

**Intensive Family Preservation Services:
A Delineation of Concrete and Clinical Services**

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An evaluation report submitted to the Intensive Family Preservation Services Unit
of the Tarrant County, Texas Department of Protective and Regulatory Services.

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**Intensive Family Preservation Services:
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Executive Summary

This was a process and outcome evaluation of the Intensive Family Preservation Unit in Tarrant County, Texas, utilizing a one-group, pre-test post-test design. The overarching goal of this evaluation was to utilize the large amount of information already gathered in the state management information system to the extent possible, to identify the key characteristics of families and services that were associated with a range of outcomes for the families served by the program.

Family Characteristics

- This sample consists of 53 families served in a 10-month timeframe. The typical family served was a two-parent Anglo couple (married or unmarried) in their twenties, living in poverty with two young children.
- Families were fairly evenly divided between those reported for physical abuse and those reported for neglect. Few families were served for sexual abuse. The mother was most often reported as the primary abuser of the child(ren).
- About three-fourths of the families served by the intensive family preservation unit were reported as being at imminent risk of placement into foster care. Slightly more neglect cases than physical abuse cases were rated as being at imminent risk.
- Most families were assessed as cooperative, able to give and accept affection, able to form attachments, and motivated to make changes.
- Few families were beset by mental illness, lack of attachment, aversion to the demands of parenting, being a perpetrator of spousal abuse, having an unsupportive extended family, or being unable to form positive relationships.
- Very few families were assessed as being knowledgeable in child development, or having effective coping skills.
- The majority of parents were stressed by a childhood history of abuse or neglect, inadequate income, housing problems, and ignorance of appropriate child development.

Relationship of Services to Case Outcomes

- Families receiving a greater intensity of service (larger amounts of time per day) made significant improvements in parenting skills.
- Families receiving more direct contact with their caseworker made better improvements in a variety of areas, including budgeting skills, meal preparation, family communication, employment stability, and accessing help from formal and informal sources. These results were *not* associated with a greater number of days a case was served, but with a greater number of hours in direct contact with the caseworker.
- The concrete services most commonly associated with family improvements were help paying bills, help cleaning the house (sometimes through a homemaker), help with moving a residence, recreational opportunities for the family, and transportation.
- No specific clinical techniques were associated with improvements in specific family resources, conditions or strengths.

Recommendations

- The hallmarks of intensive family preservation service models (small caseloads, intensity of time and effort, home-based service delivery, a mix of concrete services and clinical techniques) were used in this program, and were found to contribute to good outcomes in this study. On-going support and training should therefore focus on maintaining this commitment to these service components.
- The designation of imminent risk of placement as a condition for treatment of families is warranted by this program, but deserves further monitoring and stringent instructions to referring agents and agencies as to its characteristics.

**Intensive Family Preservation Services:
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Method

This study is a process and outcome evaluation in the public child welfare agency in Fort Worth (Tarrant County), Texas. In that the overarching goal was to identify the key characteristics of families and services that were associated with a range of outcomes of the programs, the evaluator followed a utilization-focused model in its development (Patton, 1986). While most evaluation research in the field of family preservation has focused on family and problem characteristics affected by services, few have focused on service characteristics and fewer still have emphasized the utility of findings regarding services to the agency under study.

A fundamental premise of the research was to utilize the large amount of information already gathered in the state management information system to the extent possible, so as to (1) avoid unnecessary burdening of caseworkers with additional paperwork, and (2) identify for personnel the "marker" variables in a massive set of case data that are critical predictors of case outcomes.

Site

The agency that is the focus of this study is the Intensive Family Preservation Unit housed under the Texas Department of Protective and Regulatory Services (TDPRS). The Intensive Family Preservation Unit has the following objectives: "to protect the child from an immediate or short-term danger of abuse or neglect, to help the parents build on family strengths and resources in order to reduce the risk of abuse or neglect, and to enable the family to ensure the child's safety without [child protective services] assistance after the case is closed" (section 3310). Participation in the program can include going to individual therapy, participating in group therapy, working with the caseworker in the home as needed, and other activities as negotiated by the family and worker together.

retarded, there is a history of sadistic abuse, or in the case of sexual abuse, the perpetrator is still in the home (pg. 3330).

Procedure and Design

This study is a one group pre-test post-test design. A limitation of this design is the lack of a control or a comparison group. Once the study established the utility of the instruments developed for this study, particularly the service tracking logs, it is expected that subsequent evaluations will compare the service delivery and outcomes of intensive units and conventional units serving less risky families.

The evaluation is descriptive as well as associational in design. This study described the strengths and stressors present within the family, provided information pertaining to the family's system and the risks that were present within the family identified at intake by the intake/investigation worker, described the services (concrete, educational, and clinical) provided, the amount of time spent with each family, and provided information regarding a range of case outcomes. The study also examined the relationships between client characteristics and risks, service provision, and case outcomes.

Measures

A range of measures are included in this study to offset the lack of a control group. Multiple measures and pre-treatment and post-treatment assessments of family functioning should enhance the statistical conclusion validity of this non-experimental design.

Each case provided the following information: client characteristics, and service characteristics and case outcomes (see Figure 1). Several of the data collection forms used to obtain information related to client characteristics were already in place in the large number of MIS case tracking forms which are standard for all Texas Department of Protective and Regulatory Services cases. Other forms were introduced by the researcher to obtain additional information on risks, service characteristics, and outcomes.

Figure 1: Data Elements at Intake, During Service, and at Case Closure

<u>Client Characteristics at Intake</u>	<u>Service Provision</u>	<u>Case Outcomes</u>
Family demographics	Number of days case open	Child placement while case open
Nature and severity of abuse	Total time served	Family reunification
Family strengths/supports:	Service intensity (time / day)	Satisfactory case closure
--personal qualities	Time at concrete services	Gains in strengths/supports
--knowledge/skills	Time at educational services	Reductions in stressors
--social supports	Time at clinical services	
--income and material supports	Types of services provided	
Family stressors:	Use of collaterals	
--history/chronicity of stress		
--environmental stressors		
--compounding problems (drug use, etc.)		

Client Characteristics. Much of the information on clients was gathered from that collected by caseworkers in the process of keeping case tracking forms on standard state MIS forms. This information was categorized by the researchers into the following classes of information. *Demographic information* included: household composition, geographic location of the household, and age and sex of each family member. *Nature and severity of the presenting maltreatment* included: type(s) of abuse, the abuser's sex and relationship to the victim(s), and severity of abuse. *Family resources* included: personal qualities and abilities of parents and children, knowledge and skill levels, social supports available, and income and material resources. *Family stressors* included: history and chronicity of stressors (including child abuse), environmental stressors, and compounding problems such as drug use, etc. The information gathered on these pre-existing forms is recorded by all Texas Department of Protective and Regulatory Services Child Protective Services Units.¹

The remaining information related to client characteristics was gathered on a form modified from the North Carolina Family Assessment Scale (Kirk, Reed, & Lin, 1996). The modified form, the Assessment of Family Stressors and Strengths, is an instrument that provides information on four major areas, family and household environment, social support, family/caregiver characteristics, and child well-being. Caseworkers are asked to assess whether each of thirty items exists as a strength or a stressor for the family. A score of a -2 indicates a serious stressor, a -1, mild stressor, a 0, adequate, a +1, a mild strength, and a +2, a clear strength. This instrument is filled out by the family preservation or family reunification caseworker at intake and again at closure of a case. Some of the questions are similar to the ones present on the risk assessment, and can therefore be triangulated with the initial risk assessment form. The reliability of this instrument was not established prior

¹ The State of Texas Department of Protective and Regulatory Services implemented state-wide computer automation of their recording system in September, 1996 (halfway through this study). Some of the case tracking forms and their content changed in the process of automation, with much of the case information now collected in narrative, rather than categorical form. Categorical case information was retrieved and coded by the researchers from these narrative reports, beginning in September, 1996.

to the initiation of the study, but was assessed in relation to the assessment information in the TDPRS database.

Service Characteristics. Information related to service characteristics was gathered on three forms: the client contact log, the concrete and educational services log, and the clinical services log, all developed for this study. The client contact log tracks structural elements of the service: the amount of time the caseworker spends in person with the family at a variety of locations (home, in the Intensive Family Preservation Unit, in group, in another agency, and in the car). The client contact log assesses the time spent on the phone, with the family, with other agencies involved with the family, and with the school system. Finally, the contact log assesses how much time the worker spends on paperwork, in staffings, and in supervision. Each of the categories are measured per family, per day, and then totaled at the end of the month, providing a total and an itemized accounting of time spent on each case, in minutes. This form also provides the date the case was opened and closed to the Intensive Family Preservation Unit (see Appendix for copies of the data collection forms).

The remaining two service logs address the nature of services. The concrete and educational services log has a dual purpose of recording (1) concrete services, defined as services done for the family and (2) educational services, defined as services taught to the family. A worker enters the letter "C" for concrete services and "E" for education services under the appropriate categories. The categories include: parenting, financial, transportation, home, bills, food, child care, move, clean, medical, job, and recreation. A key element of this form is determining at times whether the activity is described as educational or concrete. Rather than measuring the nature of services in increments of time (a structural detail), concrete and educational services were recorded in terms of incidents, with a checkmark each time the worker utilized a specific approach. To assist in determining if an activity is concrete or educational in nature, each category was operationalized as a concrete services as well as an educational service. A complete listing

of the operationalization of each of these categories was supplied in a set of coding instructions with each form.

The clinical services log provides information on the types of clinical services that are provided by the Intensive Family Preservation workers. The categories are broken into different theoretical frameworks of work with families. The categories are: client-centered, cognitive-behavioral, behavioral, problem-solving, psycho-dynamic, psycho-social, Adlerian, experiential, communicative, structural, and an other category. The other category is used in case a worker utilizes a therapeutic modality that is not listed on the log. If the worker used a different therapy than those listed, he or she was asked to define the therapy and describe the technique used. A limitation of this form is that many of the worker's activities borrow or combine techniques from a range of therapies. In order to increase the reliability of the form, during instrument development, family preservation and family reunification workers were asked to describe the types of techniques that they use and these were then placed under the theoretical framework that was congruent with those techniques. Each category was operationalized as to its theoretical background as well as techniques associated with the theoretical background.

Case Outcomes. Case outcomes are one of the primary indicators of success or failure in a family preservation program and include whether a child was placed during or after services. This study also tracked additional measures of family and child well-being: any changes in strengths and stressors measured from pre- to post-intervention.

Examination of Case Outcomes and Program Services

Univariate Analyses. A thorough univariate presentation of the case outcomes listed above provided a good first illustration of the effectiveness of the program being evaluated. Such univariate analysis of the number of children removed, the number of subsequent reports of child maltreatment, and the condition of families at case closure serves an important purpose for further analyses as well: the evaluator can determine if there are enough cases in each condition (e.g., families preserved versus families experiencing

placement) to allow for further bivariate and multivariate analyses. If all or most families are in one condition or another (i.e., all preserved), further statistical analyses comparing conditions or outcomes will not be supported for that variable.

Bivariate Analyses. A key component of sound evaluation analysis is the correlation or prediction of outcomes given certain characteristics of families and/or elements of service. Certainly, bivariate analyses identifying the key family and service correlates of child placement and/or abuse in the service population are critical. In addition, paired t-tests between families' level of stressors and strengths at intake and the same stressors and strengths at case closure will provide data on the gains (or losses) made by the families while in the program, and will be more specific than the crude outcomes of child placement.

Results

Demographic Characteristics of Children and Families

Table 1 presents the demographic characteristics of children and families who were served by the intensive family preservation program. A total of fifty-three families comprise the sample. The average age of mothers was twenty four years old, and 23% of the sample consisted of single mother-headed households (although a larger number of families were reported as single mother-headed households elsewhere in the case records). Almost 40% of the mothers were married, 17% were separated or divorced, 20% were cohabiting. For 18% of the sample, the mother's marital status was unknown or unspecified.

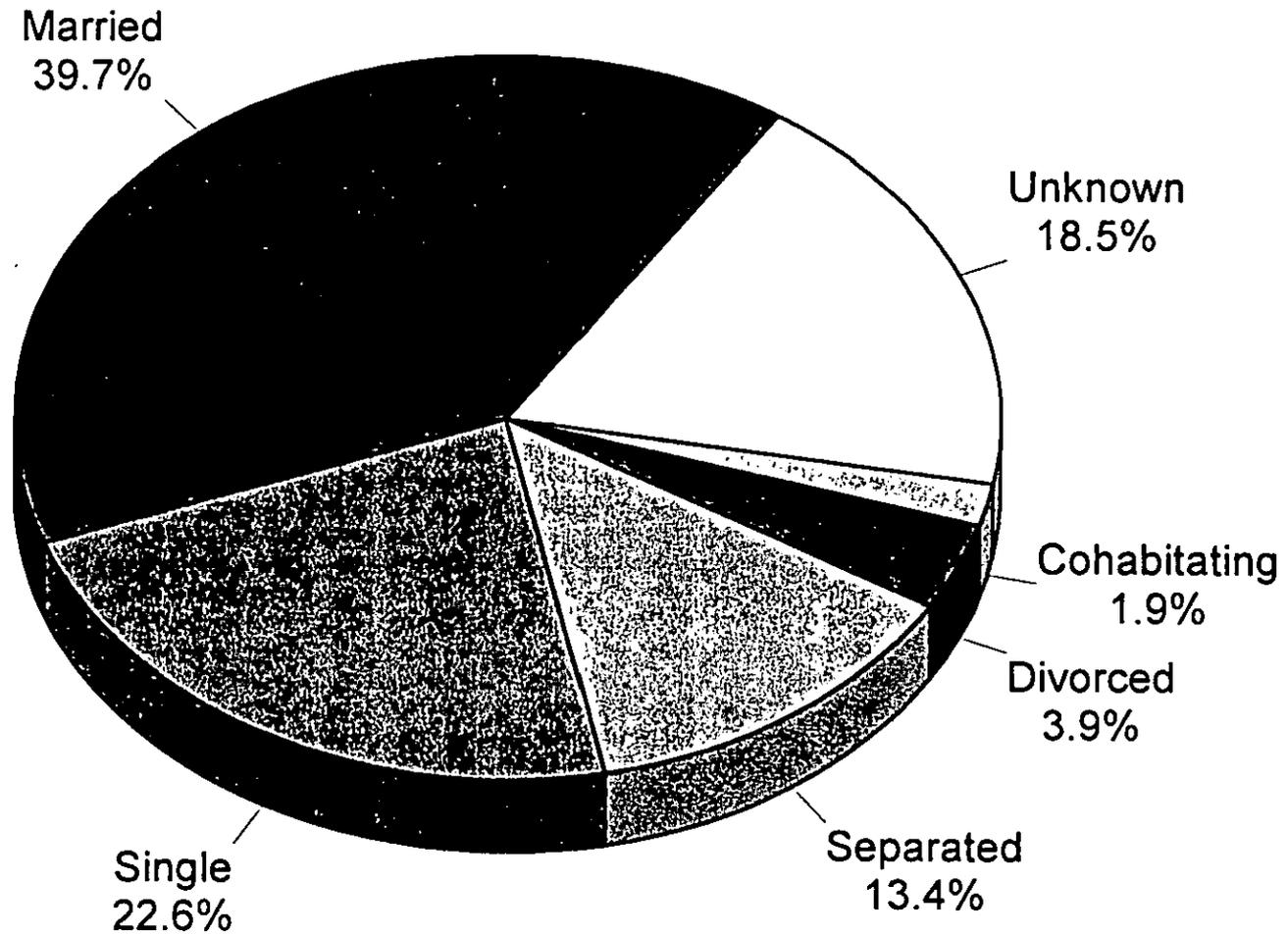
The presence of economic poverty is evident in this sample; two-thirds of the families reported an income below \$9,000 a year. Almost 20% of the families had an annual income between \$9,000 and \$17,999. Families with an income between \$18,000 and \$33,999 a year comprised 14% of the sample, and the remaining 2% of the families had an income between \$34,000 and \$64,000 a year. Information on the level of income achieved by families was obtained on 44 of the 53 families in the sample.

The average number of children per family was 2 and the vast majority of the families in the sample (89%) had three or fewer children in the household. Fifty-seven percent of the children were female. The ethnicity of the oldest child was predominately Anglo (68%); 16% were African-American, 9% Hispanic, and 2% Asian American. For the remaining 5% of the sample, the oldest child's ethnicity was unreported.

