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Research on the effectiveness of various home-based interventions implemented in the 1980s and 1990s indicates that results have been equivocal. Because of the unique and complex behavioral challenges presented by each family and the need for individualized treatments and long-term interventions for these families, group research and evaluation designs are often insufficient in assessing effectiveness of home-based interventions. Alternative evaluation strategies are needed. The purpose of this exploratory study was two-fold: (a) to investigate the applicability and acceptability of the Weekly Adjustment Indicators Checklist (WAIC) in monitoring adult and child behaviors and (b) to monitor, on an on-going basis, the progress of a family referred to an urban family preservation and reunification program. The target family on whom data were collected consisted of a 13-year old girl and her foster parent who was her maternal aunt. The findings of this study indicate that the WAIC is applicable in monitoring the progress of children and adults in care and that it has the endorsement of its user, namely, the direct care provider. Other results of the study, limitations of the study, and future research needs are discussed.

In recent years, the child welfare system has witnessed an exponential growth in the number of children needing care due to factors such as an increase in the incidence of child abuse and neglect cases, breakdown of traditional family structure and extended family support, and rise in the number of low-income families. Consequently, there has been a dramatic increase in the number of children and youth being served in out-of-home foster care placements, and the number of such placements is estimated to reach 550,000 children by the mid-1990s (Children's Defense fund, 1992; National Commission on Children, 1991; U.S. General Accounting Office, 1993). Traditionally, children and youth have been served in one or more of the following out-of-home foster care placements: (a) regular family foster care (i.e., placement with a family that is not biologically related), (b) group care (i.e., small group homes, residential institutions), and © kinship care (i.e., placement with relatives). However, these traditional ways of serving children and youth have been intensely scrutinized and ardently criticized by social workers and allied professionals (e.g., Bath,

Richley, & Haapala, 1992; Feldman, 1991; Pecora, Fraser, & Haapala, 1991, Scannapieco, 1994). Several shortcomings of out-of-home substitute care have been identified: (a) children drift from one foster home to another without a sense of permanence; (b) children placed in foster care are rarely reunited with their families; © siblings tend to get separated in the foster care system; (d) out-of-home placements do not help prevent repeat cases of abuse and neglect in families; and (e) programs that are curative in nature do not prevent out-of-home placements by teaching families coping skills that will empower them to help themselves and their children.

In response to these shortcomings, there has been a movement in the child welfare field towards alternate ways of serving children and families. These new child care services have emphasized two philosophical viewpoints: family preservation and family reunification. Child care services that stress family preservation are focused intensively on the whole family and are designed to prevent the removal of children from their own homes for placement into out-of-home foster care. The goals of such services are to resolve the crisis that led to the decision to remove the child from the home and to teach the child's family the skills they need to stay together (Wells & Whittington, 1993). On the other hand, child care services that underscore family reunification are designed to help reconstitute separated families. These programs work towards reuniting children placed in out-of-home foster care with their natural biological parents (Fein & Staff, 1993). Both family preservation and family reunification services enjoy considerable public (e.g., The Adoption Assistance and Child Welfare act of 1980) and professional (e.g., Fein & Staff, 1993; Forsythe, 1992) support.

The child welfare system has been criticized not only with respect to the placement issue, but also in two other areas; namely, (a) methodological soundness of research investigations and (b) outcome data on individuals in care. Even though the field of child welfare is replete with research studies, investigations that are methodologically sound are few (Burchard & Schaefer, 1992; Rossi, 1992). Methodological questions have been raised about the dearth of true experimental designs, lack of random assignment of individuals to a treatment group or a comparison group, and lack of appropriate control groups (e.g., Rossi, 1992). Given the ethical and legal factors that argue against the use of sound experimental strategies, alternatives such as quasi experimental designs need to be explored by individuals researching and evaluating child welfare services.

Another area of concern is the paucity of outcome data on children and families in care. Researchers have expressed frustration about the lack of the continuous collection of measurable and observable data on children's and families' goals and objectives in such important life domains as education, social skills, mental health, and parenting skills. For instance, Burchard and Schaefer (1992) note that while service care agencies often gather

information on the number of children being served, their characteristics, type and intensity of placements, and cost of services, very few compile objective data on the progress of children and families on a regular and timely basis. Many important questions regarding the development and improvement of children and families go unanswered. For example, are the children attending school daily? Do the children have good peer/sibling relations routinely? Are the children involved in gang activities regularly? Did the parent/guardian physically abuse children routinely? and Did the parent/guardian provide and maintain shelter daily?

