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An Innovative Family Preservation Program in an African American Community: Longitudinal Analysis

Patricia Ciliberti

This paper presents a secondary analysis of data from a longitudinal evaluation of a community-based family preservation program in Portland, Oregon, designed for and by African Americans. Families served by the Family Enhancement Program (FEP) resemble chronically neglecting families in terms of numbers of children and length of contact with child protective services. Six- and twelve-month follow-ups for FEP clients were compared to data on families served by the Oregon State Office of Services to Children and Families (SOSCF). The author found that FEP families are more likely than SOSCF families to show greater improvement between the pretest scores and the posttest scores for number of days in placement, number of placements, and number of founded maltreatment reports.

Problem Statement

The Emerging Africentric Perspective in Child Welfare

Although the field of child welfare has begun to respond to the need for Africentric child welfare by developing theory to inform practice and guide research (Boyd-Franklin, 1989; Briggs, 1994; Everett, Chipungu, and Leashore, 1991; Grey and Nybell, 1990; Hodges, 1991; Isaacs and Benjamin, 1991), research related to Africentric child welfare continues to be sparse. The following article reports upon the efficacy of a community-based family preservation program located in an African American community. Implications of using an Africentric perspective are explored within the overarching context of community-based service provision.

Literature Review

Definition and Prevalence of Neglect

Although the term child maltreatment encompasses both physical abuse and neglect, neglect is more prevalent than physical abuse. The Third National Incidence Study of Child Abuse

and Neglect (U.S. Department of Health and Human Services, 1996) showed an estimated 551,700 physically and emotionally neglected children, compared to 381,700 physically abused children.

Children exposed to neglect are at risk for developmental delay, higher rates of out-of-home placement, and lower levels of academic achievement (Paget, Philp, & Abramczyk, 1993; Nelson, Landsman, Cross, & Tyler, 1993). Neglecting children have school problems, difficulties with situations perceived as frustrating, low self-esteem, and lower attachments to their mothers, compared with a control group of children with mothers who provided adequate care (Egeland & Stroufe 1981; Egeland, Stroufe, & Erickson, 1983). Neglected school-age children have been found to lag significantly behind peers in academic achievement (Wodarski, Kurtz, Gaudin, & Howing, 1990). A 1990 study which compared neglecting families with a sample of families drawn from the 1980 U.S. census of Allegheny County (Nelson, Saunders, & Landsman, 1990) showed that chronically neglecting families had lower incomes, almost four times as much reliance upon public assistance, almost twice as many female-headed families, and a higher rate of unemployment than comparison families from the same tract.

Correlation Between Neglect and Poverty

In a longitudinal cohort study by Nelson, Saunders, and Landsman (1993), chronic neglect was associated with extreme poverty, large families, inadequate housing, unemployment, lower levels of formal education, lack of parenting skills, health and mental health problems, placement, and developmental delay. Poverty-related stressors have also been correlated with physical neglect (Zuravin, 1989).

Neglect in African American Children

Nelson et al. (1993) found that 45.3% of 182 families referred to child protective services for neglect were minority families, with all but two minority families headed by an African American caregiver. In a study which examined the relationship between racial inequality and child neglect, Saunders, Nelson, and Landsman (1993) found that after marital status and per capita income were controlled, African Americans referred for child neglect were more likely than European Americans to occupy substandard housing, to have rats in their homes, to live in drug-ridden neighborhoods, and to see their neighborhoods as high in crime. However, ethnicity by itself is not correlated with maltreatment. A national study found no significant relationship between the incidence of maltreatment and a child's race or ethnicity, but identified poverty as a tremendous risk factor (National Council on Child Abuse and Neglect, 1993).

Family Preservation With Neglecting Families

Neglecting families have significantly larger households and are more likely to receive AFDC (Berry, 1991, 1992, 1993), and have significantly poorer family functioning, fewer available household resources, significantly more previous child removals, and less service time in spite of having cases open significantly longer. Neglecting families may be particularly difficult to engage and maintain in services, making family preservation programs appear to be less successful with neglecting families than with families in other maltreatment categories (Berry, 1992, 1993; Nelson, 1994; Nelson & Landsman, 1992; Yuan & Struckman-Johnson, 1991).

Neglecting families tend to be among the most difficult to engage in helping relationships, and the extreme poverty often faced by neglecting families must be addressed in order for family interventions to be effective (Nelson, 1997). Motivating neglecting caregivers is more likely to succeed in programs that provide comprehensive family-based services, including transportation and paraprofessional services, as well as counseling and parent education (Nelson and Landsman, 1992). However, strong social networks are empowering to families and increase the likelihood of successful family preservation interventions (Tracy, Whittaker, Pugh, Kapp, & Overstreet, 1994). Service length should be matched to service model and population (Nelson, Landsman, Tyler, & Richardson, 1996).

Screening As a Predictor of Success

The criteria used to screen clients into family preservation programs are linked to client success (Smith, 1995; Urquiza, Wirtz, Peterson, & Singer, 1994), with placement prevention tied to purposive screening and admission criteria conducted within a culturally appropriate context. The problems faced by children entering placement may be complex and difficult, combining emotional difficulties with educational and developmental problems, particularly in African American children (Urquiza, Wirtz, Peterson, & Singer, 1994). When intensive family preservation services fail, clients and workers often tend to identify client factors as responsible (Pecora, Fraser, Bennett, and Haapala, 1991).

