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Intensive family reunification services: A conceptual framework and case example

by

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Abstract

Recent federal mandates require child welfare agencies to make reasonable efforts to reunify families after out-of-home placement. Consistent with those mandates, agencies are increasingly employing techniques from family preservation services intended initially to prevent out-of-home placement. The purpose of this article is to articulate a conceptual framework and practice guidelines for family reunification services and to describe an experimental reunification program based on a family preservation model. A case example illustrates the way in which the services affected one family that participated in the experiment.

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Reunification of foster children with their biological parents is a preferred outcome in child welfare (Barth & Berry, 1987; Kadushin & Martin, 1988; Kammerman & Kahn, 1990; Stein & Gambrill, 1985). Rarely, however, have child welfare workers developed specific programs to promote family reunification (Kaplan, 1986; Pine, Krieger, & Maluccio, 1990). Even though reunification serves as one of many compelling foster care goals, it often receives short shrift. Consequently, some children remain in foster care longer than necessary (Horejsi, 1979; Maluccio, Fein, & Olmstead, 1986).

Family reunification and preservation programs were promoted by the enactment of Public Law 96-272 (United States Statutes at Large, 1981). Family preservation programs were implemented to strengthen families having children at risk of out-of-home placement. Although the findings are mixed (see, for example, Schuerman, Rzepnicki, Littell, & Chak, 1993), evaluations of these placement prevention programs suggest that many children can be safely diverted from placement and, with proper family treatment, remain in their homes (Auclair & Schwartz, 1986; Feldman, 1991; Forsythe, 1992; Fraser, Pecora, & Haapala, 1991; Henggeler, Melton, & Smith, 1992; Jones, Neuman, & Shyne, 1976; Kammerman & Kahn, 1990; Nelson, 1985; Nelson & Landsman, 1992; Szykula & Fleischman, 1985). Family preservation programs appear to prevent or delay out-of-home placement for approximately 50% of children at risk (Wells & Beigel, 1991).

Over the past decade, a series of promising family preservation programs was implemented in the State of Utah. These programs were designed to provide brief, intensive, in-home, family-focused services to families with children at risk of out-of-home placement (Callister, Mitchell, & Tolley, 1986; Fraser et al., 1991; Lantz, 1985). Because of the apparent success of these prevention programs, and that of other such programs throughout the country, an innovative program was initiated to determine whether brief family services using a similar intervention model could be employed to reunify families after a child had been placed in out-of-home care. This federally-funded project began in July, 1989, and was evaluated over an 18-month period. Compared to routine foster care casework, the reunification service was effective.

Children in the "treatment" group ($n=57$) were (a) returned to their homes with greater frequency and (b) remained in their homes for longer periods of time than children in the "control" group ($n=53$). By the end of the 90-day treatment period, 92.9% of the treatment children had returned to their homes compared to 28.3% of the control children ($\chi^2 = 48.68$ $df = 1$, $p < .001$). At the end of a twelve month follow-up period, 75.4% of the treatment children were in their homes compared to 49% of the control children ($\chi^2 = 8.18$ $df = 1$, $p < .004$). There was wide variation in the amount of time the children spent in their homes. Some were reunified at the beginning of the 90-day period, and a few were not reunified at all. Likewise, a few returned home but subsequently were placed in out-of-home care. The treatment children were in their homes an average of 72.7% of the 90 days during which they received reunification services. In contrast, the control children were in their homes 16.4% of that time ($t = 10.05$, $p < .001$). During the second of two six-month follow-up periods, treatment children were home 83.2% of the time while control children were home only 45.4% of the time ($t = 4.67$, $p < .001$).

(For a detailed description of the research methodology and results, see Walton, 1991; Walton, Fraser, Lewis, Pecora, & Walton, 1993).

The two-fold purpose of this article is to present the conceptual framework and rationale for the treatment model for this successful experiment and to describe the reunification services qualitatively using the case study method. The focus of this article is a single case, but it is important to view that case in the context of the larger project. Hence, a part of the larger study is included. To appreciate the scope of the project, however, the reader is referred to the original sources (i.e., Walton, 1991; Walton, Fraser, Lewis, Pecora, & Walton, 1993).

