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## Social Workers' Perceptions of Family Preservation Programs

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## Social Workers' Perceptions of Family Preservation Programs

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

## Introduction

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

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

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

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

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

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

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



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

### Method

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

### Sample

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

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

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

### Procedure

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

### Instrument

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



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

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

### **Analysis**

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

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

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## Results

### Family Preservation Service Philosophy

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

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

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

### Referral Information and Assessment

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



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

### **Intervention Strategy**

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

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

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

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

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

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### **Collaboration with Other Professionals**

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

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

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

### **Intensity of Effort**

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

### **Barriers to Practice**

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



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

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

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

### **Organizational Communications**

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

### **Social Worker Roles**

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



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

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

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

### **Training**

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

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

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

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

### **Accountability**

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

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

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

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

### **Worker Satisfaction**



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

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

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

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

### **Discussion and Conclusions**

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



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

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

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

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

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

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

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

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