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## A Model for Family Preservation Case Assessment

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*The outcomes of family preservation practice have been researched and debated. The effectiveness of family preservation is still inconclusive and many of the findings may only be inferred to specific situations. Few studies have addressed the assessment techniques or outcome factors from a qualitative perspective. This article synthesizes current literature, research and practice, and proposes a practice framework with questioning techniques to assist practitioners in assessing the strengths and characteristics of a family, and making decisions on whether or not family-based services are appropriate for the family. Two actual cases are presented to illustrate how the worker can benefit from having the assessment data derived from this model.*

**Key Words:** Family Preservation; Assessment Model; Child Protection; Case Analysis; Workers' Characteristics; Family Characteristics

The rising need for child abuse prevention was especially visible during 1973 and 1974 when the Child Abuse Prevention and Treatment Act (P.L. 93-247) was introduced, debated and passed. It marked a formal beginning of a national initiative that focused solely on child protection. Another major child protection legislation, the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) further mandated the states to implement action plans that would prevent unnecessary out-of-home placements for at-risk children. Subsequently, home-based services have become an alternative to out-of-home placements that helped children who have been abused and/or neglected. The Family Preservation and Support Act of 1993 further encourages the use of home-based therapy and intensive family service as a favorable option to out-of-home services because of its emphasis on maintaining the integrity and functioning of the family (Tracy, Whittaker, Pugh, Kapp, & Overstreet, 1994), its focus on children's needs within their environments (Thieman & Dail, 1992), and its establishment around a family-centered service continuum rather than a uni-dimensional child-focused action (Pecora, Fraser, Nelson, McCroskey, & Meezan, 1995).

The purpose of this article is to examine the knowledge, skills and values that are required to generate conversations between the caseworker and the client, and exemplify the necessary



components in family preservation interventions. An assessment model with questioning techniques for examining case effectiveness is derived from this analysis. Based on two actual cases, challenges faced in family preservation practice are illustrated and analyzed with this model. Because of the complexity of family dynamics, these cases also reflect on how caseworkers can provide the same intervention to different families yet ultimate outcomes may be positive in one case and negative in the other case.

### Historical Development of Family Preservation

Before a framework can be developed, the history and conceptual ideas of family preservation practice should be identified. As a concept in social work practice, "family preservation" exemplifies the importance of keeping families together; as an intervention method, it includes a variety of services delivered to the client's home that purposefully serve the entire family and intensively provide counseling and guidance for the individual members. These services are commonly referred to as "home-based," "family-centered," and "short-term intensive family preservation" services (Kaplan & Girard, 1994; MacDonald, 1994).

The family service movement in the 1990s stresses the importance of family support and the delivery of diverse services to enhance families' capability to achieve maximum independence. In social work, working with families has been the primary focus of practice. The family-centered focus has established its root in the profession since its colonial times; from the Public Health Movement in the 1850s, the Settlement House Movement in the 1880s, the aftercare work of the Mental Health Movement in the 1900s, the Social Security Movement of the 1930s, the Family-Centered Practice Movement in the 1950s, the Family Movement in the 1970s, the Family Preservation Movement in the 1980s, to the establishment of Family-Centered Services in the 1990s (Hartman & Laird, 1983; Maluccio, 1991; Trattner, 1989). In child protection, the child-centered model has shifted to family-centered -- motivating the entire family for positive change (Whittaker, 1991). This family-focused value is based on the philosophy that given appropriate guidance, families have the strengths and potential to master their own environments, including being responsible parents. Although family intervention methods used by caseworkers may vary, the most important value supporting the continuation of family-based services -- its emphasis on family strengths and potential -- has not changed.

### Knowledge, Skills and Values of Family Preservation

Current literature describes family preservation as a short-term, prevention-focused approach to help families restore functioning. Family preservation practitioners who are trained specialists in family interventions maintain a consistent value toward preserving the integrity of the family. Based on a family-based orientation, three key determinants to effective family preservation practice are knowledge, skills and values. The following literature review defines the functions of each of these determinants and identifies a set of critical components for the development of an assessment model.