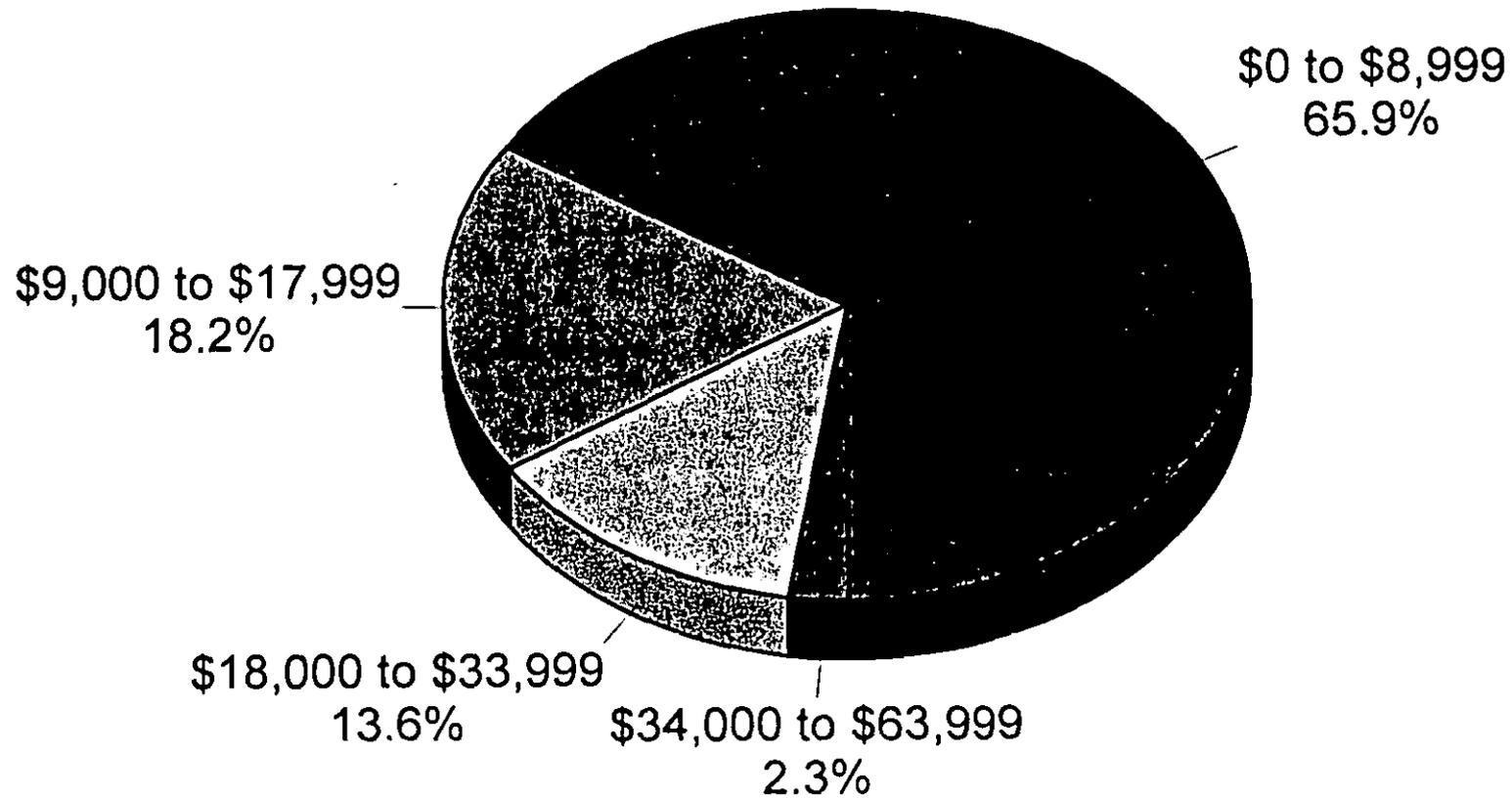
Table 1: *Family Preservation Unit: Characteristics of Children and Families*

<u>Characteristic</u>	<u>Total (n=53)</u>
Average age of mother at intake	24.36 yrs.
Mean number of children	2.15
Marital status of mother	
Married	39.7%
Single	22.6
Separated	13.4
Divorced	3.9
Cohabiting	1.9
Unknown/Unspecified	18.5
Single mother-headed household	22.6%
Family income (n=44)	
\$ 0 to \$8,999	65.9%
\$9,000 to \$17,999	18.2
\$18,000 to \$33,999	13.6
\$34,000 to \$63,999	2.3
Gender of children (n=68)	
Male	57.4%
Female	42.6
Ethnicity of oldest child	
Anglo	68.2%
African American	15.9
Hispanic	9.0
Asian American	2.4
Other	4.5
Number of children in household	
One	35.8%
Two	30.3
Three	22.6
Four	7.5
Five	1.9
Six	1.9
Child's special needs	
Developmental delays	20.8%
Health problems	15.1
Acting out	7.5
Learning problems	7.5
Physical limitations	3.8
Drug-affected birth	1.9
Mental retardation	1.9

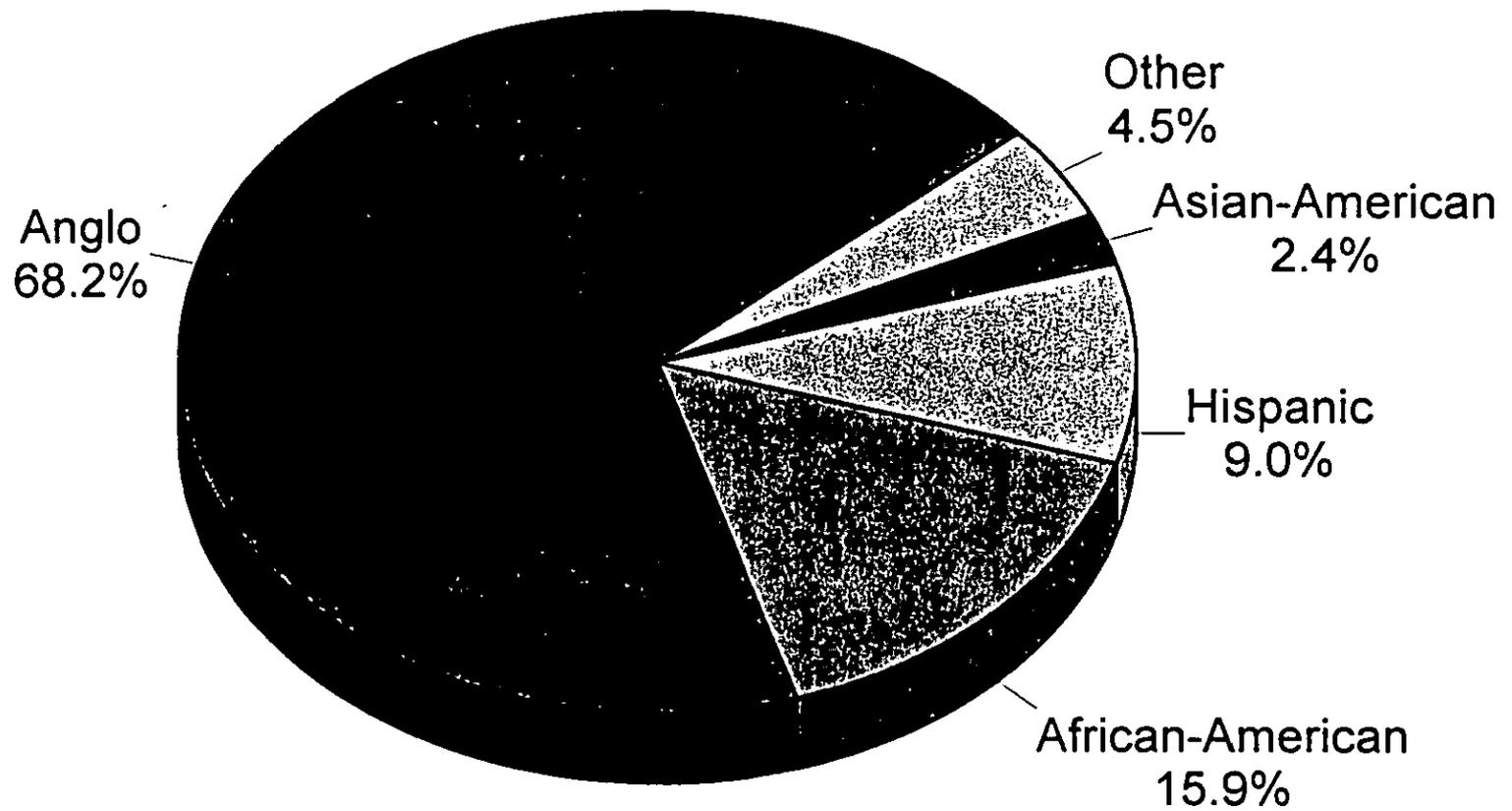
Marital Status of Mother



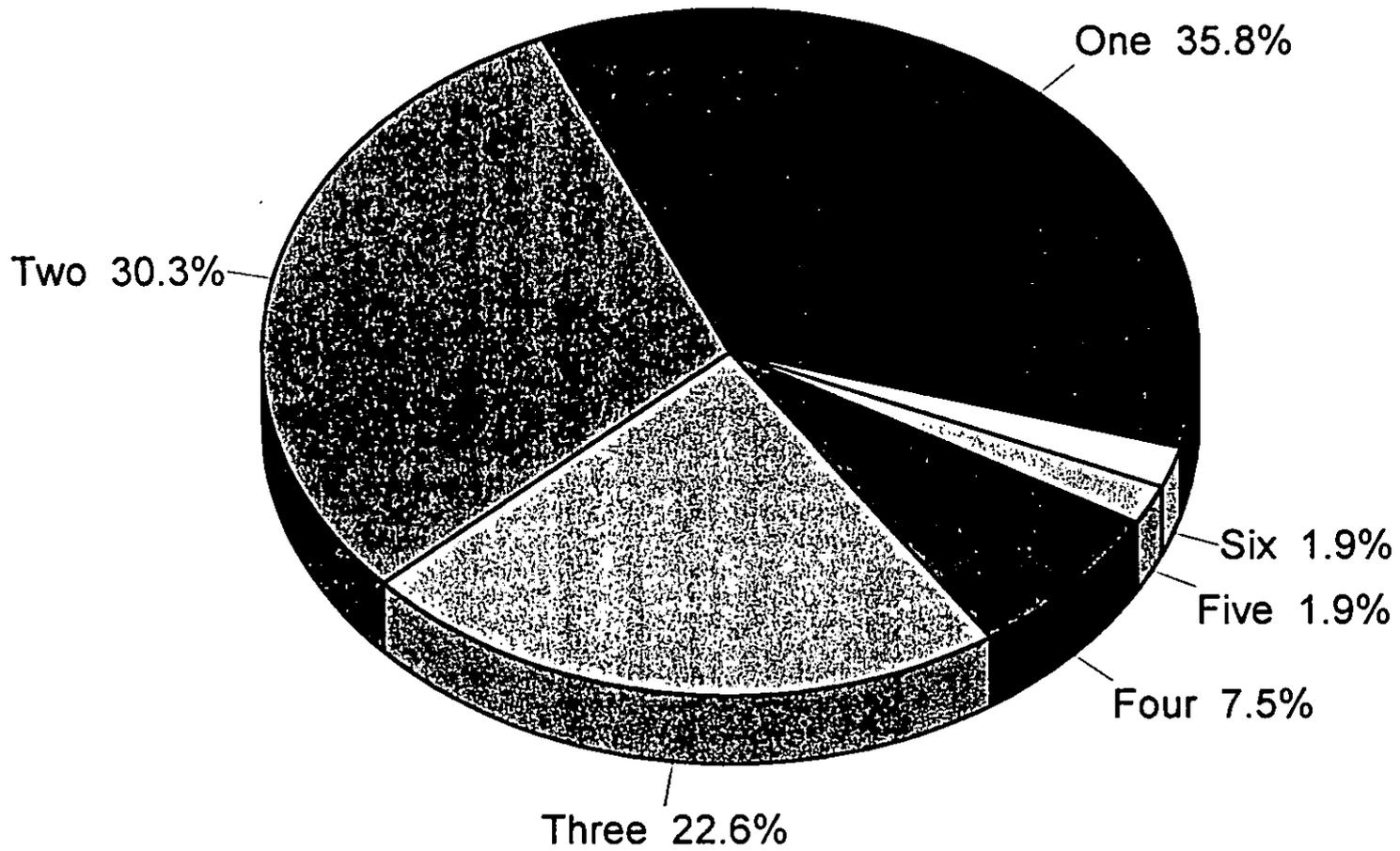
Income and Material Resources



Ethnicity of Oldest Child



Number of Children in Household



Nature of Maltreatment

There was variation in the type of maltreatment for which the family was reported (see Table 2). A little over forty percent of the families were reported for physical abuse (44%). Over one third of the families were reported for neglect (34%; including medical neglect, physical neglect, and neglectful supervision), 4% were reported for sexual abuse, almost 10% for both physical abuse and neglect combined, and for almost 10%, the type of abuse was unspecified.

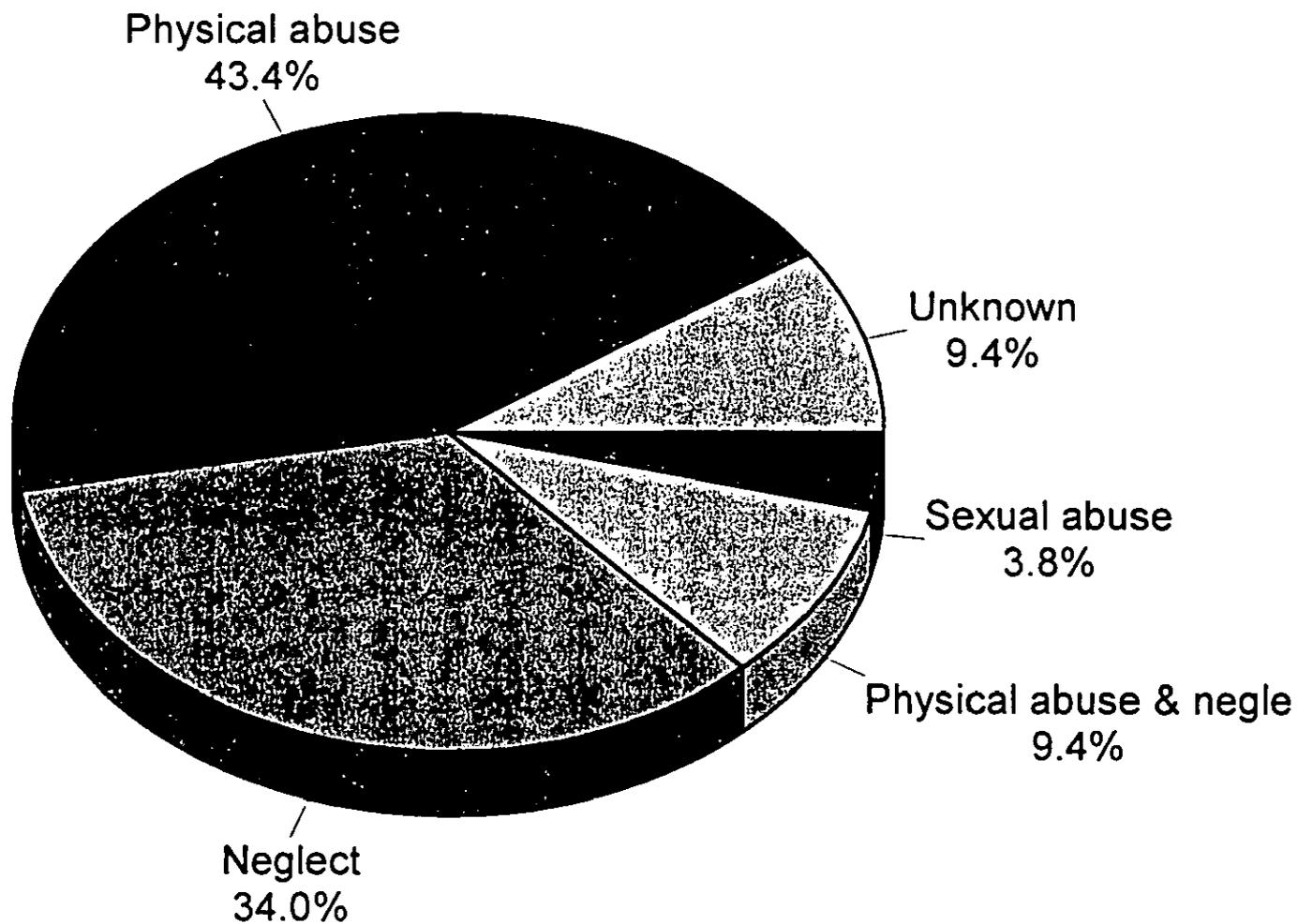
Table 2 also presents information on the relationship of the abuser in the household to the oldest victim. Because there could be more than one abuser in the household, the percentage of cases is reported rather than the percentage of responses. In ninety-two percent of the cases, the mother was the abuser; the father was the abuser in 45% percent of the cases and the stepfather was the abuser in six percent of the cases. The parent's paramour (gender unknown) was the abuser in eight percent of the cases and in approximately three percent of the cases the abuser was an unrelated household member. For the remaining 32 percent of the cases, the abuser's relationship to the oldest victim was unreported.

Information on imminent risk of placement of the children was obtained on forty-six of the families in the sample (87%). Of those forty-six, 77% of the families were reported to be at imminent risk of having their child placed outside the home. Almost all of the neglect cases (88%) were at imminent risk of child removal, compared to 76% of the physical abuse cases.

Table 2: *Family Preservation Unit: Nature of Maltreatment*

<u>Characteristic</u>	<u>Total</u> (n=53)
Type of Maltreatment	
Physical abuse	43.4%
Neglect	34.0
Physical abuse and neglect	9.4
Sexual abuse	3.8
Unknown/unspecified	9.4
Abuser's relationship to oldest victim (a)	
Mother	91.7%
Father	44.4
Parent's paramour	8.3
Stepfather	5.6
Unrelated household member	2.8
Unspecified	32.1
Imminent risk of placement (n=46)	76.1%
(a) multiple response	

Type of Maltreatment



Family Strengths and Supports

A family's strengths and supports include the personal qualities of parents and parent figures, knowledge and skills, social supports, income and material resources, and the child's characteristics. The worker, rather than the family, rated each of these attributes following an assessment interview in the home. As is presented in Table 3, families were uniformly perceived to have multiple strengths. A little over ninety percent of the families were seen as cooperative. Over three-fourths of the families were perceived to be able to give and accept affection (79%), able to form healthy attachments (77%), and wanting to make changes (77%). Approximately two-thirds of the families were aware of their problems (68%) and accepted responsibility for the child's maltreatment (66%). Workers reported that half of the families had a history of adequate functioning (51%) and thirty-six percent had a positive image of themselves. Only twenty-eight percent of the families, however, were reported to have effective coping skills.

Families were also assessed on their knowledge and skills. Almost three-quarters of the families were open to new ideas (74%). Sixty percent of the families were reported to be able to solve problems. Specifically in relation to the children in the family, forty-three percent were able to accept differences in their children while only 23% of families had knowledge of child development as a strength.

The caseworker also assessed a family's social support system in relation to the family's strengths and support. Sixty-six percent of families had a support system in place and almost fifty percent of families had positive relationships with people outside of their family. External support systems were no more or less likely for single mothers.

Caseworkers reported that two-thirds of the families in the sample were able to meet basic material needs and approximately sixty percent of the families were able to manage income and resources. Reliability checks on the data showed that an assessment of the ability to meet basic needs was related to a higher reported family income, and an assessment of housing problems was related to a lower income.

The caseworker also reported on the children's characteristics. For the purpose of this study, information on the oldest victim in the family is reported. Workers perceived that almost three-quarters of the children were able to form healthy attachments. Around one-third of the children were able to accept limits and direction and were considered to be assertive. Twenty percent of the children had a positive self-image and almost 19% of the children had respect for self and others. Nine percent of the children were considered to be self-disciplined. However, it should be noted that a child's age was not taken into consideration when a worker determined if a child had a particular characteristic. For example, if an infant was the oldest victim, he or she, more than likely, would not be determined to be assertive or have a positive self-image.

Table 3: *Family Preservation Unit: Family Strengths and Supports*

	<u>Total</u> (n=53)
<u>Personal Qualities of Caregiver (a,b)</u>	
Cooperative	90.6%
Can give and accept affection	79.2
Can form healthy attachments	77.4
Want to make changes	77.4
Aware of problems	67.9
Accept responsibility	66.0
History of adequate functioning	50.9
Positive self-image	35.8
Effective coping skills	28.8
<u>Knowledge and Skills (a,b)</u>	
Open to new ideas	73.6%
Can solve problems	60.4
Accepts difference in children	43.4
Knowledge of child development	22.6
<u>Social Supports (a,b)</u>	
Support system in place	66.0%
Positive outside relationships	47.2
<u>Income and Material Resources (a,b)</u>	
Can meet basic material needs	67.3%
Can manage income and resources	59.6
<u>Child's Assets (oldest victim; a,b)</u>	
Can form healthy attachments	73.6%
Accepts limits and direction	34.0
Assertive	32.1
Positive self-image	20.8
Respect for self and others	18.9
Self-disciplined	9.4

- a) Percent of families/children for whom strength/support is marked "yes."
 b) Multiple response

Family Stressors

The stressors that were present within a family were also assessed and rated by the worker. The family's stressors were organized around the following domains: history/personal stress, environmental stressors, and compounding problems.