Evaluations of Family Preservation Programs

Random heterogeneity of populations served in family preservation programs may constitute a threat to internal validity (Bath & Haapala, 1994). Family history and demographics may be the most consistent predictors of outcome (Nelson, 1991), with age of target child a possible predictor of outcome (Spaid & Fraser, 1991; Spaid, Lewis, & Pecora, 1991). Younger children in multi-problem families may pose more complex issues for practitioners (Spaid & Fraser, 1991) and may have higher placement rates (Scheurman, Rzepnicki, Littell,

& Chak, 1993; Nelson, Landsman, Tyler, & Richardson, 1996), particularly with younger neglected children.

Most family preservation evaluations involve longitudinal analyses, with twelve months being the most commonly selected follow-up point (Blythe, Salley, & Jayaratne, 1994); however, a variety of factors may impact longitudinal findings.

Feldman (1991) attributed the lack of findings of long-term effectiveness of family preservation services to methodological factors; in contrast, Meezan and McCroskey (1996) found that long-term placement results were influenced by a complex interaction of family history and characteristics, as well as by service history.

Study of homogeneous samples of children in intensive family preservation programs may reduce variability (Bath & Haapala, 1994) and increase the likelihood of significant findings. Moreover, limitations of studies comparing neglecting and non-neglecting families include the methodological concern that unless a control group is screened for maltreatment, they may include maltreating families, reducing differences (U. S. Department of Health and Human Services, 1995). Fraser, Nelson, and Rivard (1997) caution that apparent lack of effectiveness may in fact be the result of limitations in the research which may not detect program success.

People of Color

Most family preservation service evaluations have aggregated results from diverse client groups to yield a single success or outcome rate, a factor which attenuates the statistical power of a study by maximizing the heterogeneity of respondents (Bath and Haapala, 1994). However, even when ethnic composition of studies was reported, extreme variations in numbers of people of color were rarely commented upon by investigators (Blythe, Salley, and Jayaratne (1994).

Community-Based Interventions to Preserve Families

Community-based interventions emphasize community services and supports as well as social and kinship networks, and the recent move toward community-based services has been termed a major paradigm shift (Nelson & Allen, 1995). Creative and innovative approaches to family preservation assume added importance in the current climate of attenuated resources to public social services, with the resultant increased focus on critical cases by cost-conscious public service providers (Adams & Nelson, 1995).

The Family Enhancement Program: A Community-Based Child Welfare Intervention Designed By and For African Americans

Program History

Although only five percent of children in Multnomah County, in Oregon, are African American, they compose a disproportionate number (35%) of children in foster care (Children's Service Division, 1993). In 1993, the Oregon State Office of Services to Children and Families (SOSCF) responded to this situation by developing an association with an African American community-based service agency, Self-Enhancement, Inc. (SEI) in Portland. Families, staff, and program founders of SEI are all members of that community, which now contains 52% of Oregon's African American residents (Wollner, 1995). The resultant "home-grown" program, located in the Albina district of Portland, represents a growing trend in community-based services.

Theories Behind the FEP Intervention

Based on the Homebuilders crisis intervention model of intensive family preservation services, initially the Family Enhancement Program at SEI provided intensive family preservation and support services for four to six weeks, with an optional 90-day aftercare period. (At the time of this writing, the intervention period has been expanded to a four- to eight-week period.) The initial face-to-face FEP contact with a family occurs within 24 hours of referral from SOSCF, or as soon as the family can be located. Case coordinators are available to caregivers 24 hours a day, 7 days a week. Services are family-oriented, either in-home or in the Albina community, and include a combination of treatment modalities such as individual treatment, groups, parenting education, basic survival skills, or other services as needed to keep target children at home.

FEP expands upon usual community-based interventions by utilizing an explicitly defined relationship-focused treatment model that draws upon the Albina community's interconnectedness and collective identity, principles which Everett, Leashore, and Chipungu (1991) describe as integral to the African American world view. The relationship model (Leary, 1993) emphasizes central values around the importance of interpersonal relationships rather than upon temporal awareness and acquisition of material objects.

Central to treatment at FEP are three roles identified as primary to functioning in the African American community: parental, instructional, and mentoring. Case workers assume these various roles with families; in the parental role, workers address their clients in the manner of a parent providing guidance; in the instructional role, knowledge is imparted; and in the

mentoring role, workers advocate and support their clients in the nonjudgmental manner of a peer. Development of a positive relationship with clients occurs during the early stages, as case coordinators participate in friendship-building activities such as assisting with household errands. This positive relationship is in itself a goal of treatment, since it affirms positive functioning of the client families within the African American community. With most staff and clients born and raised in Northeast Portland, staff personally know many client families prior to treatment—a relationship which makes it easier for clients to trust workers (personal interview with Ellon Manly, Aftercare Services Coordinator with FEP, March 11, 1997).

Intensive services may include skills for survival and self-esteem building, such as parenting education, advocacy, counseling, communication and negotiation skills, home maintenance, budgeting skills, and job readiness training. External supports used in tandem with FEP services include drug and alcohol treatment, child care, housing, mental health treatment, employment services, and neighborhood community resources, including residents and paraprofessionals. Extended families are used as caregivers and supports whenever possible; grandmothers or even great-grandmothers often are primary caregivers for FEP families.

Unique features of FEP include the following: the relationship model, the low number of cases assigned to each case coordinator (no more than two at a time), development and ownership by the African-American community, the community-based structure of the agency, and the aftercare component, which includes a 90-day period of coordinating additional supports, service referrals, and moral support as needed after the initial service period is over.

