very pleased that Dr. Marrianne Berry of the School of Social Work at the University of Kansas will become the Journal's Editor. Dr. Berry served as guest Editor for Volume 6 of the Journal, producing an excellent set of articles on Child Welfare. Beginning with the next Volume, we will have a number of new Editorial Board members. I will continue to work with the Journal as a Co-Editor.

This Volume also marks our new format of one large issue per year. By using this publishing approach, we are able to keep production costs lower.

The philosophy and principles of family preservation have emerged in new forms over the past eight years. From the Family Preservation and Support Act of 1993 to the Adoption and Safe Families Act (ASFA) of today, the value of the family to individuals and society is clear. While family preservation "programs" per se may not be as plentiful, the principals are founding almost every array of services from children, corrections, D.D. to mental health and work with the elderly. The Administration's priorities of healthy marriage, fatherhood, incarcerated parents, and faith-based programs reflect a family-centered approach to social issues. This redefining of the village will require our renewed efforts to articulate the importance of family centered practice and policy.

For example, ASFA in the field of Child Welfare has not only increased funding for family preservation but also provided a great opportunity to speak up for maintaining the family unit, if possible, in the push for shorter timeliness and adoptions. The in-depth review and planning each state Child Welfare system has undergone reveals the increased need for those of us with expertise in Family Preservation to contribute to strengthening family services.

Editorial

Toward this goal, I know the Family Preservation Institute will be an even more effective resource for practitioners and program designers and administrators. My never-ending thanks to all of the people who have helped (and will help) make the Journal a success. And most of all thank you for all you do for families.

Alvin L. Sallee, ACSW, LISW

Social Workers' Perceptions of Family Preservation Programs

Elain M. Maccio, David Skiba, Howard J. Doueck, Karen A. Randolph, Elisabeth A. Weston, and Lorie E. Anderson

The passage of the Adoptions and Safe Families Act of 1997, with its focus on child safety and concurrent planning, has presented family preservation workers with new challenges and new opportunities. Twenty volunteers from a large comprehensive social service agency were interviewed to determine their experiences with two models of family preservation—Multisystemic Therapy (MST) and Traditional Family Preservation Service (TFPS) or practice as usual. Workers from both programs were able to articulate values consistent with family preservation as important strengths of the programs—keeping families together and empowering families for example. Information from referring agencies was described as variable and not especially useful when working with seriously troubled families, especially as it related to risk and child safety. Both groups indicated that the jargon of family preservation had permeated their agencies, and that working with other agencies was at times a challenge, though for different reasons. Finally, despite some reservations about the effectiveness of short-term treatment with families that face serious challenges, both groups of workers were generally satisfied with family preservation as an approach to practice.

Introduction

The goal of family preservation is to strengthen families in order to prevent out-of-home placement of children (Hutchinson & Nelson, 1985). Although early evaluations suggested that such programs were an effective alternative to child placement (e.g., Blythe, Salley, & Jayaratne, 1994; National Resource Center on Family-Based Services, 1994), recent research has raised doubts about program effectiveness (e.g., Chaffin, Bonner, & Hill, 2001; Downs, Moore, McFadden, & Costin, 2000; Fraser, Nelson & Rivard, 1997; Schuerman, Rzepnicki, & Littell, 1994; Westat, Chapin Hall Center for Children, & James Bell Associates, 2001). However, because there are numerous definitions of what constitutes “family preservation services,” little evidence that family preservation services are consistently implemented across programs, and difficulties in comparing program outcomes as a result, it is not surprising that findings from outcome

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studies have been mixed at best (e.g., Briar, Broussard, Ronnau, & Sallee, 1995 and Jacobs, 2001 for an in depth discussion of these issues).

With the passage of the Adoptions and Safe Families Act of 1997 (PL 105-89), the need to develop effective short-term solutions for difficult family problems has probably never been greater. Of particular interest has been to determine precisely which families, under what conditions, given which problems would most likely benefit from family programs aimed at preserving families. Stated somewhat differently, there is a great deal of interest in short-term programs that are aimed at strengthening families and limiting child placement.

Recently, child welfare agencies have experimented with a different model of family preservation—Multisystemic Therapy (MST). Though a detailed presentation of Multisystemic Therapy is beyond the scope of this paper, a brief summary of some of attributes of the model will be given.

MST is a multilevel approach to family preservation, combining family therapy, with parent management, and problem focused peer and school interventions (Wasserman, Miller, & Cothorn, 2000). Multisystemic Therapy has been used successfully and evaluated for some years as a program to prevent serious and violent antisocial behavior of children and youth (e.g., Henggeler, 1998; Henggeler & Borduin, 1990; Wasserman, Miller, & Cothorn, 2000). The goal of MST is the amelioration of family dysfunction by enhancing and maintaining family structure and stability through the inclusion of multiple systems (i.e., peers, siblings, spouses, schools, and the interactions with the social environment) (Henggeler & Baske, 1990). Two considerations include treatment fidelity, or the accountability of therapists to a treatment strategy, and how therapists perceive their roles as change agents within that program's framework (Henggeler, Melton, Brondino, Scherer, & Hanley, 1997).

Perhaps unlike many models of practice that typically place responsibility for change on the client, the MST model places major responsibility for facilitating positive client outcomes on the therapist (Henggeler, 1999; Schoenwald, Borduin, & Henggeler, 1998), thus in some ways making the worker far more accountable perhaps than other models. This unique aspect of MST suggests that worker perceptions of their roles and responsibilities within a program may be important considerations when examining the success of the program.

Results from a survey published recently in this journal gave preliminary voice to worker perceptions of the strengths and limitations of family preservation (Hilbert,

Sallee, & Ott, 2000). The researchers found that, of the 206 family preservation practitioners who participated in the study, the four most frequently identified limitations of family preservation were (1) a lack of support, (2) children might be endangered by the approach, (3) families were uncooperative, and (4) and theoretical ambiguity. The four most frequently identified strengths were (1) keeps families together, (2) family is seen as the expert and it is strengths-based (tie), (3) it is family focused, and (4) it facilitates change ($n = 185$). Our evaluation also sought to examine the process of family preservation services by giving voice to workers from two different programs—Multisystemic Therapy (MST) and practice as usual or what we have chosen to refer to as Traditional Family Preservation Services (TFPS). As suggested by several authors (Briar, K., Broussard, C. A., Ronnau, J., & Sallee, A. L., 1995; Jacobs, 2001; Wells & Freer, 1994), a qualitative approach was used in order to enhance our awareness of the underlying factors affecting family preservation workers and program implementation.

Method

The study was conducted in a large multi-service agency in western New York where therapists had extensive experience working with troubled children and families, as well as a long tradition of openness to new and innovative intervention approaches.

Sample

Twenty social workers volunteered to participate in the evaluation—13 individuals from TFPS and 7 from MST units. (Though there was some variability in the educational background of participants, for purposes of this manuscript, all participants will be referred to as social workers or workers). The seven workers from the MST units constituted the entire population of workers using that approach at the time. All volunteers were female—two of whom self-identified as racial minorities. The sample ranged in age from 24 to 68 years of age. Sixty percent ($n = 12$) were married, with three-fourths ($n = 15$) having children of their own. Eighty percent of the sample ($n = 16$) reported some social work education. On average, participants had three and one-half years of related social work experience. Previous work experience with the agency ranged from three months to 10 years for the TFPS workers. MST workers had less than one full year of work experience and most were hired specifically to implement the MST program. MST workers were from 2 units in the county, TPS workers were employed across eight different offices servicing a large urban/suburban and rural county area.

The traditional approach to service included many of the attributes in common with other somewhat less intensive family focused/family preservation programs. For example, the focus was on maintaining child safety within a family context by

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developing family strengths and resources; families were seen as having competencies for keeping the child safe; families were to be supported and empowered in their efforts; the intervention was offered as home-based, considered short-term though longer than many family preservation programs (average length less than a year), and targeted towards families who were referred because at least one child was at imminent risk for placement. The caseloads were relatively small; the treatment team consisted of two workers in addition to a supervisor; and service was generally offered between the hours of 8:45 AM and 4:45 PM, Mondays through Fridays, with 24-hour emergency service available especially if a family was in crisis.

Procedure

Announcements seeking volunteers for the evaluation were sent to all relevant agency offices, followed by presentations by research staff to small groups of workers. Volunteers were offered \$25 for their time and participation in the study. Participants were made aware of the researchers' goal to examine their perceptions of family preservation programs, and that such an examination was seen as part of their agency's requirement of instituting the MST program. Volunteers signed a Permission to Contact form, and follow-up contacts were made with workers upon receipt of their signed Permission to Contact form. All participants signed an Informed Consent agreement, and were asked to complete Background Data forms covering general demographic areas and some detail about their work experience in either MST and/or TFPS programs (e.g., length of service). Interviews were conducted at locations convenient for workers, either at their work site or at the University. Interviews lasted approximately 1 to 2 hours and were conducted over a five-month period. All interviews were tape-recorded and transcribed by a professional transcriptionist not associated with the evaluation.

Instrument

In collaboration with research and agency supervisory staff, a face-to-face interview schedule was developed consisting of sixty-four (64) open- and closed-ended questions among ten areas of interest: (1) service philosophy (e.g., primary objective or mission of the program); (2) referral and family assessment (e.g., type of client information received and collected, including the usefulness of such information in making assessments and during the treatment process); (3) interventions (e.g., including initial treatment, identification of case goals and objectives, the treatment progress, and termination process); (4) degree of work effort (e.g., time spent in various case-related activities, average caseload size, other responsibilities); (5) agency or contextual barriers to treatment; (6) degree to which each program permeated the culture of the agency (e.g.,

use of program “jargon”); (7) consistency of the model for decision-making; (8) training; (9) degree of accountability; and (10) overall worker satisfaction with the model.

Participants were asked to reflect back upon a recently closed case in which a child (or children) resided in the biological family’s home, or in the home of a relative considered by the family to be the caretaker at the time of referral, and where there was imminent risk for out-of-home placement. Identifying information was not disclosed (e.g., names of clients), but instead interviews focused on the circumstances of the case, including assessment, contracting, treatment, and outcomes.

Analysis

The evaluation team consisted of 3 to 5 persons over the course of the project, including the principal investigator, doctoral students, and an M.S.W. social worker, most of who shared in conducting the interviews. Transcripts were analyzed independently by a minimum of three members of the research team, all having extensive post-graduate practice experience, and/or familiarity with the child maltreatment field. Each evaluator identified themes, patterns, and/or significant points of interest, leading to an understanding of both MST and TFPS modalities and worker perceptions of family preservation in general. We reviewed our results during team meetings to further identify general themes and to differentiate those that appeared to be idiosyncratic or were single to a particular participant. Examples were selected from all available transcripts, which seemed from our cumulative experience and from internal evidence to be reflective of each of the ten areas of interest outlined above. Specific quotes were modified only to maintain participant confidentiality. Thus, the overall meaning or intent of worker comments was maintained in an effort to depict workers’ experiences that “ring true.” The process we pursued “assumes that, in the absence of evidence to the contrary, experiences in given settings are more likely to be typical than they are atypical” (Levine, Reppucci, Weinstein, 1990, p. 346).

The validity of a qualitative study is derived from the thoroughness of the analysis instead of the representativeness of the sample (Silverman, 1993). Stated somewhat differently, in a qualitative study, it is essential to determine the trustworthiness and creditability of the data. Overall, we believe our process enabled us to do so and remain true to the participants’ reality. Ultimately, it is up to the reader to decide whether to accept our interpretations given our description of the process.

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Results

Family Preservation Service Philosophy

The MST philosophy was described as focusing on helping clients to help themselves. Working from an empowerment perspective, MST social workers described their role as helping clients find unique solutions to their problems. The philosophy also was described as relying heavily on endorsing client responsibility throughout the intervention process, whereby clients were encouraged and expected to find solutions to their problem(s); workers were accountable for developing an intervention to ensure clients were able to do so. The following excerpt is illustrative.

We don't do the work for the parent. The parents have to do the work themselves. What we seem to do, or what we do is show the parent how to get the job done themselves. What has to happen is for that person to continue to solve not only the problem that they had ...but any other problems that may come up in order to keep their children out of placement once we are gone.

The philosophy of TFPS was described fairly consistently across workers as well. Some workers described the philosophy in terms of program goals, primarily to prevent out-of-home placement of children, to ensure the safety of the children, and to keep families together. As one worker stated, "Well, I would describe the philosophy as one that is going to be doing all that is possible to keep the children from being placed outside the home."

Referral Information and Assessment

Social workers from both groups described referral information as variable and not especially useful, particularly around issues of risk and child safety. For example, they stated that referral information often either over or under estimated the seriousness of risk for harm, or the level of risk for out-of-home placement. As a result of discrepancies between referral information and worker assessments, workers often relied upon their own judgments relative to risk and safety. MST social workers almost unanimously reported using measurement instruments as part of their assessments. Workers used this information to help them develop a "baseline," which in turn could be used to gauge the frequency, duration, and intensity of particular family problems. TFPS workers relied more often on their own experience and clinical judgment for their assessments and for monitoring family progress. In that process, the required New York State case review form was seen as helping workers organize, structure, and clarify clinical decisions.

When measuring treatment outcome, TFPS workers often combined their clinical appraisal of a client's level of progress with the results from the case review form.

Intervention Strategy

For MST workers, the intervention strategy described seemed to conform to the philosophy, principles, and model of MST. (This is not necessarily surprising as part of each worker's ongoing supervision included contact with the MST trainers.) TFPS workers reported using a broader range of strategies, though overall, the strategies seemed heavily weighted toward family systems therapy. Among the strategies mentioned were individual counseling, family treatment, information and referral, and facilitation of linkages between parents and other agencies. In addition, provision of concrete services also was mentioned. Perhaps due to the diverse nature of TFPS interventions, some workers felt program guidelines were insufficient to direct practice. As one worker stated, "We have the guidelines and a specific book you go through and then you have to kind of figure out where your information fits in....It's not real clear sometimes."

A considerable amount of time and energy were devoted to developing the trust and cooperation of parents, with home visits appearing to be used strategically during this process.

I think it's helpful, particularly if you're in the home, because you [can] have [a] conversation. Whereas [when clients] come into your office, they just feel [like they are being] interrogated. But when you're in their home, it's their turf...and that can elicit [a great deal of] information.

Workers were asked about how they determined when it was time to close a case. MST workers seemed to rely on the 4- to 6-month guidelines of the model coupled with progress for the family when making these decisions. TFPS workers generally were less likely to apply a time limit as a criterion and relied on clinical judgments of client progress, and the restrictions of the referring agency to determine when to terminate a case. In fact, some TFPS workers expressed some frustration that their judgments to keep a case open sometimes conflicted with the desires of the referring agency. As one TFPS worker commented:

Of course I'm eager to close a case, but the situation with these cases is that they are very difficult to close. [The family is] never going to make permanent changes [in a relatively short time frame] ...if the county says close it, then we close it [the case].

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Collaboration with Other Professionals

The families seen by both agency programs typically were referred by child protective services (CPS), and these families generally also were involved with other agencies or service providers in addition to child protection. Generally, MST workers reported the ability to provide their intervention with minimal interference from other professionals in the family's life (e.g., child protection, Family Court). As worker familiarity with the MST program grew, so too did their comfort in working with other systems. As one worker suggested:

I think when I first started I wasn't too sure about what MST was all about. Now I think my relationship with [other professionals] is different...I think I feel more comfortable teaching people about MST, because...in the beginning I was learning it myself, too.

Some TFPS workers found working in a multidisciplinary setting an apparent source of frustration. TFPS workers discussed difficulties in getting needed services for families and in trying to meet court requirements. As one worker stated, "Sometimes our biggest problems are with the county getting help for our clients.... At other times it's the courts...."

Intensity of Effort

MST is an intensive, family-based program with participants of this study reporting caseloads of 3 to 6. TFPS workers were required to carry larger caseloads, ranging from 4 to 48 (although because TFPS workers carried mixed caseloads; not all of the cases were preventive). To determine the perceived intensity of effort spent on each case, participants were asked to estimate the amount of time they spent working with clients, doing paperwork, and other case-related activities (e.g., contacting collaterals, providing transportation, contacting other professionals). Although there was great variance across workers, MST workers reported a greater percentage of time spent with clients (40-75%), and much less spent on paperwork (10-40%) and doing other case-related activities (5-20%), compared with TFPS workers who reported spending less time with clients (25-75%) and more time on paperwork (33-75%) and other duties (10-25%).

Barriers to Practice

Participants were asked about what they perceived as barriers to their work with

families. Interestingly, according to one MST worker, the legal requirements of mandated reporting posed a particular challenge placing the worker at odds with the same client(s) with whom they were expected to be closely aligned according to MST philosophy. Other workers pointed to interagency differences about how to work with a particular family as a barrier to practice and/or the demands of paperwork.

Some TFPS workers indicated that interagency collaboration was sometimes a problem, though it was suggested that the nature of collaboration with another agency depended upon individual relations with particular agency workers. TFPS workers also mentioned that the amount of paperwork required for each case was a barrier. They felt that some of the paperwork was useful in helping organize and handle a particular case, though overall paperwork was seen as much too extensive, detracting from time that could have been spent with clients. In addition, TFPS workers mentioned that greater access to computers would help facilitate completion of paperwork, record keeping, and other reporting requirements.

Also of interest, especially considering the client population, a number of participants identified working with mandated clients as a barrier to practice. As one TFPS worker put it, "[If]...they don't want to be here, then there's nothing that you're going to do to make them be here."

Organizational Communications

Workers were asked to comment on the extent to which the language or jargon from their program had permeated the day-to-day communications in the organization. Both groups reported using a moderate amount of program-specific terminology with co-workers in agency memos, letters, forms, and supervisory or administrative directives. However, MST workers were more specific about program-relevant terms that were used (e.g., fit-circles, sequencing, drivers), suggesting that the use of MST jargon was commonplace in their office. For example, as one worker put it, "Yes, we're always saying, 'Sounds like a barrier to me.'" MST workers also taught their clients the language of the program.

Social Worker Roles

MST workers reported that their role was fairly well defined and that the program helped them focus the role more quickly, consistently, and clearly when working with a family. As one worker stated, "I guess MST has defined my role as one of an advocate as well as [a person who empowers clients], as opposed to generic social work where you do the work for [a] person." Some TFPS workers described their role as somewhat "confusing,"

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“fuzzy,” or “clouded.” Other workers remarked upon the number of roles they played (e.g., “I wear a half dozen different hats.”). One worker described her role in more global terms.

It’s good to know that our community has people that can really look out for the children, and that children can feel safe in the environment, and if the parent doesn’t have the skills that are necessary to be a good parent, that we can help them.

Finally, a number of TFPS workers applied traditional social work labels to their practice (e.g., “advocate,” “counselor,” “therapist,” “case manager”), or described their role in more functional terms (e.g., “as a subcontracting agent of the county,” or “a case manager who is outcome-based”).

Training

Participants were asked about the training they received in their respective programs. Training in the MST program focused on the MST model. The underlying theories of the program and skill development were accomplished through attendance at a five-day workshop offered locally by specialist MST trainers. In addition, MST workers received 12 days of booster training on a quarterly basis and could avail themselves of phone consultation with lead trainers on an as-needed basis. Among MST workers, no outstanding training issues were noted besides some suggestions that more training would be welcomed.

TFPS worker training consisted of a broader range of options, including family systems, cognitive-behavioral, and client-centered approaches to practice. In addition, TFPS workers reported training by the State of New York on the use and completion of state forms, and any number of additional trainings offered through their agency. (At least one worker reported minimal exposure, one day, to MST training.) Unlike their MST colleagues, TFPS workers remarked that they lacked the specific training necessary to accomplish their duties. Generally, TFPS workers relied on their past experience, a sharing of knowledge among co-workers, agency supervision, and/or the knowledge they derived from the range of training opportunities they participated in.

Somewhat related to the topic of training was the use of supervision and consultation. Supervision for both TFPS and MST workers typically was described as satisfactory, supportive, helpful, or very important. This was especially the case when workers were asked about what they did when they were “stuck” in a case. For MST workers,

supervision appeared most useful as a means of getting re-oriented or “back on track” with regard to interventions in accordance with MST principles. Even though at first some workers found the exercise of consulting over the phone uncomfortable, they soon became attuned to the process of reviewing aspects of a case according to the principles of MST, and thereby were assisted in planning or implementing their interventions. TFPS workers also commented favorably about the quality of the clinical supervision and case consultation they received and considered these two aspects important aspects of their jobs.

Accountability

As the MST model is outcome based, the need to be accountable is an integral part of the process. MST workers reported that their confidence increased as they educated attorneys, family court judges, and other professionals about the MST model and justified their decisions during supervisory conferences and consultant discussions. The next comment is somewhat illustrative.

You really have to stand by what ... you're doing.... [M]y confidence has actually gotten stronger...the paperwork, the weekly supervision group, supervision and consultation [all add to your confidence and your need to be accountable]...you don't just make a decision because it feels right.

In addition, some workers felt challenged to consider (or reconsider) what they viewed as a successful client outcome. For example, in this next situation, the family exhibited initial progress, but nevertheless the child was placed. Reflecting on the family's improvement and the subsequent placement, the worker stated, “I think it's important to look at why MST [views placement as] a failure and why you think [initial progress is] a success, and to really kind of analyze that...and rethink it in terms of what could I have done differently.”

Descriptions of accountability for TFPS workers varied somewhat from the MST group. One worker discussed accountability in terms of one's professionalism as a social worker. This worker felt that professional values, including accountability, were necessary in every case encounter. Somewhat in contrast to the professional view of accountability, other workers tended to have a more functional view and pointed to the extensive amount of detailed paperwork, and/or the need to exhibit “diligence of duty” as engendering accountability.

Worker Satisfaction

MST workers generally were very satisfied with the program. Almost unanimously, workers reported that the MST program was worth the time and effort they devoted to following the program's guidelines and protocols. Overall, comments included that the MST program was challenging and intensive, as well as focused and outcome-based. However, some wondered about the appropriateness of using short-term treatment methods with seriously dysfunctional families (e.g., chronic abuse situations), and whether such families would be amenable to relatively rapid change.

In general, TFPS participants expressed moderate levels of satisfaction with their program. Responses varied widely from being "satisfied" or "somewhat satisfied" to "frustrated" with the program. Additional comments included feeling "overwhelmed," that the short-term treatment was too restrictive with too many rules or requirements (e.g., making required home-visits, completing paperwork, documenting phone calls), and some TFPS workers felt the treatment was not intense enough to impact the difficulties associated with serious types of long-term cases.

"Teaming," whereby two workers were assigned to each case, however, emerged as an important component of TFPS worker satisfaction. Teaming was seen as providing a sense of "connectedness" with peers, as well as serving as an adjunct to formal supervision. Teaming was seen as particularly helpful in their day-to-day activities, and especially with difficult case situations. Generally, TFPS workers strongly endorsed the continuation of two-member teams for each case. Teaming also was considered important when deciding whether to terminate a case.

As part of worker satisfaction, workers also were asked to reflect back on their five most important practice decisions. Of primary importance for both groups was the safety of the child(ren) involved in any one case. Of secondary importance was the decision of whether to file a report to either CPS or the State Child Abuse Hotline when appropriate. Finally, workers identified the processes of engaging with the client, developing assessment information or understanding the dynamics of a case, and connecting clients to community services as the most important aspects of their jobs.

Discussion and Conclusions

We believe the workers in this study have offered some interesting insights into their practice, and by extension, into the delivery of family preservation services in general.

When questioned about the philosophy and goals of their respective programs, workers from the TFPS group responded with what appear to be instrumental goals that are consistent with desired outcomes of family preservation and with Hilbert's earlier study of practitioners, ensuring child safety, and preventing out of home placement (Hilbert, Sallee, & Ott, 2000). Interestingly, MST workers recognized the importance of these outcomes and also added what might be identified as practice principles, clients helping themselves, maintaining a non-blaming posture, and being empowerment based and present oriented that might lead to desired outcomes. The importance of this difference is somewhat unclear, but the difference was notable.

Workers from both groups were consistent in their comments about the variability in and quality of the referral information. For example, they stated that at times the information understated the level of risk and at other times overstated the level of risk. This finding is consistent with the literature that has raised some doubts about whether the families in need of the services are in fact the families that receive the service. From a policy perspective, it would be important for agencies making such referrals to have ongoing collaboration, consultation, and training with the agencies providing the services in an attempt to better link the service with the families who need the service.

Generally, MST workers were more satisfied with their work then were the TFPS workers. Though there are a number of possibilities to explain this difference (differences in overall caseload size for example), it may be that the level of structure in the MST program and the support provided by colleagues, supervisors, and external consultants accounts for the high degree of satisfaction. Whether it is the structure, the support, or some combination of both that accounts for the high degree of satisfaction, it would be interesting to see if other similarly structured family preservation interventions produced the same result. Though satisfaction may not be a necessary condition for effective service, job satisfaction is a very important consideration and is related to burnout and other negative worker outcomes.