Clearly, there is a need to collect meaningful outcome data on a regular, on-going basis. Data collected routinely and in a timely manner can help direct service providers in monitoring child and family progress effectively and also in developing better treatment plans for individuals in care. Also, systematic, on-going data collection can enable a child care agency to monitor the outcomes of their cases more effectively. One instrument that enables service providers and case managers to track client progress routinely is the *Weekly Adjustment Indicators Checklist* (WAIC) (Burchard & Bruns, 1992). The WAIC provides a measure of behaviors and events that are believed to relate to a child's risk of movement to a more restrictive placement (Burchard & Schaefer, 1992). The WAIC was originally developed to evaluate the mental health status of children and adolescents, and thus consisted of items that were mainly deficit-oriented (e.g., physical aggression, theft, suicide attempt). Even though deficit-oriented items provide useful information regarding the behavior of an individual, the importance of strength-based items (e.g., motivation, self-confidence) cannot be overlooked (Epstein & Sharma, 1997). Progress information on the strengths of an individual can be uplifting and motivating to both the individual being monitored and the direct service provider working with that individual (Dunst, Trivette, & Deal, 1994; Saleebey, 1992). Obviously, the need to modify the WAIC by increasing the number of strength-based items and the need to determine the usability of the modified WAIC in monitoring behaviors related to the child welfare area is evident. Thus, the purpose of this exploratory study was two-fold: (a) to investigate the applicability and acceptability of the modified WAIC in monitoring adult and child behaviors, and (b) to monitor, on an on-going basis, the behavioral progress of a child and adult receiving services in an urban family support program.

Method

Setting

This study was conducted at Kaleidoscope Inc., a not-for-profit child welfare organization in Chicago, Illinois. Kaleidoscope provides unconditional, comprehensively individualized services that are based on the unique circumstances presented by each of the 600 children and families served. Families may be served through one of three basic programs: a

therapeutic foster family environment, an independent living program for older-age adolescents, and a family preservation setting. In January 1994, Kaleidoscope received a grant from the Annie E. Casey Foundation to evaluate its family preservation program referred to as the Satellite Family Outreach Program. This study is one component of that overall program evaluation.

The Satellite environment serves approximately 48 families at any one time and employs a staff of two administrators, three supervisors, four social workers, and 16 family workers. Each Satellite family is served by a five-person team of four family workers and one social worker. Family workers provide a wide range of direct and collateral services; social workers coordinate clinical services. Families are typically referred to Satellite for one of two general reasons: prevention of placement outside the home for at-risk children and youth or reunification with their families for children and youth already placed outside their homes. Given availability of an opening in the program, Satellite has a no-reject admission policy and an unconditional care intervention philosophy.

Participant[1]

The target family consisted of a 13-year old girl, Linda, and her foster parent, Janet, who is her maternal aunt. Linda attends grade 6 in the Chicago Public Schools. Janet is a single parent and has three children of her own. Linda and Janet are African-Americans. The primary language spoken at home is English.

In 1985, Linda and her brother were removed from their natural home after their mother was incarcerated for severely abusing her children, and the whereabouts of the father was unknown. At the time of removal from their natural home, Linda was three years old and her brother was five years old. Shortly after, the Illinois Department of Child and Family Services (DCFS) was awarded their guardianship. DCFS then placed the two children with their maternal aunt, Janet, with whom they have lived for the past 11 years. At the time of placement, Janet was married, had 7 of her own children, had 3 children and one grandchild living at home, and was employed as a factory worker. While with their maternal aunt, their Uncle Bob died, Janet became unemployed, and several of Janet's children frequently moved in and out of the house. Except for counseling services offered to Linda and her brother, no other services were provided nor were attempts made to reunify Linda and her brothers with their mother or stepfather. Several problems were encountered in this foster care placement including lack of sufficient adult monitoring of the two children, discipline, and support for attending school and school-related activities. In school, Linda had been identified as having behavior disorders and was placed in special education. Her teachers at school identified chronic truancy, poor attendance, tardiness, oppositional behavior towards people in authority, conduct disorders, and academic underachievement (especially

in English and Math) as some of the problems at school. In 1995, Linda, her brother, and her maternal aunt were referred by DCFS to Satellite.

Treatment plan and services. Linda and her foster parent were referred to the Satellite Program for two reasons: (a) to help improve Linda's academic performance and related school behavior and (b) stabilize the foster family placement. The Satellite family workers provided direct and indirect services to Linda and her maternal aunt. For Linda, the workers monitored her school grades, talked with her teachers, represented her at school staffings, advocated for a new individualized educational plan, helped with homework, and transported her to medical appointments. The non-Satellite services arranged for Linda included individual counseling, planned parenthood, special education, and psychological testing. For Janet, the family workers provided in-home individual counseling focusing on nutrition, housing, child rearing, and supervision practices.