Initial Evaluation

In 1995, a preliminary evaluation of the FEP component of SEI was undertaken in order to compare the demographics and service utilization for families served by FEP with those for comparable families who received the usual services delivered by SOSCF (Child Welfare Partnership, 1995). The evaluation was conducted by the Child Welfare Partnership of Portland State University in Portland, Oregon. Findings from the initial evaluation indicated higher service utilization by FEP families, as well as higher placement risk, twice as many vulnerable children, and more success in resolution of barriers to returning home (Child Welfare Partnership, 1995).

In addition, findings indicated that FEP is serving a very difficult population that resembles chronically neglecting families in terms of numbers of children and length of contact with SOSCF (Nelson, Saunders, & Landsman, 1993). FEP services are based upon a short-term crisis intervention model of family preservation that has been found to be less successful with

neglecting than with other types of families (Berry, 1992; Nelson, 1994; Nelson & Landsman, 1992; Yuan & Struckman-Johnson, 1991).

Research Question for Outcome Analysis

A long-term outcome analysis for families served by FEP followed the initial evaluation in 1995, which was descriptive in nature. The research question for the outcome analysis, which is reported on in this paper, explored whether the families served by the culturally responsive FEP intervention, when compared with similar families served only by SOSCF, have significantly greater improvement in outcomes at six and twelve month follow-ups.

Target Population and Screening

Children served by FEP are African American or of mixed race, and live in metropolitan Portland, Oregon. Target children at the time of the outcome evaluation were six years of age or younger and at imminent risk of placement, according to the SOSCF. If already placed, a plan must be set for children to be returned home three to seven days after admission to FEP.

The referral process for FEP includes screening by the SOSCF liaison. Cases screened in include families with histories of physical abuse and neglect, families whose environments pose a threat of harm, and cases in which the biological parent has abandoned a child and extended family members are providing care. Approximately 65% of families admitted to FEP were found to be abusing alcohol or other drugs.

Cases screened out include sexual abuse cases in which penetration or oral sex has occurred or the perpetrator is still in the home with the child and extreme cases of physical abuse in which the safety of the children cannot be assured by in-home services. Families with histories of violence between adults in the household are often screened out, as are families with no immediate plans to return target children in placement to the home. Chronically homeless families are not admitted; however, clients who are inadequately housed are admitted if they can provide a verifiable address.

Usual State Child Protective Services (Children's Service Division, 1994)

A variety of treatment modalities are available through the SOSCF. These include, but are not limited to, shelter care for families and children, foster care, relative care, residential treatment, psychiatric hospitalization, day treatment, day care, counseling for families and groups, parent training, and intensive home-based services. Services may be offered for one

day only or for extended periods of months or years, depending on the type of service, the kind of client issue, and the progress of the client in working through designated goals.

Levels of Vulnerability: Children entering care at the State Office of Services to Children and Families receive services based upon a priority system known as the level of vulnerability (State Office of Services to Children and Families and Child Welfare Partnership, 1995). In the level system, children are spread across a continuum of categories encompassing a variety of ages, kinds of maltreatment, and severity of maltreatment. Characteristics of a child's age, condition, and the severity of the maltreatment must be evaluated in order for the child to be placed upon the continuum. The most vulnerable children are placed in Level 1, and the least vulnerable are placed in Level 7.

Data Collection and Reliability: Data on FEP families were obtained from SOSCF's Integrated Information System (IIS), from FEP case coordinators, and from FEP case records. SOSCF comparison families included in-home and out-of-home cases, which were drawn from a pool of African American families living in the metropolitan Portland area, and studied in the 1995 Child Welfare Partnership evaluation. Information on these families was collected from the Integrated Information System at SOSCF. In addition, descriptive data on comparison families were drawn from data collected in the SOSCF Focus 90's evaluation, a study which collected material on demographics, family and caregiver characteristics, and services for both in-home and out-of-home placements for a random sample of families with children in Oregon foster care in 1990 and 1992.

The same case reading instrument was used for the Focus 90's cases as for the FEP cases (Children's Service Division, 1994). Focus 90's case readers had been given a number of trainings in order to maximize reliability. Informal tests of the Focus 90's case reading instrument showed a high level of agreement between readers (personal communication with P. Bellaty, researcher for Child Welfare Partnership, February 8, 1997).

Issues of confidentiality: Possible breach of confidentiality existed in the process of the secondary data collection, and was guarded against by entering the data onto forms which were structured to safeguard confidentiality by using research project numbers rather than names or other identifying information.

Placement was selected as a dependent variable for this research because it is relevant to desirable outcome and easily measured. Repeated maltreatment, repeated placements, and days in placements were used as dependent variables, in order to capture multiple effects of the program (Scheurman, Rzebnicki, & Littell, 1991; Jones, 1991). Only placements that were court-ordered in Oregon were used for the research (Scheurman et al, 1991). All were clearly

delineated in the IIS statistics, so that no qualitative judgments from the researcher influenced the placement outcome.

Days in placement refer to calendar days spent by a target child in any of the out-of-home placements available through SOSCF. Days were calculated from IIS data, which list exact dates and numbers of days in each specific placement.