## **Knowledge**

Family preservation programs have been regarded as a preferred option to serve families with children who are at imminent risk of out-of-home placement. According to Ronnau and Marlow (1993), more than 25 states and 333 programs are offering programs that treat the entire family before considering other options such as out-of-home placement. Determined by the needs and strengths of the family, family preservation services may take many forms and approaches—each serves to keep families together through preventive and collaborative efforts.

According to Maluccio (1991), family preservation services include (1) family resource, support, and education services, (2) family-centered counseling and parenting skill-building services, and (3) intensive family-centered crisis services. These services are based on at least seven theoretical approaches. First, *crisis intervention* is a focal perspective of helping the family in times of a crisis. It emphasizes the use of intensive focused help for each of the family members so that the family will move toward positive change. Second, using the *family systems theory*, family preservation programs identify the dynamic relationships and the adjustment processes that help maintain a family's functions and structure. Third, *social learning theory* suggests that parenting skills can be learned and anger management can be self-directed with appropriate assistance and guidance. Fourth, family preservation is supported by an *ecological perspective* that analyzes human behaviors, social functioning, and their relationships with the multi-faceted environment. Fifth, similar to the family systems approach, a *developmental life-cycle perspective* is adopted as a framework to help the family outline its members' needs, problems, and possible solutions. Sixth, family preservation is a *strength-focused approach* that stresses people's innate drive to achieve competence and focuses on utilizing families' strengths in resolving problems. Seventh, family preservation is a result of the *permanency-planning model* established in the field of child welfare. This model is aimed at promoting a child's growth, physical and mental functioning, and contracting with the family to facilitate decision-making and goal-setting behaviors (Maluccio, 1991; Leung, Cheung, & Stevenson, 1994).

## **Skills**

Social workers' skills applied to family preservation cases include: (1) utilizing available resources in the family networks; (2) linking formal and informal resources to the socially isolated family; (3) coordinating concrete and clinical services among the helping professions to assist the family in crisis; (4) assessing problems and identifying solutions based on family strengths; (5) counseling individual members as well as the family as a unit toward

permanency planning goals; and (6) teaching family members life skills such as parenting, problem-solving, communication and behavior management (Friedman, 1991; Maluccio, 1991).

### Values

MacDonald (1994) uses a question to start her criticism of family preservation: "Can a single welfare mother who has been beating her children, or failing to feed and bathe them, be turned into a responsible parent as the result of a one-to-three month infusion of counseling, free food, cash, furniture, rent vouchers, and housekeeping services--all at public expense?" (p.45). Her argument was based on case examples with negative outcomes and the lack of scientific evidence in the field to support the positive outcomes of family preservation. Ironically, her discussions cannot present the "scientific evidence" to prove the failure of family preservation. While it is true that family preservation is an "ideology" that "embraces a nonjudgmental ethic of support for all "families" "(MacDonald, 1994, p.45), it is also true that family preservation is a reality that instills hope in families and provides alternatives to family members who want to actualize their hopes and accept responsibilities. This reality can only be achieved if child welfare professionals believe in its actualization and if families believe in their potential for change.

The values of family preservation serve as guiding principles in practice. As described by Ronnau and Marlow (1993) and codified by the Family Preservation Institute, these values include: (1) "People of all ages can best develop and their lives be enhanced, with few exceptions, by remaining with their family or relying on their family as an important resource"; (2) "The family members' ethnic, cultural, religious background, values, and community ties are important resources to be used in the helping process"; (3) "The definition of "family" is varied, and each family should be approached as a unique system"; (4) "Politics at the local, state, and national levels should be formulated to strengthen, empower, and support families"; (5) "The family members themselves are crucial partners in the helping process"; (6) "Family members should be recognized as being in charge in order to resolve their own problems and avoid dependence upon the social service system"; (7) "The dignity and right to privacy of all family members should be respected"; and (8) "Families have the potential to change and most troubled families want to do so" (p.540-541).

Although it is important to have trained specialists handling cases that require intensive treatments, the literature also identifies a set of outcome criteria to determine service priorities. Using the following case examples, the authors intend to address how outcome criteria are connected to practice.



### A Framework for Family Preservation Practice

The literature review of current research provides two sets of objective criteria for assessing the relationship between the caseworker's ability to intervene in family preservation cases and family characteristics. The first set is the worker's knowledge, skills and values toward helping at-risk children and their families. The second set is the characteristics of the family system.