When asked about the five most important decisions they made as family preservation workers, some TFPS workers stated that mandated reporting of suspected child maltreatment was one of the top; whereas, MST workers did not so report (though one MST worker described mandated reporting as a barrier in her work with clients). There is a great deal of literature detailing the way clinicians handle the mandated reporting requirement and a smaller amount of literature that addresses the impact of such reporting on clinical practice. However, the fact that these comments were made by workers from an agency with close ties to child protection, who presumably have made a number of such reports, and who were working with clients where maltreatment was a likely concern, would seem to indicate the need to look closely at these two systems and

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how they interface with one another. Workers reported that the effect of collaboration with child protection and other professionals was dependent on “who you were dealing with,” suggesting that perhaps improving collaboration between the two systems might be a place to start.

The design of this study was not without limitations. For example, the volunteers came from a single agency in western New York. Their perceptions of the programs are important but may reflect their unique circumstances. Further, we were unable to obtain access to case records for review, which might have provided important complementary information to that received from the workers. In addition, the MST workers were more likely to have been recent graduates of schools of social work compared to the TFPS workers. This difference is complemented by the fact that the TFPS workers tended to have greater overall clinical experience. These differences in educational and clinical backgrounds may account for some of the differences in their perceptions—the willingness of TFPS to rely more on clinical experience compared to the use of standardized measures by MST workers during assessments, for example. Further, because the MST program was considered somewhat “experimental” for the agency and the level of intensity of service differed between programs, the type of cases assigned to the workers from the two programs may have differed (cases were generally assigned by one supervisor and it may be she reserved what was considered the more difficult cases for the MST workers). Finally, the differences in the size of the caseloads between the MST and TFPS workers likely accounts for some of the differences reported in their perception of intensity of effort and overall satisfaction with the service.

The findings contained in this article should be considered in the context of these limitations. However, the goal of this study was to give voice to family preservation workers, to determine their perceptions of the programs, the goals they strive for, and the elements of their jobs that facilitate or impede accomplishment of those goals. As the field struggles to determine the relevance of family preservation programs in the current context of child welfare practice and the concern with child safety, worker insights become very important if we are to understand their day-to-day realities and how these programs are actually implemented. If the perceptions of the workers interviewed for this study have contributed in some small way to a better understanding of those realities, then we believe we have accomplished our goal.

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Targeting Special Populations for Family Preservation: The Influence of Worker Competence and Organizational Culture

Ramona W. Denby, Keith A. Alford, and Carla M. Curtis

Today there are approximately 581,000 children in the United States foster care system. Children of color, one special population group, are disproportionately represented in the foster care system. Family preservation, a program that aims to improve family functioning and thus decrease the need for foster care, has been examined closely. Some researchers believe that family preservation programs have failed partly due to practitioners' inability to target appropriate families (Feldman, 1990; Schuerman, Rzepnicki & Littell, 1994). Additionally, research confirms that children of color are not the target of family preservation services (Denby, Curtis, & Alford, 1998). Improvements in the effectiveness of family preservation will require many types of reform both internal and external to the program. Among the types of internal reform needed is accurate "targeting of services." Given the overrepresentation of children of color in the foster care system, this group must be among those who are targeted for services. The results of a national survey of 254 family preservation workers reveal a "profile" of the worker who is likely to target special populations, including children of color, for family preservation services. A case is made for service improvements and training to facilitate the "profiled" workers' competencies.

Introduction

Certain segments of the population experience a disproportionate number of hardships, which can lead to their children being placed outside the home for care and protection. Such hardships place special populations in a precarious situation requiring the services of family preservation programs. Special populations can include children of color who enter the system at high rates, remain for long periods of time, and experience difficulty with permanency planning. Nearly 60% of the children in foster care are children of color, with African Americans comprising nearly 40% (U.S. Dept. of Health and Human Services—AFCARS, 2001). Arguably, since special populations like children of color disproportionately occupy foster care rolls, a significant impact on placement rates can

be made by reducing these groups' representation. For African American children, their especially vulnerable status in the child welfare system has been well documented both historically and contemporarily (AFCARS, 2001; Billingsley & Giovannoni, 1972; Close, 1983; Finch & Fanshel, 1985; Gray & Nybell, 1990; Hogan & Siu, 1988; Mech, 1983; Roberts, 2002; Seaburg & Tolley, 1986; Stehno, 1982, 1990). Given the peculiar plight of children of color, family preservation programs must employ targeting strategies with services designed specially to meet the needs of special populations.

Realizing the vital role played by family preservation workers in improving services to special populations, the purpose of this study was to examine the attitudes, behaviors, and beliefs of a national sample of practitioners. The results of a national survey of 254 workers, including both referring and direct service workers, reveal a composite of beliefs and characteristics associated with workers who target special populations, including children of color. These findings have tremendous implications for program reform and the development of competencies for social work students interested in family preservation work.

Family Preservation Effectiveness, Special Populations, and the Targeting Dilemma

Effectiveness of Family Preservation

Family preservation, as both a philosophy and a service, purportedly aims to address the needs of children and families within the context of culture. Moreover, family preservation aims to improve family functioning, reduce the need for unnecessary out-of-home placement, and when appropriate, reunify children with their families. However, family preservation, a service designed to address skyrocketing out-of-home placement rates, is believed to be failing partly because of practitioners' inability to target appropriate families (Feldman, 1990; Schuerman, Rzepnicki, & Littell, 1994). Moreover, some researchers have concluded that high rates of out-of-home placement and the lack of differences in outcomes between treatment and comparison groups prove the ineffectiveness of family preservation as a mode of service intervention and prevention (Heneghan, Horwitz & Leventhal, 1996; U.S. Department of Health and Human Services, 2001). Despite what has been advanced by some, other researchers (Kirk, 2000) find merit in family preservation services. Nonetheless, family preservation researchers (Morton & Grigsby, 1993) believe that there are special populations that are in need of intensive family preservation services. However, decision-makers are reluctant to target children of color for entry into family preservation programs (Denby, Curtis, & Alford, 1998; Morisey, 1990; Pinderhughes, 1991).

Who Are Special Populations

In the child welfare system (ACF, 2002) as well as mental health, the following groups have been identified as special populations: *children of color* (Gustavasson & Segal, 1994), *homeless children* (Douglass, 1996), *sibling groups* (Drapeau, Simard, Beaudry, & Charbonneau, 2000; Smith, 1996), *children of the mentally ill* (Coiro, 1998; Finzi & Stange, 1997; Luntz, 1995), *reunification families* (Frame, Berrick, & Brodowski, 2000; Smith, 2000; Talbot, 2001; Walton, Fraser, Lewis, Pecora, & Walton, 1993), *potential adoption disruption families* (Triseliotis, 2002), *older children* (Sedlak, 1997), *chronic juvenile offenders* (Loeber & Farrington, 2000; Scherer, Brondino, Henggeler, Melton, Gary, et al., 1994), *severely emotionally disturbed—SED* (Jonson-Reid, Williams, & Webster, 2001; Solnit, Adnopolz, Saxe, Gardner, Fallon, 1997), *children under the age of five* (Berrick, Needell, Barth, & Jonson-Reid, 1998), *first-time parents*, *perinatal parents*, *children with birth abnormalities* and/or the *medically vulnerable* (Berthier, Oriot, Bonneau, Chevrel, et al., 1993), *children who are HIV positive or those who have AIDS* (Anderson, 1998; Goicoechea-Balbona, 1998; Tenner, Feudo, & Woods, 1998), and *status offenders* (Nugent, Carpenter & Parks, 1993). More recently, children whose parents are infected with HIV/AIDS have been identified as a special population (Cameron, 2000; Draimin, Gamble, Shire, & Hudis, 1998; Mason, 1998; Taylor-Brown, Teeter, Blackburn, Oinen, & Wedderburn, 1998). The literature is most developed around the special population group, children of color.

The Role of Targeting in Improving Family Preservation Effectiveness

For the purposes of this paper “targeting” is defined as:

The purposeful and deliberate practice of identifying, assessing, and delivering services to groups of children and families who are defined as “special needs” groups under federal legislation.

For example, under the Adoption Assistance and Child Welfare Act of 1980, P.L.96-272, the victims of foster care drift and those for whom systemic barriers prevented permanency were identified as “special needs children” (or as the strengths-based literature and more contemporary practice jargon says, “special populations”). The legislation called for unique efforts to promote permanency for this population (Allen, et.al., 1983; U.S. Code Congressional, 1980).

Although past legislation has been enacted to deal specifically with the plight of some special populations, and research has provided a rationale for service delivery directly aimed at these groups, they do not receive family preservation services at the same rate that they receive traditional services (including substitute care). Current legislation (Promoting Safe and Stable Families (PSSF) Amendments of 2001, Public Law 107-133, January 17, 2002) does not provide any assurance that the needs of special populations like children of color will be addressed. Without clear service eligibility mandates and with the expectation that limited funding must now be disbursed more broadly, how will special populations fare under the new legislation? Although the answers to this and similar questions are unknown, family preservation officials can be empowered to make such internal program changes as the establishment of clear targeting protocols.

Service improvements in family preservation require systematic and multiple-levels of reform. Among the reforms needed are accurate "targeting of services." Service targeting can be accomplished through such things as better risk assessment instruments, strict eligibility criteria, and more information gathering when evaluating families to take into account the unmet needs of special population families. Such service improvements as "targeting" are the responsibility of many, and by no means should workers shoulder the burden. Arguably, key decision-makers and gatekeepers involved in the process of establishing criteria for the selection of children and families for services include (1) legislators, (2) judges, (3) program managers, (4) referral agents, and (5) workers. Each of these five gatekeepers has a distinctive role in helping programs to realize their legislative goals, one of which is the targeting of services to special populations and other high-risk groups.

While the aforementioned elements are critical to developing better targeting strategies, decision-makers, namely family preservation workers, play a critical role. The research literature suggests that child welfare training efforts have focused on cultural sensitivity and understanding the consequences of poverty, racism, and sexism; however, not enough attention has been directed toward understanding the relationship between workers' attitudes, beliefs, and their professional choices. It also is important to appreciate the impact of the workplace environment on professional decision-making, and it is important that professional competence be assessed (Middleman, 1984). Although the "targeting" issue is not solely attributable to family preservation workers, their decision-making power (formal and informal) should not be underestimated. In fact, workers' influence in helping to establish accurate and sensitive screening protocols should be supported. Workers are most supported in their efforts when their employing organization reinforces targeting competencies.

Practice Competencies: A Framework for Understanding Targeting

A review of the literature on competency-based practice in human service settings yields several recurring themes that fall under the headings of (1) relationship competence, (2) cultural competence, (3) decision-making competence, (4) organizational competence, and (5) collaboration competence. The pragmatic value of these topical headings vis-à-vis family preservation service intervention with children and families of color is significant. Family preservation workers provide intensive services to children and families and in cases involving clients of color; particular competencies that support greater cultural appreciation and indigenous service planning must be examined for their inherent utility.

Relationship Competence

Understanding client needs when building the worker-client relationship is a necessary component toward treatment goal(s) attainment. This can be achieved through a relationship built on trust and respect between worker and client. Attitudinal issues on the part of the worker about the client and/or client actions can thwart attempts to maintain an otherwise productive working relationship. Drake (1994) noted key worker-client relationship themes identified by child welfare clients included their desire for respect, for effective communication with workers, and for a comfortable relationship with workers. In order for workers to convey respect, maintain a comfortable relationship, and communicate effectively, they must recognize that families facing struggles are inherently deserving of services. To accomplish this, workers should be non-judgmental (Ribner & Knei-Paz, 2002), and they should use a problem-solving process that allows for focus on the clients' definition of the problem (Trotter, 2001).

Cultural Competence

The call for cultural competence in human services has long been given. Formulating an understanding of such cultural factors as child rearing styles, parenting roles, and community support systems is important in accurately assessing and intervening with families of color. For example, many African American families feel they must socialize their children to live biculturally because they believe that society will judge their children more harshly because they are African American (Denby & Alford, 1996). Racism and oppression cannot be ignored, and families of color are often on the front lines as recipients of these ills. Workers who employ cultural competence must do so with the understanding that such ills are real, and program eligibility protocol should be

tailored to address service inconsistencies (Alford et al., 2001; Boyd-Franklin, 1989; Brinson, 1996; Denby, 2002; Devore & Schlesinger, 1999; Graham, 1999; Logan & Freeman, 2000; Schiele, 2000).

Decision-Making Competence

A number of factors affect decisions regarding treatment services to children and families. Moreover, decision-making involves three key concepts: authority, responsibility, and accountability (Dutton & Kohli, 1996). A decision to target special populations for services requires all of the aforementioned skills. These decision roles are that of workers, but managers and administrators must support their efforts. Workers must have a sense of ownership and responsibility in the establishment of service eligibility protocols. They should know that they are accountable to internal (clients, colleagues, managers) as well as external (stakeholders, indigenous communities) groups. Finally, authority to make decisions should be granted to those who are clear about the unique needs of special populations.

Organizational Competence

Organizational competence as it pertains to family preservation programming requires that there be an atmosphere and organizational culture that supports workers' desire to target special populations for services. Such an organizational culture is partly established by three elements: an agency philosophy that places special populations as a service priority, leadership style that not only espouses a belief in targeting but supports workers' efforts, and a synergetic effect whereby organizational culture influences workers' behavior and workers' behavior impacts organizational rules and structure. Research (Delewski, Pecora, Smith & Smith, 1986) has shown that when workers are empowered to develop action plans to address organizational changes, implementation success is evident. Moreover, agencies must develop an organizational culture that supports such culturally competent service practices as targeting. This is done through the establishment of administrative policy and support (Quander, 2001). Finally, agencies can be furthered in their efforts by conducting organizational self-assessments (Goode, Jones, & Mason, 2002).

Collaboration Competence

Collaboration competence is multi-faceted. Family preservation workers' endeavors to improve services to special populations can be supported by building collaborative

partnerships with other service entities, including indigenous communities, funding sources, and others. The involvement of natural helpers, community representatives, and neighborhood groups, a strategy employed by other child and family service programs (Lazear, 2002), is a technique that can be used more widely in family preservation to support the use of targeting protocols. Such a move would require programs to work in partnership with the community, indigenous groups, and funders. This level of cooperative work will involve advocacy and negotiation (Dutton & Kohli, 1996). The inherent imbalance of power in client and worker relationships speaks to the need for external, cooperative arrangements whereby client needs can be safeguarded by stakeholders, funders, and community representatives who advocate for their inclusion in the receipt of services. Funders and other community groups can use their "position and role" (Dutton & Kohli, 1996) to foster collaboration competence among organizations.

Methodology

Design and Research Objectives

The primary objective of the study was to examine the attitudes and behaviors of family preservation workers regarding the service criterion "special population." The objective was pursued through the use of the cross-sectional survey research technique. A theoretical decision-making model, which maintains that workers' values, biases, and characteristics have an effect on their attitudes, belief structure, and their subsequent behavior, was used. Largely a descriptive study, the chief aim of the research reported herein is to uncover those variables and conditions that influence a worker's decision to target services to special populations. The research protocol was derived largely from Dillman's (1978) "Total Design Method (TDM)."

Sample

The sample was derived from the National Resource Center on Family-Based Services *Annotated Directory of Selected Family-Based Services Programs, 1994*. Using a systematic random sampling technique, 250 agency names were selected from the sampling frame. Each agency received two instruments that produced an "attempted" sample of 500 family preservation workers. The primary recipient (i.e., an administrator) was directed to designate two workers to complete the instruments. The only constraints imposed on the administrators were as follows: the workers had to be directly involved in delivering intensive family preservation services as either direct providers of services

or those who screen cases and make a service determination, and if the agency employed screeners and direct service workers, the respondents had to be one of each type.

Instrumentation

Face, content, and construct validity. A 127 Likert item mail-survey was used to collect data. Items for the survey were developed using two sources: (1) secondary analysis of a study (Walton & Denby, 1997) pertaining to the issue of targeting "imminent risk" cases; and (2) search and review of empirical literature. Sixteen (16) groups (as described in the Introduction section) considered to be "special populations" were examined. Certain parts of the survey contained questions, which positioned the respondents to give their experiences with particular "special populations." On the other hand, portions of the survey involved questions in which respondents were asked to consider "special populations" as a whole. Although all sixteen types of "special populations" were studied, this article focuses on the findings, which related to children of color.

Reliability and response rate. The survey instrument was pilot tested so that reliability could be established. The reliability scores (i.e., Cronbach Alphas) for the sub-scales ranged from .63 to .98, suggesting strong inter-item correlation. After accounting for frame error, the return rate for the survey was sixty percent (60%). However, to assure that non-response bias was not an issue in the study, Miller and Smiths' (1983) plan of analysis for non-response bias was used. A random sample of twenty percent (20%) of the early and late respondents was drawn. A t-test was computed to compare the demographic data of the two groups. The t-test was used to ascertain whether there was a difference between those who answer and those who do not. There is no difference on demographic data between those respondents who returned their surveys early and those who returned them late. Therefore, because research has suggested that late respondents are most like non-respondents, it can be inferred that those family preservation workers who did not return their surveys were no different from those who did; thus non-response bias is assumed a non-factor.

Study limitations. Exploratory studies that rely heavily on descriptive and correlation analyses have inherent limitations. Additionally, construct validity may be a concern of this study. Although great care was given to operationalize the term special populations into categories of 16 groups, respondents may not have retained the specific definitions as they moved through various parts of the survey. Nonetheless, given the richness of the data, a solid direction for follow-up research is provided.

Findings

Socio-Demographic Characteristics

Six socio-demographic variables were used to describe the type of agency in which the respondents are employed: (1) *type of program*; (2) *caseload size*; (3) *length of service*; (4) *treatment model*; (5) *reason for referral*; and (6) *ethnicity of service population*. The *type of program* that the majority (i.e., 63%) of the respondents in this study represent is a private, nonprofit agency. Public child welfare agencies comprise a high category, thirty-one percent (31%). For most (72%) workers, the *caseload size* is 1-10 families. Twenty-four percent (24%) of the respondents report that their *cases can remain open* for up to 10 weeks. Twenty percent (20%) of the workers service cases 11-15 weeks. One-half of the sample report using a "family systems" *treatment model*. Twenty-two percent (22%) use a modified Homebuilders or some other approach. Nearly seventy percent (70%) of the respondents indicate that their primary *service population* (i.e., *reason for referral*) comprises clients who enter the service system primarily as a result of child abuse and neglect. Nearly eighteen percent (18%) report that their clients are largely referred as a result of mental health difficulties. The majority, seventy percent (70%) of the sample, indicates that the *ethnicity of their primary service population* is European American. African American and Hispanic clients only comprise twenty-one percent (21%) and three percent (3%), respectively, of the primary service population.

In terms of the respondents' personal characteristics, eight descriptive variables were used: (1) *age*; (2) *gender*; (3) *years of social service experience*; (4) *family preservation experience*; (5) *type of worker*; (6) *race*; (7) *highest level of education*; and (8) *type of degree*. There is a wide range of *age* categories. More than half (i.e., 56%) of the respondents are under the age of 40. A third of the respondents are 41-50 years of age. The remaining respondents are over the age of 50. The majority (i.e., 76%) of the respondents are *female*. A third of the respondents report 1-5 *years of experience in social services*. Another third of the sample has 6-10 years of experience. The remaining third have anywhere from 11-20 years of experience. Overwhelmingly, the vast majority (65%) of the sample has only 1-5 *years of family preservation experience*. Twenty-three percent (23%) have 6-10 years of experience in family preservation. The *type of worker* surveyed was largely (63%) one who works in a family preservation unit that is housed within a major agency. The *race* of eighty-three percent (83%) of the sample is European American. Workers of color make up the remaining seventeen percent (17%). The *level of education* for the majority of the sample extends beyond undergraduate work. Forty-

two percent (42%) of the respondents possess a master's degree. Another twenty-two percent (22%) have at least a bachelor's degree. A near even split, forty-nine percent (49%) of the sample have *social work degrees*, while the other forty-six percent (46%) hold nonsocial work degrees.

Why Workers Agree with the Service Criterion "Special Population"

A summary analysis of descriptive data (i.e., Mean scores) pertaining to reasons why workers agree with the use of the special population service criterion is reported herein. A four-point Likert scale was used. A response of "1" indicates strongly disagree, "2" indicates disagree, "3" indicates agree, and "4" indicates strongly agree. The study did not show many factors that support the use of the service criterion special population, especially in the categories pertaining to children of color. This could be because workers are so vehemently opposed to targeting services in this manner, no moderating factors are evident. This finding may also be an artifact or limitation of the data collection instrument in that the listed support variables might not be the ones that are indeed in operation, and others may exist. However, the researchers were able to show one main factor that may support a worker's use of the criterion: *the fact that the agency they work for supports the use of the criterion* ($M = 2.48$). Additionally, in instances where workers may be in favor of targeting services to special populations, they do so because they believe that such groups are over represented in service delivery systems ($M = 2.57$) and that they are usually most in need of services ($M = 2.54$).

Why Workers Against the Use of the Service Criterion "Special Population" Use It Anyway

Pearsons Product-Moment Correlation Coefficient was used to assess the relationship between variables that measure *worker attitudes* toward the service criterion special populations and the variables that measure *workers belief structures*. In terms of those workers who disagree with the service criterion special population but use it in their decision-making process, some evidence was found for the notion that *agency-level variables* factor into their decisions. Although the discovered correlations are moderate, the highly significant p-value strengthens the association between the variables. Workers who disagree with the criterion and use it, do so because of agency influence ($r = .35$, $p = .000$), the influence of the indigenous community ($r = .30$, $p = .000$), and the specifications given by a referring/funding source ($r = .36$, $p = .000$).

Differences Among Workers Who Favor the “Special Population” Criterion and Those Who Do Not

Tables 1-4 display the results of four discriminant analyses that were used to assess the workers' attributes, attitudes, and beliefs in order to discern between those who target services to special populations and those who do not. An examination of agency and worker socio-demographic characteristics (Model #1) alone, reveal that the *attribute* variables that distinguish between those workers in favor of the use of special populations and those not in favor, are: *length of time cases remain open*, *hours of direct contact with clients*, *number of public agency cases*, *a workers tenure within social services*, and the degree to which an agency's *primary service populations* are children of color. In other words, those workers who target special populations for services are seasoned, public service agency workers who work with cases for longer periods of time, have a significant amount of direct service contact with clients, and whose agency service population consists largely of children of color. Model #1 is the weakest model of the four. Model #1 correctly classified only seventy-one percent (71%) of the cases, has a low canonical correlation of .25, and its p-value of .08 is not statistically significant.

Table 1. Model #1 – Worker/Program Attribute Variables

| Discriminant Analysis of Attribute Variables Predicting Whether Family Preservation Workers Use Special Population as a Criterion in their Service Decisions | |
|---|-------------------------------------|
| Attribute Variables | Service Decision (Behavior)* |
| (a) Length of time case remains open | 0.559 |
| (b) Hours of direct contact with clients | 0.595 |
| (c) Number of public agency cases | -0.498 |
| (d) Years of experience in social services | 0.498 |
| (e) Of the primary service population, number of children of color | -0.369 |
| Results of the Analysis: | |
| Canonical Correlation: | -.253 |
| Significance Level: | 0.0861 |
| Wilk's Lambda: | 0.9358925 |
| df: | 5.0 |

* A negative coefficient denotes an association with a decision not to use special population as a service criterion. A positive coefficient denotes a decision to use special population as a service criterion.

**Predictive Accuracy of the Discriminant Function for the
Attribute Variables – Model #1
(Worker and Program Attributes)**

| Actual Service Decision | Predicted Service Decision | | |
|-------------------------------|----------------------------|------------------------|-------------------------------|
| | Number of Cases | Use Special Population | Do Not Use Special Population |
| Use Special Population | 25 | 13.0 (52.0 %) | 12.0 (48.0 %) |
| Do Not Use Special Population | 223 | 51 (22.86 %) | 172 (77.13 %) |

Note: Percent correctly classified = 71.00 %

Table 2 contains the results of Model #2, which was the model used to assess the degree to which workers' *attitudes* about the special population service criterion predict their targeting behaviors. This model was more successful than the previous one (Canonical correlation = .32, $p = .000$). The key predictors of service decisions turned out to be the workers' opinions of different types of special populations. For example, workers who target special populations are those who believe that children with HIV/AIDS and children younger than five are true special populations. Those workers least likely to target special populations are those who do not believe children already in substitute care (i.e., reunification cases) are special populations.