Design

The outcome evaluation employed a pretest-posttest comparison group repeated measures design (Pecora, Fraser, Nelson, McCroskey, & Meezan, 1995). Families were compared both within and across groups. Data on the outcome variables of number of placements, number of days in placement, and number of founded maltreatment reports at the six and twelve month follow-up points were also compared to data at six and twelve months prior to the target service:

FEP:	O(1) O(2) X O(3) O(4)
SOSCF:	O(5) O(6) X O(7) O(8)

Here, O(1) and O(5) are the observations at 12 months prior to the target service; O(2) and O(6) are observations at six months prior to the target service; O(3) and O(7) are the observations at six months following the target service; and (4) and O(8) are the observations at twelve months following the target service.

A nonrandom matched groups comparison attempted to control for extraneous selection variables. Families in the comparison group for the preliminary evaluation had already been selected to match FEP families only on the basis of African American cultural background and residence in metropolitan Portland; additional matching for the outcome study observations took place on variables specifically associated with neglect (National Council on Child Abuse and Neglect, 1993), including the age of the target child (child referred for protective services), level of vulnerability of target child (type of maltreatment combined with age of the target child), and number of children in the family. Rationale for additional matching for the outcome study was based on the need to create a comparison group as closely matched as possible to the 46 FEP families.

Matched Comparison Sample: To select the matched comparison group, FEP cases ($n = 46$) and comparison cases ($n = 107$) were divided into four categories, based upon case-reading data and IIS case information: physical abuse, neglect, sexual abuse, and drug-affected infants. FEP cases in the four categories were then matched by category with cases chosen

from the comparison group of 74 out-of-home and 33 in-home cases. In order to standardize comparison group cases as much as possible, severe out-of-home cases from that group were screened out, and severe in-home cases were screened in. The comparison group was thus reduced to 43 cases.

When the matching process had been completed, no significant differences existed between groups on age, family size, or maltreatment category (see Table 1). Because of inaccessibility of service data for four FEP families, at the time of analysis, the FEP group included only 42 families with follow-up information that were contrasted to the 43 comparison families.

Hypotheses: Predictive variables for all hypotheses included participation in the respective program delivering services to families, either FEP or SOSCF; and time of measurement (pretest versus posttest). Dependent variables included number of placements, number of days in placement, and number of incidents of repeated maltreatment. Six hypotheses were tested, with each of the three dependent variables tested at both the six-month and twelve-month points. It was expected that FEP families would show greater improvement between six-month and twelve-month pretest and posttest scores for the three dependent variables.

All hypotheses predicted an interaction effect between group membership (SOSCF or FEP) and time of measurement (pretest versus posttest). Significant differences were also predicted both between groups (FEP versus SOSCF) and within groups (pretests versus posttests). Hypotheses tested using this one-between, one-within repeated-measures design were evaluated at a significance level of .05 using a MANOVA (multiple analysis of variance for repeated measures).

Supplementary Analyses: As a context for interpreting the results of the hypotheses tested, an additional analysis was conducted. This included analyses of concurrent and in-home services offered to FEP families during the initial four- to six-week intervention, as well as during the aftercare period.

Characteristics of Treatment and Comparison Groups

Demographic information and maltreatment categories were available for 42 FEP families and 43 comparison families (see Table 1). Mean age for FEP children was 2.57 years; the mean for comparison children was 3.47 years. A *t*-test for independent means showed that no significant differences existed between these two groups ($T(84) = -1.57, p = .121$).

The preponderance of FEP families (90%) had four or fewer children ($\underline{M} = 2.73$), comparable to size for SOSCF families ($\underline{M} = 2.71$). A t -test for independent means showed that no significant difference existed between the groups ($\underline{T}(86) = .38, p = .704$).

Neglecting families composed 62% of the FEP sample, with families having drug-affected babies composing the next largest group (24%). Dispersion of maltreatment type and severity was very similar for the SOSCF group. A chi-square test showed no significant difference between groups on the basis of maltreatment category ($\chi^2(3, \underline{N} = 85) = .485, p = .922$).

Aggregate Statistics Before Target Service For Treatment and Control Groups

Aggregate statistics for total number of founded maltreatment reports, number of placements, and number of days in placement for both groups were calculated as a way of capturing the critical differences between the treatment and comparison groups. A two-tailed t -test for independent groups was used with an alpha level of .05 for all statistical tests.

No significant difference existed in the mean aggregate numbers of months in which cases were open with SOSCF prior to the respective target service (see Table 2). However, FEP families had on aggregate significantly more families with children in placement prior to the target service than did SOSCF families, as well as more days in placement, although the difference in placement days was not statistically significant. Of FEP families, 63% experienced out-of-home placements for a child prior to the target service, compared to only 26% of SOSCF families.

Maltreatment reports for FEP families were on aggregate significantly higher than for SOSCF families. Eighty percent of FEP families experienced at least one founded report, while only 35% of SOSCF families experienced prior founded maltreatment reports.

Bivariate Analysis of Placements, Days in Placement, and Founded Maltreatment Reports Six Months Prior To and Following the Target Service:

Follow-up information was available for 42 FEP families who were matched to 43 SOSCF families with comparable data. Mean length of target intervention for FEP was 43 days ($\underline{SD} = 18.89$), compared to 117 days ($\underline{SD} = 181.48$) for SOSCF families—a significant difference ($\underline{T}(43) = 2.68, p = .010$). For both treatment and comparison families, number of founded maltreatment reports, number of placements, and number of days in placement were calculated at twelve months pre and post the target service and six months pre and post the target service.