Evaluating case outcomes is a practitioner's job. Thieman and Dail (1992) evaluated a statewide family preservation program and assessed the risk of out-of-home placement for 995 families. Three types of risk were factor analyzed: parent-centered risk, child-centered risk, and economic risk. Significant factors of parent-centered risk includes adult relationships, parent's mental health, child care knowledge, motivation, length of parenting experience, use of physical punishment, and use of verbal discipline. Although a child's psychological health is not easily recognizable as a risk factor, this risk is indicated by a child's mental health, school adjustment, delinquent behavior, and home-related behavior. Significant economic risk factors include residence, living conditions, financial problems, and physical needs of a child. As the risk assessment instrument did not predict out-of-home placement, the researchers in the study suggested that these risk factors, which have been used to assess "at-risk" families, can also be used to evaluate service outcomes when combined with both quantitative and qualitative methods of data collection. These "multiple methods of assessment ... with a view toward obtaining the clearest possible picture of the level of functioning of the family" (p.190) allow the practitioner to identify interventions that best suit the family's and its members' needs.

Based on the strengths approach (see Leung, Cheung & Stevenson, 1994) and the research findings reported in a recent study (Pecora, Fraser & Haapala, 1992), a questioning model was developed. The use of worker's characteristics and family characteristics as the assessment criteria is aimed at formulating questions for caseworkers to evaluate the appropriateness of intensive home-based services and identify the missing components to success. These questions can be used as a basis for assessing the risk factors in the family and determining the need for other services including an out-of-home placement.

The Conceptual Framework for Family Preservation Practice is presented in Table 1 on the next page. Following Table 1 is a detailed outline of the necessary competencies required of all parties. After the outline, we present applications of the Assessment Model.

**Table 1.**  
**A Conceptual Framework for Family Preservation Practice**  
**WORKER'S COMPETENCIES**

FAMILY CHARACTERISTICS	A. Knowledge	B. Skills	C. Values
1. Adult History and Functioning	(1) Childhood History (2) Victimization During Adulthood (3) Violence in Relationships (4) Alcohol and Other Drug Abuse (5) Adaptive Functioning (6) Self-Concept (7) Communication (8) Health	(1) Assessing How the Adult's Functioning Affects the Family (2) Analyzing the Adult's Past and Present Problems	(1) People Can Change
2. Parenting Ability	(1) View of Child (2) Expectations (3) Discipline (4) Knowledge of Child Development (5) Physical Care (6) Emotional Care	(1) Providing Alternatives	(1) Hope Can Be Instilled (2) Parenting Skills Can Be Learned
3. Child Functioning	(1) Child's Behavior (2) Child's Psychological Functioning (3) Child's Development (4) Child's Health (5) Child's Alcohol and Other Drug Abuse	(1) Identifying Unmet Needs (2) Reducing Risk of the Child	(1) Stay in the Home Environment
4. Family Functioning	(1) Role Integrity (2) Interaction (3) Home Climate (4) Relationships Outside the Home (5) Resources (6) Response to Intervention	(1) Identifying Strengths and Limitations (2) Providing Treatment (3) Evaluating Outcomes	(1) The Family Can Be Empowered (2) Change Can Be Predicted



A. **Knowledge Competencies in Assessing Family's Characteristics**1. **Knowledge: Adult History and Functioning**

- (1) **Childhood History**  
What is the quality of this person's childhood experience?  
How does the childhood history affect this person's current functioning intellectually, emotionally, mentally and physically?
- (2) **Victimization During Adulthood**  
Is there any history of victimization as an adult?  
To what extent is this person capable of protecting him/herself?
- (3) **Violence in Relationships**  
Is there any history of violence in relationships?  
Who are the victims?  
How severe and frequent is the violent behavior?
- (4) **Alcohol and Other Drug Abuse**  
Is this person using alcohol (consider the amount, frequency, and degree of self-control)?  
Is this person using illegal drugs or abusing other drugs (such as cigarettes or prescription drugs)?
- (5) **Adaptive Functioning**  
To what extent can this person handle crisis and control emotions?
- (6) **Self-Concept**  
How does this person realistically identify self-concept?  
What is the level of this person's self-esteem?
- (7) **Communication**  
What is this person's ability to express ideas, feelings, and needs?  
To what extent is this person willing to listen to other people's ideas, feelings, and needs?  
How constructive is this person's verbal comment?
- (8) **Health**  
What is the state of this person's physical health?  
Is this person taking medication regularly for any known illnesses?  
How do the illness and medication affect this person's physical, mental and emotional functioning?