Conceptual Framework

The conceptual frameworks for family preservation services and for family reunification services are different. Crisis theory is key to the rationale for preventing out-of-home placements because interventions usually take place at a time when the risk of placement is high. By contrast, reunification takes place after crises have passed and a measure of stability has been achieved--which gives service delivery personnel flexibility in planning and implementing reunification services. Fewer time constraints and a greater variety of options are available. The planning and implementation of reunification services derive from beliefs and assumptions that are rooted in several well-known theories.

Maslowian Theory

Conceptually, families may be thought of as having nested needs or needs within the context of a larger hierarchy of needs. Maslow (1973) theorized that human behavior is motivated by needs and that "... needs arrange themselves in hierarchies of prepotency on a scale ranging from physiological on the bottom to self-actualization on the top; that is to say, the appearance of one need usually rests on the prior satisfaction of another, more prepotent need" (Maslow, 1973, p. 153). Maslow's theory provides an important framework within which to view family reunification.

Families most frequently in need of reunification services are "multiproblem" families with basic food and shelter needs plus what might be called "higher order" needs. Consistent with Maslow's (1973) theory, Rabin, Rosenbaum, and Sens (1982) argued that basic needs must be met before the family can be helped emotionally or behaviorally. Dumas and Wahler (1983) found that families embedded in a variety of problems associated with every-day life could not respond to psychotherapeutic treatment. In the same vein, Gilbert, Christensen, and Margolin (1984) reported that the needs of families with multiple problems are so basic that it may be difficult for family members to give interpersonal support. Because transportation is a basic

issue for families with multiple problems, it is not surprising that Bryce (1982) observed that the majority of children at greatest risk of maltreatment, delinquency, and other problems are not reached by in-office approaches. Mueller and Leviton (1986), arguing for in-home services, concluded that the effectiveness of family treatment corresponds with the degree to which a family's priorities match the priorities of the organization or agency. The priorities of the clinic may simply not be appropriate for families with multiple problems because many basic needs are ignored within the clinic setting (Kaplan, 1986).

If families seem resistant, unmotivated, or hopeless, it may be that basic needs are, in Maslow's (1954) terms, prepotent or unfulfilled. For many families, reunification services must address prepotent needs through the provision of concrete services (e.g., food, transportation, or cash assistance). Concrete services are integral rather than ancillary to family reunification, and Maslowian Theory undergirds this element of the service model.

Family Systems Theory

Systems theory, as presented by the biologist Bertalanffy (1968) and applied to social interaction by Anderson and Carter (1984), is a paradigm for organizing and assessing a family's environment. It, too, is useful in thinking about family reunification. Whether regarded as a metatheory, a framework, or a model, systems theory provides a way in which to view any dynamic, recurring process of events. Thus, it helps us to understand people, both individually and collectively, in terms of concepts such as structure, boundary, equilibrium, entropy, interaction, dependence of parts, conflict, and input and output of resources (Rodway, 1986). Systems theory fits the "person-in-situation" concept identified as the base from which the social work profession has developed, and the primary task for the therapist is "to focus on the whole system of the family, which is both the sum of its parts and their goal-directed organization" (Rodway, 1986, p. 527). Systems theory, as applied to family reunification services, is a process of identifying the systems in which a family is involved and designing solution-oriented interventions to fit those dynamics. Basic to an assessment in family reunification is the identification of strengths within the family system. It is through the family system that a reunification service should work to build resources and skills using various approaches to family intervention: (a) structural family therapy (Minuchin, 1974), (b) strategic family therapy (Madanes, 1981), (c) problem-centered therapies (Epstein & Bishop, 1981), and (d) family-centered social work practice (Hartman & Laird, 1983).

Social Ecological Theory

Just as a child's problems are nested within the family system, a family's problems are nested within a larger environment including such systems as schools, neighborhoods, churches, and

places of employment. This "system of systems" is referred to as "social ecology"--a composite of interdependent social systems organized at family, school, community, and institutional levels (Heying, 1985). Ecological theory (often referred to as eco-systems theory) may be thought of as a hybrid of systems theory. Through it, theorists endeavor to explain the ways in which the various systems accommodate each other within the context of the larger environment (Bronfenbrenner, 1979).