Table 1
Demographic Characteristics and Maltreatment Categories in Treatment Group (FEP) and Comparison Group (SOSCF)

	FEP (N = 42)		SOSCF (N = 43)	
	Target Children			
<u>Ages</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
1	21	50	13	30
2	7	17	6	14
3	3	7	7	16
4	2	5	5	12
5	1	2	1	2
6	6	14	4	9
7	1	2	3	7
8	1	1	3	7
9	0	0	1	2
Missing	4	4	3	7

FEP: \underline{M} = 2.57, \underline{SD} = 2.12; SOSCF: \underline{M} = 3.47, \underline{SD} = 2.45; ($t(84)$ = -1.57, p = .121).

	Number of Children in Family			
<u>Number</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
1	11	26	10	23
2	9	21	13	30
3	11	26	9	21
4	7	17	4	9
5	2	5	2	5
6	1	2	3	7
7	0	0	1	2
8	0	0	0	0
9	1	2	0	0
Missing	4	10	4	9

FEP: $\underline{M} = 2.73$, $\underline{SD} = 1.63$; SOSCF: $\underline{M} = 2.71$, $\underline{SD} = 1.59$; ($t(86) = p = .704$).

	Maltreatment Category			
<u>Category</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Drug-affected infants	10	24	9	21
Sexual abuse	1	2	2	6
Physical abuse	5	12	5	12
Neglect & threat of harm	26	62	27	63
Missing	4	10	3	7

($\chi^2 (3, N = 85) = .485$, $p = .922$)

Note: Treatment Group = Family Enhancement Program (FEP); Comparison Group = Oregon State Office of Services to Children (SOSFC); Missing = data not available.

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Table 2
Aggregate SOSCF Service History of Families Entering Respective Programs
Prior To Target Intervention

Measures	FEP (n = 42)		SOSCF (n = 43)		Significance of differences between groups		
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>t</u>	<u>df</u>	<u>p</u>
Months cases open with SOSCF	44.12	47.73	42.44	41.31	.17	83	.863
Days in placement	143.40	230.13	70.51	166.10	1.67	75	.099
Placements	1.71	1.67	.79	1.62	2.57	83	.012
Maltreatment reports	1.14	.68	.51	.80	3.92	82	.000

Note: Programs = Family Enhancement Program (FEP); Oregon State Office of Services to Children and Families (SOSCF).

At six months prior to the start of the respective target service (see Table 3), FEP families had significantly greater numbers only for placements and numbers of founded maltreatment reports compared with the SOSCF families. However, at the six-month follow-up period, the between-groups differences for none of the three dependent variables were statistically significant.

Bivariate Analysis of Placements, Days in Placement, and Founded Maltreatment Reports Twelve Months Prior To and Following the Target Service: Mean number of placements and maltreatment reports for FEP families were significantly higher during the twelve-month pretest than for SOSCF families (see Table 4). By the time of the twelve-month posttest, the between groups differences for none of the three dependent variables were statistically significant.

Tests of Hypotheses

As predicted, a significant interaction, $F(1,2) = 9.92$, $p = .002$, existed between the group and time of measurement for the variable of number of placements at the six month follow-up (see Table 5). Although they had a higher number of placements at the six-month pretest, families in the FEP group showed a greater reduction in numbers of placements six months following the target service compared to families in the SOSCF group.

Table 3
Pretest and Posttest Contrasts Within and Across Treatment Group (FEP) and Comparison Group (SOSCF) at Six Months

	FEP target (n = 42)		SOSCF target (n = 43)		Significance of difference between groups		
	Pretest						
Variable	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>t</u>	<u>df</u>	<u>p</u>
Days in placement	46.21	69.75	25.09	56.41	1.53	79	.129
No. of placements	1.00	1.23	.35	.61	3.08	83	.003
Maltreatment reports	.69	.64	.16	.43	4.43	72	.000
	Posttest						
Variable	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>t</u>	<u>df</u>	<u>p</u>
Days in placement	43.20	72.71	62.42	76.67	-1.18	82	.242
No. of placements	.55	.94	.77	.99	-1.04	83	.299
Maltreatment reports	.02	.15	.06	.26	-1.00	69	.321

Note: Treatment Group = Family Enhancement Program (FEP); Comparison Group = Oregon State Office of Services to Children and Families (SOSCF).

Table 4
Pretest and Posttest Contrasts Within and Across Treatment Group (FEP) and Comparison Group (SOSCF) at Twelve Months

	FEP target service (n = 42)		SOSCF target service (n = 43)		Significance of differences between groups		
	Pretest						
Variable	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>t</u>	<u>df</u>	<u>p</u>
Days in placement	71.69	118.41	52.47	115.24	.76	83	.450
No. of placements	1.21	1.35	.49	.91	2.90	72	.005
Maltreatment reports	.81	.59	.21	.47	4.47	83	.000
	Posttest						
Variable	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>t</u>	<u>df</u>	<u>p</u>
Days in placement	96.44	148.73	116.72	144.94	-.63	82	.529
No. of placements	1.00	1.73	.95	1.31	-.14	82	.890
Maltreatment reports	.05	.22	.09	.30	-.81	83	.420

Note: Treatment Group = Family Enhancement Program (FEP); Comparison Group = Oregon State Office of Services to Children and Families (SOSCF). * $p < .05$.