Table 2. Model #2 – Attitude Variables

| Discriminant Analysis of Attitude Variables Predicting Whether Family Preservation Workers Use Special Population as a Criterion in their Service Decisions | |
|---|------------------------------|
| Attitude Variables | Service Decision (Behavior)* |
| Target Children: | |
| Already in substitute care | -0.783 |
| Have HIV/AIDS | 0.327 |
| Younger than five years | 0.308 |
| Results of the Analysis: | |
| Canonical Correlation: | 0.327 |
| Significance Level: | 0.0002 |
| Wilk's Lambda: | 0.89253 |
| df: | 3.0 |

* A negative coefficient denotes an association with a decision not to use special population as a service criterion. A positive coefficient denotes a decision to use special population as a service criterion.

**Predictive Accuracy of the Discriminant Function for the
Attribute Variables – Model #2
(Attitude Variables)**

| Actual Service Decision | Predicted Service Decision | | |
|-------------------------------|----------------------------|------------------------|-------------------------------|
| | Number of Cases | Use Special Population | Do Not Use Special Population |
| Use Special Population | 20 | 12 (60.0 %) | 8 (40.0 %) |
| Do Not Use Special Population | 183 | 41 (22.4 %) | 142 (77.6 %) |

Note: Percent correctly classified = 75.86 %

Model #3 used the workers' *beliefs* to predict who among them target services to special populations (see Table 3). The key correlates of a service decision were *beliefs* about the agency treatment model being conducive to the needs of special populations, disagreement with the notion that the lack of community resources gets in the way of targeting special populations, the belief that one's agency supports the practice of targeting special populations, and disagreement with the notion that so few cases are "true" special populations (canonical correlation = .39, $p = .01$). As it turns out, Model #3 is the best model in this study. Of all four models, Model #3 was most successful in predicting service decisions (80.25% of the cases were correctly classified).

Table 3. Model #3 – Belief Variables

| Discriminant Analysis of Belief Variables Predicting Whether Family Preservation Workers Use Special Population as a Criterion in their Service Decisions | |
|---|------------------------------|
| Variable | Service Decision (Behavior)* |
| Agency treatment model is conducive to special populations | 1.0 |
| Too few community resources | -0.354 |
| Agency supports targeting to special populations | 0.363 |
| So few cases are actually special populations | -0.354 |
| Results of the Analysis: | |
| Canonical Correlation: | 0.391 |
| Significance Level: | 0.0123 |
| Wilk's Lambda: | 0.84672 |
| df: | 4.0 |

* A negative coefficient denotes an association with a decision not to use special population as a service criterion. A positive coefficient denotes a decision to use special population as a service criterion.

**Predictive Accuracy of the Discriminant Function for the
Belief Variables – Model #3
(Belief Variables)**

| Actual Service Decision | Predicted Service Decision | | |
|-------------------------------|----------------------------|------------------------|-------------------------------|
| | Number of Cases | Use Special Population | Do Not Use Special Population |
| Use Special Population | 7 | 3 (42.9 %) | 4 (57.1 %) |
| Do Not Use Special Population | 236 | 42 (17.8 %) | 194 (82.2 %) |

Note: Percent correctly classified = 80.25 %

Table 4 displays the last of the four models. In Model #4, all variables (i.e., a *workers attributes, attitudes, and beliefs*) were combined in an analysis aimed at predicting workers' service decisions. Although the current model was able to classify almost seventy-two percent (71.59%) of the cases correctly and has a statistically significant ($p = .006$) canonical correlation score of .32, it did not improve upon Model #3. Nonetheless, Model #4 produced the following variables: opinions about agency treatment models (agreement that the model is conducive to special populations), the amount of hours of direct contact clients receive (larger numbers), years of social service experience (greater number of years), opinions about children already in substitute care (unfavorable opinion), and young children (favorable opinion).

**Table 4. Model #4 – Combined Variables
(Attitude, Belief, and Attributes)**

| Discriminant Analysis of Attitude, Belief, Attribute Variables Predicting Whether Family Preservation Workers Use Special Population as a Criterion in their Service Decisions | |
|--|------------------------------|
| Attribute Variables | Service Decision (Behavior)* |
| (a) Agency treatment model is conducive to special populations | 0.458 |
| (b) Hours of direct contact with clients | 0.574 |
| (c) Years of social service experience | 0.587 |
| (d) Target children already in substitute care | -0.629 |
| (e) Target children under age five | 0.345 |
| Results of the Analysis: | |
| Canonical Correlation: | 0.329 |
| Significance Level: | 0.0061 |
| Wilk's Lambda: | 0.8912 |
| df: | 5.0 |

* A negative coefficient denotes an association with a decision not to use special population as a service criterion. A positive coefficient denotes a decision to use special population as a service criterion.

**Predictive Accuracy of the Discriminant Function for the
Combined Variables – Model #4
(Attitude, Belief, and Attribute)**

| Actual Service Decision | Predicted Service Decision | | |
|-------------------------------|----------------------------|------------------------|-------------------------------|
| | Number of Cases | Use Special Population | Do Not Use Special Population |
| Use Special Population | 25 | 13.0 (52.0 %) | 12.0 (48.0 %) |
| Do Not Use Special Population | 158 | 44 (27.8 %) | 114 (72.2 %) |

Note: Percent correctly classified = 71.59 %

Discussion and Implications

It seems that the ideal conditions for targeting special populations are those heavily influenced by the worker's belief structure. Beliefs that there are many cases whose circumstances warrant the classification special population, (especially sensitivity to young children), prompt workers to target these groups. Workers' beliefs about which populations are appropriate for family preservation services get at the heart of the *targeting dilemma* that now exists. Many researchers (Budde, 1995, Blythe, Jayaratne, Reithoffeer, 1999; Denby, 2001, Kelly & Blythe, 2000; Wells & Tracy, 1996) note the need for family preservation program officials to better articulate who the target populations are as they work to improve services. Any discussion of targeting in family preservation is incomplete without adequate mention of special populations like children of color. Continued training and technical assistance are needed for workers to remain sensitive to the conditions that special populations experience.

Another condition that supports workers' practice of targeting special populations appears to be the presence of a treatment model that they believe is conducive to the needs of special populations. The issue of model and treatment fidelity has been raised as a potential threat to the success of family preservation programs (Bath & Haapala, 1995; Blythe, Salley, Jayaratne, 1994). We learn from this study that workers are less likely to target special populations, if they feel that the treatment model used within their

agency does not support such families' needs. Kelly and Blythe (2000) have observed that if family preservation is to ever reach its full potential, agencies will have to assure the full implementation of treatment models. Wells and Tracy (1996) also note that family preservation program proponent's inability to agree on appropriate treatment models also has been a problem in achieving success. As we look to improve family preservation services for special populations, we will need to assure the sound implementation of models that are culturally in tune with the client's needs. The literature contains leads in our search for culturally specific family preservation models (Brides, Brown, Berger, Roark, 1997; Carter, 1997; Denby, 1996).

Finally, organizational culture seems to have a heavy influence on workers' behavior toward the service criterion special population. When agency philosophy and leadership direct workers to be sensitive to the needs of special populations, they are more likely to target these groups of children. In fact, worker attributes alone have less of an influence on their decisions to target services to special populations than belief structures that are supported by organizational culture. Therefore, it stands to reason that if special populations are to become the target of services, there must be a synergy between workers' beliefs and organizational culture. A question that can be asked is, "Does organizational culture shape workers' beliefs or do workers' beliefs shape organizational culture?" While we know that these conditions have a synergetic effect, the results of this study suggest that when organizational culture is in support of the needs of special populations, even the most skeptical worker can be positively influenced to target special populations for intervention. In this study, those workers who did not agree with targeting special populations but did so anyway, were persuaded by their agency directive, the requirement of the referral/funding source, or the influence of the community in which they worked. From a macro perspective, Kelly and Blythe (2000) believe that strong leadership is required in order for family preservation programs to have a future in the child welfare service continuum.

If programs are to be successful in targeting special populations for services, there must be a buy-in on the part of workers. In situations where there is a desire to influence the belief structure of those workers who do not agree with targeting services to special populations, three main implications can be drawn from this study: organizational culture must place a high value on special populations; there is a need for increased training about the conditions experienced by special populations; and there is a need to train workers in the use of treatment models which they feel will render the greatest amount of gain for special populations.

Conclusion and Future Research Direction

The results of this study suggest that by and large, workers do not target certain special populations for preventive family-centered services. When workers do target special populations, it is because of the presence of such competency-based practice components as (1) relationship competence, (2) cultural competence, (3) decision-making competence, (4) organizational competence, and (5) collaboration competence. The objective of the research described herein was not to refute or establish the aforementioned practice competencies as predictors of "targeting." However, utilizing these competency components, a direction for follow-up research has been suggested.

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Understanding and Fostering Family Resilience

Robert G. Blair

This paper examines a model of resilience and provides a fictional case example from the classical musical, Fiddler on the Roof, along with a discussion of how this model may be helpful in assisting families at various levels of functioning to bounce back and perhaps even experience growth through facing difficult challenges.

Resilience

Resilience, the ability to bounce back from adversity or challenge, occurs at multiple levels, including the individual, the family, and the community, each of which is distinct yet interdependent (Hawley & DeHaan, 1996). The examination and description of resilience has focused primarily on the individual and his or her traits, often dismissing the family as irrelevant or dysfunctional; yet, more recently various researchers have come to view the family as a key environment from where resilience emerges (Walsh, 1996; Collins, Jordan, & Coleman, 1999; Carter & McGoldrick, 1999). A resilience perspective provides a positive view of the family, addressing its strengths and how it copes effectively with various challenges, rather than how it fails or is overcome by challenge.

Providing a definition of family resilience, Hawley & DeHaan (1996) state that it is the “path a family follows as it adapts and prospers in the face of stress, both in the present and over time” (p. 295). Walsh (1996) concurs by noting that resilience should be examined as a process that occurs over time, rather than at one point in time, proposing that a resilience perspective views each family in relation to its particular challenges, constraints, and resources, and how that family copes. This resilience process supports the principle of family preservation—I that most troubled families have the potential and desire to change.

If the family therapist can better understand this process, he or she may be better able to provide services that facilitate resilience, both within the individual members, and within the family as a whole. According to Walsh (1996), it is “more important than ever to understand processes that enable families to weather and rebound from their life

challenges, strengthened as a family unit" (p. 281). In this paper the author examines a model of resilience and discusses some of its implications for the family therapist.

Model

Richardson, Neiger, Jensen, & Kumpher (1990) propose a model of resilience applicable to the family. According to this model, the family has both strengths or protective factors and liabilities or risk factors. As various challenges confront the family, their protective factors, if sufficient, counterbalance the challenge. Yet when the challenge exceeds the protective factors, the family is unable to counterbalance, and finds itself in a state of "disruption." Neiger (1991) states that the family can be represented by various pieces of a puzzle. When a challenge exceeds family resources, the pieces are broken apart like a dropped puzzle. The family finds itself in a state of disorganization. Its various components either are not functioning or are out of place. Feeling stretched beyond its capacity, and finding that previous ways of coping appear inadequate, the family searches for new resources or tries to modify rules and/or roles in an attempt to cope. Once the family perceives that it has made sufficient change in order to cope, it tries to refit its various components into a unified whole. Richardson, et al., (1990) describe the family's attempt at modifying and then refitting its various pieces as "reintegration," and posit that it can occur at four distinct levels: (1) The family may develop rules or roles that create a level of functioning significantly below their previous level, labeled as "dysfunctional reintegration." (2) The family may redefine itself at a level above "dysfunctional," but still below the pre-challenge level, labeled as "maladaptive reintegration." (3) The family may find solutions to the challenge that allow it to return to its pre-challenge level of functioning or "homeostatic reintegration." (4) The family may create rules and/or roles that move it to a level above the pre-challenge level, labeled as "resilient reintegration."

Although not addressed by Richardson, et al., in their model, the author would argue that families, when coping with a challenge, most often begin at lower levels of reintegration and progress to higher levels. Even families who eventually are able to cope at a resilient level have most often passed through lower levels, often getting stuck for a time, and then finding better solutions. Viewing this model as a progression from lower to higher levels also suggests that with the right resources and/or right environment, families can change and learn increasingly better ways of coping. Concurring, Walsh (2002) states that by "encouraging key processes for resilience, families can emerge stronger and more resourceful through their shared efforts" (p. 130).

Case Example

To illustrate this process of family resilience and its various stages, the classic musical "Fiddler on the Roof" will be used. Although this musical addresses a variety of subjects, the emphasis of this paper will limit itself to the lead character, Tevya, the father, who is faced with increasingly difficult challenges as his daughters marry men whom he considers progressively more unacceptable. Tevya initially copes effectively through his own creativity. However, when his youngest daughter announces that she is going to marry a man outside of the Jewish faith, Tevya is devastated. His faith requires that his children marry only other Jews or be cast out and disowned. Tevya believes in his religion, but he also loves his daughter. This news disrupts him, creating "disorganization." Tevya struggles to reconcile the conflict as he has previous ones, reasoning with himself:

"How can I accept them? Can I deny everything I believe in? On the other hand, can I deny my own daughter? On the other hand, how can I turn my back on my faith, my people? If I try and bend that far, I will break."

Unable to find an adequate solution for this particular challenge, he proclaims: "There is no other hand." In his attempt at reintegration, he decides to sacrifice his daughter, announcing to her and the family that she will be considered as if dead and that her name will no longer be spoken.

Levels of Reintegration

Tevya's solution could be labeled as "maladaptive reintegration." It allows him to maintain his remaining family as well as his religious beliefs. Yet in disowning his daughter, he has created disorganization in the family. They are grieving the daughter's loss and functioning below their pre-challenge level. The entire family also has been affected as Tevya has ruled that no family member is to have contact with this daughter.

Dysfunctional Reintegration

Had Tevya made the choice to cope with this challenge by physically abandoning his family or by becoming and remaining intoxicated, he would have effected "dysfunctional reintegration," significantly reducing the family member's access to their father. The remaining family would have been forced to reorganize in major ways in order to meet

their needs, or they would have faced increased chaos or even the breakup of the family (Collins et al., 1999).

In working with a family functioning at “dysfunctional reintegration,” it is helpful to first listen to and then acknowledge the reality of the situation and the current problems the family is experiencing. Kilpatrick & Holland (1999) note that families at this level “lack a leadership and a control structure that is needed in order to meet basic nurturing and protection needs of members” (p. 4). Given a lack of leadership, it is helpful to discuss with the family how they hope to acquire needed resources, and who amongst the family and/or outside the family seems capable and willing to help provide these resources. Family members also can be asked what they want. Do they want to maintain their current family structure, or to reorganize or even to disband? By asking questions about the desired family structure, the members better recognize the choices they have and that maintaining the current family structure is merely one of the options.

If the family members choose to maintain a similar family structure, the therapist can then brainstorm with them about how they will obtain resources previously provided by the absent or ineffective parental system. Concurring, Weltner (1985) suggests that the therapist assist the family in identifying and mobilizing external support to compensate for the lacking parental system. In contrast, Kilpatrick & Holland (1999) suggest that the therapist mobilize internal support by assisting the family in identifying and building on its strengths and resources. Sexton & Alexander (2000) also state that the first step to helping a family in crisis is to enhance their inner strengths and to build their confidence, instilling hope that they can improve their situation.

Maladaptive Reintegration

A step up from the previous level is “maladaptive reintegration,” the level reflected in Tevya’s response to his dilemma. At this level, the family generally remains mostly or fully intact. Nonetheless, members often find themselves in conflict with one another, feeling individually justified in their personal perceptions and/or behaviors, yet blaming and resenting other family members for their chosen behaviors and/or beliefs. For example, Tevya’s family grows angry with him, believing that he has been too harsh. From Tevya’s perspective, however, he has made a reasoned solution, the best one he could posit given his cultural and religious beliefs.

For the therapist, this conflict presents an opportunity to better understand the individual perspectives of the members and to build rapport with the family. Guttman (1996) notes that if adequate time is not given to developing rapport and mutual understanding, “the

client will refrain from bringing up and revealing his real problem, feelings, and real attitude” (p.139). Similarly, Jennings & Gunther (2000) note that taking the time to develop trust among the family members encourages them to reveal more of themselves and to participate proactively in the therapeutic process. Developing this understanding and trust, the therapist can allow each person to tell how the challenge has affected him or her. By listening to each family member, the therapist builds trust, ideally creating an atmosphere where each member feels that their individual perceptions have been heard, and that their actions will not be readily dismissed as unreasonable.

Gaining Insight

Sexton and Alexander (2000) state that in order to gain sufficient insight and rapport with the family, each family member needs to be understood on his or her terms. They suggest that by trying to understand the culture of each member and his or her unique view of the world, eliciting options each considered, and the process of how choices were made, the therapist develops insight as to why and how specific decisions were made. This insight can be reflected back to each individual as a way of indicating that he or she has been heard and understood.

Imagine that Tevya and his family are receiving counseling. After listening to Tevya’s story, the therapist might reflect his/her insight by stating the following:

“Tevya, what a difficult dilemma. It appears that you believed you had to choose between your daughter, whom you obviously love, and your religious beliefs that have sustained you throughout your life. I appreciate that this was a difficult decision with hard consequences. Yet you made the decision and made it to the best of your ability. Still, your choice has affected the other members of your family. Before we can adequately address this issue, I need to understand each of them and how they perceive it.”

By eliciting individual perceptions and having the family present to hear these perceptions, the family gains an understanding that each member had reasons for thinking or behaving the way he or she did. Although members likely will have conflicting views, this insight helps create an atmosphere where each becomes more willing to consider options that may better serve the family as a whole.

Sexton and Alexander (2000) also note that as the therapist develops an understanding of the unique world view of individual family members, he/she can assist them to better

understand one another. Facilitating this understanding, the therapist can reframe those perceptions and/or behaviors in terms that are meaningful to the parties in conflict (Sexton & Alexander, 2000). For example, if one of Tevya's daughters were to say: "My father is heartless. How could he disown my sister and then just go on with his life as if nothing happened?" The therapist might say:

"It appears that you value all members of your family and believe that nothing should be allowed to break it up. On the other hand, Tevya says that he loves his family, but also believes strongly in his faith. From your perspective, casting off his own flesh and blood and then acting as if nothing had happened, appears heartless; yet, from Tevya's point of view, he seemed to be trying to reconcile the love of his daughter with his religious beliefs. This was likely a very difficult decision for him. Imagine how you might feel and respond if you had to choose between two things you dearly loved. On the other hand, Tevya, imagine what it might be like for the other members of your family to be told, without warning or consultation, that their sister or daughter is to be considered as if dead."

As family members are assisted in gaining insight into one another's perceptions, they most often become less critical and more united in trying to find a mutually acceptable solution.

Encouraging Collaboration

In order to solicit cooperation, the therapist also can emphasize that the challenge being faced is shared, and that the best chance for a satisfactory resolution is for the family to work together, utilizing the unique talents of each member, and brainstorming possible solutions that acknowledge and account for the key variables in the challenge. In support, Compton & Galaway (1999) state that the therapist should help the family to recognize the legitimacy of one another's interests, work towards common goals, and pursue a mutually acceptable solution. Walsh (1996) further notes that identifying common interests among the family members and working towards those interests helps the family to externalize their challenge, rather than blaming one or more members. Therefore, helping the family to identify and to work toward common interests regularly serves to reduce conflict and to enhance their ability to work collectively.

Promoting collaboration, the therapist might say:

“This is obviously a difficult dilemma. It seems your religious beliefs are incompatible with the marriage of your daughter outside of the family’s faith. You all have expressed the love you have for this daughter or sibling, yet you also recognize and share your father’s religious beliefs and have at least a partial understanding of why he made the decision he did. His decision may or may not be the best resolution to this dilemma. Nonetheless, I recognize that you are a very intelligent and capable family, and as such, I desire your assistance in resolving this. I want you to work collaboratively in brainstorming possible solutions, but I especially want solutions that acknowledge the key variables of the challenge—in this case, solutions that value both the religious beliefs of your family, and the love for the disowned daughter.”

Emotional Expression

In addition to the perceptions expressed by the family members, the therapist, after considering cultural and ethnic values, also may encourage them to express the emotional impact of the challenge they are facing. Although a resilience perspective targets how a family succeeds rather than how it fails, allowing the family to share some of its pain helps to acknowledge and augment the members understanding of one another. According to Lantz & Gregoire (2000), it is important to honor the pain of each family member by helping him or her to “hold, and express the pain that he or she has endured” (p. 23). By viewing the negative impact of the challenge primarily, seeing the cup as “half empty,” the family members are able to release some of their pent-up emotions, and often, down the road in this process, become more willing and able to view the positive aspects of their challenge, seeing the cup as “half full.” Through emotional expressions of what it has lost, the family also frequently becomes more aware of what it still has and how those remaining resources can be used.

Moreover, as members reveal their emotions, they often fortify an emotional connection with other family members who are feeling the same or similar emotions. For example, if Tevya’s wife were to say: “I miss our daughter, the joy she brought to our home, and I just want to cry.” The therapist might then ask: “Does anyone else feel that way, or have similar emotions?” As members express their emotions to each other, they often realize that at least a part of their pain is shared.

Burns (1986) suggests that as the family grieves together, bonds are strengthened and old wounds begin to heal. Shared grieving also may help to separate the challenge from the family unit. As the family comes together through its shared pain, members often see that

they are all affected by the challenge, and begin working more collaboratively toward resolution.

Acknowledging Strengths

Jennings & Gunther (2000) state that one of the most effective ways of strengthening a family is to identify and build upon its capabilities. Therefore, once the family members have been heard and understood, and that understanding has been reflected back to them, the therapist can ask questions about how the family successfully managed past difficulties, probing for family strengths as well as the roles and resources various members provided. As the family discusses its past successes, it often becomes more aware of both its strengths as a family unit, and the individual strengths and talents of its members.

Facilitating this process, the therapist can encourage the family to note the individual contributions and/or talents of its members, highlighting the importance and necessity of each member. Through a discussion of past successes, the therapist also can ask about lessons the family learned when it was able to achieve a successful resolution to a challenge. Furthermore, when the family was unsuccessful in resolving a conflict, the therapist can still guide them to identify lessons it learned. The therapist thus helps the family see that every challenge offers the possibility of learning something and becoming better prepared to meet future difficulties, noting for them that “resilience is forged through adversity, not despite it” (Walsh, 1996, p. 3).

In encouraging Tevya’s family to move towards resilience, the therapist might say:

“Tevya, as difficult as it is to disown a daughter that you love, and then to have other members of your family act as if they think you are heartless, your decision is also an opportunity to demonstrate the value and importance of your religious beliefs, and the difficulty of balancing these beliefs along with the love of each individual family member. Clearly your religion is a top priority to you, and your decision indicates that you do not take these beliefs lightly. Yet this challenge also may provide an opportunity for you and the remaining family members to come closer together as you collectively grieve the loss of your daughter, and try to determine your next step.”

Once perceptions are affirmed and the challenge is reframed, the individual members often become more willing to take responsibility for their choices. In Tevya’s case, by

the therapist's suggesting that disowning his daughter may demonstrate his devotion to his faith, he may be more willing to take greater responsibility for that choice, recognizing that it was freely made. And in taking greater responsibility, he will likely become more willing to allow other family members to make choices and/or propose solutions they deem appropriate, albeit they will likely be in conflict with his previous solution.

For example, if his wife were to say: "I understand why you made the choice you did. However, your choice has denied me the opportunity to choose. If you choose not to see our daughter, that is fine. But I want contact with her." Following reframing for Tevya, this proposed solution, a compromise that values both his beliefs and the love of the daughter, would more likely be given serious consideration.

As perceptions, emotions, and strengths are discussed, the therapist also can point out commonalities among members, probing for common themes and values (Alexander, 1982). As common themes are expressed, the therapist can emphasize them and note that although conflict exists, there are many shared desires. He may probe deeper by asking questions about future family desires, common values, traditions, beliefs, and experiences that bind them together, thus gaining greater insight into the family's core belief system (Hawley & DeHaan, 1996, p. 286; Hawley, 2000).

In observing the family the therapist should understand that no two families are resilient in the same way; each has its own idiosyncratic process (Hawley, 2000). Therefore, the therapist needs to assess the distinct capabilities of the family as well as their culture and beliefs, noting their impact on the family's patterns of communication. With this insight, the therapist can better recognize the family's current level of reintegration, and then assist them in identifying and implementing solutions that correspond to their distinct capabilities and beliefs, and which also match their current level of functioning (Dehaan, Hawley, & Deal, 1996).

At this stage of the process, the therapist also can help the family understand a resilience perspective that "views family members as intending to do their best for one another, albeit in misguided ways, and struggling as best they know how with an overwhelming set of challenges" (Walsh 2002, p. 133). As they understand this perspective, the family often becomes more united and more willing to consider a solution that is mutually acceptable. Moreover, once the family begins working collaboratively, they become less likely to make decisions reflecting lower levels of coping. And, as members work collaboratively, they frequently become more aware and appreciative of the talents

and/or perspectives of other members, recognizing that these add to rather than subtract from the capabilities of the family.