Bronfenbrenner (1979), the primary apologist for eco-systems theory, wove an ecological framework around the concepts of parental role, life stressors, and social supports. He argued that child-rearing practices are a function of the interplay between a person and his or her environment. Bronfenbrenner observed,

... whether parents can perform effectively in their child-rearing roles with the family depends on role demands, stresses, and supports emanating from other settings. ... Parents' evaluations of their own capacity to function, as well as their view of their child, are related to such external factors as flexibility of job schedules, adequacy of child care arrangements, the presence of friends and neighbors who can help out in large and small emergencies, the quality of health and social services, and neighborhood safety. The availability of supportive settings is, in turn, a function of their existence and frequency in a given culture or subculture. This frequently can be enhanced by the adoption of public policies and practices that create additional settings and societal roles conducive to family life (p. 7).

The creation, activation, and use of supportive strategies within the context of social systems is central to reunification. With a network of supportive resources, the family is more likely to be responsive to the worker and to acquire new skills that facilitate improved family functioning. Like Maslowian theory, ecological theory underpins the strategic use of concrete services at the beginning of the reunification effort. Successful reunification depends on successful coordination of a variety of systems-level strategies that, depending upon the unique needs of a child and her/his family, may include school, extended family, church, health care professionals, neighborhood groups, and a variety of supportive organizations.

Social Learning Theory: Skill-Focused Approach

Social learning theory emphasizes the role of skills in explaining family processes and child behavior (Bandura, 1973). According to social learning theorists, one's behavior is in large part a consequence of the reinforcement, or lack of reinforcement, that follows events in life. Through direct instruction, modeling, and contingency management (Kinney, Haapala, & Booth, 1991), the caseworker teaches a variety of skills such as communication, anger management,

problem-solving, self-control, conflict resolution, and parenting. The caseworker models the skills, and learning is reinforced with role-playing, feedback, and homework assignments. Contracts are made for specific behavior changes with corresponding rewards. Parents are coached in contracting with their children for specific behavior changes and corresponding rewards (Henggeler et al, 1992; Kinney, Haapala, & Booth, 1991).

Client-Centered Theory

Successful intervention with families requires empathy, warmth, and genuineness on the part of the therapist or caseworker. These "core conditions" are basic to Rogers' (1982) humanistic view of intervention called "client-centered theory." The term "client" as opposed to "patient" also suggests the active, voluntary, and responsible participation of the client (Rowe, 1986). From this perspective, the client is empowered as the driving force behind the treatment. The client's agenda becomes primary, and the client owns the problems. The caseworker's role is that of an enabler whose listening skills are critical in helping to release an already existing capacity for self-actualization (Rowe, 1986).

Lewis (1991) found that clinical techniques such as empathic listening and supportive responses were associated with goal attainment in delivering family preservation services. However, he found that trust-building interventions aimed at improving the family's situation and capabilities were more effective than interventions focused on the therapeutic relationship alone. In a qualitative analysis, Fraser and Haapala (1987) connected the provision of concrete services to client-therapist relationships by theorizing that the combination increases trust and client rapport. This connection may be significant in light of the findings of Jones, Neuman, and Shyne (1976) that trust is a significant service component.

Reunification Guidelines

Just as client-centered therapy by itself was not sufficient for preserving families, no theory alone is likely to be sufficient. The combination of theoretical perspectives provides a set of service guidelines for successful family reunification. These service guidelines are listed as follows:

- 1) The child's safety is always of paramount concern in reunification.
- 2) Families have hierarchical needs, and basic needs must be addressed in the initial stages of reunification.
- 3) Children are best treated within the context of the family system. Problems and strengths should be defined from a family rather than a child perspective.

- 4) The family is best treated within the context of its larger environment or social ecology which must be activated to provide support if reunification is to be successful.
- 5) Families can be taught skills to solve problems that may have led to separation and that can promote reunification.
- 6) Reunification requires a caring, trust-building client/caseworker relationship to engage parents and children and to promote social learning.

A Family-Based Reunification: Case Example

These guidelines must be manifest in a family-based program designed for the purpose of enabling families separated through out-of-home placement to be reunified. To that end, a model for intervention was developed based on the Homebuilders™ model for family preservation (Kinney, Dittmar, & Firth, 1990; Kinney, Haapala, & Booth, 1991; Kinney, Haapala, Booth, & Leavitt, 1990). Although the basic philosophy for intervention was patterned after the Homebuilders™ model, there were some important differences. The length of service was expanded to 90 days because it was hypothesized that reunification would take longer than the prevention of placement--a major focus of the Homebuilders™ model. Also, because families were not in crisis, it was hypothesized that the intensity of the service could be reduced somewhat. Consequently, the caseloads were 6 families per worker. However, the total amount of direct contact time with each family was about the same as that provided in Homebuilders-like programs (Lewis, Walton, & Fraser, in press)..