Table 5
Improvement Between Pretest and Posttest Scores at Twelve Months
for Numbers of Placements, Days in Placement, and Founded
Maltreatment Reports: Treatment Group (FEP) and Comparison
Group (SOSCF)

Source	df	F ratio
Group membership placements	1	3.20
Days in placement	1	.00
Maltreatment reports	1	16.85*
Within+redidual		
Placements	82	(2.11)
Days in placement	82	(20527.82)
Maltreatment reports	82	(.19)
<hr/>		
Within subjects		
Group by time of measurement		
Placements	1	3.40
Days in placement	1	1.21
Maltreatment reports	1	28.23
Within+residual		
Placements	82	(1.55)
Days in treatment	82	(14773.17)
Maltreatment reports	83	(.16)

Note: Treatment Group = Family Enhancement Program (FEP); Comparison Group=Oregon State Office of Services to ChildrenOffice of Services to Children and Families (SOSCF). Values enclosed in parentheses represent mean squares. * $p < .05$.

For number of days in placement at the six-month follow-up period, a statistically significant interaction also existed, with $F(1,2) = 4.52$, $p = .036$, as was predicted in Hypothesis 2. Families in the FEP group showed a greater reduction of days for target children in out-of-home placement compared with SOSCF families, although the FEP families had a higher number of days in placement at the six-month pretest.

The number of founded maltreatment reports at the six-month follow-up period also decreased sharply for FEP families, producing a statistically significant interaction, $F(1,2) = 20.04$, $p = .000$, which was in accord with Hypothesis 3. Families in the FEP group were more likely than comparison families to have reduced numbers of founded maltreatment reports by the six-month follow-up.

By the point of the twelve-month follow-up, numbers of placements (see Table 6) continued to decrease for FEP families, although Hypothesis 4 was not supported, with $F(1,2) = 3.40$, $p = .069$. In comparison, placements increased for SOSCF families.

For number of days in placements at the twelve-month follow-up, increases existed for both groups compared to their pretest scores. Although increases were higher for comparison families, Hypothesis 5 was not supported. With $F(1,2) = 1.21$, $p = .275$, the interaction effect between groups was not statistically significant.

Table 6
Improvement Between Pretest and Posttest Scores at Six Months for Numbers of Placements, Days in Placement, and Founded Maltreatment Reports: Treatment Group (FEP) and Comparison Group (SOSCF)

Source	df	F ratio
Group membership placements	1	1.86
Days in placement	1	.02
Maltreatment reports	1	14.49*
Within+redidual		
Placements	83	(1.07)
Days in placement	82	(5633.79)
Maltreatment reports	83	(.17)
Within subjects		
Group by time of measurement		
Placements	1	9.92*
Days in placement	1	4.52*
Maltreatment reports	1	20.04*
Within+residual		
Placements	83	(.81)
Days in treatment	82	(3991.58)
Maltreatment reports	83	(.17)

Note: Treatment Group = Family Enhancement Program (FEP); Comparison Group=Oregon State Office of Services to Children, Office of Services to Children and Families (SOSCF). Values enclosed in parentheses represent mean squares. * $p < .05$.

A statistically significant interaction effect $F(1,2) = 28.23$, $p = .000$, was observed for a number of founded maltreatment reports at the twelve-month follow-up, confirming Hypothesis 6. Families in FEP continued to show a stronger likelihood than comparison

families of a greater reduction in founded maltreatment reports, compared with SOSCF families.

Supplementary Analysis of Services to FEP Participants

This analysis focuses upon trends and patterns that illuminate the internal dynamics of the Family Enhancement Program. Kinship care and maltreatment category were explored in order to understand their relationships with service provision.

Kinship Care

At the six-month follow-up point, twelve families had children in placement. These children were divided equally between children in kinship and unrelated foster care placements. In comparison, at the twelve-month follow-up, of the 17 families who had children in placement, 10 (60% of the 17) used kinship placements and 7 (41% of the 17) used unrelated foster care placements.

A Mann Whitney U-Wilcoxon Rank Sum W test showed that placement in kinship care had accounted for a significant increase in numbers of days in placement ($\underline{U} = 56.5$, $\underline{W} = 521.5$, $p = .000$). No relationship was found between any maltreatment category and either numbers of placements or days in placement. Nor was any relationship found between either age of target child, or numbers of children in family, when assessing the impact of those variables upon placements or placement days.

Aftercare Services

The target period of service at FEP is intended for stabilization, while the aftercare period gives families an opportunity to examine their issues in depth over a longer time period (personal communication with FEP Program Manager A. Vernon Baker, January 23, 1997). Because many more families engaged in aftercare than in target services, due to the longer time period, the effects of aftercare services upon placement outcome were examined. For families with children living in unrelated foster care, services to biological parents were tracked.

Trends toward influencing length of placement were found for certain aftercare services. Children whose biological mothers received drug/alcohol services during the aftercare period had lower means for placements or days in placement compared to children whose mothers did not receive drug/alcohol services; this was true for both children in kinship care and unrelated foster care (see Table 7). Children with parents or kinship care providers who

received job/education services, AFDC, emergency funds, mental health services, daycare services, and transportation services had higher placement means than children in kinship care whose caregivers or parents did not receive these services.