Homeostatic and Resilient Reintegration

Without further intervention, however, the family is likely to get stuck at their pre-challenge level of functioning or “homeostatic reintegration,” resolving their current challenge, and then returning to old ways of coping, but achieving no additional growth. Facilitating “resilient reintegration” requires a reframing of the entire challenge in order to reflect something positive for the individual members and for the family as a whole.

As this reframing occurs, the family often becomes more aware of its potential, and more willing to persist through their collective pain until a suitable resolution can be identified. In support of this concept, Joseph (1994) states that individuals and families who were able to attach a positive meaning to their challenges were better able to persevere and function against all odds.

Returning to Tevya’s family, the therapist might state:

“Tevya, your family is faced with a dilemma that has no apparent resolution which is mutually acceptable. Nonetheless, the best opportunity for finding an acceptable resolution is for your family to work as a collective unit in brainstorming a resolution. Since you’ve had a chance to listen to one another’s perspectives on this dilemma, and because each of you has a unique perspective and/or resources that will help in the resolution, I suggest that you discuss these things as a family, allowing each member to share his or her ideas. As you work together toward a mutually acceptable resolution, you will have the opportunity to see and to better understand one another’s strengths and perspectives as well as your overall strength as a family. Therefore, consider that in addition to being a difficult time for your family, this also is an opportunity to become more united and to develop a greater understanding of one another and of the capabilities your family has while searching for the best resolution.”

Through reframing, the dilemma being faced is labeled as an opportunity for obtaining greater family unity. The family is thus encouraged to work together to discover a shared vision that incorporates the desires of all family members, and one that provides a reasonable resolution. According to Jennings & Gunther (2000), in addition to having the

family work together as a unit, the therapist should regard families as the experts on their own solutions, and encourage them to develop creative solutions that address their unique needs.

If the family is able to work reasonably well as a collective unit, it often begins coping above its pre-challenge level or moves to “resilient reintegration.” Concurring, Frankl, (1978), notes that as individuals or family members become united in a cause, previous conflicts lessen, and movement toward that shared vision is greatly enhanced because the talents and resources of the members are united and focused toward that destination. Walsh (1996) also notes that in pulling together through a crisis, “members experience a deepening of their bonds and confidence that they can weather future challenges” (p. 3).

As an example of creative solutions and working collaboratively, we see Tevya’s family dealing with their expulsion from their small village and what will be their last sight of the daughter Tevya has disowned. As the family members are saying their goodbyes and preparing to go their separate ways, the youngest daughter, from a distance, tearfully bids the family farewell. Tevya glances at this daughter and whispers, “may God be with you.” His older daughter hears this whisper and shouts it to the youngest daughter. This acknowledgement of the youngest daughter represents a creative solution to the family’s dilemma. Further, it denotes Tevya’s and his family’s movement to a higher level of reintegration. Tevya may not have found another hand, but he has found his heart. And even though the family will not be together physically, there is a sense of reintegration and growth—even resilience.

Nonetheless, although families can learn and grow, the therapist should recognize that the skills needed by the family to act resiliently change over different stages of life. What works for a child likely will not work for a teenager, and what works for a teenager will most likely not work effectively for an adult. According to Rutter (1989), today’s protective factor often becomes tomorrow’s risk factor, suggesting that the family must learn and incorporate a variety of new skills as children mature and/or challenges change. Therefore, family resilience is not a one-time process; rather, it is a life-long endeavor with a variety of milestones or levels of functioning along the way. However, these levels are hierarchical and build on each other.

Gifts at Each Level of Reintegration

The successful resolution of each level of reintegration rewards the family with a specific gift; and this gift builds on previous resources, facilitating the attainment of the next higher level of reintegration. For example, at the dysfunctional level, a family in

crisis is forced to restructure the family hierarchy and/or rules in order to endure. If the family is able to do this, it often obtains the gift of learning that it is stronger and more capable than it had imagined, and more confident that even very difficult obstacles can be overcome.

With this renewed confidence and structure, the family becomes better prepared to move to the next higher level of reintegration. However, the more difficult the challenge, the longer it will likely take for the family to move through the various levels, and the deeper within itself the family likely will be forced to search for the strengths and resources necessary to cope. Nonetheless, the more profound and enduring the search, if the family endures, the more strengths and resources it will find, and the better prepared it will be to cope with future challenges.

At the next level of coping, maladaptive reintegration, the family often remains mostly or fully intact, yet decisions frequently have been made that create conflict between two or more family members. To work through this level, the family members most often need to gain an understanding of the perceptions and desires of the others, and then to come to a mutually acceptable resolution. If the family is able to do this, it often gains the gift of more fully appreciating the talents and perceptions of other family members, trusting that these members are better defined as colleagues rather than as rivals.

Still, in order to obtain the highest level, resilient reintegration, besides functioning as a collective unit, the family needs to assign a positive meaning to the overall challenge being faced, and to identify and pursue a collective vision of what the family desires.

As the family is able to assign a positive meaning to the challenge, it gains the gift of learning that even difficult obstacles include a silver lining. In support of this concept, Silver, Boon, & Stones (1983) note that those capable of perceiving positive aspects to the challenges being faced were the least distressed by those challenges. Young-Eisendrath (1996) further states that thriving under difficult circumstances first and foremost depends on the meaning we make of our challenges.

The second task, identifying and pursuing a collective vision, provides the family with a mutual purpose and a forward-looking view. According to Frankl (1978), nothing helps man survive so much as a task or goal that is yet to be completed. Identifying and pursuing a mutual purpose helps the family survive and perhaps even thrive despite various obstacles. As this purpose is pursued, the family often becomes more united and begins focusing its collective strengths and resources in obtaining its desired purpose. As

the family is able to do this it gains the gift of understanding that through collaboration, it can cope effectively with even difficult challenges and experience growth.

Conclusion

In summary, a primary focus of family resilience is to gain a better understanding of how resilient families bounce back from difficult challenges, and to use that understanding to help families facing challenges move through various stages of reintegration, assisting them initially to get back on track, and then to move to higher levels of functioning (Walsh, 1996). Thus, it views the family as a "work in progress," yet one with the capability of learning from its past, and the means of developing better and more effective ways of coping. As the therapist better understands this process, he or she can better assess the family's unique culture and beliefs as well as their current level of reintegration. Determining this level, the therapist can then tailor interventions that match their current capabilities and beliefs, and which also encourage the family to move to a higher level of reintegration.

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Walking Our Talk in the Neighborhoods: Building Professional/Natural Helper Partnerships

Jill Kinney and Margaret Trent

The Need to Rethink Human Services

The early 2000s are difficult times in human services. Both workers and recipients are dissatisfied with the processes and outcomes of many of the models used to deliver services. Programs are too expensive. They do not seem culturally relevant. They focus upon individual problems and are categorically driven, rather than responding to family needs. All too often, they cannot document that they achieve the results they claim. Taxpayers are frustrated. Human service workers are discouraged. Sometimes, workers feel overwhelmed by the problems they face.

At the same time, we have an emerging consensus on promising directions to do better. These include such concepts as "neighborhood transformation," and "enhancing capacity." New principles of effective practice have been described: building on strengths, taking a holistic approach, individual tailoring, decision-making partnerships, setting short-term specific goals, and emphasizing certain worker characteristics, such as capacity and congruence. Moreover, there is a growing research base that these practice principles are more than "buzzwords" and, in fact, produce better results.

Incorporating these principles into practice, however, has implications to how we organize our work. It requires rethinking the role of professionals and capitalizing upon the existing strengths of neighborhood residents to become involved in self-help, mutual aid, and mutual support. Pioneers like Frank Riessman have been operationalizing these concepts for decades, but most of us are struggling to figure out how to bring them alive in our work.

This article describes our efforts in Tacoma, Washington, to establish professional and natural helper partnerships to work with families involved in the child protective service system. It uses our experiences to describe the ways that natural helpers and professionals can help one another in getting better results for families.

The Beginnings of Our Natural Helper and Professional Partnership

In the 1970s, the Homebuilders model developed as a new response to families in crisis, a well-defined family preservation program serving families at imminent risk of placement of a child into out-of-home care. Building upon family strengths, taking a hands-on problem-solving approach to “do what it takes” to remove the risk in the family without removing the child, and being there when a family needed support are hallmarks of the Homebuilders’ model.

Natural helpers; and that they, and professionals need to take the time and make the commitment to find, value, and learn from each other if they are to establish partnerships.

Homebuilders had substantial success with families that traditional child welfare services systems have given up on or failed to reach, because it incorporated the principles of working with families described above. Four weeks of Homebuilders’ professional involvement often could achieve successes that months or even years of counseling, supervision, or other interventions failed to produce—in many instances because Homebuilders started from where the family was and validated the family’s own views and hopes. Still, Homebuilders could not, and never was designed to, address all family needs. Specifically, Homebuilders’ workers were not substitutes for friends and support systems that all families need to thrive, although it could help the family make re-connections or reach closure on important issues.

In the late 1980s, the context for family preservation work changed, as more and more families referred to Child Protective Services involved parental addiction to crack cocaine. The powerful addictive character of crack cocaine placed new challenges on working with families. Experiences practicing within a very disinvested neighborhood showed the need to pay much more attention to addressing the environment around the family, if any personal family gains provided through Homebuilders or other family services were to be sustained. The four-to six-week Homebuilders’ time frame was not suited to the longer term needs of families living in often hostile environments, unless substantial supplemental and follow-up resources were available. Financial resources to pay for these services were not forthcoming.

At the same time, several friends living on the East Side of Tacoma, Washington, in the largest housing development west of the Mississippi were helping one another and other neighbors, with no time limits. When we (Jill Kinney, psychologist, long involved with Homebuilders and Family Preservation Services,) and Margaret Trent (Chair of the Resident Management Council) met, we recognized each other as co-conspirators to

come up with better ways of helping families. We talked in each others' kitchens for months, with each other and each of our family and friends, about how social services were not really helping families as much as we would like. As we talked, a cohesive group formed. We realized that talking about how things should be was much more difficult than talking about what is wrong with the way things are.

We realized that every neighborhood has natural helpers; and that they, and professionals need to take the time and make the commitment to find, value, and learn from one another if they are to establish partnerships.

These conversations and this sharing of information and both professional and experiential expertise led to developing a new practice model involving a partnership of natural helper and professional, a team that builds upon both experiential and professional expertise. People Helping People received funding from several foundations and from the Washington State Division of Child and Family Services to serve families in the Hilltop and Eastside neighborhoods of Tacoma who were directly or indirectly referred from child protective services.

Under People Helping People, a professional and natural helper pair conduct initial visits with families to conduct an assessment, clarify the needs and wants of the family, and how these relate to those of the child protective service system. After this initial visit, which occurs within 48 hours of referral, a primary mentor or coach is assigned—either a professional or a natural helper. Natural helpers are not volunteers, but are paid for their work and recognized for their skill and expertise.

Our professional and natural helper teams drew upon each others' assets in this work with families, often developing solutions that worked but that fell far outside conventional professional practice lines. These teams almost always responded in a way that was more connected with people's day-to-day lives and therefore more effective than professional practice alone. This new practice also required a profound shift in the way each of us saw ourselves and sought out help when we needed it.

As we have worked together, we have deepened our own understanding of why this partnering is so essential to success, particularly in working in disinvested neighborhoods and communities. The following are our reflections on the importance of developing new services and practice based upon such partnerships, some examples of how these partnerships can work, and some reflections on the importance of taking the time to bridge the distance between these two worlds.

Current practices place unnecessary constraints on roles, making both professional and natural helpers less effective than possible.

What We've Learned—Tools We Can Share

Limitations of the Current Professional and Bureaucratic Model and Rationale for Forming Natural Helper/Professional Partnerships

Professionals and bureaucrats alone have not been able to solve problems facing our families. We must include more people, more skills, and more resolve at more levels if we are going to make the difference we would like. We also must include more people in ways that do not segment them into separate and fragmented roles. This requires building new relationships between professionals and natural helpers. People Helping People is a conscious strategy to involve more people and to build upon the strengths that already exist in the neighborhoods, fashioning new partnerships that do not artificially separate the help that professionals and natural helpers offer.

As we worked together, and began to gain the credibility to work "The System," the problems we had discussed in our kitchens were manifest in our environment. We struggled to cope with many practices and biases.

Dangers of an over-reliance upon professional help. Over-reliance on professional helpers and formal agency and system solutions can fail to create strategies that are fully relevant to and congruent with the needs of the specific neighborhoods, because those in charge lack information and understanding.

This over-reliance is too expensive. Professionals' salaries are higher than we can afford, if an adequate amount of help is provided. Dollars that are spent for professionals usually end up increasing the financial stability of people and organizations outside the community, rather than adding to local economic development.

Over-reliance on professionals can send the message to community people that they cannot help themselves and must be rescued, thus attacking rather than enhancing their sense of self-efficacy. It can give people in the community implicit permission to wait until the professional provides the service, or until there is money for the professional. The strategy also can create the belief that if help is successful, it is because the professional is good, and if the help doesn't work, it is because the recipient is inadequate, further demeaning the sense of self-efficacy of the recipient.

Dangers of separating natural helper and professional roles. Current practices place unnecessary constraints on roles, making both professionals and natural helpers less effective than possible. We usually think of professionals as addressing intrapsychic problems. Neighborhood workers have been assigned to “prevention,” or problems that are not too severe. They are thought of as appropriate for concrete issues, like building speed bumps or getting street lights installed, or getting drug houses closed. Agency staff also have had limited roles. If an individual is out of control, professionals are called. If family problems go beyond the norm, they are referred for help. Professionals have dealt with intra and interpersonal problems. Community workers and residents have dealt with community problems.

In fact, all the problems are interrelated. Residents and community workers and agency staff all have different perspectives on both the causes and resolutions for difficulties.

Professional efforts to solve intrapsychic problems often are hampered by inconveniences, such as poverty and homelessness. Lay people often counsel one another on everything from marital problems and child rearing to thoughts of suicide. Just as we currently learn about the irrevocable linkages between physical and mental health, we need to come to terms with the facts that the distinctions we make about prevention and intervention are artificial. The distinctions we make about concrete services and psychological services also are artificial. And, the distinctions about what types of help require graduate degrees and which can be done by friends and neighbors, are, in many cases, arbitrary.

We all will be more effective if we can share our perspectives and expertise to develop new strategies that will be far more creative than any we could develop solely within our own frameworks.

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Reasons We Need Natural Helpers

As our work proceeded, the reasons for involving natural helpers as an essential part of our work became even more clear. It also became clearer that natural helpers could help professionals become more effective.

The human services “system” and our community need natural helpers, because natural helpers know things most professionals don’t know about helping, because they can help

professionals to learn to do better, and because, with natural helper support, they also can achieve more than they can without it.

Strengths of Natural Helpers

Natural helpers understand their neighborhoods. They usually understand their own culture and generally more about other cultures in the neighborhood than people who don't live there. They usually are more committed to resolving the issues, because the challenges affect them personally. They usually have more trust and status within the neighborhood than most outsiders do.

Natural helpers are more likely to hear about problems before they become so severe that intensive intervention is the only option. They are more likely to be available 24 hours a day to those they support. This can decrease the possibility of people being harmed. They are in a better position than professionals to provide ongoing long-term support.

They may provide successful role models. If they are paid for their work; it will help the economic status of the neighborhood.

They have different and necessary skills for helping. They often are more familiar with the intricacies of public bureaucracies than many professionals, because their personal welfare often has depended upon this understanding. They know which strategies work and which do not within their neighborhoods. They often know the needs of the community. They have mastered the ability to function in conditions that are physically and emotionally scary to professionals, sometimes to the degree that professionals refuse to enter, sometimes to the degree that they cannot function well.

Natural helpers are more likely to provide support in the recipient's environment. They can support families who have been or would be unable or unwilling to receive services in more traditional settings. This allows for more effective and comprehensive monitoring regarding child safety. It is more likely to include all family members and possibly members of their support networks. Observation of participants in their natural environment allows for a more accurate and complete assessment. Family members, caseworkers, and other service providers know that helpers have the opportunity for first-hand observation of family situations, problems, and progress on goals. This can serve to increase their credibility. The helper has ongoing opportunities to model the use of new skills in real situations and eliminates the need for transfer of learning from one setting, such as an office, to another such as a home.

Common Activities of Natural Helpers

As policy makers begin considering a shift to neighborhood transformation from office-based talk therapy, we easily can present the idea of natural helpers, or indigenous workers as new ideas. In fact, people have been helping one another since people existed, before college degrees existed, before licensing boards existed. Throughout time, even people with few resources have reached out to one another. And helped. Table One shows a list of common natural helper activities going on in most of our communities now, usually off the radar screen, and separate from the formal helping system.

Table One. What Natural Helpers Can Provide

Natural helpers can provide many types of help. Arbitrarily, we have categorized this helping into five areas: skill building, emotional support, community leadership and networking, resource acquisition, and concrete help.

Some natural helpers (and some professionals) have assets in all five areas, but people who are strong in only one or two areas still can make important contributions. These examples are presented to help people think outside the box of traditional service delivery and to recognize the wealth of resources that can be drawn upon to help families help themselves.

Examples of Skill Building

- Helping others recognize their strengths, see a future, and set and reach measurable goals
- Helping others keep family members safe
- Helping others strengthen relationships with others
- Helping others learn to get and keep goods and services: transportation, housing, legal assistance, child care/babysitting, employment, food and clothing, financial aid, furniture and household goods, medical and dental services, toys, recreational equipment, and recreational opportunities
- Serving as a role model
- Helping others exercise the rights and responsibilities
- Teaching professionals how better to help

Examples of Providing Emotional Support

- Listening, being available, spending time
- Providing positive regard, without judgment
- Avoiding gossip and manipulation
- Addressing issues of isolation by going bridges and confidants

Examples of Community Leadership and Networking

- Organizing activities that help families form positive relationships with one another and meet interests and needs: support groups, arts and crafts classes, tutoring sessions, GED study sessions, etc.
- Setting up skill and resource exchanges that draw upon one another's resource: child care cooperatives, peer-to-peer volunteering, time dollar banks
- Acting as a role model for professionals on how to engage and work with residents, hold meetings and training sessions, make themselves accessible in comfortable settings for families
- Helping residents organize community activities: weekly storytelling, plays by local artists, celebrations and cultural events, job fairs, neighborhood watch programs, self-defense classes, community awareness days, etc.
- Serving on community coalitions and activities and speaking for family and neighborhood needs

Resource Acquisition

- Providing information about where to find transportation and housing
- Providing help in dealing with landlords, installment sellers, and loan sharks
- Providing help in getting good deals on items: trading-junk dealers, hock shops, informal food and clothing banks, etc.

Concrete Help

- Babysitting
- Fixing things
- Cleaning up junk
- Braiding hair
- Gardening

Professionals also would benefit from trying to understand the cultural context.

Ways Natural Helpers Can Help Professionals

Some natural helpers wish to work more closely with professionals. At the same time, they would like to raise the professionals' awareness regarding the best ways to be helpful. The following are some of their ideas.

Professionals need to keep thinking about communication, cooperation, and service to people in the community. They need to build long-term positive relationships with kids and families if they are going to have a positive impact in the larger neighborhood. To

build these relationships, they will need to value the gifts and resources that community members have and think of ways to encourage, support, recognize, and utilize them.

Being genuine and earnest is worth a lot. Professionals' good intentions can go a long way. They need to remember, though, that it will take time to develop those relationships. They can't assume that once they have made a few relationships that they don't need to maintain those relationships. Professionals would be better off if they did not talk about other people in the community.

It would really help if professionals would stop putting themselves above other people, and work on building connections between/among us all. They need to realize the context for all our behavior, and really be present with us. If they get invited to peoples' homes, they should go.

Professionals need to do more of looking at an individual or family within the larger context of other people and the physical community. (Some families move around but may still retain connections within the community so it is important to realize that they still may be considered part of the community.) If they are helping a family, they should seek suggestions from the family about who else might help the family.

Professionals also would benefit from trying to understand the cultural context and try to use that information to make culturally appropriate suggestions when they offer advice. They can't assume that one way of doing things will work for everyone. Also, things change all the time. No one can let their perceptions of the community and individuals within it freeze in time. The situation changes and people change as well.

People in the community often need "translators" of how formal society systems work—schools, child protective services, and courts. Professionals can try to function as a translator. This may mean having to learn for themselves how things work, keeping in mind that even larger systems have variations that need to be understood and explained.

When trying to become familiar with a neighborhood or community, professionals should get to know "bridge people." Bridge people are individuals who can introduce a new professional helper to those key members of the neighborhood who have substantial influence with other community members. They often are not easy to recognize. You could start identifying bridge people by asking local church people, grocery store people, neighborhood centers, food banks, and community resident groups. Respect the relationship you have with the bridge person. Also, don't take one person's view of the community/family/individual as necessarily the single and absolute truth.

Professionals need to recognize that the families/individuals we work with are key informants who can educate us. We should remember to be careful about asking too much information on certain issues for their safety or your safety (gangs or drug selling, for example).

Professionals shouldn't assume that they have to, or that it is wise, to do all the work of community development in a neighborhood. Professionals should share resources with others to build a sense of positive partnership and to have a larger effect on the community. They should recognize others who have made a contribution to their success. They should acknowledge their input and let people know that they consider themselves a part of the larger group. They shouldn't let their own individual or agency group vision interfere with the needs of the larger group/community.

Professionals need to view their role as a partner with, rather than supervisor of, natural helpers to be effective.

Reasons We Still Need Professionals

Advocates for neighborhood transformation calling for increased reliance upon natural helpers often are misinterpreted as saying that professionals are not necessary. In fact, professionals are needed in many capacities, bringing strengths that can help natural helpers become more effective. Still, this represents a major role change from how professionals are traditionally viewed and often view themselves. Professionals need to view their role as a partner with, rather than supervisor of, natural helpers to be effective.

Strengths of Professional

Although some of the things professionals do could be done (and, indeed, are being done) by natural helpers, many of their skills are invaluable in the change process. They are as relevant for neighborhood transformation as they might have been for the fifty-minute hour. Some that are particularly valued by natural helpers include the following:

Conceptualizing Issues. Professionals have some conceptual frameworks that can help us and others to understand and address issues. Professionals have detailed knowledge of different frameworks by which to assess and help resolve individual and family issues. Helpers can benefit from these frameworks in terms of organizing potentially overwhelming information and in setting and monitoring goals.

Training and Problem Solving. Professionals know lots of ways to solve problems. Some are relevant for natural helpers and neighborhoods; some are not. Over time, it becomes easier to tell which methods professionals know will be relevant to natural helpers, and which are not. Professionals can educate natural helpers to assume more responsibilities, such as training, mentoring, and direct helping, than they are already providing. They can help natural helpers learn to provide training. This training and problem solving help also can help professionals learn new tools, which they can, in turn, conceptualize for others.

Mentoring and Identification of Strengths. Professionals can help natural helpers to become aware of just how much they do know and can encourage them to follow through on their own beliefs. Professionals can help natural helpers to learn to provide training and work with them to adapt existing materials and develop new ones. They can help natural helpers and others learn to develop, fund, operate, and evaluate their own strategies.

Evaluation. Professionals often have been trained to specify outcomes and to collect and analyze information. They have a systematic orientation and can understand controlled observation. Although natural helpers sometimes are annoyed with the system's insistence on written documentation, they can usually accept it and continue to do it if they know how it can be used to improve their own practice.

Fund-Raising and Grants Management. Professionals usually can write. They know the language most funding sources use. They know people who make decisions about funding. They can help others learn these skills. Some professionals also have experience in budgeting and monitoring both financial and program goals and objectives that are increasingly important in securing funding.

Advocacy. Professionals can speak out on behalf of natural helpers. If professionals have spent time in neighborhoods, they sometimes can translate those realities to policy makers and other professionals who have not spent that time.

Service Delivery. Professionals can provide services themselves, when necessary. They have professional knowledge to make some diagnoses and meet some clinical needs that natural helpers do not have. Professionals can help natural helpers know when they need the help of a professional to diagnose or treat particular conditions.

Ways Professionals Might Help Natural Helpers. Some skills of professionals are hard won through years of study and experience. Some skills commonly thought to be the purview of professionals alone are inaccessible to lay people only because of the

jargon, however. We often talk of professionals' activities in special languages involving terms like borderline personality, resistance, denial, and attention deficit disorder. Not everyone understands these professional languages, and when we think of professionals' activities in broad categories, it is easy for us to become intimidated. We may believe a person must have a special degree and a special language in order to be helpful.

When one looks closely at the specific activities of professionals, it is possible to translate most of those activities into regular English that can be understood by us all. If we look at these activities, we can think about lay people learning many of them, one by one, even if they don't have a particular degree. Some examples of activities that professionals can teach or share with natural helpers, described in regular English, are shown in Table Two.