Instrument

The *Weekly Adjustment Indicators Checklist* (WAIC) has two versions: an adult version and a child version (children 6-18 years of age)[2]. Each of the checklists contains 13 items; six strength-oriented items (e.g., encouraged children to go to school), six deficit-oriented items (e.g., physical abuse), and one open-ended item (e.g., other). The child version was developed first, and the adult version was developed later using the same format.

The WAIC was originally developed by John Burchard, University of Vermont, for use as part of the Vermont Community Adjustment Tracking System (VT-CATS) (Burchard & Bruns, 1993). VT-CATS was used to evaluate the outcomes of a community-based effort to serve children with serious emotional disturbance (Burchard & Schaefer, 1992). The psychometric properties of the WAIC have been reported to meet acceptable standards, specifically in terms of the instrument's reliability, validity, and internal consistency (Bruns, Froelich, Burchard, Yoe, & Tighe, 1995). The WAIC used in this study was collaboratively developed by the evaluation team members and the Satellite staff members in the following manner. First, the evaluation team members and three Satellite staff reviewed the original WAIC (Burchard & Schaefer, 1992) that contained 24 items (18 negative and 6 positive behavioral items). Because the scale contained too many items that were deficit-oriented, placed too much emphasis on mental health issues, and did not focus on the behaviors most important to the clients and Satellite staff, it was determined that the scale needed to be revised. Second, the evaluation team kept 10 of the original 23 items and added four additional items that were strength-based and/or relevant to the Satellite program. Third, the 14-item version was piloted by three families and three family workers who completed the scale on one child each for a two-week period. Finally, based on the feedback from the families and staff who piloted the scale, two additional items were deleted and one item was

added. Also, operational definitions for each of the remaining items were reviewed and revised and the response format was finalized. The version of the child WAIC used included 13 items. The adult WAIC was developed in a similar manner.

The response format for each version of the WAIC is identical. For each item, the family worker is to note the presence ("yes") or absence ("no") of the behavior for the week. Then, for each behavior that was present, the family worker is to write in the number of days in which they occurred. The number of days is based on information the family worker secured from home observations, other family workers, and family members. The Adult and Child versions of the WAIC are presented in Figures 1 and 2.

Data Collection

All data were collected by a family worker who was assigned to the case. The family worker was trained in the task of completing the adult and the child WAICs by a member of the evaluation team. The checklists along with the operational definitions of the questions, the behavioral categories (e.g., sadness, gang involvement), and the response format were explained to the family worker by an evaluation team member. The family worker practiced completing the checklists for a two-week period. During this period, the evaluation team member provided feedback to the family worker on the accuracy of the completed checklist. Following this two-week training period, the family worker started collecting data on the case and was supervised by the evaluation team member on a weekly basis.

Data Entry and Reliability

A software package was developed by Froelich (1993) for the purposes of (a) tabulating the data collected from the adult and child WAICs and (b) graphically reproducing the tabulated data. All data from the child and adult WAICs were entered into these computerized databases by one member of the evaluation team. In order to determine the accuracy of data entry, another member of the evaluation team re-entered part of the adult and child WAIC data into the databases. Reliability was performed on 20% of all data entered under each behavioral category (e.g., sadness, gang involvement). Reliability was calculated using the following percentage agreement formula: number of agreements divided by the number of agreements plus number of disagreements and multiplied by 100. Reliability was 100% for each of the behavioral categories.

Child _____ Completed by _____

Week Beginning _____ Number of Satellite contacts this week _____

Directions: Please indicate according to your best judgment whether or not the following behaviors or events occurred in the past week. If a behavior or event did occur, please indicate on how many days the behavior occurred. Respond on the corresponding line: 0-7 days.

	Yes/No	# of Days
1. **ADULT CONTACT:** Did the child or youth have contact with an adult (other than the parent, excluding Kaleidoscope workers) who provided care/supervision for the child or youth?		
2. **ALCOHOL/DRUG USE:** Did the child or youth use illegal drugs or alcohol this week?		
3. **GANG INVOLVEMENT:** Was the child or youth involved in gang activities this week?		
4. **MOTIVATION:** Did the child or youth show real effort, interest or motivation in a hobby, activity, or goal this week? If yes, name the hobby, activity, or goal. _____		
5. **PARENT SUPPORT:** Did the child or youth have quality interactions with his/her natural or foster parents this week?		
6. **PEER INTERACTIONS:** Did the child or youth have good peer/sibling relations most of the time this week?		
7. **PHYSICAL AGGRESSION:** Did the child or youth hit, strike, bite, or scratch a person with intent to harm them this week?		
8. **POLICE CONTACT:** Did the child or youth have contact with the police or courts concerning his/her behavior this week?		
9. **SADNESS:** Was the child or youth sad, withdrawn, or depressed to a degree which significantly interfered with his/her participation in important activities this week?		
10. **SCHOOL ATTENDANCE:** Did the child receive credit for school attendance for all possible days this week?		
11. **SELF CONFIDENCE:** Did the child or youth appear self confident in his/her activities most of the time this week?		
12. **SUICIDE:** Did the child or youth have thoughts of committing suicide this week? Or attempt suicide?		
13. **OTHER**		