2. Knowledge: Parenting Ability

- (1) View of Child  
How consistent is the parent's view of the child in reference to the child's age and capacity?  
Does the parent accept the child's strengths and limitations?  
To what extent does the parent's view nurture or prevent the child's growth?
- (2) Expectations:  
How appropriate are the parent's expectations?  
Are the expectations consistent with the child's age and capabilities?
- (3) Discipline:  
What disciplinary practices does the parent use ?  
How appropriate is the use of discipline in reference to the child's behavior and age?  
To what extent can the parent exercise self-control?
- (4) Knowledge of Child Development:  
Is the parent able to apply child development knowledge in parenting practice?  
How accurate is the parent's knowledge on child development?
- (5) Physical Care:  
To what extent does the parent meet the child's basic and physical needs?
- (6) Emotional Care:  
How well does the parent nurture the child and meet the child's emotional and social needs?

3. Knowledge: Child Functioning

- (1) Child's Behavior:  
How consistent is the child's behavior with age and ability?  
What is the nature and quality of peer and adult relationships?  
What is the child's pattern of dealing with authority?  
What is the child's behavior in school?  
What is the child's behavior at home?

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- (2) **Child's Psychological Functioning:**  
Is the child able to communicate needs and feelings?  
How appropriate is the child's control of emotions?
- (3) **Child's Development:**  
What is the assessment of the child's physical, intellectual, and emotional development?  
Is the child's development level consistent with his/her age?
- (4) **Child's Health:**  
How is the child's physical health?  
How does the child's physical health affect his/her social and cognitive functioning?
- (5) **Child's Alcohol and Other Drug Abuse:**  
Has the child used alcohol (consider amount, frequency, duration, age of child)?  
Has the child used any illegal drugs or abused other drugs?

4. Knowledge: Family Functioning

- (1) **Role Integrity**  
How well do family members fulfill role expectations?  
How do family members define role boundaries?  
How appropriate is each person's role expectation?
- (2) **Interaction**  
How open is the communication among family members?  
Do family members express affection?  
How flexible are the family members in making decision concerning the child?  
What is the pattern of control over individuals' interactions within the family?
- (3) **Home Climate**  
What is the nature of home climate (calm, frustrated, destructive, chaotic, etc.)?
- (4) **Relationships Outside the Home**  
What is the nature and quality of relationships with neighbors, friends, and extended family?  
How supportive are these relationships?



- (5) Resources:  
How willing and able is the family to use available resources?  
To what extent have external resources been used in the past?  
What types of resources are available to meet the family's needs?
- (6) Response to Intervention:  
To what extent does the family recognize the problems related to risk?  
How concerned is the family for the child?  
How willing and able is the family to work with CPS to achieve change?

**B. Skill Competencies in Assessing Family's Characteristics**

**1. Skills: Adult History and Functioning**

- (1) Assessing How the Adult's Functioning Affects the Family  
Who are the key participants involved?  
Where did the problematic behavior occur?  
To what degree do problems usually happen? (consider frequency and duration)  
What do the family members say and do before, during and after the problem occurs?  
How or in what ways have the participants been involved?
- (2) Identifying the Adult's Past and Current Problems:  
What repeating patterns of behaviors does the family genogram reveal?  
What past events have affected the adult's functioning?  
What current problems have the adults experienced at home and in the surrounding environment?

**2. Skills: Parenting Ability**

- (1) Providing Alternatives and Suggestions:  
How does the worker encourage the parent to assume parenting responsibility?  
How accessible are extended family members when they are needed?  
How do parents identify their willingness to change?  
How does change occur to reduce risk?  
How do parents demonstrate capacity to be introspective when presented with new information or alternative views of the situation?