When one looks closely at the specific activities of professionals, it is possible to translate most of those activities into regular English that can be understood by us all.

Table Two. How Professionals Can Help Natural Helpers

Professionals have a lot of knowledge that natural helpers can use. The following provides some of the practical help that natural helpers (and professionals) need to work effectively with people. These are written in plain languages, not professional jargon. If professionals do not know how to do things, they should seek to learn them.

Conceptualizing helping and understanding different approaches to helping

- Knowing about different ways to approach problems and provide help—systems approaches, learning approaches, cognitive approaches, environmental approaches, philosophical and spiritual approaches, psychodynamic approaches
- Finding out what hurts and why
- Using these approaches to design supports and solutions to what hurts

Helping, first and foremost, to keep people safe

- Structuring the situation before the helper arrives
- Structuring the situation when the helper is there
- Structuring the situation between times the helper is there
- Helping people learn to assess the potential for violence (assault, homicide, suicide, child abuse, domestic violence)
- Helping people learn not to trigger each other and to break the chain when triggering starts to occur
- Helping people learn to get help and to safety immediately, when situations start to get out of control

- Child proofing the home

Making contact and engaging the family

- Meeting people when and where they prefer to be met, are comfortable
- Greeting people in ways that show respect and put them at ease
- Engaging culturally appropriate initial conversations
- Communicating that you understand the meaning as well as the words, and restating when needed so people know you understand
- Responding to people's requests
- Listening without judging
- Affirming people's strengths, successes, and potential

Working with the family to assess the situation

- Exercise and tools to help people assess their values
- Exercise and tools to help people identify their strengths and resources
- Exercise and tools to help people identify their support systems
- Exercise and tools to help people clarify and prioritize their goals and set realistic objectives
- Ways to tell what happens before a particular problem occurs, that might trigger that problem
- Ways to tell what happens after a particular problem occurs, that might reward or reinforce it
- Helping people to use journals and other devices to tell what is going on

Helping to prevent problems from occurring

- Helping people figure out how they spend their time
- Helping people figure out which times cause them trouble
- Ways to help people think of other ways to spend their time
- Ways to help people to actually avoid doing the other things
- Ways to help people to avoid danger

Helping people to motivate themselves toward positive change

- Showing people you understand what they are trying to tell you and showing you the words and the feelings and meanings behind them
- Helping people find their strengths and values and ground themselves
- Helping people feel important (treating them with respect, spending time with them, noticing the good things about them)
- Helping people feel more hopeful and more in charge
- Helping people see a positive vision of the future (imagining it, drawing a picture, making a collage, writing a letter)

Helping people to motivate themselves toward positive change (continued)

- Helping people see the difference between what they want and where they are headed
- Helping people feel more confident about being able to change (seeing others have problems and struggles too)
- Helping people see that we can feel two ways about change and knowing where they are in terms of wanting to change
- Helping people see why change might be good (noticing why change would help them with their values and goals, rewarding little steps)
- Helping people see why not changing might be bad (noticing how not changing will not help them meet their goals and can produce bad things, providing consequences when they don't try)
- Helping people remember times when they made changes
- Helping people identify people like themselves who have made changes
- Helping people understand the process of change, and that it doesn't usually happen immediately and that there are steps forward and background

Helping people make changes in specific areas, such as:

- Parenting
 - Learning to tell what is really happening and who does what to whom
 - Noticing and rewarding kids doing the right thing
 - Knowing when to ignore, distract, reward, and discipline kids for what they do
 - Setting up the house so kids won't get in trouble
 - Getting clear what you expect from kids and what will happen if they do or do not meet expectations
 - Having family meetings
 - Knowing how much supervision kids need
 - Giving kids choices
 - Knowing what to do when kids fight with one another
 - Showing kids how you want them to be
- Managing feelings
 - Helping people figure out how they are feeling and what their feelings are (feeling thermometer, faces chart)
 - Helping people figure out what might be causing it, how thinking can cause feelings, how eating can cause feelings
 - Helping people figure out what to do if they start to get angry (crisis cards, changing thinking, doing something else, solving the problem, calling someone)

- Helping people figure out things that are causing depression and things to do to stop feeling depressed (doing different things, giving credit for small steps, looking at things that made you happy in the past, stop criticizing self)
- Helping people do things to stop being anxious learning not to get anxious in the first place (learning to tolerate being uncomfortable)
- Getting along with other people
 - Helping people learn social skills
 - Helping people learn problem-solving
 - Helping people learn to: be assertive, listen, negotiate, make decisions, say “no”
 - Helping people learn when to take criticism
 - Helping people learn to control impulses
 - Helping people to resist pressures
 - Helping people to accept “no”

Helping people maintain changes they have made

- Helping people learn to predict when they might slip, and planning to prevent those slips
- Helping people have a plan to get back on track if they do slip
- Considering all the possibilities to prevent slips, including: exercise, nutrition, prayer, meditation, acupuncture

Diagnosing conditions or issues that require specializing care

- Knowing when to call in a health specialist for medical concern that needs treatment
- Knowing when people are unsafe and in harm’s way for violence and stronger action needs to be taken
- Knowing when to call in a law enforcement person or child protection worker to re-establish order and safety
- Knowing when there is a psychological condition (loss of touch with reality, bizarre behavior that is related to a mental disorder) that requires specialized care
- Knowing when children are being endangered by lack of attention and more forceful attention than the natural helper can provide is needed
- Knowing when something is going on the helper can’t figure out and needs the help of a professional to figure out (diagnose)

Natural helpers are likely to be particularly suspicious of the motives of professionals at the outset, with some justification, while professionals may believe that their background should make them worthy of trust from the outset.

Developing Natural Helper and Professional Relationships

We have pointed out many potential, and real, advantages of professionals working with natural helpers. We also need to point out the many challenges in developing these relationships. We learned by doing, by taking and working through a variety of issues and experiences in getting to trust and know each other. We must remind ourselves that neither professionals nor natural helpers are homogenous groups. Each relationship is unique. In developing good relationships, both natural helpers and professionals must overcome skepticism, learn new languages, and be both teachers and learners.

We have found that the following issues are ones that must be addressed to develop these relationships.

Meeting One Another

Although it is possible that professionals may meet natural helpers as clients, it is very rare that they run into each other on equal grounds. They usually do not live in the same neighborhoods, attend the same churches, or participate in the same leisure-time activities. Professionals usually have more doors open to them than natural helpers, and it therefore is important for professionals to seek out and meet natural helpers in the neighborhoods where helpers live.

Recognizing Cultural Differences

When they do meet, professionals and natural helpers often are doing different dances, and they begin treading on each others' toes immediately. Professionals have a fairly formalized way of greeting each other, making a few neutral comments about the weather or some news event, and then diving into a very linear agenda. Natural helpers do not separate their helping role from themselves as people. They are more likely to either plunge into an informality and warmth that is bewildering to professionals, or to withdraw completely or react aggressively in response to conversations that seem forced, impersonal, and indirect. The key for both natural helper and professional is to suspend disbelief, and seek to be open and flexible.

Recognizing Prior Experience and Personal Histories

Natural helpers and professionals usually begin their relationships with stereotypes about one another. Most have had some prior experiences and all have heard about either hopeless clients or uppity professionals who have done damage to others.

Natural helpers may have had many experiences with the “system” that have been bad. They may react very negatively to “system” requirements and rules and see professionals as supporting those rules, even when the professionals cannot change them. Natural helpers are likely to be particularly suspicious of the motives of the professionals at the outset, with some justification, while the professionals may believe that their background should make them worthy of trust from the outset. These stereotypes can be overcome, but it takes honest discussion about them for this to occur.

Understanding the Worries and Fears of Professionals

In any new activity, anxiety, frustration, and confusion are likely. Some examples of particular triggers professionals may encounter include the following:

- Professionals may not be able to understand the language, or the accent, of some of the phrases used by natural helpers. Differences in greeting behaviors, eye contact, formality, touch, and ways of expressing emotions can produce anxiety or anger when professionals are not aware that many are cultural differences and not meant to cause discomfort.
- Professionals will have to go into neighborhoods, and situations in those neighborhoods, where they do not feel safe. Things can happen while they are there that can frighten them and make them very defensive.
- Some professionals may worry that natural helpers will usurp their roles and endanger their job security. It is hard to feel great about someone who might leave you unemployed. They also may risk credibility with their peers for acting “unprofessionally.”
- Professionals may fear that natural helpers may act in a ways that do harm, instead of helping, and that they will be blamed or must assume the blame for letting it happen.
- Professionals may find that natural helpers do not keep the same schedules and take offense at missed meetings or lateness, not recognizing it as a cultural difference and not an insult. They also may find natural helpers expecting help

as the needs arise and at all hours of the day, even though they have schedules they keep.

- Because they have fewer financial resources, natural helpers have fewer options in emergencies. Cars are more likely to break down, and when they do, professionals are likely to become entangled in and become frustrated by efforts to resolve those situations, which seem simple matters to professionals but are more complex for natural helpers in low-income neighborhoods.

Each of these is also an opportunity for the professional to take a step back, look at the situation, and seek to see it from the natural helper's perspective. This can produce greater understanding of how to partner with the natural helper and how to work with people in the neighborhood, as well as reduce the frustration and anxiety the professional feels.

Understanding the Worries and Fears of Natural Helpers

- Natural helpers also are likely to have their feelings triggered by beginning interactions with professionals. Many of these are the reverse side of the fears and worries professionals have:
- Natural helpers risk interacting with someone who frequently is impossible for them to understand. Professionals' jargon, acronyms, and concepts are not only foreign, but also insulting to those who believe they are used to maintain professional control while professionals have absolutely no idea what it is like to survive under difficult conditions.
- Inadvertently, and sometimes intentionally, professionals shut natural helpers out of decision-making processes. This can be done through lack of eye contact, a raised eyebrow, and polite nods, but no real understanding, when natural helpers speak. It also can be through failure to invite natural helpers to meetings or maintaining control over all administrative actions that then dictate what professionals say can be done.
- Professionals may fail to understand the importance of a personal and long-term commitment to natural helpers and the neighborhoods in which they work. Natural helpers are aware of the importance of relationships, and the preciousness of finding professionals with whom they can relate. Those relationships have meaning beyond "business." If they end when a grant is over, or when someone gets promoted and leaves the work, it can be seen as another betrayal.

- Many natural helpers have had personal experience with state public assistance, child welfare agencies, and housing authorities, either on behalf of themselves or a close friend. They may have felt humiliated and powerless in their interactions. They may see many people in these systems as controlling and hostile. Professionals usually do not view these systems in this way and present the workers in these systems as well-meaning, which may come across as being unsupportive of natural workers and their experiences.

Walking together, over time, can smooth out some of these tensions, but both natural helpers and professionals must be clear about what they really mean about their relationship.

Reconciling Differences in Expectations and Beliefs

Even when professionals and natural helpers use the same words, there can be misunderstandings about what they mean. One of the most important words around which misunderstandings and resentments can arise is the word “partner.”

Natural helpers may see the partnership as finally having an equal voice with professionals, with a suspicion that professionals will at some point pull rank. Natural helpers see partnering as making half of the decisions and are likely to test professionals to see if they are really serious.

Professionals, on the other hand, often view it as a partnership when they consider natural helpers in their plans, draw upon them for advice or information, or invite them to some of their meetings and put them on advisory boards. They see partnership with respect to “nonprofessional” issues, but they believe they should call the shots when issues of professional judgment must be made.

Working together, over time, can smooth out some of these tensions, but both natural helpers and professionals must be clear about what they really mean about their relationship. It is particularly damaging for professionals to suggest that they will go farther than they actually are ready to go.

The approaches, and the language related to those approaches, that professionals have learned often are very different from those of natural helpers. Eventually, these differences must be reconciled, if professionals and natural helpers are to work together smoothly.

Table Three provides a contrast between the way some professionals and some natural helpers view the world of helping. Every natural helper and professional partnership will have its differences. The key to success is understanding the difference and changing when a particular approach doesn't make sense or doesn't work. Developing partner relationships between professionals and natural helpers does not come over night. It comes from hard work together, listening to each other, and trying out new approaches. In the end, it produces results that are better than those achieved by either natural helpers or professionals acting alone.

Table 3. A Comparison of Professional and Natural Helper Approaches to Helping

| Some Professionals | Some Natural Helpers |
|--|-----------------------------------|
| <i>Types of Help Provided</i> | |
| Therapy | Support |
| Evaluation | Education |
| Treatment | Healing |
| Counseling | Moral and spiritual guidance |
| Aftercare | Advocacy |
| <i>Who Decides What Help Is Provided</i> | |
| Federal government | Residents |
| State government | Neighborhoods |
| Rules and regulations | Communities |
| Therapist | People agreeing to help |
| Multi-disciplinary teams | Partnership |
| <i>How Help Is Provided</i> | |
| The fifty-minute hour | Kitchen table conversations |
| Group therapy | Self-help groups |
| Psych-social evaluations | Problem-solving sessions |
| Medications | Changing neighborhoods |
| Conditions | |
| <i>Who Needs Help</i> | |
| Dysfunctional people | All of us, at some time |
| People with diagnoses | People who ask |
| <i>Where Help Occurs</i> | |
| In the office | In life, wherever it is happening |

Conclusion

In this article, we have discussed reasons new approaches to social service are necessary and the advantages and challenges of developing natural helper/professional partnerships. We have described the strengths of each and some possible ways partnerships may evolve. In joining together, we believe we have the opportunity to forge new alternatives that will allow us to combine knowledge from many perspectives, creating deeper insights and higher quality of life.

We know many others are traveling similar roads on this journey. We need to share our learnings and insights. We encourage those who have yet to begin to start now, because the current turmoil of our times provides us all with an enormous opportunity to surge ahead together by acknowledging our mutual resources and talents.

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Intersystem Collaboration: A Statewide Initiative to Support Families

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The study described in this paper utilized a qualitative case study method to assess the processes involved in inter-system collaboration in the context of one state's system change initiative. The collaborative experience is described from the perspective of participating service system professionals and family members. The major themes of collaboration that emerged from the study included changes in communication across systems, changes in inter-system relationships, changes in attitudes, changes in interactions with families, and changes in the ways services are delivered. Lessons learned and practice implications of each theme are discussed.

Collaboration within and between systems serving children, youth, and families has been defined as "...the process of combining and coordinating financial, human, and administrative resources and activities to deliver more comprehensive, coherent, and humane services to children and families" (Kraemer, 1993, p. 5). In terms of child and family services, collaboration is thought to offer a number of specific benefits, including a structure that helps approach the whole client in a coordinated manner (Lewandowski & GlenMaye, 2002); high ownership of the problems, process, and generated solutions by collaborating partners (Gray, 1989); movement toward parity in shared power among the partners (Bailey & Kooney, 1996); and delivery of comprehensive services that promote positive development and well-being of children (Davies, Burch & Palanki, 1993; Stroul & Friedman, 1988). Collaboration typically is viewed along a developmental continuum. For example, Kraemer (1993) describes four increasingly sophisticated stages of collaboration, with each stage dependent on the success of the previous stages: communication, cooperation, collaboration, and community building. Similarly, Bailey and Koney (1995) describe a four-phase framework for community-based consortia development: assembling, ordering, performing, and ending. Successful movement from one phase to the other is dependent upon managing critical phase specific issues and themes.

Based on current trends and future predictions, practice techniques to foster collaboration, such as modifying fiscal incentives, using pooled flexible funding,

standardizing intake and risk assessment procedures, co-locating staff from different systems, developing interdisciplinary teams, and training across systems, will be common for some time to come (Friedman, 1994; Roberts & Early, 2002; Tracy & Pine, 2000). Service systems are increasingly relying upon community-based partnerships, which include a broad base of participation and cross system collaborations to ensure shared responsibility and individualized responses to family needs and strengths. Some examples include collaborations with nonprofit service providers, faith-based institutions and neighborhood leaders and associations to build networks of protection and prevention (White, 2000), child welfare collaborations with other service systems (Altshuler, 2003; Webb and Harden, 2003), and patch approaches that build upon and strengthen local formal and informal resources (Adams & Nelson, 1995).

The manner in which families will respond to these changes in service delivery and the ways in which the social work task will be impacted are largely undetermined. There have been few case studies focused on inter-system collaboration projects designed to respond more effectively to the variety of circumstances that make families vulnerable to disruption. This paper seeks to address the need for qualitative research on collaboration to better understand implementation processes as well as the experiences of the workers and families involved (Freer & Wells, 1999; Pecora et al, 1995; Wells and Biegel, 1992; Wells, 1994; Raschick & Critchley, 1998). For example, we need more information on contextual factors that affect service delivery (Wells and Freer, 1994), administrative practices as they relate to collaboration (Gil de Gibaja, 2001), worker behavior and attitudes supportive (or non-supportive) of collaboration (Reese and Sontag, 2001), as well as the most promising ways to involve families more fully in collaboration (Peart and Bryant, 2000).

In this study, we utilized a qualitative case study method (Patton 1990), with data collected at multiple points over time, to investigate and describe the characteristics and implementation of county-level collaboration projects as they developed over a two-year period in the context of one midwestern state's service delivery change initiative. A particular focus of this paper is to examine the types of collaboration implemented in response to the initiative, the characteristics and implementation of the collaboration, and how professionals and participating families described their experiences with inter-system collaboration. This paper begins with a description of the larger statewide initiative, The Family Stability Incentive Fund. We examined the nature of the collaborative relationships that developed through this initiative and how collaborative relationships changed over time. We will discuss the major themes that emerged from the first-hand experiences and perceptions of administrators, service providers, and families.

The factors that either facilitated or hindered the process of collaboration are presented. The paper concludes with a discussion of lessons learned and practice implications.

The Family Stability Incentive Fund

In January 1996, the Ohio Family and Children First Council (FCFC) Initiative awarded Family Stability Incentive Funds to seventeen counties in Ohio with the goal of reducing out-of-home placements of children around the state. The rationale underlying the program was that out-of-home placement is costly, both in dollars and in the emotional damage it brings to the child and family. The initiative stated that families ought to be supported in raising their own children whenever it is feasible and safe for the child.

The state adopted a specific financing strategy to support a change in usual practice. While financing strategies, such as state support of local initiatives, state pooling and distribution of out-of-home care funds, and pooling specific funds for multi-agency children and youth, are commonly used to support comprehensive community-based services (O'Brien, 1997), the specific strategy used in this project was unique. Unlike a traditional grant where funds are awarded up front to develop the proposed services, this project awarded incentive funds that were paid to counties only when quarterly and annual goals for out-of-home placement reduction were met. These goals were expressed as a percentage reduction from a one-year baseline count of placements. The intent was to provide a strong incentive and reinforcement for reducing placements.

The counties were encouraged, but not mandated, to establish intersystem diversion teams that would take a new cooperative approach to working with families and enhancing family stability. Systems were defined as agencies and programs serving a specified target population (e.g., mental health, children's services, and developmental disabilities). The explicit purpose of the team was to foster greater inter-system collaboration with multi-need children and adolescents through the use of flexible funds. The state agency allowed each county to establish its own program or project. There were few requirements either in terms of service system involvement, service models or strategies, or services to be provided. Rather, each county, through its local Family and Children First Council, had considerable flexibility in the operation of its program and how money could be spent. The research project we describe in the next sections took place over a two-year time period, one year after the counties had begun to implement their projects.

Methodology

The study involved all 17 counties in Ohio that received initial funding from the Family Stability Incentive Project. These counties accounted for 52% of the State of Ohio's population under age 18. In each county, a variety of service delivery systems were involved in the projects, such as juvenile courts, departments of human services, children's service boards, and the public systems that served people with various problems, including mental illness, substance abuse, and mental retardation/developmental disabilities. Service systems that had authority to place children out-of-home (Children's Services, Mental Health, and Juvenile Justice) were the most frequently represented and were responsible for project oversight.

The study utilized key informants that represented professional staff from each of the service systems and family members who had received services from this program. The unduplicated count of subjects who participated in the total study over the two-year period was 172 persons.

The composition of the subjects was as follows: 36 county contact persons (constituting those people most familiar with the day-to-day operation of the FSIF project within their county), 93 service providers, and 43 family members. The service providers represented the following systems: Children's Services (25), Mental Health (n=31), Court (n=8), Mental Retardation/Developmental Disabilities (n=14), Department of Human Services (n=8), Other Social/Family Agencies (n=14) and Schools (n=4), and others (n=7). For inclusion in the study, service providers must have been involved with the FSIF project for at least six months, known by the FSIF county contacts, and involved in a collaboration effort with at least two families. Similarly, eligible family members were involved with the FSIF project within the last six months by reason of prevention of placement and were involved in a collaborative effort with a minimum of three agencies or services systems where services or funding could not have been provided without the availability of the FSIF project. Our working definition of collaboration was phone contacts or meetings that resulted in the exchange of goods, services, or funds to benefit a client family.

A variety of methods were used to gather data for this qualitative study. Standardized structured phone interviews were conducted on a quarterly basis with the designated county contact persons at five time points. Representatives of the key systems involved in the county's project participated in semi-structured individual and group interviews. Semi-structured group interviews were conducted with family member participants (consumers) in the projects. Interview topics included initial involvement in the FSIF

project, experiences with collaboration, strengths and weaknesses of the project, areas of impacts, and suggestions for change, among others. A focusing exercise, in which study participants were asked to identify systems with which they had interacted, was used as an orienting exercise in the group interviews.¹

Data analysis proceeded at several levels. Within-county analyses described the content and process of each county's implementation. Cross-county analyses examined variations in implementation. Finally, statewide comparisons of the subjective experiences of those service providers and family members involved in the projects were conducted.

The major portion of data gathered in this study consisted of statements made by participants. Interview statements were subjected to content analysis procedures as described by Patton (1990) in order to identify, code, and categorize primary themes and patterns in the data. Case studies also were prepared in order to organize in-depth information about each county's project, the unit of analysis for much of the study. The data analysis steps proceeded as follows:

1. Each interview in this study was tape recorded and then transcribed. In addition, notes were taken during both phone and in-person interviews. The notes and transcriptions were compared to one another to detect any obvious missing data or to help clarify points.
2. Two research staff read all transcriptions. After the first reading, material was organized so that all statements pertaining to one topic were placed together. Statements were the complete and distinct responses of participants to specific questions, rather than single sentences or utterances. The statements then were reviewed by a third staff person to ensure that all relevant statements had been captured from the interview.
3. Next, statements were independently classified by two research staff into discrete categories depending on the topic of interest. Classifications between research staff were compared, and discrepancies between classifications were discussed. Sometimes a third reader would be utilized to resolve any discrepancies. The result of these discussions was often a further refinement and clarification of the categories or codes used.

¹ Copies of all data collection instruments can be found in the Final Report of the Impact of the Family Stability Incentive Fund Program (Tracy, Biegel, Johnsen, & Rebeck, 1999), and may be obtained from the first author.

4. Each of the three staff members then independently read the statements in each topic and classified them according to the agreed upon categories or codes. The use of multiple readers and the discussions among readers helped to enhance the credibility of the classifications employed. In some cases where two or more staff placed statements in classifications, inter-rater reliability was computed. The overall agreement rate in such cases was 91 percent.
5. A county case study document was prepared and reviewed by several staff members to ensure that it completely and accurately reflected the data that had been collected. This report was then sent to each county contact person. The county contact person was asked to read the case study and respond to several questions (e.g., does the case study capture the FSIF project as you have experienced it in your county?). The responses of the county contact were included in the final report.

In order to examine the interview data from focus groups and group meetings, a similar data analysis process was used. Several research staff read information from each of the meetings. Themes and issues were highlighted and reviewed by the research staff. Data from the individual interviews and focus groups were not combined, but rather the group data were integrated with findings from the individual level data. In such cases, the group data served to confirm or disconfirm the data, illustrate a theme, or suggest a new direction.

Findings

This section begins with a description of the three major approaches to collaboration adopted and then discusses the collaboration themes and implementation issues experienced across the 17 counties. Based on the within- and cross-county data analyses, we conceptualized inter-system collaboration across the 17 counties in response to the Family Stability Incentive Fund (FSIF) as consisting of three distinct strategies: Service, Broker, and Funder. These strategies differed in terms of the following dimensions: assumption of case responsibility, the presence or absence of an inter-system team, and focus on inter-system service planning versus service development and expansion (See Table 1).