A majority of the families had at least one adult family member who had been abused or neglected as a child (60%). Workers reported that almost half of the families lacked formal education and a little over a third experienced an absence of burden sharing in the home. A quarter of the families reported that they experienced marital conflict and/or had a crisis lifestyle. Crisis lifestyles were significantly more likely among families reported for child neglect. Eleven percent of the families were regarded as unable to form positive relationships. Only 6% of the families had a member who was diagnosed as mentally ill and no families had a member who was mentally retarded.

Families experienced a variety of environmental stressors as well. Over half of the families were single parent families (58%) and had an inadequate income (54%) or housing problems (52%). Forty-four percent of the families reported that they had recently moved and forty-four percent of the families were considered to have young, immature parents; over a third of the families were stressed by several preschool children in the home. Social isolation was prevalent in 19% of the families. Thirteen percent of the families had unsupportive extended family.

There was considerable variation in the type of compounding problems experienced by the families in the sample. Almost half of the families were assessed to have problems with low self-esteem, over a third experienced generalized anger, and just under a third were considered apathetic. Thirty-two percent of the families reported that they were a victim of spouse abuse and in 13% of the families, there was a perpetrator of spousal abuse in the home. Twenty-six percent of the families exhibited codependent behaviors and seventeen percent exhibited irrational behaviors. Twenty percent of the families had at least

one member who participated in criminal activities, and almost a quarter of the families had some form of drug or alcohol use.

Parents were also assessed on their parenting skills. Workers reported that seventy-seven percent of families ignored or were not aware of child development issues. Other parenting challenges were not as common. Thirty-four percent of families had inappropriate expectations for their children; twenty-six percent of families used inappropriate discipline and/or were considered to be unrealistic or rigid in their parenting. Inappropriate discipline was significantly more likely when the family was reported for physical abuse. Eighteen percent of families failed to meet the basic needs of their children and fifteen percent of families were characterized as having an aversion to the demands of parenting. Attachment difficulties were very rare; a little under ten percent of families lacked attachment to one or more of their children.

Information on the oldest child victim was also reported by workers. The characteristics of children thought to contribute to the stressors experienced by the family included developmental delays (21%), health problems (15%), learning problems (8%), physical limitations (4%), drug-affected birth (2%) and mental retardation (2%). The behavioral problem of acting out was experienced by only eight percent of the children.

Table 4: *Family Preservation Unit: Family Stressors*

	<u>Total</u> (n=53)
<u>History/Stress (a,b)</u>	
Abused or neglected as a child	60.4%
Lack of education	47.2
Absence of burden sharing	34.6
Crisis lifestyle	25.0
Marital conflict	25.0
Health problems	17.0
Unable to form positive relationships	11.3
Diagnosed mentally ill	5.7
<u>Environmental Stressors (a,b)</u>	
Single parent	57.7%
Inadequate income	53.8
Housing problems	51.9
Recently moved	44.2
Young, immature parents	44.2
Several preschool children	36.5
Socially isolated	18.9
Unsupportive extended family	13.5
<u>Compounding Problems (a,b)</u>	
Low self-esteem	47.2%
Generalized anger	37.7
Victim of spouse abuse	32.1
Apathy or low energy	30.2
Codependent behavior	26.4
Drug or alcohol use	24.5
Criminal involvement	20.8
Irrational behavior	17.0
Perpetrator of spouse abuse	13.2
<u>Parenting Issues (a,b)</u>	
Ignorance of child development	77.4%
Inappropriate expectations	34.0
Inappropriate discipline	26.4
Unrealistic or rigid	26.4
Insensitive to child's needs	20.8
Failure to meet basic needs	18.9
Aversion to the demands of parenting	15.1
Lack of attachment	9.4

(a) Percent of families for whom stressor is marked "yes."

(b) Multiple response

Service Characteristics: Structure of Services

Information on what is considered the "black box" of services was gathered. The structure of the services, (i.e., days open, time spent, intensity) was gathered on the 53 cases in the sample. The mean number of days cases were open was 124 days (17 weeks or 4 months), with an average total time expenditure of 60.28 hours per case. This is equivalent to an average of approximately 30 minutes of time spent per day on each case (which includes time spent in person with the family, on the phone with the family or with collaterals, or agency paperwork, staffing, and supervision). The mean number of days a case was served did not differ between abuse cases and neglect cases. The number of days served was also not related to whether the family was cooperative, whether the family was socially isolated, whether the family had problems with housing, substance abuse, anger control, apathy, or ignorance of child development.

Within five months of case opening, three-fourths of the cases were closed. The remaining fourth of the cases closed by the ninth month. Table 5 also presents the average amount of time spent each month of a case. For the average length of time a case is open (approximately 4 months) the average time per month was 15.41 hours. Toward later months in a case, services became less intensive.

The amount of time a caseworker spent with a family was not related to the level of risk present. Nor did contact time differ between physical abuse cases and child neglect cases, between single parent families and couple families, or between those families with or without an adequate income. The intensity of service (the average amount of service time per day) also did not differ much across selected case characteristics, such as type of maltreatment, level of risk, marital status, income level, parenting skills, self esteem of parent, anger control, or education level.

The target of contact as well as the amount of time per contact was also computed. For example, the mean total contact by phone was 6.87 hours. Workers averaged 4.14 hours of contact to the family by phone; 2.5 hours of phone contact to other agencies, and

.22 hours of contact to the schools. The in-person contact was considerably higher with an average of 47.52 hours of direct contact between worker and family. Approximately nineteen hours of contact were in the client's home, while only 1.86 hours were in the office. Eleven hours of contact were while the client attended one of the psychoeducational groups offered by the agency. Workers had direct contact with families while visiting other agencies an average of 6.87 hours and in the car an average of 6.87 hours.

There was a significant difference between physical abuse cases and child neglect cases in the proportion of time a caseworker actually spent in the home, as opposed to other sites of service delivery. Physical abuse cases received an average of 42% of case time in the home, while child neglect cases received an average of 27% of service time in the home. This may be due to the abundance of time that neglectful families spend in the support groups designed for neglectful mothers. The proportion of time spent in the home did not differ by any other family characteristics, including level of risk, level of parenting skills, or level of income.

Finally, the average amount of time workers spent away from the family (doing paperwork, staffing a case, or in supervision) was 7.26 hours per case. The majority of this time was spent doing paperwork (5.89 hours), followed by time spent with other workers discussing a case (1.09 hours). The least amount of worker time was spent receiving case supervision (0.27 hours). Supervision (time with the unit supervisor) and help acquiring food were the only areas where neglect cases received significantly more service time than physical abuse cases.

In addition to actual hours spent on each case, the proportion of time spent with the family in person and by phone was also calculated. On average, workers spent almost three-fourths of their time in person with the family; with thirty five percent of that in the family's home. Another fourteen percent was spent on the phone either with the family or with collaterals, and the remaining twelve percent of the time spent was doing agency-based work.

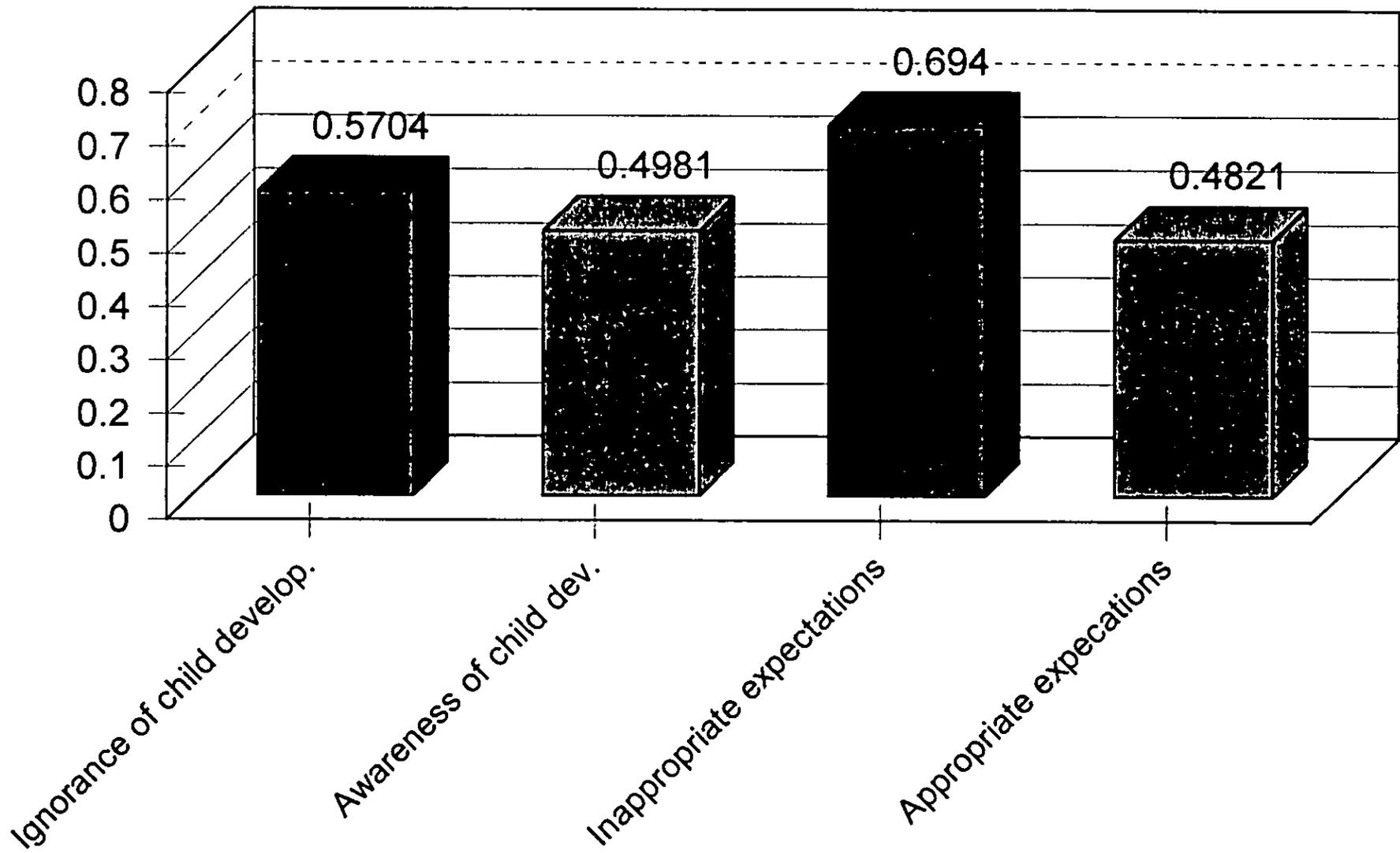
Table 5: *Family Preservation Unit: Service Characteristics (Time)*

<u>Service Characteristic</u>	<u>Total (n=53)</u>
Mean number of days open	124.0 days
Service intensity—average time per day	0.55 hours
Mean total time	60.28 hours
Mean time spent	
Month 1 (n=53)	14.13 hours
Month 2 (n=48)	16.41
Month 3 (n=41)	15.96
Month 4 (n=33)	15.14
Month 5 (n=19)	14.69
Month 6 (n=12)	13.57
Month 7 (n=4)	10.42
Month 8 (n=2)	8.3
Month 9 (n=1)	4.0
Case closed within:	
1 month	11.4%
2 months	7.5
3 months	7.5
4 months	24.5
5 months	24.5
6 months	11.4
7 months	7.5
8 months	3.8
9 months	1.9
Mean Proportion of Time Spent:	
In person	74.0%
By phone	14.0
In agency	12.0
In home (proportion of time in person)	35.0

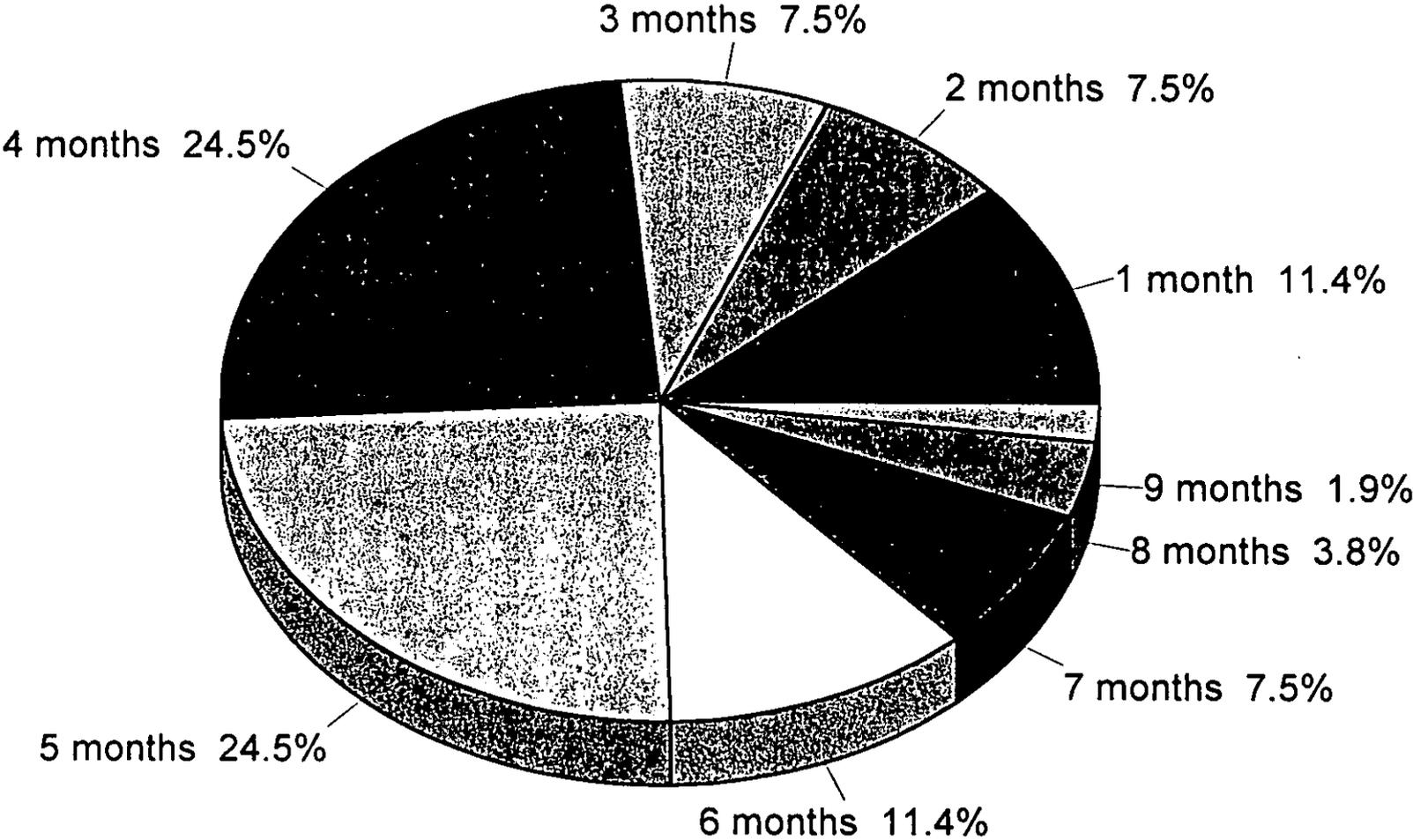
Table 5: *Family Preservation Unit: Service Characteristics (continued)*

<u>Service Characteristic</u>	<u>Total (n=53)</u>
Contact by phone (total)	
Family	4.14 hours
Agency	2.50
School	0.22
Mean total contact by phone	6.87 hours
Contact in person	
At client's home	19.82 hours
In office	1.86
In support group	11.12
At another agency	7.83
In car	6.87
Mean total contact in person	47.52 hours
Agency coordination	
Paperwork	5.89 hours
Staffing	1.09
Supervision	0.27
Mean total agency time	7.26 hours