Figure 1. Child Weekly Adjustment Indicators Checklist

Adult _____ Completed by _____

Week Beginning _____ Number of Satellite contacts this week_____

Directions: Please indicate according to your best judgment whether or not the following behaviors or events occurred in the past week. If a behavior or event did occur, please indicate on how many days the behavior occurred. Respond on the corresponding line: 0-7 days.

BEHAVIOR	YES/NO	# OF DAYS
1. **MONITORING:** Did the client provide appropriate care plans for children? Did the client provide a safe home environment (free of physical hazards, broken glass, toxic chemicals, lit stove burners)? Did the client provide adequate supervision for her/his children?		
2. **EMOTIONAL STATE:** Did the client appear sad, withdrawn, depressed, anxious, fearful, or worried to a degree which significantly interfered with participation in an important activity?		
3. **PHYSICAL ABUSE:** Did the client spank/hit the child or youth with an object (i.e., cords, shoes) or intensively hit the child with her/his hand?		
4. **PHYSICAL AGGRESSION:** Did the client engage in physical aggression with peers or adults (i.e., fighting)? Did arguments escalate into physical fighting?		
5. **VERBAL ABUSE:** Did the client verbally abuse/berate (i.e., holler, scream) at her/his child? Did the client talk "at" rather than talking "with" the child?		
6. **SUBSTANCE ABUSE/ALCOHOL ABUSE:** Did the client use excessive amounts of drugs or alcohol?		
7. **VISITATIONS:** If her/his children are in placement, did the client attend visits with them?		
8. **PERSONAL HYGIENE:** Did the client appear appropriately bathed, dressed, groomed?		
9. **PROVIDED AND MAINTAINED SHELTER FOR INTACT FAMILY OR SELF:** Did the client provide housing (shelters if family is homeless) for her/his family? Did she/he pay necessary bills, keep appliances working, keep house free of hazards, and maintain a sanitary home?		
10. **ENCOURAGED CHILDREN TO GO TO SCHOOL:** Did the client encourage her/his children to go to school? Did the client help the child with getting dressed, waking up on time, etc.?		
11. **DISCIPLINE:** Did the client provide a structured home environment where the expectations for behavior and consequences for behavior are known?		
12. **MET FAMILY'S NUTRITIONAL NEEDS:** Did the client provide balanced meals (food other than junk food) and keep an adequate amount of food in the house?		
13. **OTHER**		

Figure 2. Adult Weekly Adjustment Indicators Checklist

Consumer Satisfaction Interview

In order to determine the degree of satisfaction with the WAIC, the family worker who completed the adult and child versions of the checklist on Linda and Janet was interviewed by one member of the evaluation team. An interview guide covering four topical areas (i.e., time required for completing the checklist, ease/difficulty of the checklist, usefulness of the checklist, and suggestions for improving the checklist), specifying the 10 interview questions and the interview protocol (what should be done/said, how it should be done/said, when it should be done/said) was developed. The evaluation team member who conducted the interview was trained by a senior evaluation team member with respect to the interview protocol. The structured interview lasted approximately 20 minutes and was tape-recorded.

Interview data were analyzed by two evaluation team members who listened to the tape independently and developed case notes for each of the 10 questions. Then, the two evaluation team members met to compare and discuss their notes. Finally, after all disagreements were resolved, a document delineating the findings for each of the four topical areas was developed by one of the evaluation team members.

Results

Data on the child and the adult WAICs were collected by the family worker for a period of 50 weeks or 12 months. The participant, Linda did not use drugs, get involved with gangs, or attempt suicide during the 12-month period. Behaviors such as motivation and self-confidence improved, however, not on a consistent basis. Steady improvement was noted in school attendance, parent support, peer interactions, and adult contacts. The foster mother, Janet, showed consistent improvement in areas such as monitoring, personal hygiene, providing shelter, encouraging children to go to school, discipline, and meeting family nutritional needs. Over the 12-month period, the foster mother was emotionally stable, did not physically abuse Linda, or engage in alcohol/substance abuse. Also during this time period, her verbal abuse directed towards Linda declined.