### 3. Skills: Child Functioning

- (1) Identifying Children's Unmet Needs:  
What meaning does the child give to the problem?  
How does the worker assist the children in meeting their needs?  
How can the children be helped in case of an emergent situation?  
How soon can the family find ways to fulfill its needs?  
How is each person affected by the problem?
- (2) Reducing Risk of the Child:  
How does the worker work with the family to reduce risk for the child?  
How does the family react to the worker's involvement?  
How does the worker explain the child's perception to the family?

### 4. Skills: Family Functioning

- (1) Identifying Strengths & Limitations of the Family:  
Who can provide adequate physical and emotional support for the family?  
Where does the family turn to when facing a crisis?  
When does the family look for guidance from others?  
What method does the family use to increase knowledge, education and skills?  
How do family members demonstrate ability to manage stressful situations?
- (2) Providing Treatment  
Who felt that the family problem was not his/hers?  
Where are the family's preferred treatment locations?  
When does the family need external resources?  
What referral networks can the family get access to?  
What behavioral patterns should the family be made aware of?  
How has the family attempted to cope with the problems and what skills are required to resolve them?
- (3) Evaluating Outcomes  
Who have been and will be responsible for the family's future plan?  
Where can the family locate informal support to achieve independence?  
When is the preferable time for family treatment?  
What has the family achieved in terms of increasing its motivation, capacity and opportunity for positive changes?  
How often have the worker and the family met to re-evaluate the service plan?



C. Values in Assessing Family Characteristics

1. Values: Adult History and Functioning

- (1) People Can Change:  
Who is motivated to change?  
Where are the emotional support networks for the family?  
When do family members start perceiving the probability of change?  
What characteristics of the family can predict change?  
How does the family discover and appreciate their strengths?

2. Values: Parenting Ability

- (1) Hope Can be Instilled:  
Who can instill hope in this family?  
Where can the worker start to help the family mobilize their motivation?  
What does this family want to change?  
How can the family be helped to work jointly with the worker?
- (2) Parenting Skills Can Be Learned:  
What parenting skills are important for this parent?  
How does the worker persuade the parent to acquire new skills?

3. Values: Child Functioning

- (1) Stay in Home Environment  
Who is the key supporter in the family?  
What are the risk factors within the home environment?  
What can the family provide for the developmental needs of the child?  
How important is the connectiveness with the child's family of origin?

4. Values: Family Functioning

- (1) Empower the Family:  
Who has shown social and cultural competence in the family?  
Where does the family feel most comfortable as a familiar environment to begin changes?  
What has made the family feel helplessness and hopelessness?  
How does the worker find ways to help the family to increase their confidence?

## (2) Change Can Be Predicted:

How does the worker affect the family's motivation, capacity, opportunity, belief in potential, and commitment to change?

In summary, the literature supports the importance of assessing family characteristics during initial contacts and suggests that caseworker qualities are essential to effective interventions. If service qualities can be maintained, then family characteristics should be analyzed to predict outcomes and determine service priorities and resource allocations.

### Application of the Assessment Model

This assessment model was applied to two actual cases to analyze how the data had helped the caseworker determine service directions. Although only two cases are presented here, each of them represents hundred of cases in actual practice. Clients' identities have been disguised to protect confidentiality. Based on the questioning model, the case summaries are followed by a case analysis.

#### Terry: A Case with Positive Outcomes

Terry was referred to Child Protective Services after her 8-year-old's teacher noticed that Paul was having trouble sitting still in class. When asked about it, Paul said it hurt for him to sit down. The teacher sent him to the nurse who discovered black and blue welts up and down his back, buttocks, and legs. The nurse questioned him about the bruises and Paul responded that he'd gotten spanked for not watching his 3-year-old sister more carefully, and allowing her to burn her hand on the gas stove. His mother was at the laundromat and had specifically instructed Paul to stay with his baby sister, Amy, at all times.

Paul was very worried about his mother's knowing he had spoken to anyone and expressed fear that it would happen again if she knew. He said he gets spanked whenever his mother is mad at him, but she doesn't always leave bruises. He said it was worse when she was drinking.