The experimental intervention was skills oriented and family-centered. It included the following elements:

- 1) Caseloads were limited to six families.
- 2) Services were brief, limited to 90 days.
- 3) Workers tried to return children to their homes at the beginning of treatment, so as to be able to work with families in their natural home settings.
- 4) Psycho-educational and behaviorally-oriented interventions were utilized by the caseworkers. These included assisting family members in managing personal problems; teaching skills such as communications, problem-solving, assertiveness, and parenting/child management; building social supports; and accessing a network of resources.
- 5) The caseworker served as both "primary therapist" and foster care caseworker for assigned cases. The caseworker arranged for or provided concrete services and the coordination of other resources.
- 6) Services were more intensive than routine foster care. Caseworkers met with families at least three times per week.

- 7) Caseworkers were available 24 hours a day, seven days a week.
- 8) Services were focused on the family rather than on the child.
- 9) A special fund was available for concrete services (i.e. housing, transportation, cash assistance, food, medical care, etc.). A maximum of \$500 could be spent per family.

Caseworkers

Seven caseworkers volunteered to provide the reunification services. Six of the seven held the Master of Social Work degree, and the seventh held a Bachelors degree in Child Development. Prior experience varied. One caseworker had more than 20 years of experience in child welfare while another had only two years of experience. All the caseworkers were male.

Prior to the experiment, two days of start-up training were provided for the caseworkers. Training included an overview of the Homebuilders™ model and skill-building techniques for promoting communication, effective parenting, attachment, and social bonding. The training was conducted by family preservation staff, the project coordinator, and a foster care supervisor.⁵

Throughout the project, caseworkers received training on the Homebuilders™ model. They also received training in strategic family therapy. Once a month workers and their supervisors met with the project coordinator. Meeting agenda included (a) staffing difficult cases, (b) instruction in data collection procedures, and (c) discussion regarding referrals for the project to ensure the random assignment process was consistently and fully implemented.

Services Provided

Fifty-seven of 110 consenting families were randomly assigned to the experimental reunification service and were transferred from routine foster care to the experimental reunification program⁶. Prior to the child returning home, the caseworker became involved with the parents and the child. Together they developed a reunification plan. During this time, the caseworker involved other systems related to the child and her/his family (e.g., the juvenile court, guardian *ad litem*,

⁵Even though the model for intervention was essentially a Homebuilders™ model, the training was not provided by a member of the Homebuilders™ program.

⁶A variety of families participated in the project. For a detailed report on the demographic features of the families, see Walton, Fraser, Lewis, Pecora, and Walton, 1993.

therapists, and school authorities). While notifying the court, the worker tried to activate a process for returning custody and guardianship of the child to the parents.

During the 90-day treatment period, the workers spent, on average, 2.5 hours a week with each family, for an average of 29.1 total face-to-face hours over the 90-day period. An additional 8.3 hours were spent providing telephone support, and 9.1 hours were spent accessing ancillary resources and doing paper work--making a total of 46.5 hours per case on average. A variety of services were provided including risk management (protective supervision), problem-solving, skills training, and the accessing of an assortment of resources including concrete services. (For a detailed report of the variety and differential use of clinical and concrete services, see Lewis, Walton, & Fraser, in press.) Toward the end of the 90 days, the treatment workers reduced the intensity of the services and attempted to reinforce the skills and techniques taught. In preparing for termination, an attempt was made to help the families anticipate future needs, and the families were advised that the worker would be available for short-term follow-up interventions if needed. At the end of the treatment period some form of less intensive follow-up services were in place for all the families. These included social services, private counseling, juvenile court supervision, parenting training, drug or alcohol treatment, and inpatient psychiatric care.

Throughout the course of treatment, workers continually evaluated the desirability of leaving the child in the home. By spending more time in homes than protective services workers, treatment workers were in a unique position to recommend removal of the child at any time. Just prior to the end of the 90-day treatment period, the worker staffed the case with the supervisor and a clinical team to determine if the case ought to be closed.

A wide array of family situations and problems was addressed in the project. It is beyond the scope of this study to provide a qualitative report reflecting that variety of problems. Through a case study method, however, the situation with one family who received the experimental service was studied in detail.