Data from the child WAIC (Figure 3) and the adult WAIC (Figure 4) are presented as bar graphs. In each figure, data on three behavioral indicators over the 50 week period are displayed. Along the horizontal axis are the 50 weeks and along the vertical axis are represented the number of days each week in which the behavior occurred at least once. For example, in Figure 3 the child behaviors of parent support, peer interactions, and police contact are shown. The weekly data indicates that over the time period Linda demonstrated improvement in peer interactions and received significantly more support from her foster mother. In Figure 4, the adult behaviors of verbal abuse, personal hygiene, and shelter for family or self are presented. The data indicate that Janet reduced instances of verbal abuse and substantially improved personal hygiene and shelter.

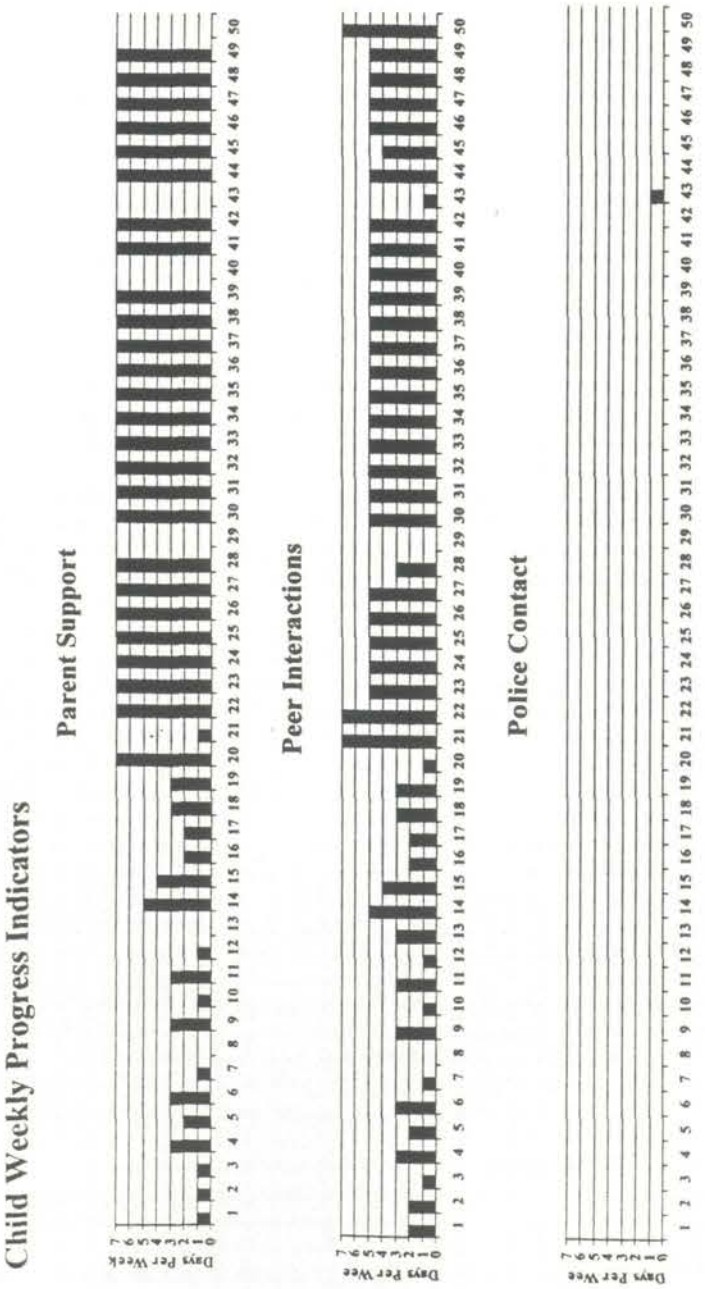

Figure 3. Child Weekly Progress Indicators

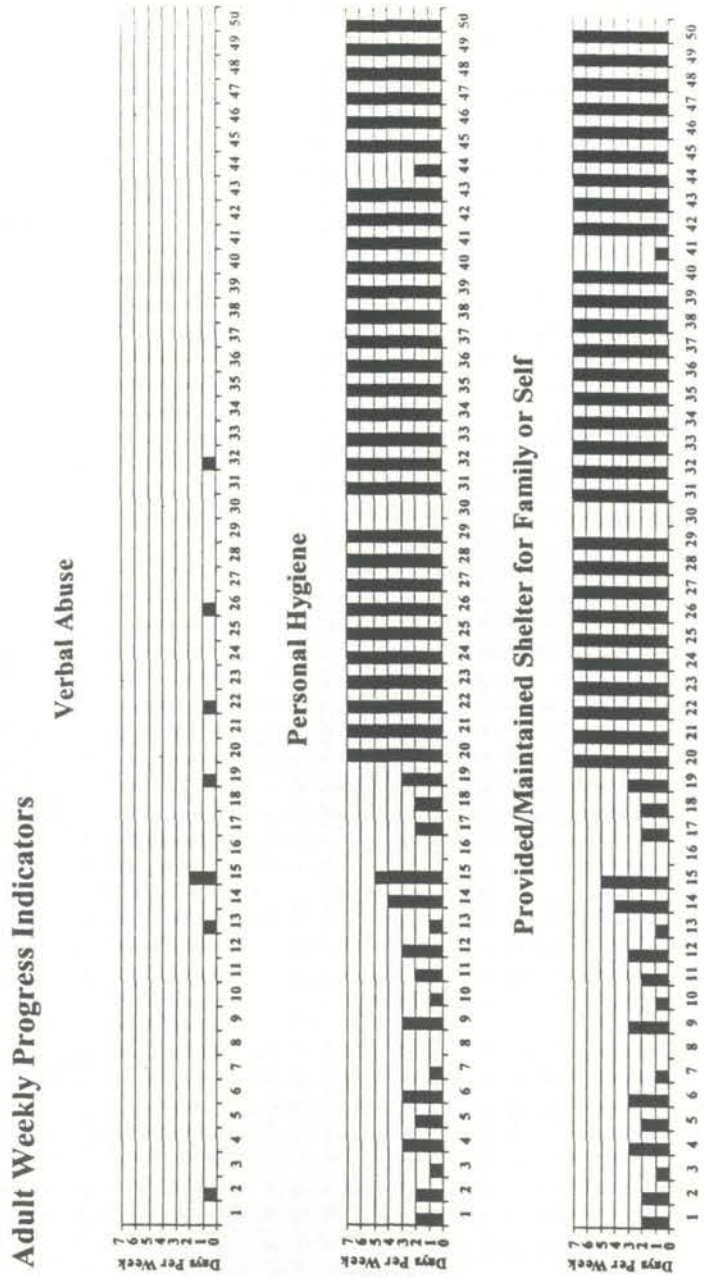

Figure 4. Adult Weekly Progress Indicators

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Consumer Satisfaction Interview

The family worker indicated that it took her 10-15 minutes per week to complete the checklist. On the topic of ease/difficulty of the checklist, she felt that trying to estimate the number of days per week that the behavior had occurred was a difficult task. For instance, she indicated that it was problematic to determine if the child was sad on the days she did not visit the family. Also, the family worker noted that some of the wording on the checklist was unclear and confusing and that consequently this made the task of completing the survey difficult. With respect to the usefulness of the survey, the family worker indicated that the WAIC was a useful tool and that she would not mind having it as a permanent part of the record-keeping procedures at Satellite. The family worker also indicated that the graphical representations of the data were useful in monitoring client status and in developing and reviewing treatment plans. She specifically noted that the positive behavioral changes on the graphs helped motivate her and other staff at Satellite. Finally, the family worker made several suggestions for improving the checklist (e.g., simplify the language, complete the checklist daily).