After investigating the report of physical abuse of Paul, the worker referred the family to the Family Preservation Unit (FPU) for intensive in-home family treatment. The worker had identified a number of risk factors including physical abuse, neglectful supervision, and expressed concerns about the mother's drinking. The worker went out to meet the family to explain the program and find out what the family members would find helpful.

Initially, Terry did not see the FPU as a source of assistance. She was angry and felt attacked and threatened by the agency's involvement. She was accustomed to managing on her own and was suspicious of outsiders, particularly those associated with child protection. She had been responsible for herself since the age of 16 when she ran away from a physically and emotionally



abusive mother, a stepfather who was sexually abusing her, and three younger siblings she was expected to take care of.

Terry described what it was like to be on her own at that age and had briefly used prostitution as a source of income. She said at least she was getting paid for it. Paul was a child of this profession. Once she learned she was pregnant, she quit and found a job working at a convenience store. She proudly reported that after a year and a half she was promoted to assistant manager and actually had people reporting to her. She felt she had given her children a much better life and was angry that Paul was not more appreciative and willing to help her.

The teacher called complaining that Paul could not sit still, was disruptive in class, and talked during the lessons. His grades were good, but he was always being sent to the office, and the counselor had suggested he might need medication. Terry felt defensive and saw every call as a personal attack.

"I take good care of my kids. I make sure they get new shoes and clothes when they need them, and I got cable so they could learn stuff on educational shows." Terry was 24 years old when the family preservation worker met her. In many ways she was still a child herself, and in others far beyond her years. She did not think it was unreasonable to expect Paul to help out with Amy as she had been responsible for the care of younger siblings most of her childhood. She knew Paul was bored in school, but did not think drugs were the answer. She was "scared to death" when she got home and saw Amy's hand and admitted she had "lost control." "I didn't mean to hit him that hard!"

Terry agreed to work with the worker and said she wanted help getting her kids to mind her. She said that she spent most of the time yelling at them trying to get them to listen, but it never seemed to work. She had arranged her work hours around the children and was home before Paul went to school and Amy went to the neighbors. She got home by 5:00 pm and Paul came home from school and was expected to do his homework and stay inside until she got home with Amy.

When Paul was asked what he would find helpful, he said he would like to be able to go out and play after school before it got dark, and he did not think it was fair that he had to go straight home and wait for his mother to return. Terry was afraid of what could happen to him if he was outside with no one watching him, and reported that there had been several shootings in their apartment complex. Amy said she wanted Paul to be nicer to her and for her mother not to yell so much.

Careful assessments revealed that Terry would frequently get angry that she had to discuss things with her children rather than just tell them what to do. She also felt that not hitting them made her lose power. Home visits allowed the worker to spend time together with Terry, sometimes role-playing as a family that reminded Terry how much fun her children were. Terry



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and the worker worked on a plan that included: (1) allowing Paul some time to unwind after school by involving him in the Boy Scouts; (2) encouraging Terry to learn more tools to help her manage her children's behaviors without resorting to physical discipline; and (3) inviting Terry to look at ways her use of alcohol impacted her and her family.

The family was delighted by the worker's company and attention. Terry was not interested in attending Alcoholics Anonymous but was willing to read some of the books suggested by the worker on growing up in an alcoholic family, as well as a book of daily meditation she seemed to enjoy. The social worker also met with Paul's teachers. Terry was pleased and surprised to hear that Paul's behavior was improving since they had given him additional things to do and allowed him to become more of a helper in school and at home.

Terry still yelled at her children, and called the worker one evening to tell her that she had used the belt on Paul after she caught him with her cigarettes. She had not left any marks, but wanted the worker to know. Paul was able to tell his mother in a family session that he was afraid she was going to die if she kept smoking and then they would be all by themselves. That seemed to touch Terry. Although she made no promises to quit, she did tell Paul how much he meant to her and that she intended to be around for a long time. It initiated a new level of communication between them.