Table 7
Mean Days in Placement for Children in Treatment Group (FEP) by Use of Aftercare Services

Aftercare Service	No.	Service		No.	No Service	
		M	SD		M	SD
Drug and alcohol tx						
Kinship care	3	99.67	83.39	7	271.00	143.96
Unrelated fc	4	169.50	163.44	3	360.00	8.66
Jobs/ed						
Kinship care	4	352.25	18.39	6	131.17	127.74
Unrelated fc	4	245.75	166.45	3	258.33	171.93
AFDC						
Kinship care	8	251.14	149.38	2	93.50	62.93
Unrelated fc	6	233.17	160.58	1	359.00	—
Emergency funds						
Kinship care	6	266.00	137.29	4	150.00	156.38
Unrelated fc	6	232.17	159.61	1	365.00	—
Mental health						
Kinship care	5	317.20	100.31	5	122.00	126.88
Unrelated fc	3	203.00	175.29	4	287.25	151.53
Daycare						
Kinship care	3	361.00	6.93	7	159.00	137.91
Unrelated fc	4	245.75	166.45	3	263.33	176.09
Housing						
Kinship care	4	192.75	192.91	5	212.00	126.44
Unrelated fc	5	279.80	132.28	2	179.50	241.12
Transportation						
Kinship care	6	275.67	138.12	4	135.50	138.29
Unrelated fc	6	291.50	121.74	1	9.00	—

Note: Treatment Group=Family Enhancement Program (FEP).

— = not statistically meaningful.

In contrast, children in unrelated foster care whose biological parents received job/education services, AFDC, emergency funds, and mental health services had shorter stays in placement than children in unrelated foster care whose biological parents did not receive these services.

However, a Mann Whitney U-Wilcoxon Rank Sum W test showed that no single aftercare service had significant impact upon treatment outcome.

Discussion of Primary Findings

Aggregate data suggest that SOSCF families and FEP families are comparable in terms of numbers of children, ages of target children, type and severity of abuse of target child, and numbers of months open in SOSCF prior to target service. However, the families arriving at SEI for inclusion in the Family Enhancement Program had more than twice as many founded maltreatment reports and target children in out-of-home placement. This finding suggests that clients of family-based service programs are no less difficult than clients in the general child welfare population, and in fact may represent a group which is more difficult to treat (Nelson, 1991).

Differences between the two groups at the pretest points were statistically significant, with FEP showing more days in placements, significantly more placements and significantly greater numbers of maltreatment reports than comparisons at both the twelve-month pretest and the six-month pretest. Data collected at both the six-month and twelve-month posttest periods showed that although differences were not statistically significant, after service FEP families had fewer placements, fewer days in placement, and fewer founded maltreatment reports than comparison families.

Significant interaction effects existed for all three variables (numbers of placements, numbers of days in placement, and numbers of founded maltreatment reports) at the time of the six-month follow-up, with families in FEP showing greater improvement than comparison families on the three dimensions. At the point of the twelve-month follow-up, a significant interaction continued to exist only for founded maltreatment reports; however, a strong trend toward greater improvement by FEP families continued to be manifest. These findings are consistent with the research studies of Meezan and McCroskey (1996) and Feldman (1991), which show that treatment effects of family preservation services are negligible after about twelve months.

Conclusions are drawn that a culturally responsive approach may be more effective than standard child welfare interventions for reducing out-of-home placements for African American children. Although statistically significant treatment effects began to dissipate at the twelve-month posttest, trends continued to indicate greater improvement for families receiving the culturally responsive intervention.

Discussion of Supplementary Analysis

The influence of such exogenous variables, primarily kinship care, upon twelve-month placement outcomes is a key finding for the outcome analysis. By the twelve-month follow-up, more FEP families with children in placement were using kinship than nonkinship care, with children in kinship care showing significantly more placements and days in placement. For the primary analysis, this may explain the lowering of significance levels at the twelve-month observation points for total numbers of placements and days in placement for FEP families when compared to SOSCF families.

Overall, aftercare service utilization and use of kinship care appear to be related. The shorter placement means for children in unrelated foster care whose biological parents received most aftercare services suggest that these services may prompt reunification. Longer placement means for children in kinship care whose caregivers receive many aftercare services indicate that supportive services may promote stable, long-term placements. Further research might continue to explore ways of identifying cultural resources and assets within communities as a way of empowering families, with implementation and evaluation of culturally specific service models such as family foster care (Courtney, Barth, Barrick, Brooks, Needell & Park, 1996; Brown and Bailey-Etta, 1997).

Kinship Care

Dual perspectives exist when evaluating the appropriateness of kinship care as a treatment strategy. From a standard child welfare perspective, kinship care has been regarded as an out-of-home placement; in contrast, for African American families, "kinship care" and "family preservation" are interchangeable terms (Danzon & Jackson, 1997). For interpreting the primary findings of the outcome research, kinship care placements were included together with all out-of-home placements. Additional research might reexamine the two groups from the perspective of kinship care as family preservation rather than as out-of-home care.

The fewer placements but higher number of days in placement among FEP children in kinship care corroborates findings, which show that children in kinship care tend to remain there longer than their counterparts in nonrelative family placements (Benedict & White, 1991; Berrick & Barth, 1994; Berrick, 1996) with fewer changes in placement (Benedict & Zuravin, 1992; Berrick & Barth, 1994; Iglehart, 1994).

For children in kinship care, appropriate placement outcomes, then, might be stability and continued contact with families of origin—indicated by high numbers of days in kinship placement, but low numbers of actual placements. Further research might continue to explore

the spectrum of factors that would constitute appropriate outcome measures for kinship care, particularly in a culturally specific context.

Policy Support For Kinship Care: Ongoing policy development might address methods of streamlining the process of licensure for kin caregiving, screening and assessments for kingiver providers versus unrelated foster care providers, and types of services that are particularly appropriate for kin caregivers and biological parents with children in kinship care (Minkler, Driver, Roe, & Bedeiri, 1993). Culturally appropriate instruments for assessment and screening should also be developed.