Discussion

One purpose of this exploratory study was to monitor on an on-going basis the progress of a family receiving services from an urban family support program. The findings of this study indicate that the target family being monitored showed progress with respect to some strength-oriented behaviors over a 1-year period. For instance, the adult (i.e., foster parent) showed optimum improvement in the areas of monitoring child behavior, personal hygiene, providing and maintaining shelter for family or self, encouraging children to go to school, discipline, and meeting family nutritional needs. Similarly, the child (i.e., Linda) displayed moderate improvement in the areas of adult contact, motivation, peer interactions, school attendance, and self-confidence. It is also evident from the data that over a 1-year period, both the adult and the child did not engage in any deficit-oriented behaviors such as suicide attempts, physical abuse, physical aggression, verbal abuse, and substance/alcohol abuse. The findings of this study also indicate that while some of the target family's goals were achieved, some others still needed to be addressed. For instance, the foster family placement was stabilized; however, Linda's school-related behaviors had not reached an optimum level of functioning.

A second purpose of this study was to investigate the applicability and acceptability of the WAIC in monitoring adult and child behaviors on an on-going basis at a family support program. The findings of this study indicate that the WAIC is applicable in monitoring the progress of children and adults in care. For instance, it is clearly evident from the year-long data collection phase that the WAIC can be used by direct service providers on a regular

basis to collect data on individuals in care. Furthermore, data from the consumer satisfaction interview indicate that the WAIC is acceptable and that it has the endorsement of its user, namely, the direct service provider.