Terry was encouraged to network with her friends and relatives. The neighbor who babysat for Amy invited Terry and the children to go to church with her. Terry was introduced to several other single mothers and reportedly enjoyed the experience. When the worker said good-bye to Terry, her world was far from ideal. She continued to struggle financially, was lonely for male companionship and was still drinking "more than I should." What had changed was the quality of interaction between this mother and her children. They had found ways to enjoy each other and this helped Terry relax. She enjoyed her work and hoped to become a manager at some point. She had developed a friendship with the neighbor that afforded her an opportunity to socialize with peers. There were no reported problems with Amy, and Terry modified her expectations of Paul in terms of childcare. Before the worker terminated the case, Terry told her, "I know I was hard on you when you first came out. I thought I could scare you away but you kept coming back. You really did help me and my kids. You taught us how to like each other again!"

Terry was not a particularly inviting or promising client on the surface, but just beneath the carefully woven exterior lived a woman determined to survive in a less than kind world, and committed to creating something for her children that she never experienced.

### **Maria: A Case with Negative Outcomes**

Maria was a prostitute. She had been working the streets since she was 15 with brief intermissions of some short-term relationships. She was 30 years old and looked 50. She was



one of five children who grew up with an abusive alcoholic father and a mother who frequently vanished to escape the torture of her life. She described being locked in a closet with her siblings while her father set the house on fire. She escaped but often wondered if she would have been better off dying in the fire.

She had three children: Rudy, 15, Oscar, 5, and Marissa, 2½. She was reported to Child Protective Services for abusing her oldest son. She had beaten him and his younger brother with a hairbrush and her shoe. She was angry because Rudy had not watched Oscar, and he had gotten into her makeup. She had thrown Rudy's clothes out the front door into the rain and told him to get out, that she never wanted to see him again. Rudy later reported this as one of many such incidents. He was big for his age and had been the caretaker of his siblings and his mother for some time. It was a marriage of sorts and Rudy was angered by his mother's work and the string of men she brought into their home. There was one bedroom and he could easily hear his mother and her visitor in the other room. On two occasions, he had had to get his mother to the emergency room after she had been badly beaten.

Maria felt Rudy had no right to tell her what to do. She was sorry she hit Rudy and knew it was wrong but felt like her father came out in her. She described fits of anger that, like demons, took her over and brought out all the darkness inside of her. She described her story in a voice void of emotion and at times dissociated herself from the experience.

Maria never paged or called the family preservation worker for help. They had regularly scheduled meetings and she was almost always there. When she had to work, Rudy would be waiting there for the worker. He did not think much could be changed in his family, but he liked to have someone to talk to. He was not sure how much more he could take. He talked about wanting to run away but not wanting to abandon his siblings. His mother continued to bring men into the home and started drinking more heavily. She told the worker she did not think she was going to make it and talked about wanting to die. She also said that this worker was the first person who really cared about her. The worker was drawn in by her pain and the desire to help her create something better.

One night after 10:00 p.m., Maria paged the worker from a pay booth. She reported with unfamiliar animation that she attended a local church that had helped her in the past with food and rent money. She said that she had given herself to God and was no longer wanting to walk the streets. She wanted to talk about it more on the visit scheduled for the following day. The worker visited her the next day and found her drunk and disheveled in appearance. She explained, "I forgot about the rent!"

Soon it became clear that things would not happen for Maria. One night in a fit of rage she gave Rudy a black eye and left him alone with his brother and sister. CPS had to take conservatorship of the children. Rudy went to a group home while his younger siblings entered foster care. Maria did not return home for a week and did not attend the court hearing.



## Case Analysis

Using the questioning model in data analysis, the authors found that both Terry's and Maria's families shared many common characteristics but the outcomes were considerably different. In terms of similarities, both perpetrators were single mothers with more than one child. They were both involved in prostitution for a period of time. Both were victims of childhood abuse. The abused children were the scapegoats for the mothers' relationship problems with men. Their reasons for using physical discipline were related to the mothers' unrealistic expectations toward childcare responsibilities, anger and rage displaced onto the children, and the mothers' lack of knowledge to appropriately handle stress and crisis. In addition, both families had a history of alcoholic problems. The same family preservation worker provided intensive family services for both families with the same knowledge base, value system, and skill applications.

Both families had demonstrated some of their strengths. Terry was motivated to change for a better life and explained that her brief encounter as a prostitute was only a means of survival. She accepted the responsibility of being a mother when she found out she was pregnant with Paul. She was learning to expect more for her life, including getting a regular job and working her way up. In Maria's case, her self-awareness provided a ground for a home-based therapy referral. She admitted her weaknesses and was aware of her anger and lack of impulse control. Both women had not received any prior professional help but allowed the worker to intervene.