Case Study Method

The case study method is a process for analyzing a single unit. The case study is often seen as a small step toward grand generalization; however, a sample of one weakly represents the larger group. In fact, a commitment to generalize or create theory through a single case study may be damaging (Stake, 1994). Case studies that rely upon qualitative methods are desirable when researchers seek firsthand knowledge of real-life situations and processes within naturalistic settings and endeavor to gain an understanding of the subjective meanings those processes have for the subjects being observed (Jarrett, 1992).

Case studies may be intrinsic or instrumental. The intrinsic case study design draws the researcher into the phenomenological world of a unique case. Emphasis is placed on understanding what is important about the case within its own world. The instrumental case study design draws the researcher toward illustrating how the concerns of researchers and theorists are manifest in a case (Stake, 1994). These two designs were combined in the qualitative analysis of the current study. The following example, though in the spirit of case studies not generalizable, reflects the process of the intensive intervention. The case was selected purposively because it is rich in details that illustrate the way in which the integrative theories were applied.

Case Example: John and His Family

John (name changed to maintain anonymity) was 13 at the time he and his family received reunification services. John's biological father was in prison and had no contact with the family. John's relationship with his step-father was strained, and the step-father had been physically abusive. John, in turn, became abusive of his three younger siblings, which led to the involvement of Child Protective Services.

Initially, John was removed from the home and placed with a relative; but the relative abused him, and John was transferred to foster care. When the study began, John had been in foster care for six months.

The caseworker first became involved by meeting with the parents and John separately. John was large for his age and, in many ways, took on the appearance of a bully. As the caseworker began engaging John in a relationship, however, John revealed his emotional fragility. Since early elementary school, he suffered the painful rejection of peers and the criticism of teachers, who saw him as disruptive. He did not seem to belong anywhere, and he did not like himself. In foster care, he felt abandoned by his family and was eager to return home.

Although John's mother and step-father expressed love for him, they were apprehensive about his return. They were afraid they might not be able to control his violent outbursts. Moreover, the mother felt overwhelmed with the responsibility of three other children. She frequently found herself mediating conflicts between her husband and her children. She was exhausted from hearing about her children's problems (e.g., she dreaded getting calls from the school). She avoided facing family problems in a variety of ways and ignored some of her children's basic needs. Yet, at the same time, she had strengths. She had good nurturing skills and wanted John to come home.

After the mutual desires for reunification were established, the caseworker discussed with the parents their goals regarding their family in general. Then he invited the family to identify goals

specifically related to John. With specific goals and concerns identified, the caseworker spent time with the parents and John separately to negotiate plans for each goal. Even before John was returned to the home, the caseworker began teaching specific skills that would help the parents achieve these goals, one of which was learning to deal with John's angry outbursts.

After returning John to his mother and step-father, the caseworker met with the entire family together--three times per week during the first month of service, then twice a week during the second month, and once a week during the third month. It did not take long to establish the fact that all members of the family shared similar values and goals for the family. After facilitating that consensus-building activity, the caseworker helped the family identify mutually-acceptable rules that would reflect the family values and goals. The rules addressed the reason for initial intervention by children's services such as not injuring another person and respecting each other's rights and personal property. The next step in the intervention was to help the family determine appropriate rewards for obeying the rules and consequences for disobeying the rules.

The caseworker became the family's coach. He helped the parents implement the rules with natural and logical consequences. He taught family members to express their feelings assertively instead of aggressively. He taught the family how to show affection for each other. He helped John develop social skills. He also worked with John to help him in resolving the loss of his biological father. These efforts seemed to help increase John's self-confidence and the family's cohesion. At first, John's step-father was somewhat removed from services, but as the interventions became a natural and normal part of family life, he became more actively involved, and, after a few weeks, John became more involved with and attached to his step-father.

In addition to the caseworker's intervention with the family as a whole, he included John in a group of teens who were being reunified with their families after foster care. They jointly participated in a number of social activities. This social experience was refreshing and empowering for John because the group of teens shared common problems, and all had similar experiences with peer rejection. The caseworker helped them jointly to deal with those problems by facilitating their support of each other and by teaching them social skills.

The reunification process was not without set-backs. At one point John threatened his brother with a knife (as he had done prior to placement). In response, the family as a whole (with the coaching of the caseworker) sanctioned John by limiting his use of a knife for a period of time. It was determined that if John wanted to use a knife, he would have to explain his intended use for the knife and then "rent" it from his parents.