The first approach was a service-oriented strategy (observed in 7 counties) that focused on staff or teams who accepted referrals and assumed responsibility for the family for a period of time. Staff or team personnel represented various service systems and could easily cross system boundaries. Service efforts included involvement from other systems or referral to services. After a short service period, the case was either closed or sent

back to a system for follow-up. The second approach was a broker-oriented strategy (observed in 5 counties) that focused primarily on intersystem planning and collaboration. Meetings of service providers occurred to develop comprehensive case plans. While FSIF staff interacted with various service systems to assist in the development of a comprehensive plan, case responsibility remained with the referring system or agency. Funding requests were made through the FSIF project for services or goods needed as determined through the planning effort. The third approach was a funding-oriented strategy (observed in 5 counties) that focused on planned use of funding to meet gaps in community needs. Each county using this strategy funded new services in the county, for example, an interdisciplinary home-based service team, a crisis nursery, or a lead poisoning prevention program.

Table 1. Dimensions of Collaboration

| <i>Dimension</i> | <i>Service Strategy</i> | <i>Broker Strategy</i> | <i>Funder Strategy</i> |
|---|-------------------------|------------------------|------------------------|
| 1. Presence of intersystem service staff/team | X | | |
| 2. Staff assumption of case responsibility | X | | |
| 3. Facilitation of intersystem planning | | X | |
| 4. FSIF monitoring/administration | | X | |
| 5. Current service expanded | | | X |
| 6. New programs/service development | | | X |

Five identifiable collaboration themes emerged from the data analysis across all county approaches. These themes related to changes in communication across systems, changes in inter-system relationships, changes in attitudes, changes in interactions with families, and changes in the ways services are delivered. Each of these themes and corresponding factors influencing implementation is discussed in more detail below.

Theme 1: Communication across systems at multiple levels within the county. Communication, among all parties (systems, workers, and families) was experienced as improved, and this change was attributed to the FSIF. The theme of enhanced communication was predominant both in individual and group interviews. FSIF teams often communicated with other professionals and with family members themselves to gain a better understanding about family needs. Intersystem teams (teams with members from different disciplines and service systems) and the deployment of FSIF staff across different intersystem settings facilitated communication in ways that were helpful to case planning with families. For example, an intersystem team member in one county stated "each of us has a built-in relationship with a (system)....we're constantly helping them with cases." Project coordinators in other counties provided resource information about a variety of services. It was noted that communication at the direct-service level influenced

coordination and collaboration at the administrative level. As one county executive stated “This grant has kept us talking. And as it keeps us talking, it develops a relationship...Develops a lot more understanding.” One tangible outcome of enhanced communication was that service providers had greater access to various services because they now knew who to call and what kind of options were available.

There also were a number of barriers to communication that impacted the implementation of the FSIF project. Over the course of the study period, the counties experienced a number of changes in the manner in which the FSIF program was administered at the state level. While the counties liked the flexibility inherent in the FSIF program, they often were frustrated by unclear or changing directives in the areas of definitions of placements, baseline counts, reporting requirements, and timelines for use of funds. Generally, these concerns lessened over the duration of the project, as state-level communications and guidelines became clearer and more stable.

Theme 2: Collaborative relationships across systems within the county. Data from the focus groups and interviews revealed positive changes in collaborative relationships across systems over time—primarily with schools and the court system. These changes appeared to occur and be related to concerted efforts on the part of the FSIF staff or team to improve relationships with particular systems. One method by which FSIF projects established better working relationships with other systems was to facilitate referrals from that system by reserving service slots to ensure acceptance of the referral. Generally, there was a pattern that the systems with the highest number of referrals were described as highly and positively involved in the oversight of FSIF. It is difficult to determine if the higher rating was a cause of increased numbers of referrals or a consequence of the referral pattern. The measure of success in a system relationship was often receiving appropriate referrals from that system. For example, increased referrals from the schools were perceived as indicators that the schools had changed their attitude toward difficult students and would now work to keep the child at home versus pushing for placement (e.g., “schools ask us since they have learned about us to come and talk to them about diversion.”) Seemingly intangible factors, such as the persistence and presence of workers, worked to change relationships for the better between systems. For example, there were increased juvenile court referrals in those counties where a team member sat in on court proceedings on a regular basis.

FSIF projects also fostered supportive working relationships with other community resources and agencies (e.g., Red Cross, Salvation Army, Catholic Charities). Each of the case study counties reported working to develop better relationships with one or more systems through FSIF. Mechanisms that tended to facilitate better working relationships

between systems included accepting referrals from that system, face-to-face contact/meetings, communicating about the project, co-location of service providers, and cross system training among others.

While counties generally experienced the incentive funding approach as facilitating collaborative relationships, the use of incentive funding also created some problems. Planning future activities was difficult for counties, due to the fact that the funding was not guaranteed but contingent upon meeting goals. In addition, some counties had difficulty obtaining and funding the range of services required for wraparound with very complex family situations.

Theme 3: Shift in personal attitudes by human service professionals, organizations, and institutions. The philosophy of “family preservation,” defined broadly as placement prevention services, was adopted more uniformly across systems with a renewed vision of ways to make this feasible. Service providers described the freedom to take a “how can we” rather than a “can we” approach to meeting family needs. More creative case planning occurred, with increased flexibility in funding and service provisions. For example, the use of informal sources of support, neighborhood resources, and concrete supportive services (such as respite care) was facilitated by the FSIF project. There was less “red tape” to access funds for reimbursements. The FSIF program encouraged service professionals to acquire authorization for expenditures over the phone and gave them the authority to sign service contracts. These changes encouraged and supported creative ways to stabilize at-risk families with “just-in-time” delivery of services. The commitment made by team members to adjust their schedules and meet after hours at the families’ convenience is another example of a shift in attitudes. Service providers were trained and supported in the use of informal helping networks and family involvement at every phase. A service provider in one county commented that “...[this] grant has allowed us to step out of crisis mode—from seeing each [other] as enemies and to keep us talking so our philosophies blend a bit more.” Executives in that county also reported “a coalescing of a philosophy about kids and families, and the idea that placement is a last resort.” In another county, executives commented, “...the grant brought us together in a new and a different kind of way...seeing each other in a different way and coming up with some different way[s] of problem solving...”

One key factor of implementation success was related to the values and attitude of the administrator. Executive support was viewed as critical in the success of these community inter-system projects. Likewise, lack of support and commitment from administrators was viewed as undermining the outcome of this type of initiative. All county contacts reported the importance of the support they received from system

administrators. Several sought guidance from advisory boards that were comprised of administrators and decision-makers from various systems.

Theme 4: Family-friendly approaches to serving multi-need families. Family needs were met on a more individualized basis, with more emphasis on the family's definition of need. During the family focus groups, families expressed satisfaction with the working relationship that had been established with the FSIF team or staff and with the services that had been provided to them. One parent related how the program had "saved a child that was headed straight down the tubes." Another typical parent statement was "This is the one program that we've been involved in the past four years that I have nothing negative to say about, I really don't."

Family involvement in goal setting increased over the duration of the project through the use of case planning meetings with the family, often held in the family's home. A member of one inter-system team commented, "Because it's family driven it's not so much what...[this] case manager wants. It's what that mother, that father, wants for their child." Several counties also included Parent Advocates on their teams to represent the parent point of view (e.g., "I'm going to say when I think something is intrusive to families").

Workers reported that when they listened, what the family really wanted and needed was relatively simple, and that sometimes small concrete supportive services played important roles in helping to reduce stress and risk. Concrete services also helped the worker and family establish working relationship (engagement) by showing the practical value of services to meet needs as defined by the family, not just the worker. The flexible funding structure allowed for many non-traditional, non-categorical services and supports to be made available to families.

An example of non-traditional services is the family with communication problems who was offered a dining room table instead of sole reliance on traditional communication skills training. The dining room table allowed the whole family to sit and eat together, during which they could apply communication exercises. Another example is the use of flexible funds to pay for guitar lessons to reinforce a youth's follow through on treatment goals.

Family Stability Incentive Funds also enabled counties to intervene on environmental problems and concrete needs of families early on, presumably before the family situation deteriorated and created high risk to the child. Families often commented on the usefulness of hard or concrete helping services. These services were described as helpful

in establishing trust, demonstrating a non-judgmental attitude, and reducing family stress levels (e.g., “they were there for you,” “they stayed beside you giving support,” “I knew one phone call and I would have whatever help I needed”). Many counties, particularly those using the funder and broker strategies, offered funds to meet family environmental needs. Counties recognized that it was often difficult to engage a family in complex relational issues if they did not have heat or electricity, or if they could not remain in their own home due to high levels of lead poisoning. As one respondent stated, “We have the ability to take a look at the non-traditional type of services (families) need.”

Even though family involvement in decision making and case planning was built into FSIF projects, family focus group data revealed that parent empowerment was difficult to achieve in all cases. Parent involvement in case planning was difficult to achieve with every family. Involvement from families seemed to face two types of barriers. One was the lack of interest from families or families that were overwhelmed to a point where it was difficult for them to be involved. One mother commented that she “...was working at the time. And I wanted to do everything that I could to help. And we were trying to meet; we had so many times there would be like three meetings in one day. And how can we do that?” Another hurdle was lack of information on the part of the family. “I don’t know that there is a piece of paper called a plan with our name on it anywhere. If there is, you know, I haven’t seen it.” Some families still seemed far removed from service planning due to their lack of knowledge of resources and their inexperience in teamwork.

Theme 5: Awareness of community resources and service options, both formal and informal. Services were enhanced through the use of the incentive funds. Intensive in-home services were made available as a result of the FSIF projects. New programs were developed in new ways, with pooled funding, inter-systems teams, managed care concepts, etc. At the same time, the relationships developed have furthered an understanding of the total range of and gaps in services available in the community. In some cases, the incentive funds were used creatively to address service gaps, such as providing equipment to clean up lead contamination.

Counties gained a better understanding of needs and resources. Agencies better understood their role in placement. This understanding was used to improve service delivery through such mechanisms as pooled funding and team meetings. Through case reviews and other formats, counties grew more aware of targeting at-risk populations, the role of various systems in the placement process, and the contextual factors in the county that influence placement. Service providers became more knowledgeable about solution options through other agencies than their own.

There were concerns expressed regarding child and family safety and placement reduction as the sole focus. Counties wanted to address length of stay, recidivism, early intervention, and specific target groups in addition to the prevention goal. Coupled with these concerns was the fact that for some counties family problems dealt with in the later phases of the project were more complex and entrenched. For these families, placement prevention or diversion services were viewed as difficult to mobilize, expensive to maintain, and entailing more safety risk.

Another difficulty was that the FSIF program often was not carried out consistently within a county. Service providers and referral sources reported different experiences with FSIF depending on the worker and the client needs. Clients also reported differences in interaction with FSIF staff. In one county, some family members were well acquainted with the intersystem project staff, while others worked only with their Children Services Division caseworker. Some referral sources heard frequently from team members, while others reported meeting or speaking with a worker only one time. A court provider reported, "I believe the difference, quite truthfully, is the worker. The FSIF worker...the particular person that my office mate got involved with, I mean, just didn't do the job. They did not make contact. They did not work. So I think that has a great deal to do with success or failure."

Discussion and Implications

A limitation of the study that should be noted is the fact that the research was funded and mandated by the same state agency that provided the incentive funding. Therefore, the county contacts may have been inclined to present the most positive picture possible. Another limitation is that even though this study did find evidence of family satisfaction with FSIF services and enhanced organizational relationships and service delivery, the case study method did not focus on or assess child or family outcomes, such as changes in child placement rates, possibly resulting from FSIF services.

The study design did allow, however, for a richer understanding of the processes involved in collaboration and the requisite worker skills and knowledge needed to effect a change in practice as usual. The use of multiple informants from each county, including other service providers, referral sources, and family consumers, helped broaden the perspective and offered divergent views on collaboration over time. The implications of the findings for further research, practice with multi-need families, professional and family collaboration, and practitioner education and training are described below.

Implications for Research

Community collaborations to support child safety and well-being are developing rapidly (National Child Welfare Resource Center for Family-Centered Practice, 2000), although there is little research documenting the impact on children and families. Some studies of inter-system service delivery projects (Bickman, 1996) have shown that changes in the organization and structure of services to create a “system of care” do not necessarily lead to improvement in child and family outcomes. As Farmer (2000) points out in a review of systems change, public sector collaboration—in the form of “systems of care” for children—continues to grow without much data to support its effectiveness. The literature Farmer reviews consistently shows that systems can be changed in terms of collaborative relationships, comprehensiveness of services, and family satisfaction with involvement, but there is little convincing evidence that these system changes produce improved individual level outcomes. Further research is needed on the extent and type of outcomes that can be expected from enhanced collaboration, as well as the outcomes associated with varying forms or aspects of collaboration (e.g., family teams, contracting with non-profits, co-location of services) and the context in which collaborations take place. For example, Glisson and Hemmelgarn (1998) found that organizational climate (e.g., low conflict, role clarity, cooperation, and personalization) rather than interorganizational coordination predicted positive service outcomes and service quality in children’s services.

Implications for Practice with Multi-Need Families

Findings from this study highlight a number of unique features of community collaborations with multi-need families. Worker skills and attitudes must favor creative case planning, often described to us as “thinking outside the box.” The availability of flexible funding appears to be an important component of practice as well. Flexible funds in this study provided the organizational support for creative case planning to occur. The combination of traditional services with creative use of flexible monies for concrete services allowed many more options for workers to maintain family stability. This practice approach allowed for a focus on environmental concerns, concrete services to reduce stress levels, and non-traditional services to engage families and youths in treatment activities (e.g., guitar lessons to reinforce youth participation in treatment).

Implications for Professional and Family Collaboration

Maintaining focus on parent and extended family involvement in case planning is another key implication of this study’s findings. A feature of FSIF practice approaches was the emphasis placed on family involvement and self-determination and the

organizational structure put in place to encourage collaboration. There were many ways in which this was approached—from parent mentors or advocates as service providers, to family representation on oversight teams, to team meetings and intersystem advisory councils. While this goal was not always easy, it was a predominant value stance adopted by the FSIF projects.

Effective family participation requires changes both on the part of families and professionals. Families need support and training in order to assume new roles in case decision making; it cannot be assumed that families possess these skills. For example, in family group conferencing (Pennell and Burford, 2000), the preparation phase, during which all family members are convened and oriented to the conference process, is considered the longest and most important step to success. Likewise, professionals need a deep understanding of family needs, the impact of a child's disability on the family, and a developmental perspective in order to work effectively with families. For those FSIF projects that used a multidisciplinary team, the knowledge of each discipline contributed to a fuller understanding of families and an enhanced ability to engage families from various backgrounds.

Implications for Practitioner Education and Training

Findings from this study hold implications for pre-and in-service education and training needs for human service professionals involved in community-based collaborative efforts (Lawson & Hooper-Briar, 1994; Roberts & Early, 2002). As Graham and Barter point out "collaboration captures the need for professions, agencies, communities, and client systems to work differently..."(1999:6). It would appear that effective practice collaborations must be based on a rather unique set of knowledge, skills, and attitudes. The attitude base appears to be especially important. We heard over and over that if workers believed in the importance of strengthening families, they would find a way to provide supportive services to accomplish their goal. The active participation of individuals who were open and committed to working together appeared to be a key factor in collaborative efforts (Ryan, Tracy, Rebeck, Biegel, Johnsen, 2001). The commitment of individuals to collaborate, while difficult to measure, does appear to be an important prerequisite supporting collaboration (Nicholson, Artz, Armitage & Fagan, 2000).

Collaboration occurs in context and in interactions among people. Organizations must support the skills people need in order to collaborate (Bruner, 1991). Among the skills needed are those for inter-disciplinary teamwork, accessing community resources, use of concrete services, building partnerships with families, working with and mobilizing

informal supports, and blending these informal supports with formal services (Hatfield, 1997). Human service professionals working within the service model counties needed a distinct set of skills related to inter-system team work and collaborative case planning with families and other service providers. Workers must understand and overcome barriers to working with and within different professional cultures (Poulin, Walter, & Walker, 1994). They must understand and relate to the values and knowledge base of those from other professional disciplines. They also must be comfortable working in settings other than their own. If shared physical space supports the collaborative process (Nicholson et al., 2000), then workers must be comfortable in schools, neighborhoods, and clinic settings, among others. They must understand the social norms governing interactions in these settings and be skillful in developing relationships outside of their own discipline.

In conclusion, this study gathered information from a variety of service systems involved with a collaborative system reform initiative. We believe, as do others (Wells & Freer, 1994), that qualitative research methods are uniquely suited to form the basis of a contextual understanding of those directly involved in collaborative efforts, both as service providers and recipients. In this way, we may gain a better understanding of how to achieve the objectives desired by such broad-based service programs.

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Family Preservation Conference Participants and the Internet: Opinions about On-Line Continuing Education

Timothy Barnett-Queen

Development of distance and distributed learning continuing education (CE) opportunities for human services workers requires existence of such CE offerings, participant access to the Internet, knowledge of the Internet's use, and willingness to enroll in such programs. A survey of human services professionals who attended the Family Preservation Annual Conferences in 2000 (N = 230) and 2002 (N = 197) revealed that 92% (n = 206) of 2000 survey participants and 98% (192) of 2002 survey participants have used the Internet, while 76% of 2000 and 56% of 2002 respondents reported no formal training in the use of the Internet and its features. Findings are reported that reveal substantial interest among subjects in the Internet as a medium for continuing education programs for professional development.

Introduction

Continuing professional development is probably more important now to Family Preservation (FP) workers than it has ever been. The amount of knowledge applicable to this complex field is exploding, changes in the FP and human services professions are happening quickly, and much of this new information is increasingly being disseminated over the Internet. Caseloads are growing rapidly as social service budgets are being cut in the face of rapidly increasing federal and local budget deficits, greatly reducing the amount of time and resources available for traveling to traditional Continuing Education (CE) events. As access to the Internet becomes increasingly available to the FP workforce at home and at their work-sites, CE on the Internet is becoming a feasible method for supplementing traditional face-to-face professional development approaches.

Literature Review

As society has moved from an industrial to an information base, adults rapidly have become involved in the use of the Internet for personal, educational, and professional purposes (Eastmond, 1998). It was reported that by 1997, over half of the full-time workforce in the United States used computers regularly on their jobs (DiNardo & Pischke, 1997). The percentage is no doubt much higher today. In addition, computers

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are increasingly networked by local area networks and the Internet (Eastmond, 1998). Negroponte (1995) reported that quickly home computers are being connected to the Internet for information, communication, entertainment and education. With the current rate of information and knowledge building, workplaces are changing rapidly, placing new and increased demands on professionals to learn in nontraditional ways and to pursue professional development in order to secure upward mobility, new careers, and job security (Eastmond, 1998).

Distance Education is becoming accepted in the academic and professional communities as a means to provide greater access to both higher education and continuing professional education (Conklin & Osterndorf, 2000). Many educators believe and accept that the Internet is a future instructional medium that will soon rival the traditional classroom. (Schoech, 2000). Practitioners, who are required to stay current with the most up-to-date information and skills, rely on CE opportunities to gain the new information and skills they need (Conklin & Osterndorf, 2000). Virtual institutions have emerged to fill the need for greater access to educational experiences. It is clear that.....“Technology is a train that stops for no one. It keeps moving whether you get onboard or not” (Karger & Levine, 1999, P. 312).

The human service professions have promoted life-long learning for the professional for decades (Petracchi & Morgenbesser, 1995; Leary, 2000). Many human service professions require on-going education to maintain standing within regulating organizations while concomitantly, it has become increasingly expensive to provide such educational events. At the same time, professional CE is in a state of change (Leary, 2000). Continuing professional education increasingly is being offered through distance and distributed learning formats requiring that educators involved in providing CE learn to intermingle traditional CE with technology (distributed formats) as well as create professional development opportunities offered exclusively on-line or through interactive television (Wisenberg & Willment, 2001). Technology presents limitless opportunities for the on-going education of helping professionals (Sattem, Reynolds, Bernhardt, & Burdeshaw, 2000). Yet the helping professions and human service educational programs have been slow to utilize technology and instructional innovation to provide continuing educational opportunities for practitioners (Burton & Seabury, 1999; Butterfield, 1998; Marson, 1997).

Most social work and human service educators have not embraced technology-based distance education with much enthusiasm (Siegel & Hennings, 1998). Because interaction and socialization are deemed paramount by most human service educators, distance education is viewed with caution (Krueger & Stretch, 2000). Regardless, distance education in social work education grew by about 5% between the years of

1994-1996 (Siegel & Jennings, 1998). At present, most bachelor's and master's social work programs in large and public universities offer distance and distributed education. Most, however, are conducted using two-way interactive televised transmissions between a teacher at one site and students at other locations (Thyer, Polk, & Gauden, 1997). Overall, the use of technology in social work continuing education falls behind even that of traditional social work education (Petracchi & Morganbesser, 1995).

Research on distance education in continuing education in human service professional programs is limited. The primary focus has been almost solely on social work practitioner education (Petracchi & Morganbesser, 1995). Additional literature on distance learning and continuing education has described model development rather than empirical efficacy (Jennings, Siegel, & Conklin, 1995). What research reports exist from both forms of social work education have concentrated on distance learning via two-way interactive television (ITV). Overall, live teaching was rated as more positive than ITV (Thayer, et al, 1997; Tyer & Artelt, 1998).

The Internet offers many unique features for distance learning not available in ITV (Giffords, 1998). It also increases access to professional knowledge unequaled by any other current educational methodology (1998). Researchers once envisioned and proposed the Internet as a resource for enrichment, a medium of collaboration, an international platform for expressions, and as a medium for participating in active learning (Relan & Gillani, 1997). The Internet has been used to engage in collaborative and cooperative learning in real instructional settings (e.g., Wan & Johnson, 1994; MayaQuest Expedition, 1999). In addition to learning content, adult learners in a web-based learning environment may engage in discussion, questioning, and problem solving with their teacher and other adult learners. The World Wide Web (WWW) particularly offers environments for group and team learning, critical to most human services CE. Greater access to instructors, peers, and learning resources are available to participants. Students are able to work in a collaborative manner on projects with others around the globe. Learning can expand beyond the traditional education offerings through the use of e-mail and discussion bulletin boards (Hillman, Willis & Gunawardera, 1994).

Social worker attitudes toward computers, lack of access to computers on the Internet, slow WWW connection speed, lack of knowledge of web-based resources, and the availability of Internet-related equipment and software may be factors affecting the use of information technology in the acquisition of continuing education credits (Peters & Romero, 1998). Yet diminishing budgets, mushrooming information and knowledge, and worker increases in caseloads all point to the need to quickly create on-line CE opportunities to supplement traditional venues (Barnett-Queen, 2001)

The significance of this study lies in its potential to develop distance and distributed learning CE opportunities for Family Preservation workers throughout the United States. Such development certainly would not undermine the importance of the face-to-face work the Family Preservation Institute currently provides but rather augment it to supply additional continuing education opportunities for its affiliates. In addition, providing such on-line CE events would allow for additional research to investigate the effectiveness of Internet-based distance learning as an instructional medium for continuing professional education.

Methods

Sample and Subjects Size

Sample

The Board of Directors of the Family Preservation Institute extended this investigator the opportunity to include the research instrument in the Family Preservation Conference packet. The packet was distributed to each attendee at the 2000 (N = 550) and 2002 (N = 460) annual conferences. At plenary sessions, conference attendees were encouraged to participate by the Family Preservation Institute Director, Alvin Sallee. Prospective participants were asked to complete the survey instrument and return it to the Conference Registration Desk prior to departing the Conference. In addition, opportunity was made for attendees to mail the completed survey to the investigator. A usable response rate of 54% (n = 230) was achieved from the 2000 conference and 46% (n = 197) from 2002. Approximately 5 surveys were unusable from each conference. A total of 427 completed surveys were used for this analysis.

Subjects

In consultation with the FPI Director, an effort was made to keep the survey instrument brief in order to maximize participation. As a result, few demographic questions were included. Details are presented in Table 1. Of note is the relative stability over the two-year period of the various demographic characteristics examined and the high percentage of participants under 50 years of age (80% in 2000; 73% in 2002). The FPI Director confirmed that the demographic characteristics of those participating in each survey roughly approximated the demographic make up of those in attendance during the respective conferences (A. Sallee, personal communication, July 14, 2003).