In Terry's case, positive indicators included: (1) improved communication between mother and son; (2) mother's willingness to learn and accept change; (3) mother's re-evaluation of her expectations toward childcare responsibilities; (4) son's participation in the decision-making process; (5) the family's access to informal support network; and (6) the mother's increasing trust of the worker at times of crisis and re-abuse.

On the contrary, Maria's case demonstrated some negative directions of change: (1) mother's passivity and the decreasing level of motivation to be involved; (2) son's intensive feelings of hopelessness; (3) no anticipated change in terms of reducing environmental risk factors (e.g., mother still brought men into the home for her prostitution business); (4) mother started drinking more heavily; (5) re-occurrence of abuse without asking for help even though the mother knew it was available; and (6) mother's inability to pursue getting her children back. Upon evaluation of case effectiveness, it was found that hope and motivation were two major determinants of success. Timely encouragement also plays an important factor before a client felt out of control of the situation.

## Discussion

The case analysis in this article concurs with the research finding that a family's characteristics represent major determinant factors leading to positive or negative outcomes (Berry, 1992; Dore, 1993; Smith, 1995; Wells & Whittington, 1993). In these two cases, the families



shared many typical characteristics of abusive/neglectful families such as lack of emotional and economic support, past history of childhood abuse, lack of appropriate parenting skills, and lack of empathy toward the child's behavior. The differences that can predict outcomes can be assessed based on the four family characteristics: adult functioning, parenting ability, child functioning and family functioning.

First, Terry's functioning was demonstrated when she showed motivation to change her situation and engaged herself in an open communication system with the worker and her family. Maria's unstable mood and increasing alcohol abuse problem disabled her drive and functioning to make changes. She confined herself in a closed environment that did not allow for communication.

Second, when Terry's parenting ability was evaluated, she was able to view her unrealistic expectations as a problem and willing to make adjustments. On the contrary, although Maria knew that she had inappropriately used harsh discipline on her son, she was incapable of controlling her emotions when administering discipline again and reverted to the defense mechanisms of denial and withdrawal.

Third, in the assessment of child functioning, Terry's son was able to connect his emotion with Terry, which touched Terry's heart. Even with intensive counseling, Maria's son became more depressed and desperate about his future and showed signs of hopelessness. Finally, in the assessment of family functioning, the most crucial outcome indicator is Terry's willingness to work through her problems.

In general, cases with similar characteristics during initial assessment can demonstrate major differences in outcomes. These differences include: (1) family members' intellectual, emotional and physical **capacity** to connect with each other; (2) parent's **motivation**, view of opportunity, and belief in potential; (3) family members' **commitment** to engage and avail themselves in the treatment process; and (4) level of **predictability** that is supported by a safety network (Tracy et al., 1994) and not inhibited by alcohol and other drugs or the primary caregiver's mental status.

## Conclusion

Can family preservation work? Is it an effective means of intervention for multiproblem families? These questions have not been fully addressed in the literature. Some studies indicate that family preservation has been working for specific populations but the findings lack general application to other populations (see discussions in Dore, 1993; Faria, 1994; Fong, 1994; MacDonald, 1994; Ronnau & Marlow, 1993). Other studies only state that family preservation is effective in specified conditions but these conditions may not be well defined (see discussions in Feldman, 1991; Fraser, Pecora & Haapala, 1991; Jones, 1985; MacDonald, 1994; Schuerman, Rzepnicki & Littell, 1994). One of the problems in conducting family

preservation research is related to the multiplicity of variables. The testing of multiple variables requires a significant amount of time and resources. Although many research projects have studied the outcomes of family preservation, they have not presented a systematic framework with clinical guidelines for practitioners. This article captures major components in family preservation practice and proposes a series of assessment questions that are organized by the family's characteristics and the worker's competency areas (knowledge, skills, and values). Not only do these questions help researchers identify major outcome predictors, but they also provide a practical framework for caseworkers to identify potential variables and barriers for effective interventions so that prompt service planning or referral decisions can be made. Further research to test the use of this model is recommended.

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