The WAIC is a useful data gathering tool at both the individualized case level and at the agency, system level. At the individual case level, direct service providers can use the WAIC in several ways during their day-to-day interactions with their clients. First, they can use the WAIC to monitor the status of specific target behaviors of children and adults in their care. These target behaviors can be not only deficit-oriented behaviors such as theft, physical aggression, and property damage, but also strength-oriented behaviors such as peer interactions, school attendance, and self-confidence. Second, the direct care providers can then use this information on the target behaviors to design and implement more effective treatment plans for their clients. Third, the data can be visually presented in graphs to provide feedback to children, parents, and direct service providers, and can be used to modify treatment plans. In the present evaluation, child and adult graphs, such as in Figures 3 and 4, were presented to the Satellite team every three months as they formally reviewed and adjusted the family's treatment plans. Finally, along with a visual analysis of graphed data, a statistical test (i.e., Kendall's Tau) for trend can be calculated to assess if progress is being made on the target behaviors (Bruns et al., 1995). At the agency level, administrators can use WAIC data in several ways to evaluate the outcomes of services and treatments. First, if an agency focuses on a specific challenging behavior (e.g., police contacts, drug use) shared by many of their clients, WAIC data can be collected across their clients to monitor the outcomes of the treatment regimen. Second, agency administrators can use WAIC data to evaluate the effectiveness of one of their programs or services. For example, the WAIC tracking data on children and adults served in the present study is part of a larger evaluation of the overall effectiveness of the Satellite program. Third, the data can be aggregated across clients, and similar to individual cases, a statistical test for trend can be calculated to assess the direction of change for a group of individuals receiving services.

The family worker who completed the checklist, while discussing the potential benefits and usefulness of the WAIC, also noted ways in which the WAIC could be modified to make it a more effective and efficient tool. For instance, the family worker noted that it took her 10-15 minutes on an average every week to complete the WAIC. In addition, the family worker noted that trying to estimate the number of days per week that the behavior had occurred was a time-consuming and a difficult task. These features of the WAIC may make it less usable in the long run among direct care providers given the reality of their workloads and time constraints.

The need to modify the WAIC further and make it more useful and acceptable is evident from these findings. The WAIC could be modified in three ways to make it a more user-friendly tool. First, instead of having a Weekly Adjustment Indicators Checklist wherein the direct care provider estimates the number of days the behavior had occurred during a week, a Daily Adjustment Indicators Checklist (DAIC) could be used. This checklist could be filled out by one or more direct care providers every time they visit the family, once a week, once a month, once a quarter, or in such a similar manner. The response task on this checklist would entail determining if the behavior had occurred on that particular day and would not require the direct care provider to engage in the task of estimating the number of days the behavior had occurred during a certain time period such as a week. The response task of determining if the behavior had occurred or not on a particular day would not be a time-consuming and difficult activity and would therefore make the DAIC more acceptable among direct care providers. Second, the WAIC could also be made more efficient by individualizing it to the child or the adult being monitored. For example, if behaviors such as gang involvement and suicide are not problem behaviors that have to be monitored for a particular client, then they could be deleted from the checklist and this would help in shortening the checklist. In a similar manner, other deficit and strength behaviors that are applicable to the individual being observed could be added to the checklist, thus making it more individualized to the client. Because the present case study was part of a larger evaluation program, behaviors were selected by staff based on those typically engaged in by clients. Third, in order to reduce the time required for data collection, less frequent measurement of behavior may be warranted. As part of the Vermont evaluation system, Burchard and colleagues developed checklists that assess behavior on a monthly and quarterly basis (Bruns et al., 1995).

Certain limitations of the study should also be noted. First, the generalizability of the findings are somewhat limited given the small sample size. Second, the WAIC was not individualized and therefore was not totally reflective of the child being monitored. Third, the WAIC required the family worker to determine if the behavior had occurred during the week and the number of days during that week that the behavior had occurred. Both these response tasks required a certain degree of estimation and personal judgement as the family worker completing the WAIC did not visit the family on a daily basis and had to depend on other family workers' and the clients' observations to determine if the behavior had occurred or the number of days during which it had occurred. Unfortunately, no data were systematically collected on how reliable the family worker was in estimating the occurrence of the behavior. Despite these limitations, the findings from this study add to the knowledge base regarding the applicability, acceptability, and usability of the WAIC.

It would be unfortunate if the discussion of the modifications to the WAIC and the limitations of the present study distracted from the potential value of the WAIC. The WAIC

was designed for use in the evaluation of a child welfare agency; specifically for the purpose of monitoring on a regular and on-going basis selected behaviors of the child and adult clients receiving services. To this end, the WAIC has achieved its purpose. The WAIC has been found to be helpful in monitoring client behaviors over a significant period of time, to focus on behaviors that are meaningful to child welfare personnel, and to be perceived as user friendly by direct service providers. These points underscore the potential worth of the WAIC to individuals interested in monitoring, researching, and evaluating the outcomes of family support programs.