At the end of the 90-day treatment period, the family felt encouraged but termination was difficult because John had become attached to the caseworker. The caseworker gradually disengaged by helping the family obtain additional resources. Family therapy and individual therapy for John were continued through the community mental health center. Custody was

returned to the parents. At the end of the six-month follow-up period, the family was still together, and John's behavior was viewed by family members as appropriate. No additional reports of abuse were reported.

John's Family in the Context of the Child Welfare System

The case study of John and his family demonstrates some of the processes and techniques used to promote successful reunification. The worker addressed individual, family, and systemic factors which often make reunification difficult (e.g., the role of the court and the foster family or the foster care system in general). A multi-tiered intervention is required, for barriers to reunification often lie within the child welfare system. As Hartman (1990) observed, "Family reunification and re-connection are really attempts to undo the often iatrogenic damage that has been done to families and children by a system that has been unable to follow the principles of permanency planning" (p. 12).

Further, the ecological framework upon which the model is built presumes the cooperative involvement of a variety of players and the networking of a variety of resources. The spotlight for this case study is on the role of the preservation caseworker and the caseworker/family relationship, and that role/relationship is key to a successful intervention in this model. However, it is clear also that there is much more to reunification than the involvement of a skilled therapist.

Finally, the study is not intended to be generalizable. The case was chosen as an example of the experimental intervention at its best. It is a simplified version of a success story which was shared for the purpose of (a) illustrating the way in which the model is intended to work and (b) providing hope for dedicated caseworkers who are continually looking for a new idea which might help families stay together.

Theory Application

In analyzing the case example within the conceptual framework, social learning theory is easily identified. The caseworker spent much of his time teaching behavioral skills and reinforcing them in a variety of ways.

The client-centered approach of the caseworker was also evident. The intensive involvement of the caseworker with an emphasis on the client/caseworker relationship resulted in the family's report that the caseworker really cared about them, and that caring and intensive involvement was perceived as a primary factor in the change process. Moreover, it was the family's agenda that was addressed, and the emphasis on strengthening and empowering the family so that they

were not overwhelmed by their problems made it possible for the family to take responsibility for its own progress.

The relevance of family systems theory was evident from the way in which the caseworker refused to separate John's situation from the family's situation. The problem was defined as a case of family reunification--not juvenile delinquency.

Ecological systems theory was central to John's return home. It was clear that John was struggling to find a fit for himself in society--not just his family. The caseworker's intervention focused on John's school situation and his relationship to his peers. Through a group work approach, he helped John establish a new network of supportive peers.

Maslow's hierarchy of needs theory was less evident in this case example. John's family, though struggling, had fiscal resources, and the caseworker provided little in the way of concrete services. The issue of concrete needs most clearly defined the difference between John's family and the "typical" family in the study. With many families, particularly those referred for neglect, concrete needs were evident. John's caseworker helped other families with some very basic needs. For example, he helped one family paint the inside of their house. He put locks on doors and locks on cupboards in an effort to protect small children. He provided transportation for children to school and to therapy. He helped another family obtain needed furniture and yet another find an apartment (providing the first month's rent and the deposit). For still another family he purchased basic food items. But for John's family this was not necessary.

Discussion

The application of social and behavioral sciences theories to the design of child welfare services is not commonplace. Services often arise in a theoretical vacuum, and theory is applied in retrospect to explain services that appear to work or that somehow find a place in the mosaic of child welfare programs.

This case study diverges from this tradition in part. In designing guidelines for a reunification service, five theories were integrated: Maslowian hierarchy of needs, systems theory, ecological theory, social learning theory, and client-centered theory. These theories serve as referent points for developing a service model that includes emphasis on building collaborative relationships with family members, the provision of concrete services to meet the physical and safety needs of children and their parents, and the use of in-home instruction in family decision-making, parenting, and other skills for family problem-solving.

Because this project focused on helping families who had already failed in the context of family preservation, it was anticipated that a number of parents would be reluctant to try again to solve

their problems. Moreover, it was assumed that many of the children would be jaded about treatment and hostile to workers. For the most part, these assumptions were incorrect. Parents and children were eager to reunify as long as they had the support and assistance of a worker.

With careful protective supervision and in-home training, service appears to have been successful. As shown in the anecdotal accounts of "John," brief, family-centered intervention can (a) bridge service gaps, (b) provide for concrete needs, and (c) train family members in new skills.

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