Ongoing research might also explore how the field of child welfare and African American communities would benefit from emphasis upon collaborative relationships between community partners (Brissett-Chapman, 1997). Such relationships would link representatives within the African American community with child welfare professionals, in order to redefine resource allocations and screening processes, rather than contributing to inappropriate removals and destructive interventions (Lawrence-Webb, 1997).

Further study might clarify the ways in which culturally based definitions of maltreatment would relate to community-based services and supports. Theories of neglect should also be placed within culturally specific paradigms (Brissett-Chapman, 1997), with the relationship between poverty and ethnicity emphasized.

Services and Service Utilization

The impact of engagement in drug/alcohol services on FEP families emerged as an important finding. During the aftercare period, almost half of all families utilized this service. Biological mothers living with their children were the primary recipients of this service. However, when the service was offered to biological mothers with children in unrelated foster care, average days in placement decreased sharply. This decrease in placement days was also evident for children in kinship care whose biological mothers received these services. Drug/alcohol services offered to the biological mother thus appear to be an important factor in family reunification.

Findings overall show the relatively high engagement of neglecting families in services, indicating that neglecting caregivers may show more motivation when services are provided in programs using a family-based context (Nelson and Landsman, 1992). Further research might investigate aftercare services, which, with their presumption of a long-term relationship with families, are consonant with the notion of the relationship model.

Limitations of Study

In reviewing the findings, the following limitations should be considered:

External Validity: In order for maltreatment to be documented, cases must first be open with child protective services. This research could therefore be generalized mostly to other caseloads in public child protective services agencies; it would not be able to account for maltreating families who have not yet come to the attention of state caseworkers.

The literature review indicates that FEP is unique among family preservation programs, because of its exclusive service to African American families, as well as its relationship approach based upon developing Africentric theory. Although the community-based approach of FEP is not unique, the Albina community in which SEI is located has unique characteristics in terms of history and community development. For these reasons, generalization of results to other family preservation programs should be approached cautiously.

Internal Validity: The screening process into FEP may constitute selection biases which compromise internal validity. Families were admitted into the program primarily on the basis of neglecting their children; however, not all incidents of neglect or physical abuse may be known to caseworkers, or detected by casereaders; thus, designating families as neglecting may not be accurate. By making the two groups as homogenous as possible, the author attempted to increase internal validity. The threats to internal validity of selection and selection-maturation were controlled for by screening out comparison group cases that did not resemble FEP cases.

Intervening variables that affect treatment outcomes for families may also exist. These might include a desire to comply with FEP expectations and please FEP workers, or maturational features interacting with the process of selection into FEP. Regression effects might also confound the FEP intervention; since at intake FEP families were a relatively difficult group, improvement might be expected from almost any intervention.

Instrument design constitutes another issue that could potentially compromise validity. Originally designed to collect information for use by the state child protective services agency, the Docus 90's case reading instrument is descriptive and collects general information about family history and characteristics, rather than specific psychodynamic data. However, the instrument was specific enough to enhance discriminant validity, in that it presents placement and maltreatment as conceptually distinct issues.

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Reliability: The case readers who read the Focus '90's cases for this project had identical special training for the case reading process. However, differences in reader assessment of cases may have existed. Lack of reliability may also apply to caseworkers, who may not have had identical training, and might therefore be predisposed to make differential assessments of maltreatment reports and family issues. Data collection for both groups depended upon accurate assessment, reporting and recordkeeping by caseworkers—a notoriously unreliable process for tracking services and family problems, but a common limitation in conducting systems research in state child protective service agencies.

Contributions to the Research on Family Preservation

The research adds to the knowledge base of Africentric child welfare and enriches community-based service research by focusing upon a unique intervention developed by and for African Americans. Internal homogeneity of the groups assures that African American families are compared to other African American families, rather than to white families or to families from disparate racial backgrounds. This study is the first in family preservation evaluation to focus exclusively on African American families, as well as to examine the effectiveness of an intervention grounded in African American history and culture.

The research offers improvement over previous research methodologies in family preservation services by the use of a matched comparison group, use of multiple outcome measures, and longitudinal evaluation of family preservation programs. The researcher has attempted to decrease within-group variance and exert statistical control through the study of a homogeneous population and the use of carefully matched comparison families.

Contributions to Family Preservation Practice

Perhaps the most important implication of this research relates to the use of the relationship model in family preservation intervention. Use of the model underlies the apparent success of the findings, and is apparent in both the relationships between families and case coordinators, and between families and the agency itself, as family members are encouraged to participate in support groups, the parent advisory board, and community activities tied in to the SEI mission. The high engagement of families in aftercare services also suggests the success of the relationship model.

Additionally, use of the relationship model reflects the growing emphasis on Africentricity in social work practice. Schiele (1996) notes that a key component of the Africentric model involves personalizing the professional relationship, and downplaying the emotional distance between worker and client. This perspective is distinctly at variance with the model often

espoused by Eurocentric policy and practice, which stresses the importance of therapeutic distance, with personal and emotional separation from clients. However, standard interventions by child protective service agencies appear to have had less than optimal results for African American children and their families. In recognition of this fact, the subcontract between Oregon SOSCF and SEI has created a partnership with collaborative features that are as innovative as the program itself. Both the partnership and the culturally sensitive intervention appear to have a great deal of potential for realizing these cardinal values, not only for families and children, but for communities.

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