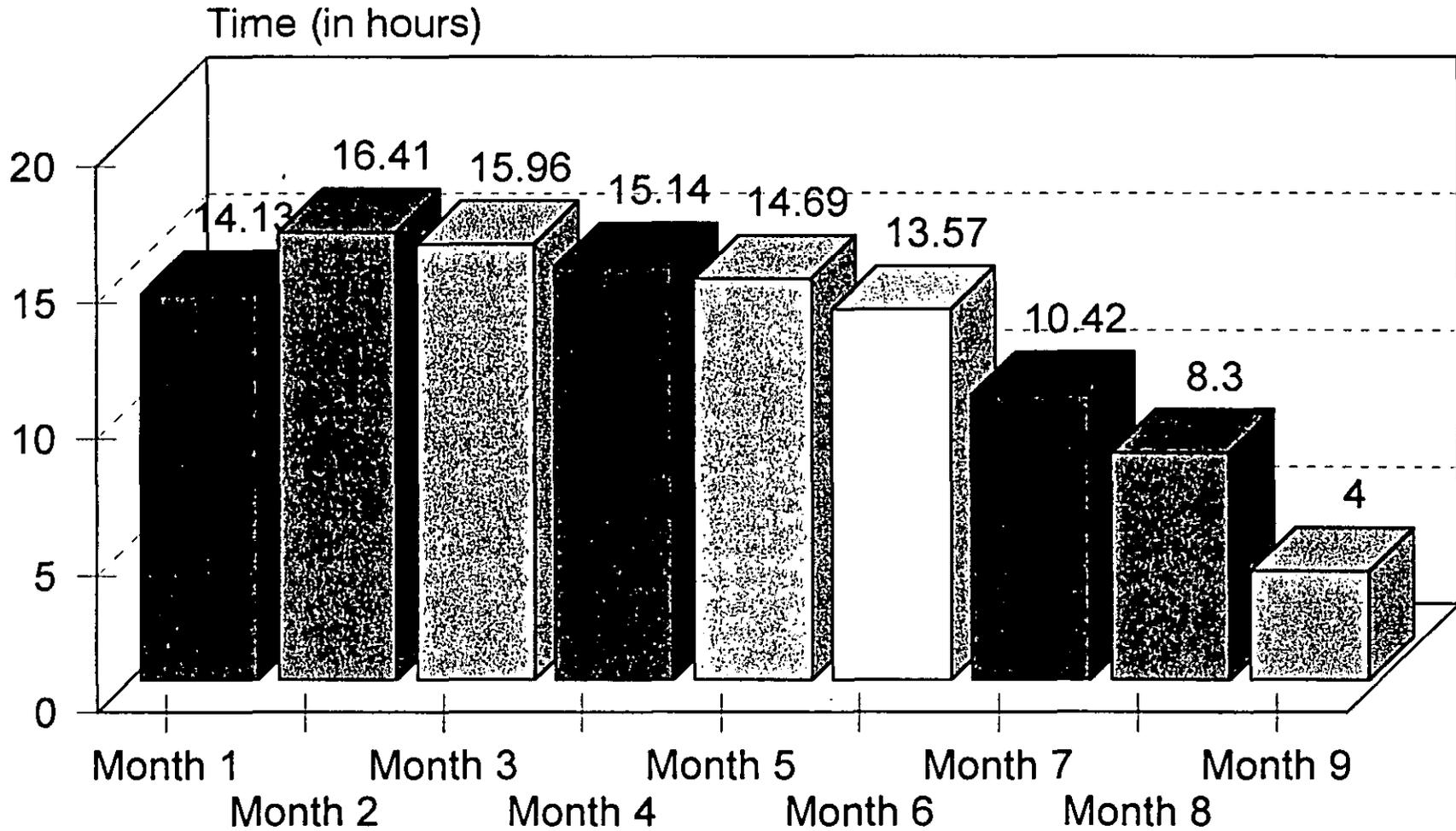
Intensity of Services



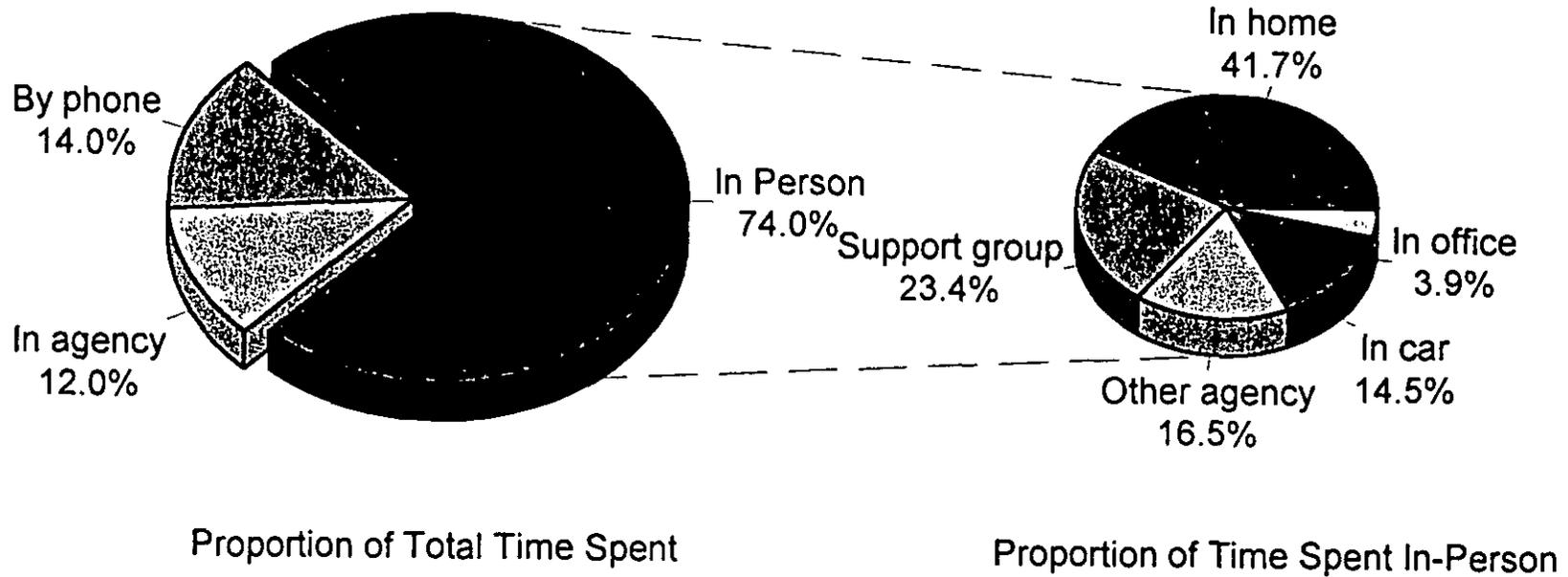
Case Closed Within:



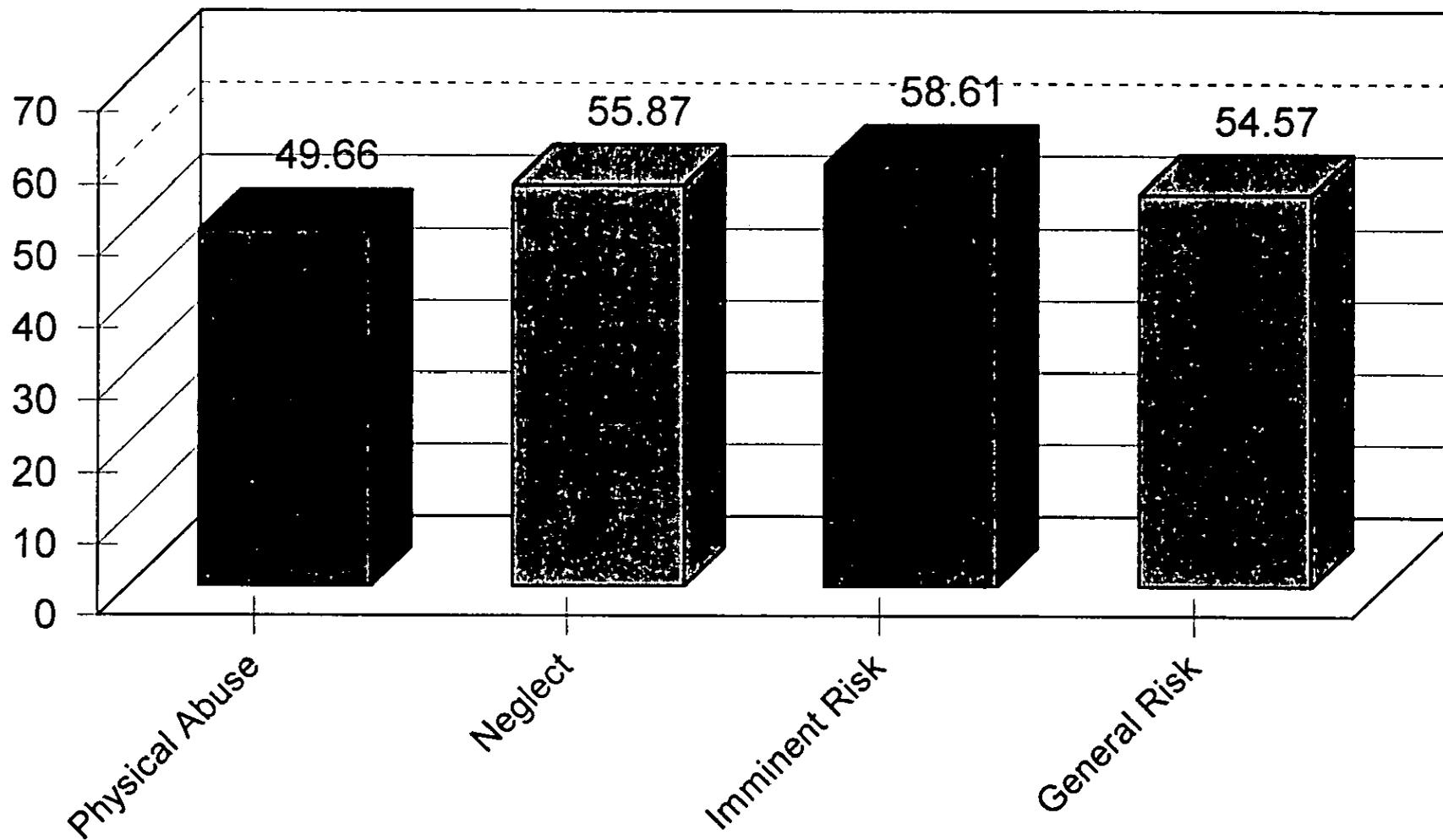
Average Time Spent per Month



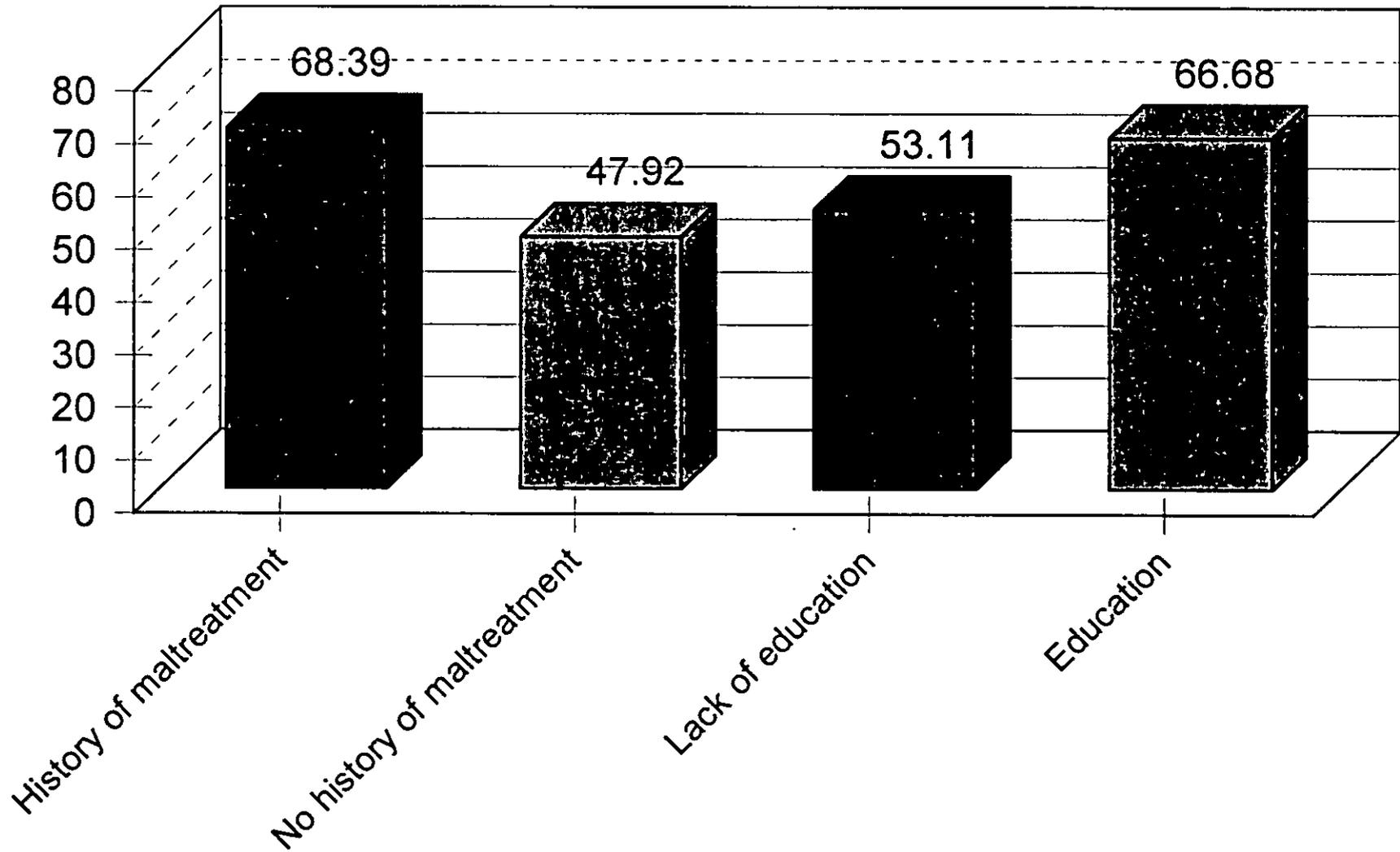
Proportion of Time



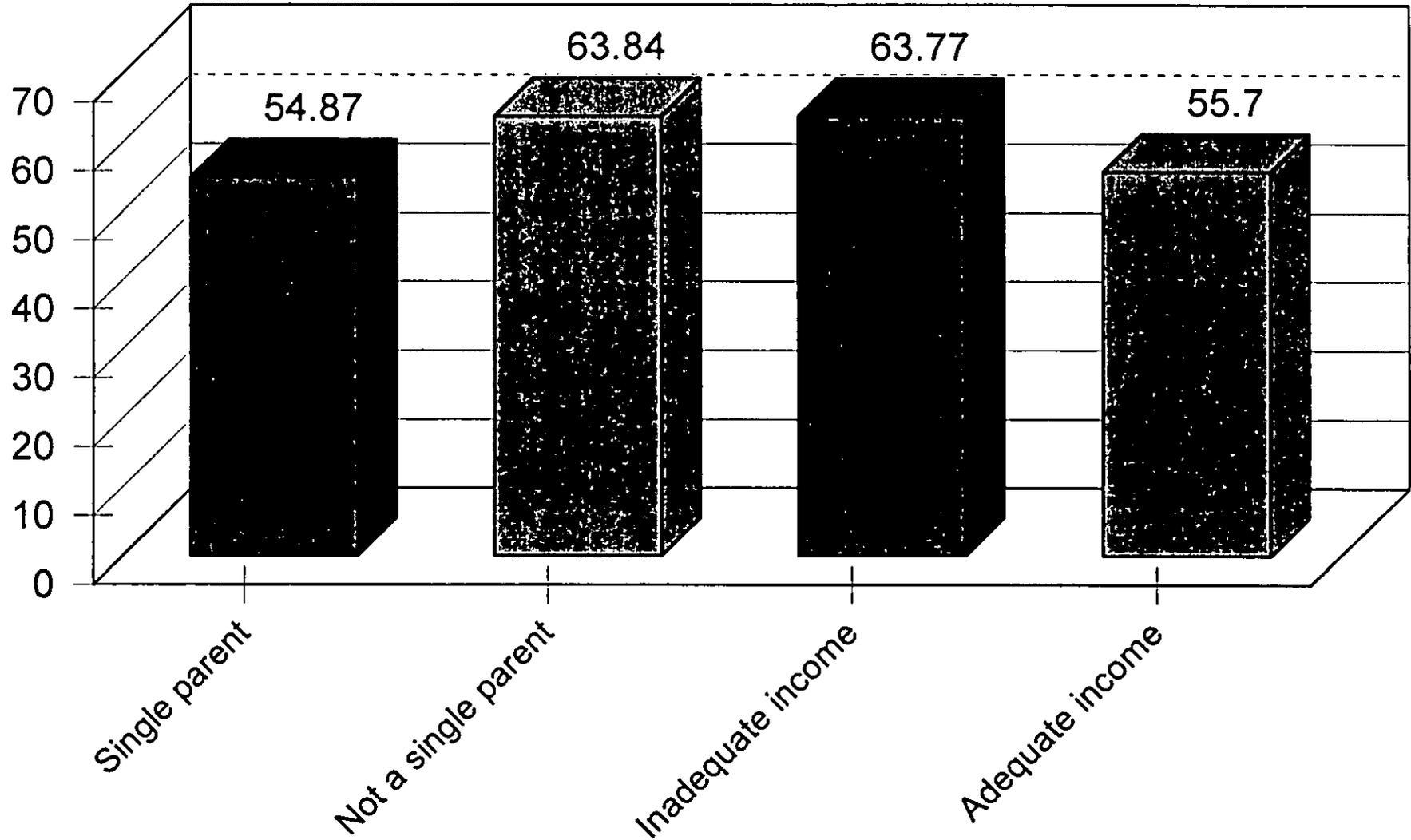
Total Contact with Family



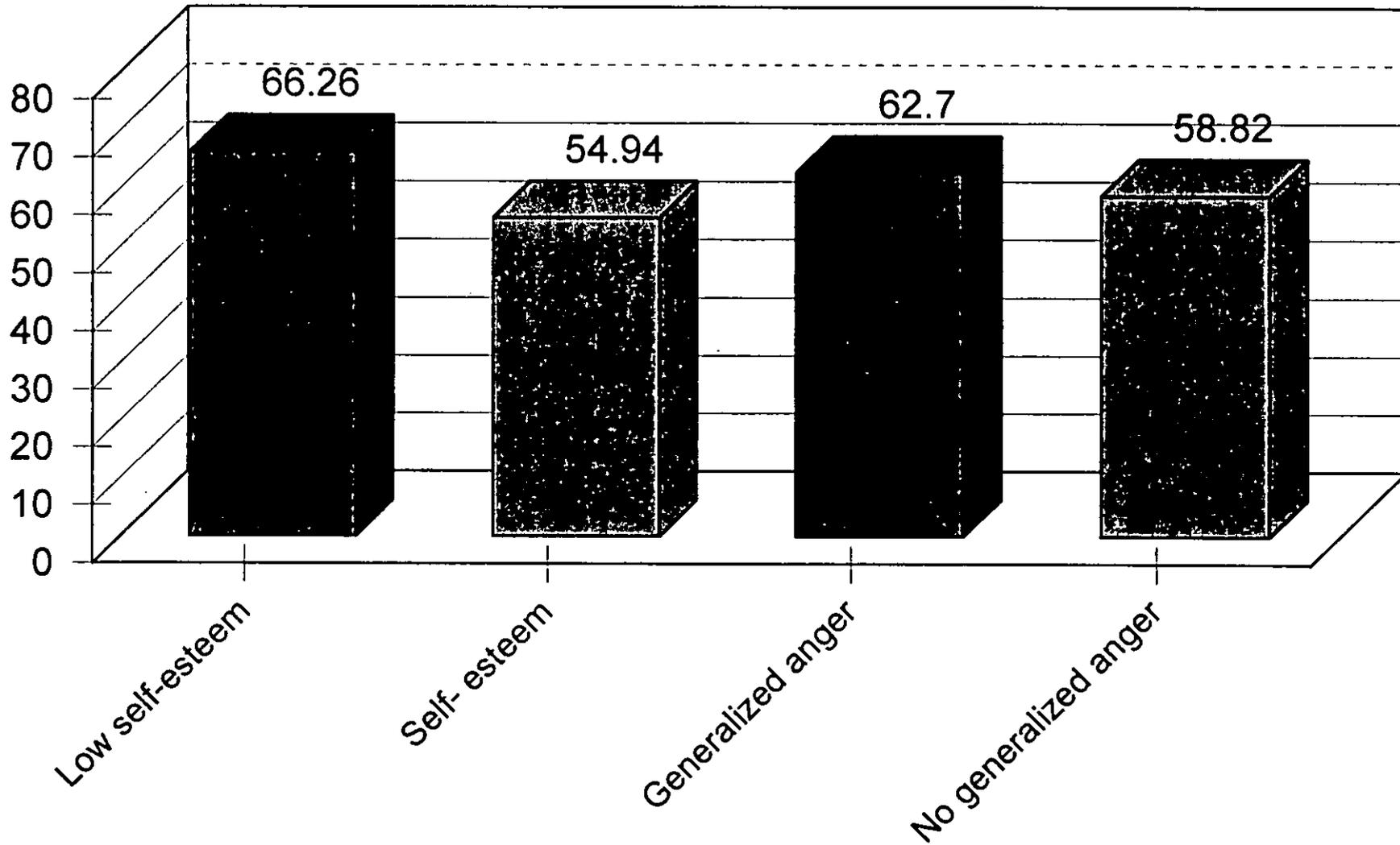
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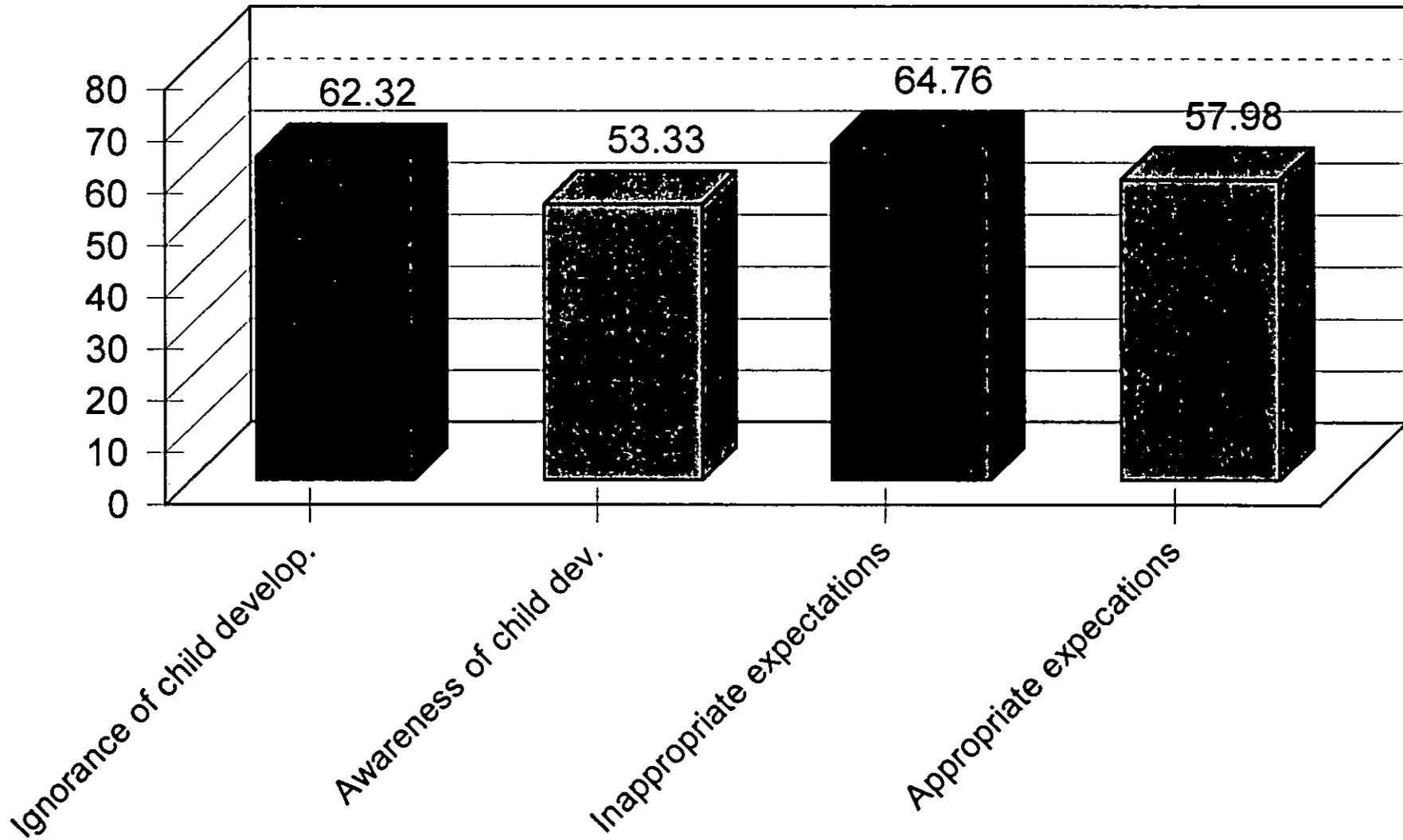
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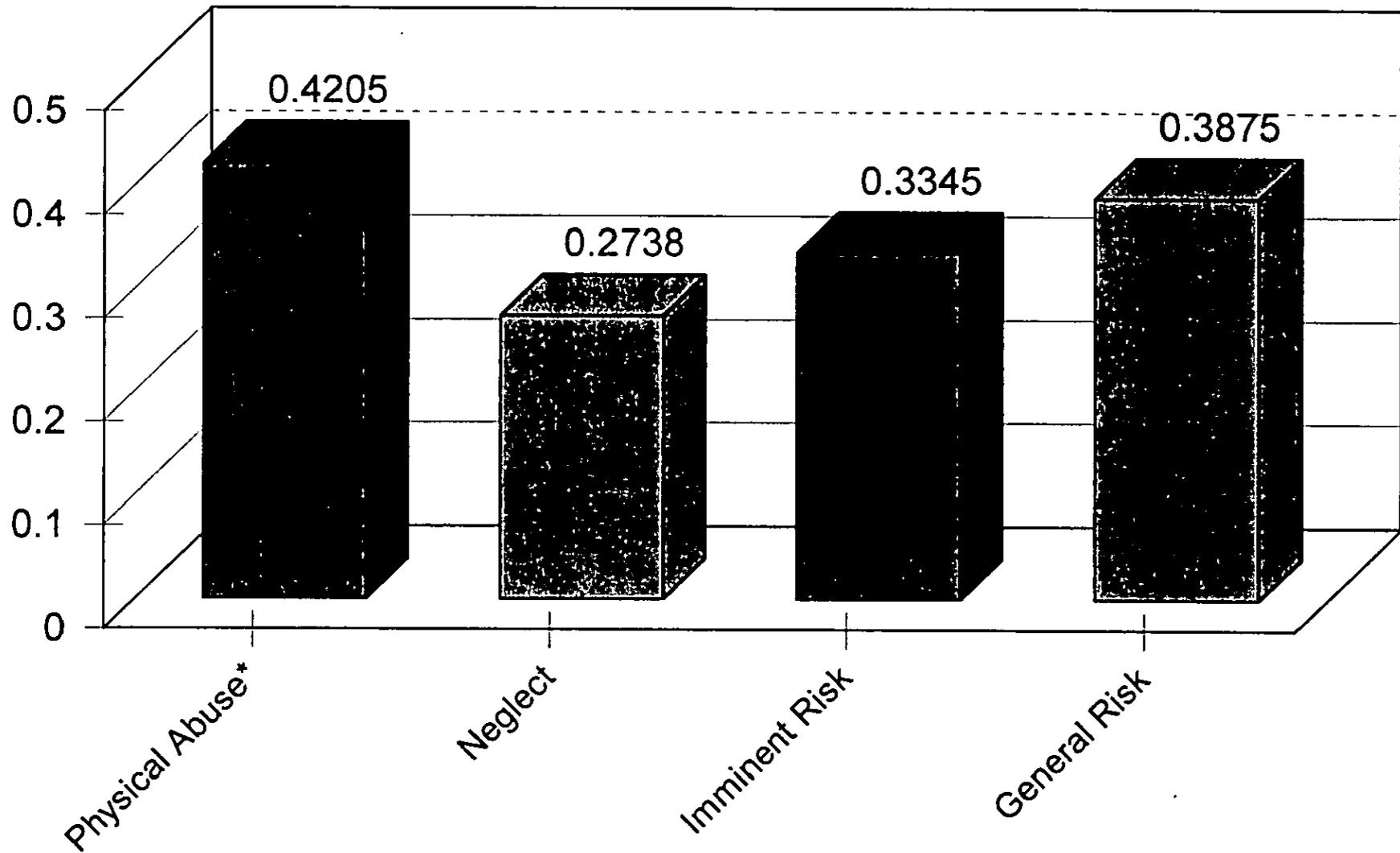
Total Contact with Family



Total Contact with Family

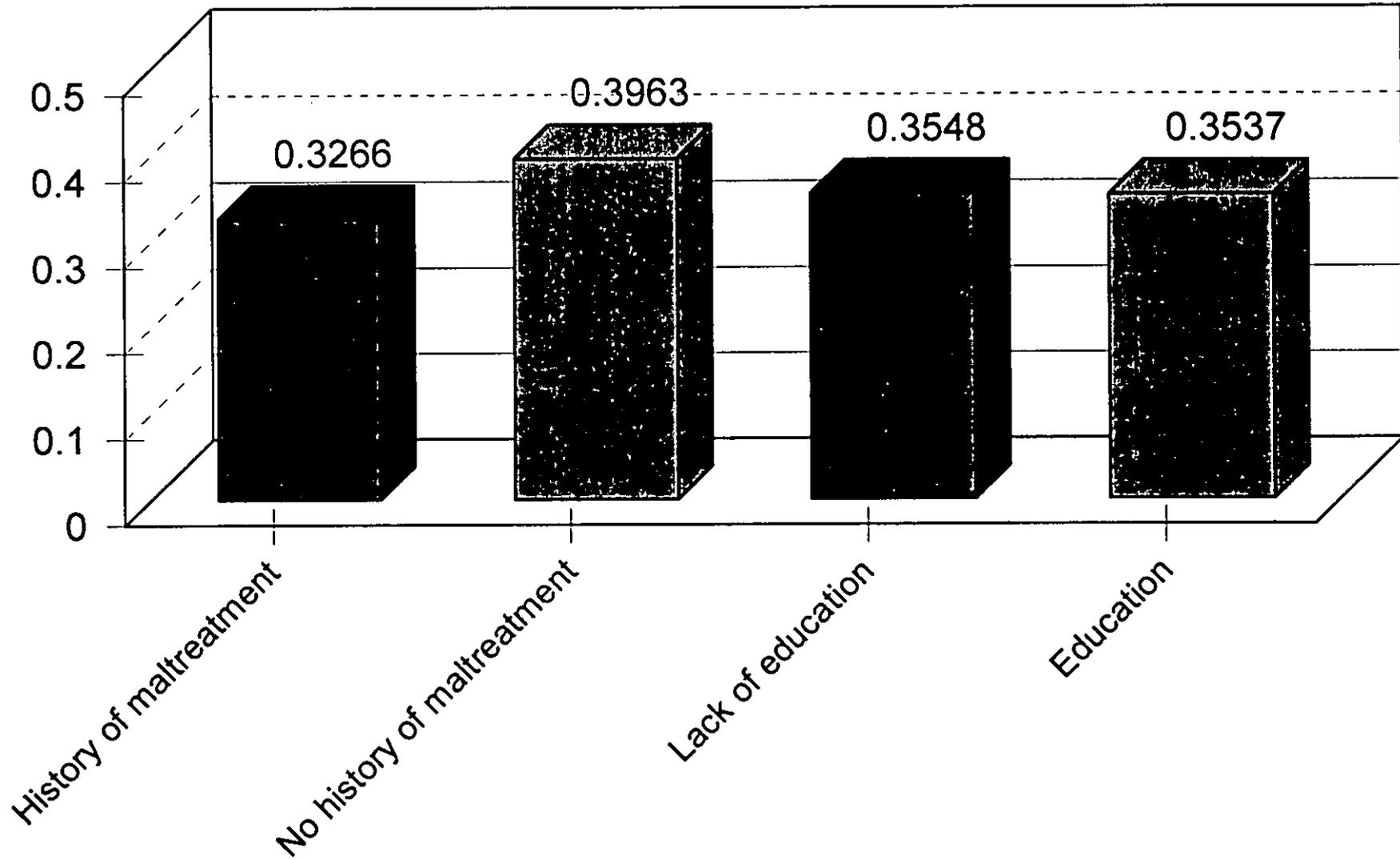


Proportion of Time Spent in Home

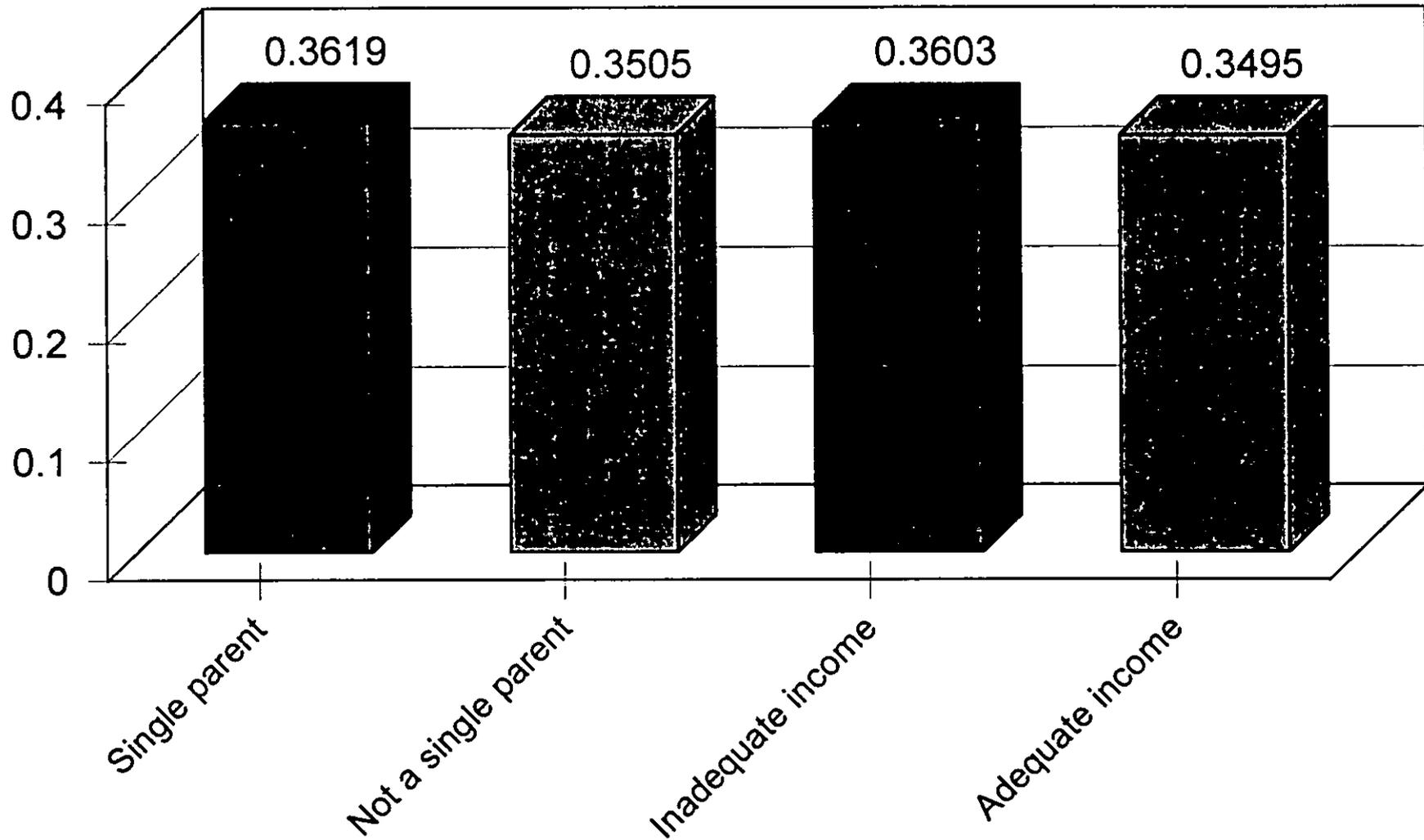


* difference is significant ($p < .05$)