Table 1. Demographics (N = 419)

| | | | | |
|-------------------------------|---------------------------|---------------------------|---------------------------|------------------------|
| 2000 and 2002 | | | | |
| Gender | Female = 347 (81 %) | | Male = 72 (17 %) | Missing = 8 (2 %) |
| Age | Mean = 39 years | | Range = 20 to 64 years | |
| 2000 (n = 224; 53.5 %) | | | | |
| Gender | Female = 188 (82 %) | | Male = 36 (16 %) | Missing = 6 (2 %) |
| Age | Mean = 38.4 years | | Median = 37 years | Range = 20 to 63 years |
| Age Ranges | 20 – 29 years = 65 (28 %) | | 50 – 59 years = 36 (16 %) | |
| | 30 – 39 years = 62 (27 %) | | 60 – 64 years = 6 (3 %) | |
| | 40 – 49 years = 57 (25 %) | | | |
| Ethnicity | <u>Asian</u> | <u>Native American</u> | <u>African American</u> | <u>Latino/Hispanic</u> |
| | 4 (2 %) | 9 (4 %) | 46 (20 %) | 32 (14 %) |
| | <u>Pacific Islander</u> | <u>White/Non-Hispanic</u> | <u>Other</u> | <u>Missing</u> |
| | 1 (< 1 %) | 124 (54 %) | 11 (5 %) | 3 (1 %) |
| Work Setting | <u>Juvenile Justice</u> | <u>Child Welfare</u> | <u>Mental Health</u> | <u>Schools</u> |
| | 11 (5 %) | 154 (67 %) | 15 (7 %) | 1 (< 1 %) |
| | <u>Other</u> | <u>Missing</u> | | |
| | 43 (19 %) | 6 (3 %) | | |
| 2002 (n = 195; 46.5 %) | | | | |
| Gender | Female = 159 (81 %) | | Male 36 (18 %) | Missing 2 (1 %) |
| Age | Mean = 38,8 years | | Median = 37 years | Range = 20 to 64 years |
| Age Ranges | 20 – 29 years = 48 (24 %) | | 50 – 59 years = 42 (21 %) | |
| | 30 – 39 years = 60 (31 %) | | 60 – 63 years = 5 (3 %) | |
| | 40 – 49 years = 36 (18 %) | | | |
| Ethnicity | <u>Asian</u> | <u>Native American</u> | <u>African American</u> | <u>Latino/Hispanic</u> |
| | 2 (1 %) | 9 (5 %) | 29 (15 %) | 39 (20 %) |
| | <u>Pacific Islander</u> | <u>White/Non-Hispanic</u> | <u>Other</u> | <u>Missing</u> |
| | 0 (0 %) | 115 (58 %) | 2 (1 %) | 1 (< 1 %) |
| Work Setting | <u>Juvenile Justice</u> | <u>Child Welfare</u> | <u>Mental Health</u> | <u>Schools</u> |
| | 12 (6 %) | 140 (71 %) | 7 (4 %) | 2 (1 %) |
| | <u>Other</u> | <u>Missing</u> | | |
| | 31 (16 %) | 5 (3 %) | | |

One hundred seventy-nine (78%) of 2000 participants reported that they were required to get continuing education units (CEU) each year, while in 2002, 167 (85%) reported such a requirement. However, 208 (90%) in 2000 indicated freedom to self-select CEU events as did a similar percentage in 2002 (183; 93%). The high percentage required to get CEUs coupled with flexibility to self-select which CEU events to attend may indicate a potential market for Internet-based (as well as traditional face to face) CEUs provided by FPI.

Design

The research instrument was patterned after those used in two similar studies (Peters & Romero, 1998; Barnett-Queen, 2001). The study used a modified (by permission) version of their questionnaires. The survey was designed to investigate participant access to the Internet, typical use of Internet-based communication, and research tools and opinions regarding the use of computers and the Internet for professional continuing education (CE) purposes. The major differences between this study and the previous studies, apart from modification of the data collection instrument, were data collection method and sample choice. The earlier studies used variations of random sampling among licensed professional masters-level social workers in Texas (Peters and Romero, 1998) and bachelor's and master's-level social workers in New Mexico (Barnett-Queen, 2001). The previous studies used a mailed survey rather than data collection at a conference as in the current research. While the sample of the current study was substantially smaller (Texas study $N = 16,000$; New Mexico study $N = 2700$), the response rate was somewhat higher (Texas = 41%; New Mexico = 44%). In the current study, human services professional participants reported state of residence to be overwhelmingly Texas (2000 = 151, 66%; 2002 = 175, 89%).

Instrument

The data collection instrument contained four sections. The first section requested demographic as well as Internet access and Internet use behaviors. If participants reported use of the Internet, they were asked to complete the next two sections of the survey, which requested information regarding frequency of professional use of the Internet and Internet features. All participants were asked to complete the final section of the survey, which used a 5-point Likert-scale to inquire about opinions regarding use of the Internet to deliver professional CE events, likelihood of enrollment in such an event, and Internet-based CE topic preferences. The modified survey was field tested among social work undergraduate and graduate students as well as social work faculty. Minor adjustments were recommended, and most were incorporated into the instrument. The survey had no reliability or validity data at the time it was used.

Procedure

Data were collected by volunteers who attended the 2000 and/or 2002 Family Preservation (FP) Annual Conference. The survey was included in each conference attendee's general information packet, and subjects were encouraged, through announcements at plenary sessions, to complete the survey. Participants were asked to return completed surveys to the Registration Desk prior to departure from the FP Conference. They could also return the survey by U.S. mail.

Results

General Internet Access and Recent Use

Internet Access and recent Internet Use data are reported in Table 2. A very high percentage of FP participants appeared to have access to computers and the Internet, and this phenomenon may be trending upward. If so, FP Conference participants certainly reflected the overall trend in the U.S. of Internet access and use. In addition, 24% (n = 56) who completed the survey in 2000 reported some type of formal training in the use of the Internet (e.g., in school, at work, commercial event, etc.), while 44% (n = 85) reported similar training in 2002. It would seem as computer and Internet use increase in all areas of society, increasingly FP Conferences will be made up of participants who have access, experience, and training in Internet use. While these data are inconclusive due to sample bias and limitations of the data collection instrument, they seem to encourage FP Conference to consider the inclusion of technology to accomplish the mission of FPI.

Table 2. Internet Access and Recent Use

| Activity | 2000 (n = 230) | | 2002 (n = 196) | |
|----------------------------------|----------------|------------|----------------|------------|
| | Yes | No | Yes | No |
| Computer at Home | 186 (81 %) | 44 (19 %) | 172 (87 %) | 24 (13 %) |
| Computer at Work | 210 (91 %) | 20 (9 %) | 191 (97 %) | 5 (3 %) |
| | 2000 (n = 229) | | 2002 (n = 196) | |
| Internet Access | | | | |
| | Home Only | 9 (4 %) | | 2 (1 %) |
| | Work Only | 59 (26 %) | | 43 (22 %) |
| | Both | 153 (67 %) | | 150 (77 %) |
| | Neither | 8 (4 %) | | 1 (< 1 %) |
| | 2000 (n = 224) | | 2002 (n = 196) | |
| Used Internet at Either Location | Yes | No | Yes | No |
| | 206 (92 %) | 18 (8 %) | 192 (98 %) | 4 (2 %) |

Internet Features Used Professionally

In a separate section of the survey, the Internet-users and projected users were asked to identify the rate at which they used specific Internet-related features both personally or professionally. The results of professional feature usage are summarized in Table 3. Note that those listed as providing "no answer" on Table 3 correspond to subjects self-identifying as non-users of the Internet. They were asked to skip this section of the

survey. Inquiry was made about the main features used to deliver typical distance education courses. It is noteworthy that over two-thirds of each group have used these primary features at some level.

Table 3. Internet Features Used Professionally

| Type | Frequency/Month (%) | | | | | | Plan to | No Answer |
|-----------------|---------------------|---------|---------|--------|---------|----------|---------|-----------|
| | None | 1-5 | 6-10 | 11-15 | 16-20 | >21 | | |
| 2000 (n = 230) | | | | | | | | |
| E-mail | 7 (4) | 22 (12) | 21 (12) | 10 (7) | 19 (11) | 89 (39) | 12 (5) | 50 (22) |
| FTP/Downloads | 60 (38) | 49 (31) | 15 (10) | 5 (3) | 5 (3) | 13 (8) | 9 (6) | 74 (32) |
| Search Engines | 24 (14) | 47 (28) | 25 (15) | 9 (5) | 19 (11) | 37 (22) | 8 (5) | 61 (26) |
| WWW Browsing | 40 (24) | 56 (34) | 16 (10) | 5 (3) | 16 (10) | 26 (16) | 6 (3) | 65 (28) |
| Bulletin Boards | 100 (63) | 30 (19) | 7 (4) | 1 (<1) | 5 (3) | 8 (5) | 9 (6) | 70 (30) |
| 2002 (n = 197) | | | | | | | | |
| E-mail | 1 (<1) | 14 (9) | 11 (7) | 9 (6) | 12 (7) | 110 (68) | 5 (3) | 35 (18) |
| FTP/Downloads | 49 (36) | 39 (29) | 17 (12) | 7 (5) | 7 (5) | 12 (9) | 6 (4) | 60 (31) |
| Search Engines | 13 (9) | 31 (20) | 30 (20) | 14 (9) | 14 (9) | 44 (29) | 7 (4) | 44 (22) |
| WWW Browsing | 29 (21) | 36 (25) | 20 (14) | 5 (4) | 15 (11) | 31 (22) | 4 (3) | 57 (29) |
| Bulletin Boards | 82 (60) | 30 (22) | 3 (2) | 4 (3) | 4 (3) | 9 (7) | 5 (4) | 60 (30) |

Characteristics of Internet Users

Internet use among the participants of both 2000 and 2002 does not appear to be significantly associated with employment setting, whether or not one received formal training in its use or whether one has a computer at home, at work, or both. Gender was closely associated with Internet Use among the 2000 participants ($X^2 = 3.62$, $df = 1$, $p < .057$; *Cramer V* = .129) but not so among 2002 participants. Due to low cell frequencies in the 2000 analysis, a Fischer's Exact Test was used, and the variable Gender did not reach statistical significance in its association with Internet Use in either group. When the contingency tables were examined, it seemed the direction of the association was not surprising. It appeared that among 2000 participants, slightly more men used the Internet than might be expected and slightly fewer women.

When for analysis purposes subject ethnicity was collapsed into a dichotomous variable (White and Non-white), it was significantly associated with Internet use among the 2000 participants ($X^2 = 5.68$, $df = 1$, $p < .017$; *Cramer V* = .164). Ethnicity was not significantly associated with Internet use among the 2002 participants. Among the 2000

survey's subjects, Whites reported using the Internet at a higher rate than did Non-Whites. This association between Ethnicity and Internet use corroborates findings in a similar previous investigation (Barnett-Queen, 2001).

A third finding of interest regarding demographic characteristics of Internet users, which may have achieved a significant association level in both groups had cell frequencies been higher, was Internet use by Age Range. The Age Range variable was created by grouping subject reported age into 10-year ranges beginning with ages 20 to 29. As might be expected, in each group, the lower age ranges had a higher percentage of Internet users than those in the older ranges. Details of this analysis are reported in Table 4.

Table 4. Internet Use and Age Range

| 2000 (n = 220) | Use the Internet | Do not use the Internet |
|------------------|------------------|-------------------------|
| <u>Age Range</u> | | |
| 20-29 | 58 (26 %) | 4 (2%) |
| 30-39 | 60 (27 %) | 1 (< 1 %) |
| 40-49 | 50 (23 %) | 5 (2 %) |
| 50-59 | 32 (15 %) | 4 (2 %) |
| 60-69 | 4 (2 %) | 2 (1 %) |
| Total | 204 (93 %) | 16 (7 %) |
| 2002 (n = 190) | Use the Internet | Do not use the Internet |
| <u>Age Range</u> | | |
| 20-29 | 47 (25 %) | 0 (0 %) |
| 30-39 | 59 (31 %) | 1 (< 1 %) |
| 40-49 | 36 (19 %) | 0 (0 %) |
| 50-59 | 42 (22 %) | 0 (0 %) |
| 60-69 | 3 (2 %) | 2 (1 %) |
| Total | 187 (98 %) | 3 (> 2 %) |

% indicates % of total within Conference Year.

Internet Access

Employment setting, age range, Internet training, and gender were not significantly associated with subject reports on location of access to the Internet. While the association of the variables Internet Access with Internet Use seems apparent, it was interesting to find that in both the 2000 and 2002 groups the relationship was strongest when the subject reported having access to the Internet both at work and home. Participant data of Internet Access's relationship with Internet Use are reported in Table 5.

Table 5. Internet Access and Internet Use

| 2000 (n = 223) | | |
|-----------------|--------------|-----------|
| | Internet Use | |
| | Yes | No |
| Internet Access | | |
| Home Only | 8 (4 %) | 1 (< 1 %) |
| Work Only | 47 (21 %) | 10 (5 %) |
| Both | 144 (65 %) | 5 (2 %) |
| Neither | 6 (3 %) | 2 (1 %) |
| 2002 (n = 195) | | |
| | Internet Use | |
| | Yes | No |
| Internet Access | | |
| Home Only | 2 (1 %) | 0 (0 %) |
| Work Only | 40 (21 %) | 3 (< 2 %) |
| Both | 149 (76 %) | 0 (0 %) |
| Neither | 0 (0 %) | 1 (< 1 %) |

Three additional variables were found to have important associations with the variable Internet Access in either both Conference groups or one group, each approaching significance, but due to low cell frequencies, the findings must be considered with caution. In addition to Ethnicity, subjects were asked both if a computer was personally owned and if a computer was in the workplace. As with Internet Use, among 2000 participants, whether or not the subject reported computer access to the Internet at dual locations (i.e., home and work) was closely associated with Ethnicity. Regardless of significance level, the non-White 2000 participants reported having less access to the Internet than did White participants. This finding collaborates results in a similar study

(Barnett-Queen, 2001). Subject data of interest on Internet Access are reported in Tables 6 and 7.

Table 6. Internet Access and Location of Subject Computer

| 2000 (n = 229) | | | | |
|------------------------|-------------------------|-----------|-------------------------|-----------|
| <u>Internet Access</u> | Computer at Home | | Computer at Work | |
| | Yes | No | Yes | No |
| Home Only | 9 (4 %) | 0 (0 %) | 4 (2 %) | 4 (2 %) |
| Work Only | 21 (9 %) | 38 (17 %) | 53 (24 %) | 6 (3 %) |
| Both | 153 (67 %) | 0 (0 %) | 147 (65 %) | 4 (2 %) |
| Neither | 2 (1 %) | 6 (3 %) | 5 (2 %) | 2 (1 %) |

| 2002 (n = 195) | | | | |
|------------------------|------------|-----------|------------|-----------|
| <u>Internet Access</u> | Yes | | Yes | |
| | Yes | No | Yes | No |
| Home Only | 2 (1 %) | 0 (0 %) | 1 (< 1 %) | 0 (0 %) |
| Work Only | 20 (10 %) | 23 (12 %) | 42 (22 %) | 1 (< 1 %) |
| Both | 148 (76 %) | 1 (< 1 %) | 146 (75 %) | 4 (2 %) |
| Neither | 1 (< 1 %) | 0 (0 %) | 1 (< 1 %) | 0 (0 %) |

% are within Conference Year's category.

Table 7. Ethnicity and Internet Access

| 2000 (n = 215) | | |
|------------------------|------------------|--------------|
| <u>Internet Access</u> | Non-White | White |
| | | |
| Home Only | 4 (2 %) | 5 (2 %) |
| Work Only | 31 (14 %) | 23 (11 %) |
| Both | 51 (24 %) | 93 (43 %) |
| Neither | 6 (3 %) | 2 (1 %) |

| 2002 (n = 193) | | |
|------------------------|------------------|--------------|
| <u>Internet Access</u> | Non-White | White |
| | | |
| Home Only | 0 (0 %) | 2 (1 %) |
| Work Only | 20 (10 %) | 21 (11 %) |
| Both | 58 (30 %) | 91 (47 %) |

| | | |
|---------|-----------|---------|
| Neither | 1 (< 1 %) | 0 (0 %) |
|---------|-----------|---------|

Attitudes toward Internet Use for Continuing Education

All participants were asked for opinions about whether required CEUs delivered on the Internet was a good idea and if such CEUs were available, given equipment availability, access to the Internet, and any necessary training, the likelihood of personal enrollment. In response to the inquiry about whether one favors putting required professional CEUs on the Internet, 142 (64%) of 2000 respondents agreed, while 33 (15%) were neutral, and 47 (21%) disagreed. The responses to the same question in 2002 were similar: 122 (63%) agreed, 34 (17%) were neutral, and 39 (20%) indicated it was not a good idea. When asked if under optimal circumstances would a research participant enroll in such CEU events, 60% ($n = 133$) of 2000 respondents indicated agreement, 16% ($n = 35$) had no opinion, and 24% ($n = 52$) reported no interest in enrollment. Likewise, in 2002, when research participants were asked the same question about Internet-based CEU enrollment, 59% ($n = 114$) indicated willingness to enroll, 19% ($n = 37$) were neutral, and 22% ($n = 43$) indicated no willingness to enroll.

The 5-choice Likert variables for subject attitudes toward putting CEUs on-line and enrolling in such CEUs were collapsed into 3 categories for analysis purposes (agree, neutral, disagree). The overall results indicated that about two-thirds (2000 = 61.7%; 2002 = 61.9%) of each year's conference attendees thought putting required CEUs on-line was a good idea and 57% of each year's participants indicated they would enroll in such CEUs. Again, one is struck by the consistency of responses across conference years.

Only the collapsed variable Ethnicity for the conference year 2002 was significantly associated with Opinions about CEUs on the Internet ($X^2 = 6.239$, $df = 2$, $p < .044$; *Cramer V* = .180). Upon examination of reported and expected cell frequencies (Table 8), the number of both Non-whites and Whites indicating agreement with putting CEUs online was much higher than expected. No other variables (e.g., Access to Internet, Gender, Age Range, etc.) were significantly associated with opinions about CEUs on the Internet or likelihood of enrollment in such CEUs. Subject data of interest of the Internet Use for Continuing Education variable are reported in Tables 8, 9, 10, and 11.

Table 8. Ethnicity and Internet-Based CEU Opinions

| 2000 (n = 208) | | | 2002 (n = 206) | | |
|--|-----------|-----------|------------------|-----------|-----------|
| CEUs on Internet | Non-White | White | CEUs on Internet | Non-White | White |
| Agree | 54 (26 %) | 77 (37 %) | Agree | 58 (30 %) | 63 (33 %) |
| Neutral | 16 (8 %) | 16 (8 %) | Neutral | 10 (5 %) | 23 (12 %) |
| Disagree | 18 (9 %) | 27 (13 %) | Disagree | 11 (6 %) | 27 (14 %) |
| $X^2 = 6.239, df = 2, p < .044; \text{Cramer } V = .180$ | | | | | |
| 2000 (n = 208) | | | 2002 (n = 206) | | |
| Enroll in CEU | Non-White | White | Enroll in CEU | Non-White | White |
| Agree | 52 (25 %) | 69 (34 %) | Agree | 51 (28 %) | 62 (33 %) |
| Neutral | 16 (8 %) | 19 (9 %) | Neutral | 13 (7 %) | 23 (12 %) |
| Disagree | 21 (10 %) | 29 (14 %) | Disagree | 14 (7 %) | 28 (15 %) |

% are within Conference Year's category.

Table 9. Gender and Internet-Based CEU Opinion

| 2000 (n = 217) | | | 2002 (n = 193) | | |
|------------------|------------|-----------|------------------|-----------|-----------|
| CEUs on Internet | Female | Male | CEUs on Internet | Female | Male |
| Agree | 114 (53 %) | 25 (12 %) | Agree | 99 (51 %) | 22 (11 %) |
| Neutral | 26 (12 %) | 7 (3 %) | Neutral | 27 (14 %) | 6 (3 %) |
| Disagree | 43 (20 %) | 2 (1 %) | Disagree | 31 (16 %) | 8 (4 %) |
| 2000 (n = 215) | | | 2002 (n = 192) | | |
| Enroll in CEU | Female | Male | Enroll in CEU | Female | Male |
| Agree | 108 (50 %) | 21 (10 %) | Agree | 94 (49 %) | 19 (10 %) |
| Neutral | 27 (13 %) | 8 (4 %) | Neutral | 27 (14 %) | 9 (5 %) |
| Disagree | 46 (21 %) | 5 (2 %) | Disagree | 35 (18 %) | 8 (4 %) |

% are within Conference Year's category.

Table 10. Training in Use of Internet and Internet-Based CEU Opinions

| 2000 (n = 184) | | | 2002 (n = 191) | | |
|------------------|-----------|-----------|------------------|-----------|-----------|
| CEUs on Internet | Training | | CEUs on Internet | Training | |
| | Yes | No | | Yes | No |
| Agree | 37 (20 %) | 81 (44 %) | Agree | 54 (28 %) | 65 (34 %) |
| Neutral | 8 (4 %) | 21 (11 %) | Neutral | 15 (8 %) | 19 (10 %) |
| Disagree | 8 (4 %) | 29 (16 %) | Disagree | 15 (8 %) | 23 (12 %) |

| 2000 (n = 182) | | | 2002 (n = 190) | | |
|----------------|-----------|-----------|----------------|-----------|-----------|
| Enroll in CEU | Training | | Enroll in CEU | Training | |
| | Yes | No | | Yes | No |
| Agree | 33 (18 %) | 78 (43 %) | Agree | 51 (27 %) | 60 (32 %) |
| Neutral | 10 (6 %) | 23 (13 %) | Neutral | 18 (10 %) | 19 (10 %) |
| Disagree | 9 (5 %) | 29 (16 %) | Disagree | 14 (7 %) | 28 (15 %) |

% are within Conference Year's category.

Table 11. Age-Range and Internet-Based CEU Opinion

| 2000 (n = 218) | | | | | | |
|----------------|------------------|----------|-----------|----------------|----------|-----------|
| Age Range | CEUs on Internet | | | Enroll in CEUs | | |
| | Agree | Neutral | Disagree | Agree | Neutral | Disagree |
| 20-29 Years | 42 (19 %) | 9 (4 %) | 13 (6 %) | 39 (18 %) | 11 (5 %) | 14 (7 %) |
| 30-39 Years | 33 (15 %) | 13 (6 %) | 15 (7 %) | 32 (15 %) | 11 (5 %) | 17 (8 %) |
| 40-49 Years | 34 (16 %) | 6 (3 %) | 11 (5 %) | 33 (15 %) | 5 (2 %) | 13 (6 %) |
| 50-59 Years | 26 (12 %) | 4 (2 %) | 6 (3 %) | 23 (11 %) | 5 (2 %) | 7 (3 %) |
| 60-69 Years | 5 (2 %) | 0 (0 %) | 1 (< 1 %) | 5 (2 %) | 0 (0 %) | 1 (< 1 %) |

| 2002 (n = 189) | | | | | | |
|----------------|------------------|----------|----------|----------------|-----------|----------|
| Age Range | CEUs on Internet | | | Enroll in CEUs | | |
| | Agree | Neutral | Disagree | Agree | Neutral | Disagree |
| 20-29 Years | 29 (15 %) | 9 (5 %) | 10 (5 %) | 26 (14 %) | 10 (5 %) | 12 (6 %) |
| 30-39 Years | 36 (19 %) | 14 (7 %) | 9 (5 %) | 29 (15 %) | 16 (9 %) | 14 (7 %) |
| 40-49 Years | 22 (12 %) | 5 (3 %) | 8 (4 %) | 23 (12 %) | 3 (2 %) | 8 (4 %) |
| 50-59 Years | 27 (14 %) | 6 (3 %) | 9 (5 %) | 30 (16 %) | 5 (3 %) | 7 (4 %) |
| 60-69 Years | 5 (3 %) | 0 (0 %) | 0 (0 %) | 4 (2 %) | 1 (< 1 %) | 0 (0 %) |

% are within Conference Year's category.

Topics for Internet CEU Events

Survey respondents each year indicated preferences for potential topics for on-line CEU events. Participants were given 4 topics from which to choose as well as space on the survey to submit write-in topics. Survey data on potential topics of interest for Internet CEU events are reported in Table 12.

Table 12. Topic Preferences for Internet-Based CEU Events

| Conference Year Topic | 2000 (n = 224) | | 2002 (n = 196) | |
|--------------------------|----------------|------------|----------------|------------|
| | Yes | No | Yes | No |
| Administration | 77 (34 %) | 147 (66 %) | 64 (33 %) | 132 (67 %) |
| Supervision | 98 (44 %) | 126 (56 %) | 76 (39 %) | 120 (61 %) |
| Direct Practice | 140 (63 %) | 84 (37 %) | 118 (60 %) | 78 (40 %) |
| Ethics | 137 (61 %) | 87 (39 %) | 112 (57 %) | 84 (43 %) |

% are within Conference Year's category.

Discussion and Application

Independent variables central to this study, along with important dependent variables associated with interest in the Internet as a method for obtaining professional CE were put into logistic regression models to determine if any were predictive. Unfortunately, with samples of these sizes, too many low frequency and empty cells prevented meaningful findings.