The results of this study indicate the need for further research in this area. First, a series of exploratory investigations are needed to make the WAIC more applicable and usable. Focus groups and interviews of direct care providers may help in determining the (a) most user-friendly design for the checklist, (b) target behaviors that should be included on the checklist, (c) operational definitions for the target behaviors that will render them observable and measurable, (d) response tasks that are easy and time efficient, and (e) various ways in which the checklist could be individualized. Second, further studies are needed to ensure that data are collected in a reliable manner. This may involve investigating how to train direct service providers to be accurate judges of behavior. Finally, additional studies using the tracking system are need to monitor the progress of individuals in care, and to collect the much needed outcome data on the services provided by child welfare agencies.

The need for on-going outcome data in the field of child welfare must be emphasized. The field of child welfare has a history of research investigations and program evaluations that has given rise to the existence of large databases focusing on issues, such as who is being served and the types of services they receive, while virtually overlooking issues relating to the outcomes associated with those services. Given the current demand by the public and policymakers to document the effectiveness of child welfare services, in general, and family support programs, in particular, public and private child care agencies need to be more cognizant of accountability. Child welfare staff, administrators, and evaluators need to develop accountability systems that not only assess and document outcomes, but also monitor progress of clients on a regular, on-going basis. The client monitoring system used in this study represents one attempt to provide outcome data to address the critical question, "How well are child and families served by family support programs?"

Author Notes

[1] Participant information has been altered to some extent for confidentiality purposes and also to protect the identity of the participant.

[2] The original WAIC was modified for use in this evaluation with permission of the developers of the WAIC. A young-child version of the WAIC for children from 0-5 years of age was also developed. Please contact the senior author for a copy of this checklist.

[3] The X-axis on all the graphs denotes the 12-month period of the data collection phase, while the Y-axis on all the graphs represents the number of days per week the target behavior had occurred.

References

Bath, H. I., Richley, C. A., & Haapala, D. A. (1992). "Child age and outcome correlates in intensive family preservation services." *Children and Youth Services Review, 14*, 389-406.

Burchard, J. D., & Bruns, E. J. (1992). *User's guide to the Weekly Adjustment Indicator Checklist*. Burlington: University of Vermont, Department of Psychology.

Burchard, J. D., & Schaefer, M. (1992). "Improving accountability in a service delivery system in children's mental health." *Clinical Psychology Review, 12*, 867-882.

Bruns, E. J., Froelich, P., Burchard, J. D., Yoe, J. T., & Tighe, T. (1995). *Tracking behavioral progress within a children's mental health system: The Vermont community adjustment tracking system (VT-CATS)*. Burlington: University of Vermont, Department of Psychology.

Children's Defense Fund. (1992). *State of the children*. Washington, DC: Author.

Dunst, C. J., Trivette, C. M., & Deal, A. G. (Eds.). (1994). *Supporting and strengthening families. Volume 1. Methods, strategies, and practices*. Cambridge, MA: Brookline.

Epstein, M. H., & Sharma, J. (1997). *Behavioral and emotional rating scale: A strength-based approach to assessment*. Austin, TX: PRO-ED.

Fein, E., & Staff, I. (1993). "Last best chance: Findings from a reunification services program." *Child Welfare, LXXII*(1), 25-40.

Feldman, L. H. (1991). "Evaluating the impact of Intensive Family Preservation Services in New Jersey." In K. Wells & D. Biegel (Eds.), *Family preservation services: Research and evaluation*. Newbury Park, CA: Sage.

Forsythe, P. (1992). "Homebuilders and family preservation." *Child and Youth Services Review, 14*, 37-47.

Froelich, P. K. (1993). *Vermont system for tracking client progress: Data entry and graphing programs for the creation of multi-axial life events timelines and behavioral adjustment tracking graphs*. Burlington: University of Vermont, Department of Psychology.

National Commission on Children. (1991). *Beyond rhetoric: A new American agenda for children and families–Final report of the National Commission on Children. Washington, DC*: U.S. Government Printing Office.

Pecora, P. J., Fraser, M. W., & Haapala, D. A. (1992). "Intensive home-based family preservation services: An update from the FIT project." *Child Welfare, 61*(2), 177-188.

Rossi, P. H. (1992). "Assessing family preservation programs." *Children and Youth Services Review, 14*, 77-97.

Saleebey, D. (Ed.). (1992). *The strengths perspective in social work practice*. New York: Longman.

Scannapieco, M. (1994). "Home-based service programs: Effectiveness with at-risk families." *Children and Youth Services Review, 16*, 363-377.

U.S. General Accounting Office. (1993). *Foster care: Services to prevent out-of-home placement are limited by funding patterns*. Washington, DC: General Accounting Office, GAP/HRD-93-76.

Wells, K., & Whittington, D. (1993). "Child and family functioning after intensive family preservation services." *Social Service Review*, 55-84.

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