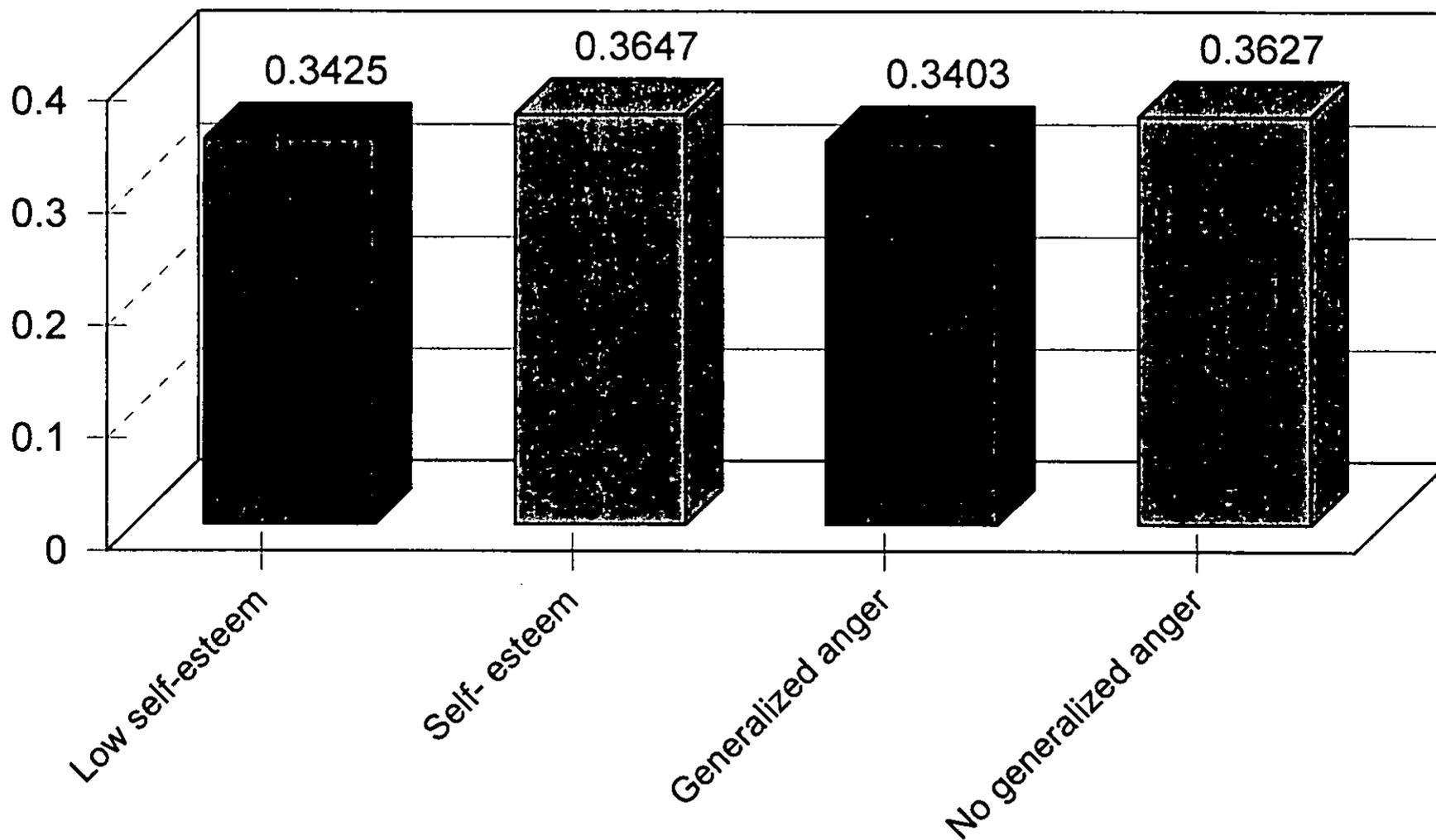
Proportion of Time Spent in Home



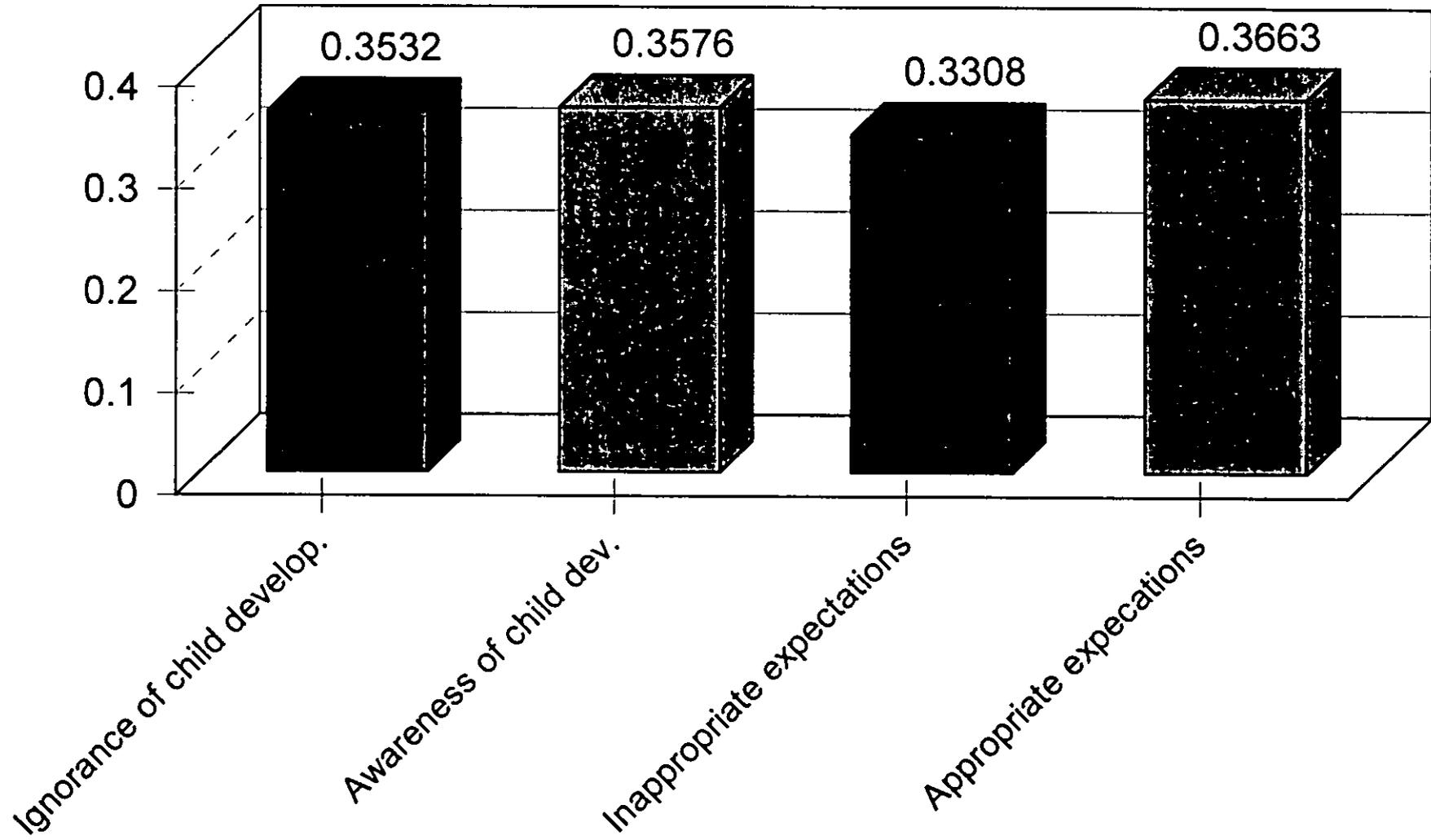
Proportion of Time Spent in Home



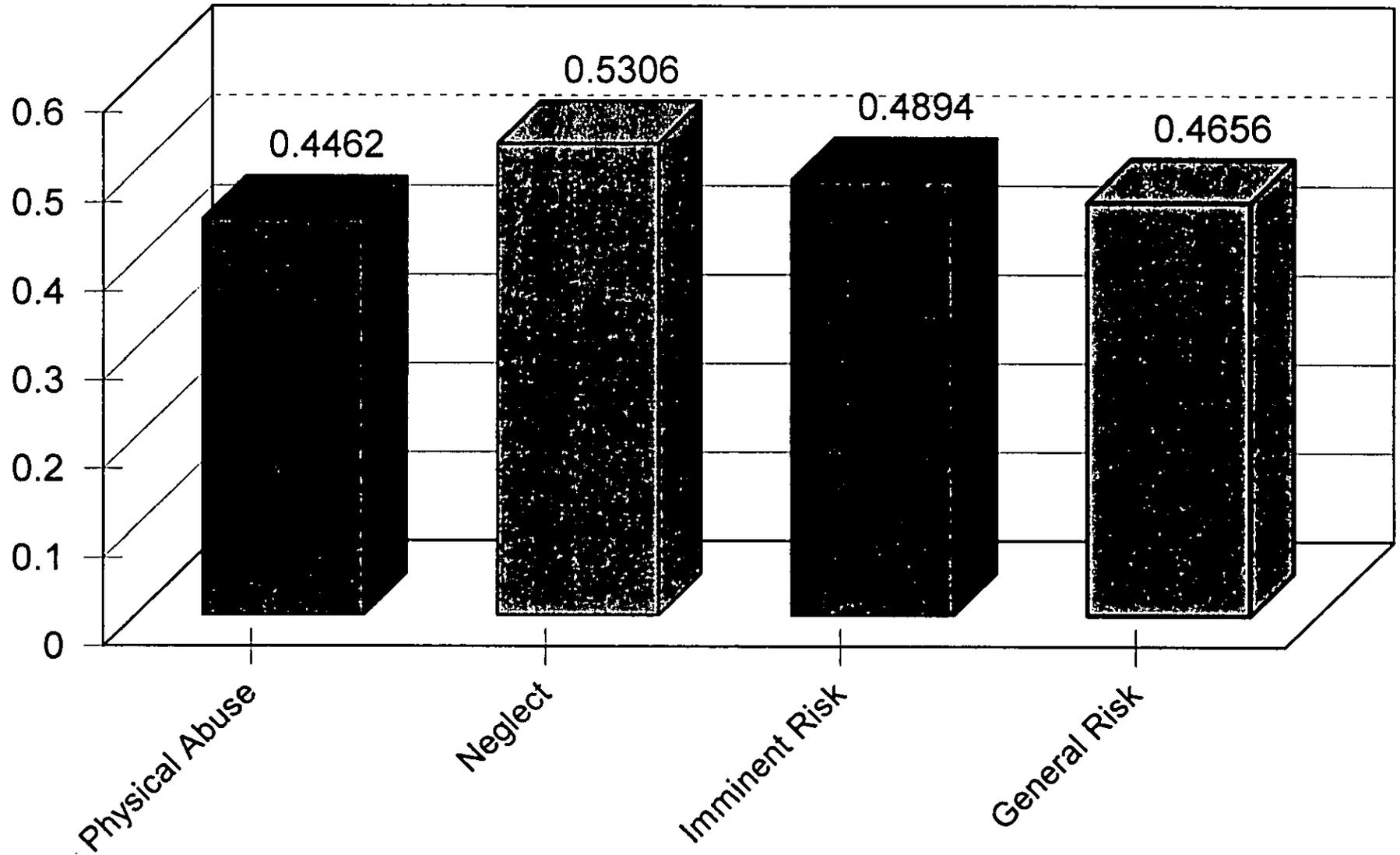
Proportion of Time Spent in Home



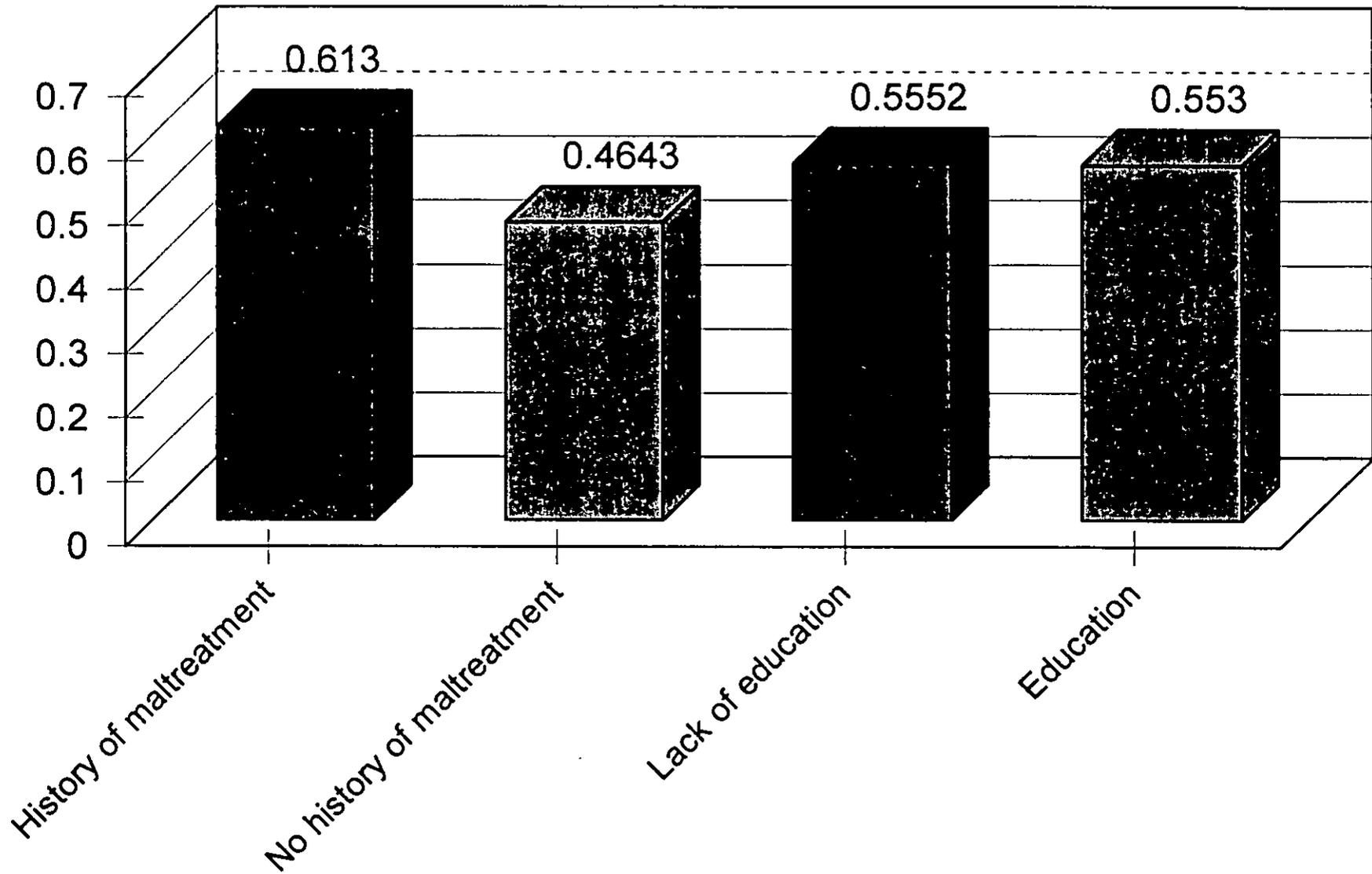
Proportion of Time Spent in Home



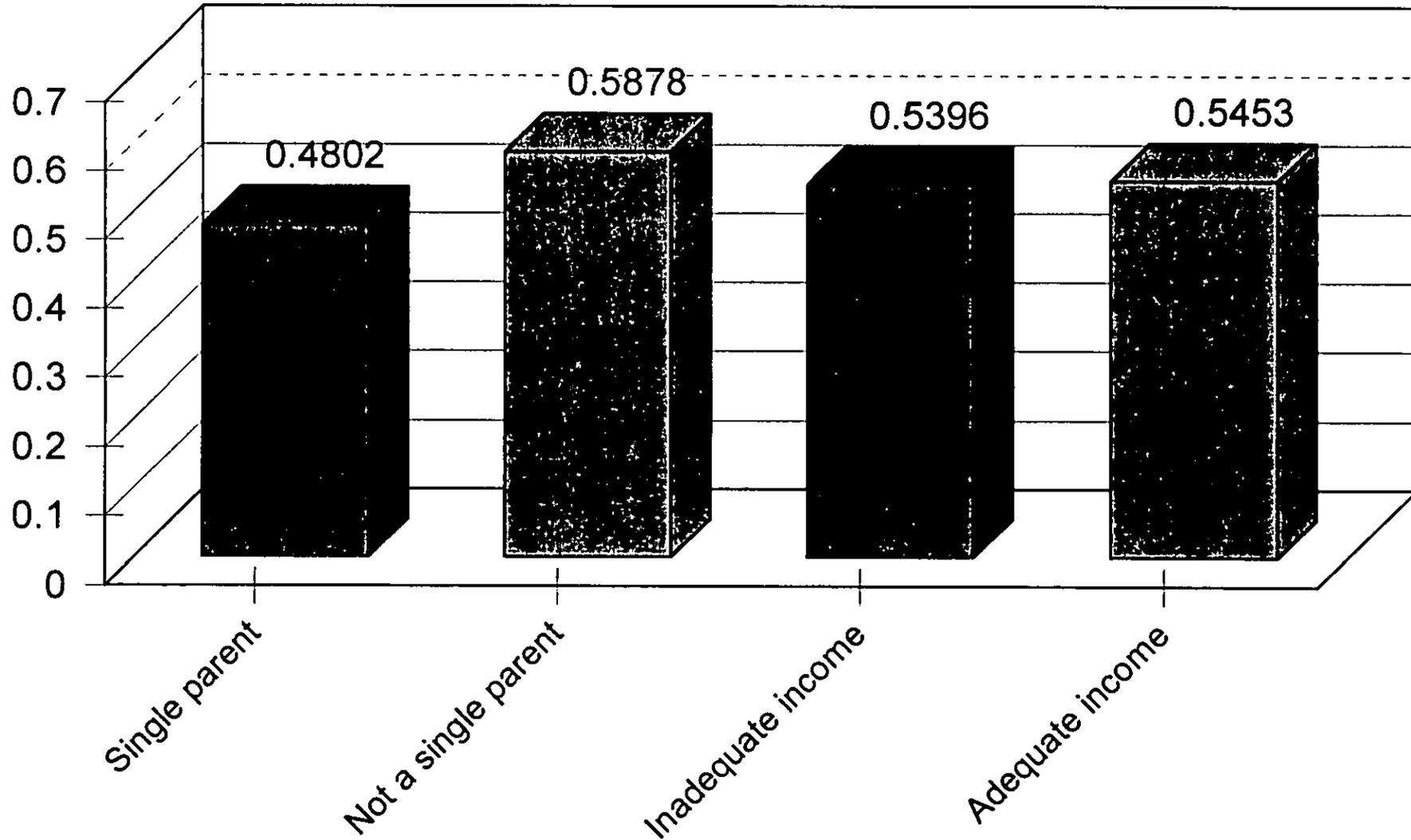
Intensity of Services



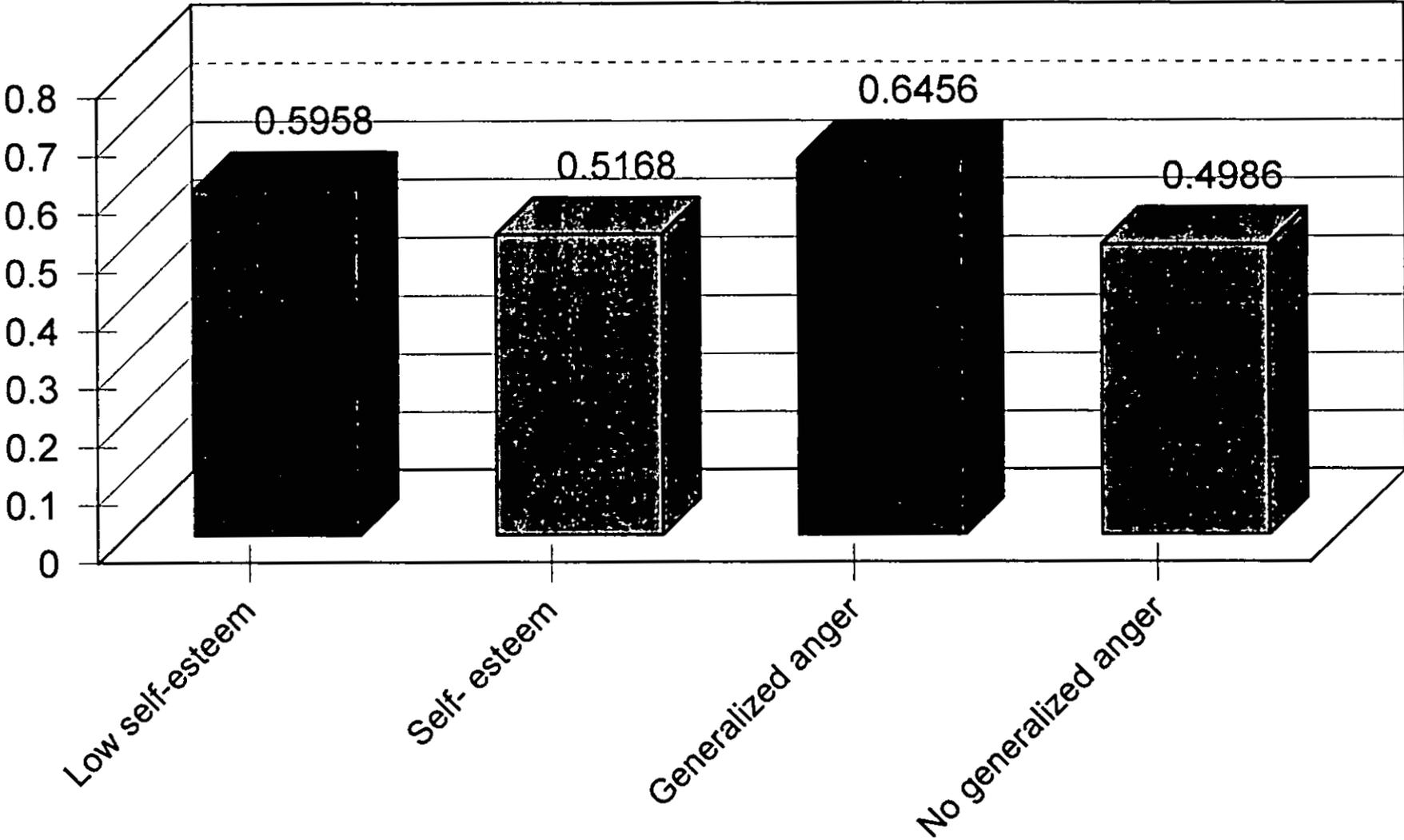
Intensity of Services



Intensity of Services



Intensity of Services



Service Characteristics: Nature of Services

Congruent with the nature of intensive family preservation models, a variety of services were provided to families in the program. Services were characterized as clinical skills and concrete services². Clinical skills were categorized according to their theoretical perspective, and workers were expected to use multiple clinical skills and concrete services per contact. Contacts were not measured in terms of time, but in terms of number of contacts utilizing that service. Client-centered skills were utilized with the greatest frequency, at an average of 22 contacts, and were provided to 96% of the families receiving services. Problem-solving skills were used with 100% of the families and averaged 16 such contacts per family. The other clinical skills were not used with the same frequency as client-centered or problem solving skills, however as is illustrated in Table 6, a wide variety of clinical skills were used with families. Cognitive behavioral techniques were provided an average of 8 times, with 89% of the families experiencing this worker skill. Psychosocial and behavioral techniques were used an average of 8 times and 7 times respectively and were provided to over 80% of the families. Structural, Adlerian, and experiential techniques had the lowest frequency of provision and were only provided to 35 to 43 percent of the families served.