Most FP respondents reported access to the Internet. Approximately 99% (n = 227) reported such access in 2000 and 99% (n = 195) at the 2002 FP Conference. Reports of use of the Internet were at similar levels. Among all 2000 survey participants, 206 (92%) reported having used the Internet and in 2002 192 (98%). Compared to other similar studies among human service professionals, FP Conference participants appear to have greater access and higher use of the Internet than did licensed social workers in Texas and New Mexico. Barnett-Queen (2001) reported that 87% of respondents (licensed bachelor's and master's-level social workers in New Mexico) had access to the Internet at home, work, or both and that 71% indicated use of the Internet for personal or professional purposes. The Texas study of licensed social workers (Peters & Romero, 1998) did not inquire about access to the Internet, but only 44% of their respondents reported use of the Internet for personal or professional reasons. It seems probable that if these studies were replicated in 2002, rates would be higher; however, even when the New Mexico study's (2001) findings are compared with the 2000 FP results, the earlier study's Internet usage rates lagged behind slightly.

Training in the use of the Internet rose sharply among respondents from the 2000 to the 2002 inquiry. In 2000, FP attendees reported that 24% ($n = 56$) had received some type of formal training in the use of the Internet. However, in the 2002 investigation, 44% ($n = 85$) reported having received such training. While the Texas study (1998) did not investigate this variable, 39% of New Mexico licensed social workers (2001) who participated in a similar study reported receiving training in the use of the Internet. While one cannot draw firm conclusions about this upward trend in training, it would seem reasonable to expect that as the Internet becomes used more widely in public and private education, more and more FP attendees, in the future, will have participated in some type of Internet educational activity. Anticipating such experiences might point toward the need for FPI to further integrate the use of technology in the pursuit of its CE mission.

Among the limited demographic variables on which data were collected in the two FP studies, three surfaced as important descriptors of Internet Users. Among 2000 respondents, Gender, while not rising to the level of statistical significance, seemed to be an important variable. A higher rate of males ($n = 36$; 100%) reported using the Internet for professional or personal purposes than did females ($n = 166$; 91%). However, 2002 findings revealed greater equality between the sexes. In 2002, female respondents used the Internet at a higher rate than males and their 2000 counterparts ($n = 156$; 99%) while male reported use slipped to 94% ($n = 34$). While the rate changes were not great from year to year, it is important to note that among FP conference attendees, there does not appear to be a digital divide between females and males. Reports among Texas and New Mexico licensed social workers indicated similar rates of use between females and males (Peters & Romero, 1998; Barnett-Queen, 2001).

Like the findings reported among New Mexico licensed social workers (Barnett-Queen, 2001), Ethnicity was found to be significantly associated with Internet Use among the FP 2000 survey participants. Whites reported using the Internet at a significantly higher level than did other ethnic groups when examined as a whole. Ninety-six percent ($n = 115$) of White FP participants in 2000 reported Internet Use whereas 88% ($n = 79$) of Non-white participants indicated such use. In 2002 the rates between the two ethnic groups were: 96% ($n = 76$) of Non-white respondents reported Internet Use as did 99% ($n = 113$) of Whites. Even though the same association was not found among 2002 FP participants, it seems these findings suggest that if FPI decided to deliver some CEU events on the Internet, being sensitive to the possible discrepancy in Internet Use among ethnic minorities would be prudent.

The third important demographic characteristic of Internet Users in this study was Age-Range (Table 4). While not statistically significant due to low numbers in each sample,

both participant groups showed strong evidence that higher rates of Internet Use exist among the younger conference attendees who participated in the study. If the trend holds, as time goes on, as indicated by other variable descriptions, the use of the Internet by FP conference attendees will become ubiquitous. This evidence would seem to lend itself to the argument that FPI should consider the use of technology in general and the Internet in specific as one set of media for accomplishing its CE mission.

Internet Access appears to be another variable FPI should attend to among ethnic groups if it attempts to use the Internet as a delivery method for CEU offerings. As reported in Table 7, in both data collection groups (i.e., 2000 and 2002), Non-whites reported lower rates of access to the Internet overall than did Whites. While this association did not rise to the level of statistical significance in either year as it did in the New Mexico social worker study (2001), considering how to address the possible discrepancy if FPI decides to venture into on-line CEU offerings would be prudent. As with New Mexico licensed social workers, in order to successfully meet the professional education needs of constituents, steps should be taken to address the disparity of Internet Access.

As in the previous studies, a strong majority of FP participants in 2000 and 2002 favored using the Internet to deliver professional CE opportunities. Approximately two-thirds of all respondents indicated a favorable opinion for such offerings. While a slightly lower rate, 57% of the two surveys' participants showed enough interest in on-line CEU events that given access, training, and equipment, they would enroll in such events. It is quite interesting, when considered in light of possible limited ethnic minority access to the Internet, that this study found a significant statistical relationship between Ethnicity (dichotomous variable) and opinions about offering professional development opportunities on-line. Non-white FP participants in the 2002 data collection (as well as Whites) were found to have higher rates of agreement with doing so than might be expected (Table 8). This finding further augments the need to address possible discrepancies of the FP constituency if the Internet is ventured into as a delivery method for CEUs.

Since most FP constituents appear to have Internet Access and to have used the Internet for professional or personal reasons, and given the level of interest expressed in the 2000 and 2002 surveys, there seems to be support in this organization for the development of professional development opportunities delivered on-line. It seems reasonable to argue from these findings, especially since they are widely supported by the findings of the Texas (Peters & Romero, 1998) and New Mexico (Barnett-Queen, 2001) studies among social workers, that FPI and its Board of Directors should actively pursue offering a limited number of CEU opportunities that utilize the Internet as a delivery method. Given the relative Internet-technology sophistication of its affiliates, and that its conference

participants come from vast regions of the country, venturing into on-line continuing education may be worth the effort. Any such efforts should be accompanied by forms of distance education skills training to increase the likelihood of enrollment and completion of such on-line events. Further, efforts should be made to support FPI constituents' access to on-line continuing education. While such events should not be offered to supplant the FP Annual Conference, they should be undertaken to support and extend the efforts made by FPI to achieve its professional development mission among family preservation workers.

Recommendations for Future Research

As recommended in 2001 (Barnett-Queen), future research needs to focus on three major issues. Larger samples would raise the validity and importance of findings of future studies in this area. Similar studies among FP Conference attendees should attempt to obtain higher participation rates. And finally, efforts should be made to standardize the data collection instrument in order to increase its validity and reliability as a data collection device. In addition, additional knowledge is to be gained by future studies focusing on topics preferred for CEUs on the Internet and what design issues need to be addressed to make such educational opportunities as user-friendly as possible. Finally, an investigation of those who indicated CEUs on the Internet is not a good idea could be useful: what reservations they have might prove instructive to future CEU development.

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The Extended Family: Reviewing an Invaluable Resource

Elaine Walton, Jini Roby, Richard Sullivan, and Amy Frandsen

During the last two decades, the extended family has been rediscovered as a viable and meaningful resource for nurturing and protecting children. The purpose of this article is to provide an historical context for involving the extended family in child welfare cases and to identify key factors influencing that involvement.

Once seen as the primary source of support for children, the extended family lost favor during several decades of emphasis on individualism. However, since the 1980s, policymakers and child welfare workers have increasingly viewed the extended family as a viable option for the placement of children at risk, as an effective decision-making mechanism, and as a source of support for children. The purpose of this article is to chronicle the involvement of the extended family in providing child welfare services and to discuss the factors associated with effective use of the extended family in protecting children at risk of abuse or neglect.

History of the Extended Family in the Child Welfare System

Reliance on the Extended Family

Historically, children without parents were placed predominately with extended family members. This policy was reflected in the Elizabethan Poor Laws that legally mandated the extended family be responsible for dependant children in the event of nuclear family disruption. Reciprocally, children were legally responsible for their parents and grandparents (Trattner, 1984). Children placed in apprenticeships outside the circle of extended families lived with the master's family, which closely resembled an extended family. Early American colonies adopted many provisions of the Poor Laws, perpetuating these arrangements (Trattner, 1984).

Distrust of the Family

Throughout the nineteenth century, economic and psychoanalytic theories contributed to a decrease in nuclear and extended families' role as caretakers for their children. As economist Adam Smith (1991) grew in popularity, so did his view of poverty as a

manifestation of individual deficit. The expectation of family sufficiency was therefore supplemented with intervention by the local government, sometimes in the form of institutionalization. In 1824, the Secretary of the State of New York issued the Yates Report, which held that the current system of home relief had led to the neglect of the morals and education of children. Yates recommended institutional care as the solution. Although some states had laws against child abuse, they were poorly applied. With the Mary Ellen case in 1875 (Hartman & Laird, 1983), child abuse came to the forefront of the national agenda. New attention to issues of child welfare increased enrollment in juvenile care facilities, state-supported orphanages, and similar institutions (Watkin, 1990). Although social workers were promoting an environmental view for social problems, psychoanalytic theory prevailed within the mental health movement directing attention to the individual, not the family. Coupled with a limited knowledge base within the social work field, the integration of a family focus became even more difficult (Hartman & Laird, 1983).

Increased Individualism

In the twentieth century, the value of the extended family diminished in the face of many social changes. The Industrial Revolution of the early 1900s brought increased industrialization and urbanization to America, creating mass emigration to the cities and, seemingly, altering forever family relationships. Improvements in transportation and communication also changed the family, allowing members to become more mobile and distant from each other. As family interaction and communication decreased, gains in average household income allowed many families to survive without dependence on the work of each nuclear and extended family member. Drive for personal growth overshadowed the collective gain and safety of the family (Schneiderman, 1979). This social movement, termed by McNutt (1997) "rampant individualism" (p. 45), has dominated American society since that time (Ben-Ari & Azaiza, 1998; Daly, Jennings, Beckett, & Leashore, 1995; Westfried, 1997; Wu, 1996). Some scholars argue that the culture of individualism is taught in schools, on television, and is exemplified in homes (Ramsey & Nelson, 1956). This individualism places little emphasis on family unity and practically eschews reciprocal responsibilities of family members (Daly, Jennings, Beckett, & Leashore, 1995), setting a trend further away from reliance on the extended family.

Child Welfare and Agency Intervention

Social changes affecting nuclear and extended families, coupled with mandatory reporting laws, brought changes to the structure of child welfare in the latter 1900s. Child welfare workers confirmed that physical, sexual, and emotional abuse and neglect

often came at the hands of family members (Brown, 1991; Garey, 1999). Research on child abuse and neglect led family systems theorists to claim that abusive and neglectful parents resulted from dysfunctional family systems (Ryburn, 1993) that were often pathogenic and threatened the health and stability of the child (Brown, 1991; Dahiyat, 1997). In fact, the extended family was perceived as an outlet for dysfunctional behaviors in the home (Kaiser, 1996), and overly involved extended families were presumed to perpetuate dysfunctional and deviant behavior within the family (Watson & Gross, 2000). Thus, theorists questioned the ability of the family to provide new or safe resources for children (Ryburn, 1993), and, increasingly, caseworkers and agencies assumed a decision-making role in child welfare cases. In this context, child welfare workers and judges generally avoided placing children in kinship networks (Berrick, 1998; Davidson, 1997). The extended family was underused, for a time, as a resource to families and children in the child welfare system.

Rediscovery of the Value of Families

Recently, an increasing number of child welfare workers have embraced a philosophical shift that focuses on the strengths, rather than the deficits, of family systems (Berrick, 1998). Davidson (1997) asserted that the family network should not automatically be viewed as the origin of parental failure. Ryburn (1993) concluded: "Families do not abuse. It is individuals who live in families who abuse (p. 6)." Research indicates that in many child welfare cases, the neglectful or abusive parent is the only dysfunctional family member, and the family system as a whole is healthy and functioning properly (Myer & Link, 1990). The perceived problems of individual members of the family do not automatically indicate the failure of the entire family system. This shift includes an increasingly optimistic view of the potential for change on the part of the abusive parents; likewise, the extended family is more frequently viewed as a vital and available resource.

Growing confidence in the extended family was manifested in 1979 when federal funds became available for kin who became foster families to children in state custody. In the 1980s, Family Preservation Services were initiated to keep children in the home and to strengthen families through the use of family and community resources. Family decisions and problem-solving methods gained respect as families were seen as experts in understanding the family and its resources. The family network continued to gain advocates in the child welfare system, and workers began to utilize the extended family as a resource in planning for the safety and well-being of children at risk.

Increasingly, policymakers and the courts have recognized the potential benefits available through the extended family and have provided means through which the

extended family can be given support and priority consideration in child welfare decisions. For example, under the Social Security Dependent Care funding, children whose grandparents are their sole or primary financial supporters are entitled to receive death and disability benefits upon the demise of that grandparent (Whiteman, 2001). Under the Indian Child Welfare Act, priority is given first to an "extended family member" for the placement of children, including grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent (U.S.C. 25 §1903(2)). In addition, under the Adoption and Safe Families Act (ASFA) of 1997, kin have priority over non-kin for the placement of children who are in need of out-of-home placement (U.S.C. 42 §675(5)(E)). Finally, at the state level, most states currently possess some statutory preference for kin (Berrick, 1998).

The Extended Family as a Resource for Children and Families

In 1930, Mary Richmond, recognized as the founder of the social casework process, contended, "The family itself continues to be the pivotal institution around which our human destinies revolve" (Hartman & Laird, 1983, p. 12). In 1953, the term "family-centered casework" was introduced at a national social work conference, where social workers were urged to consider the needs of the family and to set goals to improve family functioning (Hartman & Laird, 1983). In 1989, Jane Rowe recognized the value of the family in child welfare intervention when she stated, "We do not help the children with whom we work when we neglect the families they came from" (Ryburn, 1997, p. 80). In 1992, Nelson & Landsman similarly stated, "The best and often the only way to save children is through their families" (as recounted in Ronnau, 2001, p. 41). Indeed, the extended family has proven valuable as a superior placement choice for children, as a decision-making mechanism with detailed knowledge of the family network generally unavailable to the professional (Ryburn, 1997), and as a source of continuity and support to children.

Extended Family and Child Placement

Marked growth in the number of children in state custody was followed by an increased use of kinship care—the placement of children in state custody with extended family members. Between the years 1970 and 1997, the number of children placed with extended family members rose 76% (from 2.2 million to 3.9 million) (Grant, 2000, p. 18). As research continues to show the benefits of kinship care, the extended family continues to gain advocates (Gleeson, O'Donnell, & Bonecutter, 1997).

First and most important in the placement of children is an assurance of safety. According to Myer and Link (1990), children removed from their homes and placed with

extended family were found to be in a safer environment than if they had remained in the home. Using comparative data, Metzger (1997), Neckerman (1995), and Nisivoccia (1996) found that extended families provide safer, more stable placements for children than do traditional foster parents.

In addition to increased safety, extended family members provide support that traditional foster care and child welfare services often lack. A study conducted by Le Prohn (1994) compared relative foster parents with traditional foster parents and found that the relatives identified more strongly with all five of the foster parent roles of (1) parenting, (2) birth-family facilitator, (3) spiritual support, (4) social/emotional development, and (5) agency partner. LeProhn also concluded that relative foster parents feel they should play a more active and influential role in the lives of their foster children and feel more responsible for the health and happiness of the children in their care. Not surprisingly, Berrick (1998) found that children placed with kin were more likely than children in other settings to indicate they were "happy" or "very happy," suggesting that kinship placements can provide a safe emotional environment. Iglehart (1994) found that adolescents in a relative's care were less likely to have a serious mental health problem when compared with children in traditional foster care.

Children placed with family members benefit from security that comes from a stable placement. According to Scannapieco, Hegar, and McAlpine (1997), kinship placements last longer, are more stable, and result in fewer moves than traditional foster care. Berrick, Courtney, and Barth (1993) found that only 23% of children in kinship care had multiple placements; whereas, 58% of those residing in traditional foster care had at least one disruption (p. 59). Placement stability is linked to two main factors. First, parents are more accepting of placing their children in the home of a relative over a longer period of time (Scannapieco, Hegar, & McAlpine, 1997), and second, kinship caregivers are more committed to the children in their care (Berrick, Barth, & Needell, 1994).

The Child Welfare League of America (1994) outlined additional benefits in support of kinship placements. Kinship care supports the transmission of a child's family identity, culture, and ethnicity; helps children stay connected to siblings; and encourages families to rely on their own family members and resources. Kinship care helps children remain connected to their own communities, allowing communities to help shoulder responsibility for the children. In addition, kinship care eliminates the unfortunate stigma children may experience from being labeled "foster children."

The burgeoning preference for children to be placed with extended family has caught the child welfare system somewhat by surprise. Practice models and policies are inadequate to support the extended family and slow to respond to the growing needs of kinship

placements (Scannapieco, Hegar, & McAlpine, 1997). As a result, kinship caregivers receive less support, fewer services, and less contact with child welfare workers than do traditional foster parents (Berrick, 1998; Dubowitz, 1994). These are troublesome deficits, because kinship caregivers are usually in a disadvantaged position to begin with. Half of relative caregivers are single, and among those that are single, 85% are female. More than half of kinship caregivers are more than 50 years of age. They tend to be poorer and are more likely to be a member of an ethnic minority (p. 18). When compared with other foster parents, relative foster parents have less education; are more likely to be unemployed, retired, or otherwise out of the labor force; and are more dependent on government programs (Grant, 2000; LeProhn, 1994). These circumstances, given the benefits for the children, call for extensive efforts by the child welfare system to provide better support to effective kinship placements.

The Extended Family and Decision Making

Many states currently use the extended family as a resource in some form of a family group decision-making process. In the state of Oregon, for example, there is an explicit statutory authority for family group decision-making processes and, upon approval of the court, the decisions are binding on all parties (Oregon Revised Statutes §417.365). The extended family typically is invited to participate in meetings in which they will construct a plan for protecting the health and safety of the child. The objective is to arrive at a decision that will provide the requisite safety and the least disruption to the child's stability while supporting the child's family (Hudson, Morris, Maxwell, & Galaway, 1996; Marsh & Crow, 1998).

Support for the family group decision-making process stems from the belief that the family possesses the knowledge concerning family patterns and functioning and therefore serves as the expert regarding the family system. The family group decision-making process also places the decision-making responsibility squarely upon those who will be most affected by the decision—the family (Burford & Hudson, 2000). Ban (1993) suggested it is inappropriate for professionals to make uninformed decisions that will fundamentally and quite permanently affect an entire family system. Unfortunately, the professional's contact with the family's least functional members at a time of acute distress (Ryburn, 1993) may skew the view of the family and result in decisions that exceed the scope of the professional's abilities.

When provided with the necessary information, resources, and power, a family group will almost always make a decision to serve the safety and best interest of the child (Ryburn, 1993). Relevant information is critical. Family members bring information and

skills that would otherwise be surrendered in a professional's decision, but family members in turn require information. In a study assessing the needs of relatives in providing roles, Davidson (1997) found that most relatives involved with the children were frustrated with the small amount of information offered to them by professionals. Relatives need more information about the child's case, agency policies, timelines, court procedures, and case progress. Most relatives are unclear about the structural organization of the child welfare system—a situation that hinders the family's ability to resolve family problems (Schatz & Bane, 1991).

A family's ability to make a decision requires the knowledge of resources available to the family. Service programs to assist families of at-risk children are lacking or difficult to access (Davidson, 1997; Jackson & Morris, 1999). Kinship providers have concrete needs, especially during the initial stages of child placement. These tangible needs include specific items for the household, such as beds, cribs for infants, clothes, food, personal hygiene items, and toys. Extended family members also have a need for ongoing resources for respite care, adult advocacy, counseling, and support groups for the child and family members, day care, and role modeling and support for the child (Davidson, 1997; Schatz & Bane, 1991). Information about, and access to, resources are essential to empowering families (Jackson & Morris, 1999).

Empowering the family system has been a focus of child welfare practice since the 1970s (Schatz & Bane, 1991). It is a process of helping families identify, access, and build on their unique strengths and resources (Saleebey, 1992) in order to enhance their own competence (Fong, 1994). It is also a process of negotiating or eliminating barriers to problem solving imposed by external society (Lee, 1996). This empowerment framework helps minimize the helplessness that family members often feel within the child welfare system (Schatz & Bane, 1991) and encourages family members to believe that they can affect their lives successfully. Through empowerment of family members, unused or underused capabilities and family attributes can be uncovered and utilized to benefit the family system (Cimmarusti, 1992).

Empowering family members positively impacts the outcome of child welfare cases. In studying the effects of intensive family preservation services, Walton (1997) found that families who were entrusted to make decisions and provided intensive services had fewer open child welfare cases at a six-year follow-up. Those cases that were still open more often maintained the children in their own homes, and the cases remained open for shorter periods of time than those without the intensive family preservation services.

Involving a family system in the decision-making process can increase the range, flexibility, and creativity of possible decisions because of the family's intimate

knowledge of its own dynamics and the feasibility of the available options (Ryburn, 1993). Families also promote their own cultural norms and traditions that may be unfamiliar to the professional. Further, Nixon (2000) reported that consensus is more likely when families are given the decision-making responsibility and power. Such empowerment increases the cooperation of the family members, producing greater commitment to carrying out a plan that they helped construct. Participation also reduces anxiety and increases the trust between the parents and professionals (Lupton, 1998). The level of the parents' accountability also will depend on the influence they have had during the decision-making process (Ryburn, 1997), suggesting that greater involvement in decision making will yield greater involvement from the parents.

Extended Family and Continued Support

In addition to serving as a placement and a decision-making mechanism, the extended family can provide much needed continuity and stability even when a child has been removed from home and placed in a traditional foster care setting. This benefit is significant in serving the children's best interest at a time of crisis and minimizes the difficulty of adjusting to a new family and environment (Ronnau, 2001). Contact with the extended family also provides continued contact with the ethnic, religious, and/or racial environment that is familiar to the child; continued development of family and personal identity; and further development of already existing family relationships (Davidson, 1997; Hegar & Scannapieco, 1995). Le Prohn (1994) found that improved opportunities for association with environmental and familial references increase the chance for success in an out-of-home placement.

Extended family members also are significantly more likely than foster parents to support the continuation of contact between children and their birth parents (Merkel-Holguin, 2001). This provides a major contribution toward the goal of reunification with the biological family, which is the preferred outcome under the Adoption and Safe Families Act of 1997. Sanchirico and Jablonka (2000) affirm that maintaining contact with biological parents, through visiting and other forms of contact, is an essential step toward reunification in order to reestablish and strengthen family relationships during out-of-home placement. Parent-child contact also can increase children's well-being during out-of-home placement (Sanchirico & Jablonka, 2000).

Promoting child contact with extended family members provides further opportunities for learning and practicing appropriate behaviors and patterns of interaction within the family system. Further, encouraging family contact reduces the sense of abandonment and grief that results from out-of-home placement (Sanchirico & Jablonka, 2000). There is evidence that close family relationships are related to adolescent well-being and

competence (Liddle, 2000). Scales and Gibbons (1996) found that the presence of caring adults within the extended family positively impacts young adolescent development and that over 75% of surveyed adolescents listed an extended family member as a significant person in their lives (p. 368). Experts suggest that relatives are the most significant nonparental adults in the lives of adolescents (Scales & Gibbons, 1996).

Extended Family as a Resource to the Child Welfare System

The extended family is a welcome resource to the child welfare system, which seems forever burdened with a decreasing number of available foster homes simultaneous with an increasing demand for foster homes. Extended family placements help to alleviate this stress with open responsiveness, and financial incentives have made these placements attractive and feasible (Berrick, 1998; Dubowitz, 1994).

Within the last two decades, the child welfare system has given notable support to the extended family. In 1999, the U.S. Department of Health and Human Services (2001) reported that out of 568,000 foster care children, 26% were living with extended family members. In some states, the number of children placed in kinship foster care surpasses the number of children being placed in traditional foster care (Hegar & Scannapieco, 1995), and many states have a statutory preference for kin placements. In recognition of the benefits associated with kinship care, lawmakers and courts increasingly have supported extended family (Gleeson & Craig, 1994; Hegar & Scannapieco, 1995; Berrick, 1998). But implementation is an ongoing challenge. Child welfare workers frequently struggle with their own individual values and opinions regarding issues, such as how to retain authority while giving autonomy, when family deficits are more readily apparent than strengths and when the need to appease supervisors and administrators is more immediate than the long-term benefit for any one family.

Conclusion

Historically, the value placed on extended family as a resource has waxed and waned with an increased focus in recent years. The degree to which extended families have been, and continue to be, viewed as either a resource or a liability depends on many factors, such as political or economic theory and climate, geographic mobility, including transportation and communication, and social mores and traditions, to name but a few.

Collective values currently support a strengths-based, empowerment model of viewing families as the experts in solving their own problems and caring for their own children. Nevertheless, "rampant individualism" is still pervasive; dysfunctional families *are* often

pathogenic, and governments—including state and local agencies, as well as individual case workers—are ultimately responsible for the welfare of children.

The authors hope for a continued focus on the collective responsibility for the care and protection of children. We envision an enhanced strengths-based approach within a culture of inclusion—a collaborative system with a wide range of resources in which neither the child welfare worker nor the caretaker feels alone.

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