Clinical skills were provided in differing amounts, and did vary with the abilities of the client served (see Appendix B). For example, behavioral techniques were seldom used with clients who did not accept responsibility, were not aware of the problem, refused to make changes, or had attachment difficulties. Client-centered techniques were significantly more likely if the client displayed problems with attachment.

A variety of concrete services were provided to the families as well. However, the number of concrete services provided was considerably lower than the number of clinical skills used. As with the clinical approaches, multiple concrete services could be provided

² Halfway through the study, meetings with staff indicated that monthly services logs were considered somewhat cumbersome and redundant. To be responsive to these concerns, the service logs were revised and reduced, and tracking of educational services was omitted from the forms. Due to this revision, analysis of educational services is therefore not warranted.

during one visit and concrete services were measured in number of contacts rather than the amount of time spent doing each service. Families received more parenting services than other concrete services, and parenting services were provided to almost sixty percent of the families. Of all the concrete services provided, transportation services were provided to the majority of the families (64%), and families who received transportation services received an average of 5 such contacts. Child care was the next most frequently provided service, with fifty-one percent of the families receiving child care help; however, child care was only provided an average of 3 times per family. Food and financial services were provided to over forty percent of the families and an average of 2 times and 1 time respectively. Medical services were provided an average of 1 time per case, however the percentage of families receiving medical services was only 30%. Home, bills, moving, recreation, cleaning, and job services were provided at very small levels and were each provided to fewer than 20% of the families.

Concrete services were provided with some relevance to the strengths and needs of the family (see Appendix B). For example, parenting help was provided to older mothers and parents exhibiting irrational behavior, good cooperativeness, low self-image, and/or attachment difficulties. Financial services were most likely to be provided if parents were a victim of spousal abuse, mentally ill, in a crisis lifestyle, without the support of extended family, users of drugs or alcohol, a single parent, having unstable housing, and unable to meet the basic needs of their children. Transportation services were significantly more likely if the family had low income and/or experienced child neglect.

Table 6: *Family Preservation Unit: Service Characteristics*

	<u>Total</u> (n=53)	<u>% Receiving</u> (n=53)
<u>Clinical Skills</u>		
Client-centered	21.75 contacts	96.2%
Problem solving	15.67	100.0
Cognitive behavioral	7.89	88.7
Psychosocial	7.53	81.1
Behavioral	7.06	83.0
Psychodynamic	4.13	73.6
Communicative	2.62	67.9
Structural	1.94	43.4
Adlerian	1.52	43.4
Experiential	1.47	35.8
<u>Concrete Services</u>		
Parenting	6.18 contacts	59.6%
Transport	4.58	63.8
Child care	2.80	51.1
Food	1.58	46.8
Medical	1.42	29.8
Financial	1.24	42.6
Home	0.44	17.0
Bills	0.40	19.1
Move	0.24	8.5
Recreation	0.22	12.8
Clean	0.12	8.5
Job	0.10	10.6

Case Outcomes

Information on placement rates at case closure was also provided (see Table 7). Overall, ninety percent of the families remained intact. Of the ninety percent of the families who remained intact, 83% had a successful closure of their case and 7% of those families had their case transferred to less intensive services. Only four percent of the families had one or more of their children placed in foster care while receiving intensive family preservation services. Both removals were in child neglect cases.

Changes in Family Stressors and Strengths

Families receiving intensive family preservation services were rated by caseworkers at case opening and again at case closing on a number of conditions in the domains of *environment, social support, caregiver skills, and child well-being*. Each condition could be rated by the worker as one in which the family had strengths (noted by a +1 rating or a +2 rating) or were stressed (noted by a -1 rating or a -2 rating). Table 8 shows the mean ratings at pre-test and at post-test, with the mean change (improvement or decline) for the families served. Table 9 shows the percentages of families improving, declining or making no change from pre-test to post-test. Both tables show many families improving, overall.

At intake, families receiving services were typically strong in their social support (+.79 on average), followed by child well-being (+.31), and the physical environment (+.23). Families were rated as stressed, however, in the area of caregiver skills (-.17).

Physical Environment. In the area of physical environment, families' biggest strengths were in the areas of personal hygiene and nutrition, but stresses were largest in the areas of housing, transportation and financial management. By case closure, most families had improved in these areas, with the largest improvements in the areas of housing and financial management. Parents in neglect cases made larger gains than did abusive parents in their personal hygiene.

Social Support. Caseworkers rated families as notably open to help and support, both from friends/relatives and agencies, and in emergencies, too. Families received higher

ratings on the ability to access help in an emergency than on a regular basis. By the end of treatment, families had improved in their ability to access services to a larger extent than their informal connections to social support. However, parents in abuse cases made bigger gains than did neglectful parents in accepting help from friends and relatives.

Family / Caregiver Skills. Rather than strengths, many stressors emerged in the assessment of caregiver skills. Families were particularly stressed in their marital relationship and the ability to resolve conflicts with the child as well. The ability to provide consistent discipline was also noted as a stressor for families. By the time of case closure, caseworkers saw improvement, on average, in the areas of consistent discipline, and conflict in marriage and with the child. Parents in abusive families made larger gains in tolerance of mistakes, and consistent discipline than did neglectful parents.

Child Well-Being. Children were rated by caseworkers as having many strengths at intake, with the most common being their physical health, the absence of sexual abuse, good relationships with siblings, and wanting to stay in the family. Children's stressors were most notable in areas of emotional abuse by the family, and being a behavioral management problem at home (less so at school). Children improved in many areas by case closure, with the largest gains in the areas of child behavior management, relationships with caregivers, and lessening of emotional abuse. Children in abuse situations made significantly larger gains than did those in neglect conditions in the areas of child behavior, being emotionally abused, and communicating with caregivers.

Table 7: *Family Preservation Unit: Case Outcomes*

<u>Characteristics</u>	<u>Total</u> (n=53)
Families experiencing placement (total)	3.8%
Families experiencing placement while case open	0.0%
Families experiencing placement	
1 to 6 months after closure	3.8%
7 to 12 months after closure	0.0
Family integrity at closure	
Successful—family intact	82.7%
Case transferred to less intensive services	7.6
Children placed	3.8
Family moved	3.8
Unknown	2.1

Table 8: *Family Preservation Unit: Change in Stressors/Strengths*

	<u>At Intake</u> (n=44)	<u>At Closure</u> (n=44)	<u>Mean Change</u> (n=44)
Environment (a)	.2326	.7867	+.5541**
Housing Stability	-.1633	.5408	+.7041**
Pays rent/mortgage on time	.1042	.6042	+.5000*
Moved in the last 6 months	-.3617	.5532	+.9149**
Safety in the Community	.3900	.8300	+.4400*
Safe neighborhood for children	.3200	.8000	+.4800*
Neighbors look out for each other	.4898	.8367	+.3469
Habitability of Housing	.2000	.8700	+.6700**
Good space and privacy for children	.0800	.7800	+.8600**
Good adequate furnishings in room	.4800	.9600	+.4800*
Income/Employment	.0300	.4700	+.5000*
Stable employment in the last 6 months	.1224	.3265	+.2041
Family receiving total public assistance	-.1458	.5417	+.6875**
Financial Management	-.4800	.2000	+.6800**
Chaotic budgeting, often in crisis	-.4800	.2000	+.6800**
Food and Nutrition	.7400	1.1700	+.4300**
Prepares balanced, nutritious meals	.7800	1.1800	+.4000**
Family eats together when possible	.7000	1.1600	+.4600**
Personal Hygiene	.9900	1.4000	+.4100**
Children look clean and well-groomed	1.0600	1.4200	+.3600**
Adults look clean and well-groomed	.9200	1.3800	+.4600**
Transportation	.0800	.4700	+.5500**
Has access to public transportation	-.2600	.1400	+.4000**
Has access to private transportation	.1000	.8000	+.7000**
Learning Environment	.4300	1.1100	+.6800**
Provides age-appropriate toys	.6400	1.1600	+.5200**
Little attention paid to developmental needs of children	.2200	1.0600	+.8400**

* Difference from intake to closure significant at $p < .05$

** Difference from intake to closure significant at $p < .01$

(a) Scale ranges from -2 (stressor) to +2 (strength)

Table 8: *Family Preservation Unit: Change in Stressors/Strengths* (continued)

	<u>At Intake</u> (n=50)	<u>At Closure</u> (n=50)	<u>Mean Change</u> (n=50)
Social Support (a)	.7971	1.3571	+.5600**
Social Relationships	.3900	1.0500	+.6600**
Frequent interactions with others	.7200	1.3600	+.6400**
Attends civil and religious activities	.0600	.7400	+.6800**
Regular Services	.5200	1.4600	+.9400**
Ability to access available services	.5200	1.4600	+.9400**
Emergency Services	.7800	1.5100	+.7300**
Access to emergency help from others	.8200	1.5200	+.7000**
Knows where to obtain emergency help	.7400	1.5000	+.7600**
Motivation for Support	1.3600	1.4600	+.0100
Accepts support from agencies	1.4000	1.4000	+.0000
Accepts support from relatives/friends	1.3200	1.5200	+.2000

* Difference from intake to closure significant at $p < .05$

** Difference from intake to closure significant at $p < .01$

(a) Scale ranges from -2 (stressor) to +2 (strength)

Table 8: *Family Preservation Unit: Change in Stressors/Strengths* (continued)

	<u>At Intake</u> (n=47)	<u>At Closure</u> (n=47)	<u>Mean Change</u> (n=47)
Family/Caregiver Skills (a)	-.1778	.6413	+.8191**
Parenting Skills	-.3000	.8000	+1.1000**
Can provide consistent discipline	-.3000	.8000	+1.1000**
Adult Supervision	.1800	.9800	+.8000**
Provides age-appropriate supervision	.1800	.9800	+.8000**
Personal Problems Affecting Parents	.0700	.6250	+.6950**
Physical/medical problems	.0800	.6000	+.5200**
Mental health problems	.0200	.5200	+.5400**
Alcohol/substance abuse problems	.1600	.8400	+.6800**
Marital problems that affect parenting	-.5000	.5400	+1.0400**
Communication with Child	-.3000	.7700	+1.0700**
Can effectively communicate with child	.1400	1.0800	+.9400**
Can resolve conflict in the family	-.7400	.4600	+1.2000**
Marital Relationship	-.6400	.2400	+.8800**
Stable marital relationship in the family	-.9792	-.2708	+.7803**
Affection and harmony in the family	-.3800	.6600	+1.0400**
Expectation of the Child	.1000	.9500	+.8500**
Age-appropriate expectations	.0000	.8163	+.8163**
Cannot tolerate mistakes in child	.1800	1.0600	+.8800**
Mutual Support	-.1000	.6800	+.7800**
Good emotional support as a family	-.2600	.6400	+.9000**
Can lend support when needed	.0600	.7200	+.6600**

* Difference from intake to closure significant at $p < .05$ ** Difference from intake to closure significant at $p < .01$

(a) Scale ranges from -2 (stressor) to +2 (strength)

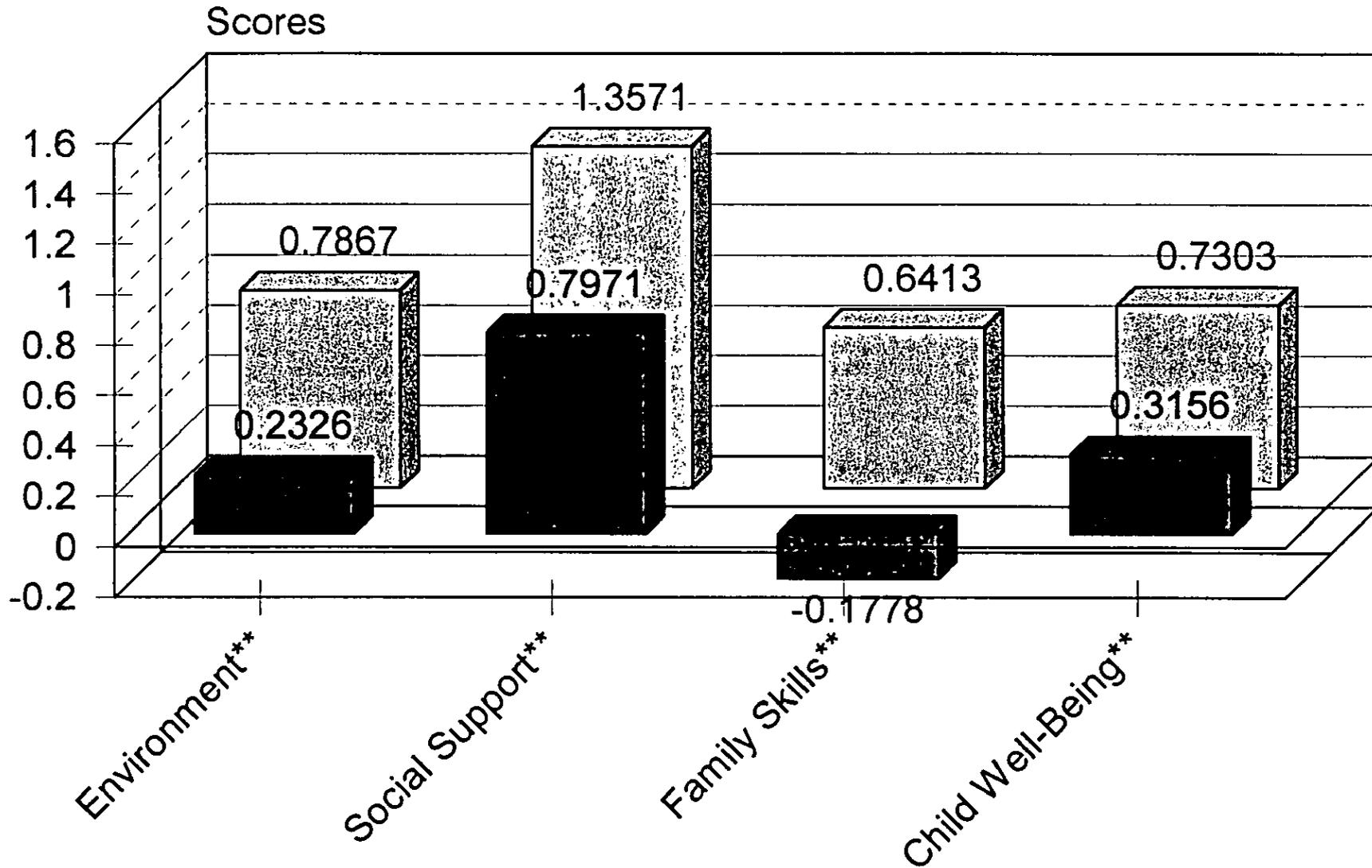
Table 8: *Family Preservation Unit: Change in Stressors/Strengths* (continued)

	<u>At Intake</u> (n=41)	<u>At Closure</u> (n=41)	<u>Mean Change</u> (n=41)
Child Well-Being (a)	.3156	.7303	+.4147**
Child's Physical Health	1.0417	1.4583	+.4167**
Good health	1.0417	1.4583	+.4167**
Mental Health	.3980	.9796	+.5816**
Emotional stability	.6327	1.2240	+.4898**
Ability to handle stress	.1250	.8125	+.6875**
Sexual Abuse	.9022	.9674	+.0652
Has had incidents of sexual abuse	.9130	.9783	+.0653
Has had incidents of abusing others	.8913	.9565	+.0652
Emotional Abuse	-.1224	.7347	+.8571
Has been emotionally abused by family	-.1224	.7347	+.8571**
Child's Behavior	.0278	.7292	+.7014**
Management problem at home	-.2708	.7292	+1.0000**
Management problem at school	.0000	.6458	+.6458**
Delinquent behaviors	.4043	.7872	+.3830**
School Performance	.3617	.5213	+.1596
Good attendance	.4468	.6170	+.1702
Good academic record	.2766	.4255	+.1489
Relationship with Caregivers	.1531	.9592	+.8061**
Accepts discipline and supervision	.1458	.8452	+.7083**
Good communication with caregivers	.1633	1.0612	+.8980**
Relationship with Siblings	.4375	.6667	+.2292
Gets along with siblings	.4375	.6667	+.2292
Relationship with Peers	.0208	.4167	+.3958**
Has peers as close friends	.0208	.4167	+.3958**
Motivation/Cooperation	.5510	.7551	+.2041**
Is interested in staying with family	.8571	1.1020	+.2449**
Is motivated to change behaviors	.2449	.4082	+.1633

* Difference from intake to closure significant at $p < .05$ ** Difference from intake to closure significant at $p < .01$

(a) Scale ranges from -2 (stressor) to +2 (strength)

Scores on Strengths/Stressor Form



* difference significant at ($p < .05$); ** difference significant at ($p < .01$)

Table 9: *Family Preservation Unit: Percentage of Families Changing (n=44)*

	<u>Improved</u>	<u>No Change</u>	<u>Declined</u>
Environment			
Housing Stability			
Pays rent/mortgage on time	44%	46%	10%
Moved in the last 6 months	39	55	6
Safety in the Community			
Safe neighborhood for children	38	54	8
Neighbors look out for each other	37	49	14
Habitability of Housing			
Good space and privacy for children	38	58	4
Good adequate furnishings in room	36	56	8
Income/Employment			
Stable employment in the last 6 months	27	59	14
Family receiving total public assistance	42	48	10
Financial Management			
Chaotic budgeting, often in crisis	46	44	10
Food and Nutrition			
Prepares balanced, nutritious meals	24	74	2
Family eats together when possible	30	68	2
Personal Hygiene			
Children look clean and well-groomed	24	76	0
Adults look clean and well-groomed	26	70	4
Transportation			
Has access to public transportation	40	52	8
Has access to private transportation	26	68	6
Learning Environment			
Provides age-appropriate toys	36	60	4
Little attention paid to developmental needs of children	44	54	2

Table 9: *Family Preservation Unit: Percentage of Families Changing* (continued) (n=50)

	<u>Improved</u>	<u>No Change</u>	<u>Declined</u>
Social Support			
Social Relationships			
Frequent interactions with others	32%	66%	2%
Attends civil and religious activities	38	62	0
Regular Services			
Ability to access available services	46	54	0
Emergency Services			
Access to emergency help from others	40	58	2
Knows where to obtain emergency help	38	62	0
Motivation for Support			
Accepts support from agencies	16	74	10
Accepts support from relatives/friends	18	76	6

logically from a thorough assessment of the family's strengths and needs, and be individually tailored to those strengths and needs. It is expected that different families will have different service needs, and service delivery is structured so that caseworkers have the ability to provide only those concrete services and apply only those clinical techniques that are relevant to the problems at hand.

This evaluation found that 77% of the families served by this unit were classified as being at imminent risk of child placement, indicating some variance from program policy or model parameters. There were few family characteristics at intake that predicted which families were categorized as being at imminent risk of child placement.

The way that services were structured in this unit was fairly faithful to intensive family preservation service models. Cases were open an average of four months (although one case was served for nine months), and each case received an average of 60 hours of service time by the caseworker. About three-fourths of service time was spent in direct contact with the family, with one-third of that time spent in the family's home. Services, therefore, do appear to meet the standards of being short-term, intensive, and home-based.

A home-based approach to services was significantly more common with physical abuse cases than with neglect cases. This may be due in part to the larger amounts of time that caseworkers spent in supervision on their neglect cases. While a home focus varied between physical abuse and neglect cases, the intensity of service did not vary. Caseworkers did utilize a variety of clinical techniques and concrete services with families, and this evaluation found that the techniques and services delivered were relevant and individualized to the strengths and needs of each family.

Families showed most improvement over the course of treatment in their ability to obtain formal and informal services and support. Gains were less significant in the areas of housing and parenting skills, and smallest concerning the child's well-being.

The key contributors to good outcomes for families in this sample appear to be a high intensity of service contact by the caseworker, and the provision of relevant concrete services and supports.

Recommendations

The primary lesson learned from this effort relates to the importance of fidelity to the hallmarks of intensive family preservation service models:

- small caseloads,
- intensity of service time and effort,
- individualized service plans that are relevant to families' needs,
- a home-based approach, delivering as many services on-site as possible,
- a dual focus on concrete services and clinical techniques,
- autonomy and ability of caseworkers to deliver services differently to each family,
- accessibility to good case supervision, especially for cases involving child neglect.

This attention to the components of an intensive family preservation model of services will thus require ongoing training and support for staff to maintain treatment fidelity and avoid slippage to more generic casework approaches. It also mandates a continued commitment by agency administration to the structural supports of the unit, including flexibility of work hours, access to supervision, small caseloads, and availability of concrete ancillary services and supports.

Finally, the designation of imminent risk of placement continues to be an enigmatic condition. This study did not find this categorization to be a reliable definition of risk, nor a valid predictor of case success. While the exercise of determining the risk of placement is a sound one, and the limitation of intensive services to those at highest risk a good one, staff and referral sources need continuing support in their understanding of what constitutes an appropriate family for this unit to serve.

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Appendix A

Intensive Family Preservation and Family Reunification

Data Collection Forms

Including:

- Assessment of Family Stressors and Strengths
- Client Contact Log
- Concrete and Educational Services Log
- Clinical Services Log

Cover Page for Each Case

Worker's Name _____

Client's Name _____

Case Identifier _____

(mother's client number) 

Case Opened to unit _____

Case Closed _____

Outcome of Case _____

Comments:

FAMILY SERVICE PLAN
Cover Sheet II: Family Preservation

PLAN - PART ONE

Page _____ of _____

IDENTIFYING INFORMATION

Name(s) of Parents	Date of Participation	Date Plan Completed
Child(ren)'s Name(s)		Month/Year of Next Review

PURPOSE OF THIS PLAN

To the Parent: CPS has developed this plan with you to help resolve family problems that affect the safety of your child(ren). If you carry out this plan successfully, CPS may end its involvement with you and your family. If you do not, CPS may:

- continue its involvement with you and your family, or
- recommend that your child(ren) be placed in substitute care.

You and your worker will evaluate your progress in carrying out this plan within three months, or sooner if important changes occur.

EVALUATION OF PROGRESS - CPS will evaluate your progress with you on the basis of

- your successful achievement of the goals stated in this plan;
- your successful completion of the tasks in this plan; and
- your ability to provide for the ongoing safety and well-being of your child(ren).

Information for this evaluation may come from any of the following sources:

- you and members of your family;
- CPS staff who have worked with you;
- the initial report or future reports of child abuse or neglect; and
- other agencies, individuals, and community professionals.

Parents' Comments:

Contact Person- For information about your children, please contact

Name of Contact Person	Telephone
------------------------	-----------

Signature - Parent

Date

Signature - Worker

Date

Signature - Parent

Date

Signature - Supervisor

Date

If the parents did not participate in developing this plan, explain:

If PSFC gave or mailed a copy of this plan to the parents:

YOUR RIGHT TO REQUEST A REVIEW - You may request a review of this plan at any time. You may also request an administrative review or a fair hearing if PSFC denies, reduces, or terminates protective services that you have requested, or if you do not contact promptly on your request for protective services.

FAMILY SERVICE PLAN
Family Problems, Strengths, and Changes Needed

ASSIGNMENT PLAN - PART ONE

Page of

Family Name	Date Completed
-------------	----------------

LIST THE REASONS FOR PSFC INVOLVEMENT:

LIST THE UNDERLYING PROBLEMS CONTRIBUTING TO THE RISK OF ABUSE OR NEGLECT:

LIST THE FAMILY STRENGTHS AND RESOURCES:

SERVICE-PLAN GOALS: CHANGES NEEDED TO REDUCE RISK - What specific behavior(s) and condition(s) will demonstrate that the problems contributing to risk have been satisfactorily addressed and that the risk has been reduced?

FAMILY SERVICE PLAN
Tasks and Services for the Family

PLAN - PART ONE

Page of

Family Name	Date Completed
-------------	----------------

Family Task (Note: Asterisk tasks that are court-ordered.)	CPS/Other Service (Note: Asterisk services that are court-ordered.)
Beginning and Ending Dates (and/or Frequency) to	Beginning and Ending Dates (and/or Frequency) to
Method of Evaluation	

Family Task (Note: Asterisk tasks that are court-ordered.)	CPS/Other Service (Note: Asterisk services that are court-ordered.)
Beginning and Ending Dates (and/or Frequency) to	Beginning and Ending Dates (and/or Frequency) to
Method of Evaluation	

Family Task (Note: Asterisk tasks that are court-ordered.)	CPS/Other Service (Note: Asterisk services that are court-ordered.)
Beginning and Ending Dates (and/or Frequency) to	Beginning and Ending Dates (and/or Frequency) to
Method of Evaluation	

Check this box and press <ENTER> to continue on another 2622-C form.

**FAMILY SERVICE PLAN
Evaluation of Progress**

SERVICE PLAN - PART ONE

Page of

Family Name <input style="width:95%;" type="text"/>	Date Completed <input style="width:95%;" type="text"/>	Month/Year of Next Evaluation or Review <input style="width:95%;" type="text"/>	Next Review Date <input style="width:95%;" type="text"/>
---	--	---	--

RISK EVALUATION - Evaluate the family's progress on each of the tasks listed on the Form 2622-C. If any services were not provided as planned, explain why not.

GOAL EVALUATION - Evaluate the family's progress toward making the changes needed to reduce the risk (see Form 2622-B). When applicable, discuss significant related issues (*examples*: obstacles to carrying out the family service plan, changes in the family assessment or the risk assessment).

SERVICE-PLAN REVIEW DECISIONS - Check the appropriate box to indicate whether this is a three-month evaluation, a six-month review, or a special review of this service plan. Then answer the corresponding questions below.

Three-Month Evaluation

Six-Month Review

Special Review

THREE-MONTH EVALUATION	SIX-MONTH OR SPECIAL REVIEW
<p>Are PSFC Services still needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, skip the next two questions.</p> <p>Are any tasks or services need to be revised? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, enter the changes on Form 2622-C, and have the parents initial each change.</p> <p>Do we need to revise or add any problems, strengths, or changes? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, make changes on Form 2622-B, and date each change.</p>	<p>Are PSFC services still needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, complete a new family service plan that includes the following forms:</p> <ol style="list-style-type: none"> 1. A new Form 2622-A, Cover Sheet. 2. An original, updated, or new Form 2622-B, Problems, Strengths, and Changes Needed. 3. A new Form 2622-C, Tasks and Services for the Family. 4. An original or new Form 2623, Parent-Child Contact and Financial Support, if any children are in substitute care.

Case Name	Worker's Name	Date Completed
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Instructions-This form elaborates on the risk factors identified as significant on Form 2603, *Assessment of Risk*. To complete this form, review Form 2603, and identify and discuss the underlying causes of the significant risk factors identified there. If you need more space, attach addition pages.

- I. **The Abuse or Neglect Itself**-Consider the nature and characteristics of all past and current abuse and neglect in this family. Also consider the precipitating causes, the frequency, and the duration of the abuse and neglect. And consider the family's strengths and resources. Then check each box below that applies to the family's case.

MOTIVATION	
<input type="checkbox"/> Parent lost control	<input type="checkbox"/> Lack of knowledge of the child's capabilities
<input type="checkbox"/> Attempt to teach or discipline the child	<input type="checkbox"/> Deliberate effort to hurt or harm the child
<input type="checkbox"/> Omission	<input type="checkbox"/> Use of child to meet the parents' needs
<input type="checkbox"/> Other (specify):	

CHARACTERISTICS			
<input type="checkbox"/> Situation crisis	<input type="checkbox"/> History of abuse or neglect	<input type="checkbox"/> Physical hazards in home	<input type="checkbox"/> Failure to protect the child
<input type="checkbox"/> Absence of care and nurturance	<input type="checkbox"/> Risk or occurrence of serious harm	<input type="checkbox"/> Alcohol or drug related	<input type="checkbox"/> Cruel, bizarre
<input type="checkbox"/> Other (specify):			

STRENGTHS AND RESOURCES		
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Aware of problems	<input type="checkbox"/> Want to make changes
<input type="checkbox"/> Accept responsibility	<input type="checkbox"/> History of adequate functioning	<input type="checkbox"/> Other (specify):

Discussion-Briefly discuss the causes underlying each problem checked above, and indicate how the family's strengths and resources may help to improve the situation.

Case Name

II. The Children-Consider the parents' and caretakers' view of each child; the child's behavior, development, and functioning; and the child's strengths and resources. Then enter each child's name and age at the top of a column, and check the spaces below that apply to the child.

	Child's Name	Child's Name	Child's Name	Child's Name
PARENTS' AND CARETAKERS' VIEW OF THE CHILD	Child's Age	Child's Age	Child's Age	Child's Age
Bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Troublesome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special or different	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provocative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):				
CHILD'S CHARACTERISTICS				
Fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unresponsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Codependent behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotionally disturbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually acting out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other acting out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug or alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug-affected birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):				
STRENGTHS AND RESOURCES				
Can form healthy attachments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive self-image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for self and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assertive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-disciplined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts limits and direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):				

Discussion-Briefly discuss the causes underlying each problem checked for each child and indicate how the child's strengths and resources may help to improve the situation.

Case Name _____

III. **Parents and Caretakers**-Consider each parent's and caretaker's history, parenting ability, and functioning. Then enter each parent's or caretaker's name and relationship to the child(ren) at the top of a column, and check the spaces below that apply to that person.

	Parent's or Caretaker's Name			
BEHAVIORAL ISSUES	Relationship to Child	Relationship to Child	Relationship to Child	Relationship to Child
Drug or alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generalized anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apathy or low energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Codependent behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrational behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):				
HISTORY				
Abused or neglected as a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim of spouse abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perpetrator of spouse abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socially isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to form positive relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosed mentally retarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosed mentally ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of education or training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):				

III. Parents and Caretakers (continued)

	Parent's or Caretaker's Name	Parent's or Caretaker's Name	Parent's or Caretaker's Name	Parent's or Caretaker's Name
PARENTING ISSUES	Relationship to Child	Relationship to Child	Relationship to Child	Relationship to Child
Unrealistic or rigid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insensitive to child's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inappropriate expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inappropriate discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of attachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aversion to the demands of parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Failure to meet basic physical needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ignorance or child development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):				
STRENGTHS AND RESOURCES				
Positive self-image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can give and accept affection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can form healthy attachments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wants to make changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open to new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts differences in children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of child development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):				

Discussion-Briefly discuss the causes underlying each problem checked above (and on the previous page) for each person named, and indicate how each person's strengths and resources may help to improve the situation.

Case Name

IV. Family Functioning-Consider the ability of family members to get along with one another and with people outside the family. Then check each box below the applies to the family's case.

FAMILY CIRCUMSTANCES

- | | | |
|---|---|--|
| <input type="checkbox"/> Single parent of caretaker | <input type="checkbox"/> Several preschool children | <input type="checkbox"/> Recently moved |
| <input type="checkbox"/> Inadequate income | <input type="checkbox"/> Housing problems | <input type="checkbox"/> Young, immature parents |
| <input type="checkbox"/> Other (specify): | | |

FAMILY FUNCTIONING

- | | | |
|---|---|--|
| <input type="checkbox"/> Marital conflict | <input type="checkbox"/> Crisis lifestyle | <input type="checkbox"/> Absence of household routines |
| <input type="checkbox"/> Interpersonally distant | <input type="checkbox"/> Absence of burden-sharing | <input type="checkbox"/> Scapegoating |
| <input type="checkbox"/> Role and boundary problems | <input type="checkbox"/> Deals poorly with stress | <input type="checkbox"/> Disagreements about child-rearing |
| <input type="checkbox"/> Cannot talk about problems | <input type="checkbox"/> Misuse of family resources | <input type="checkbox"/> Unsupportive extended family |
| <input type="checkbox"/> Other (specify): | | |

STRENGTHS AND RESOURCES

- | | | |
|---|--|--|
| <input type="checkbox"/> Effective coping skills | <input type="checkbox"/> Support system in place | <input type="checkbox"/> Positive outside relationships |
| <input type="checkbox"/> Can find and use resources | <input type="checkbox"/> Can meet basic material needs | <input type="checkbox"/> Can manage income and resources |
| <input type="checkbox"/> Other (specify): | | |

Discussion-Briefly discuss the causes underlying each problem checked above, and indicate how the family's strengths and resources may help to improve the situation.

Case Name

- V. **Conclusion-**The family's service plan will be based on the assessments you make here. With that in mind, identify and describe the family's critical problems below. Also, indicate whether the family acknowledges and is willing to work on each of the problems that you identify.

FAMILY ASSESSMENT

	Child's Name	Child's Name	Child's Name	Child's Name
PARENTS' AND CARETAKERS' VIEW OF THE CHILD	Child's Age	Child's Age	Child's Age	Child's Age
Bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Troublesome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special or different	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provocative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):				
CHILD'S CHARACTERISTICS				
Fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unresponsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Codependent behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotionally disturbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually acting out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other acting out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug or alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug-affected birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):				
STRENGTHS AND RESOURCES				
Can form healthy attachments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive self-image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for self and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assertive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-disciplined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts limits and direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):				

Discussion-Briefly discuss the causes underlying each problem checked for each child and indicate how the child's strengths and resources may help to improve the situation.

ASSESSMENT OF RISK
Staged Investigation Format

Case Name

Page of

CURRENT RISK: Parents and Caretakers- In the blanks on the right, enter the names of all parents and caretakers. Then respond to each item below by checking YES, NO, or UNK (Unknown).

	Name			Name			Name			Name		
	YES	NO	UNK									
Was this person abused or neglected as a child?	<input type="checkbox"/>											
Has this person recently experienced significant stress?	<input type="checkbox"/>											
Is this person unable to cope with stress?	<input type="checkbox"/>											
Does this person exhibit a significant lack of parenting skills?	<input type="checkbox"/>											
Does this person have unrealistic expectations of any child?	<input type="checkbox"/>											
Is this person socially isolated?	<input type="checkbox"/>											
Does this person refuse to cooperate with essential aspects of the investigation or case plan?	<input type="checkbox"/>											
Does this person refuse to disclose important information?	<input type="checkbox"/>											
Has this person ever been a perpetrator of spouse or partner abuse?	<input type="checkbox"/>											
Has this person ever been a victim of spouse or partner abuse?	<input type="checkbox"/>											
Does this person have a history of drug or alcohol abuse?	<input type="checkbox"/>											

CASES WITH NO INDICATIONS OF ABUSE OR NEGLECT AND NO SIGNIFICANT INDICATIONS OF RISK - Answer each question below:

- Nature and Extent of the Abuse or Neglect: Did you enter a rating of 1 or higher for any type of abuse or neglect? YES NO
- Past Abuse, Neglect, and Risk: Did you check YES or UNK for any question? YES NO
- Current Risk: Did you find any significant indications of risk? YES NO

If the answers to all three questions are NO, you may close the case by completing the section, *Risk Assessment Finding, Conclusion, and Case Action*, on page 4. If the answer to ANY of the three questions is YES, complete the rest of this form.

CURRENT RISK (continued)

	Name			Name			Name			Name		
	YES	NO	UNK									
Has this person ever been convicted of a criminal offense?	<input type="checkbox"/>											
Does this person have a significant history of depression?	<input type="checkbox"/>											
If so, has this person ever attempted suicide?	<input type="checkbox"/>											
Has this person recently divorced or separated from his or her spouse or partner?	<input type="checkbox"/>											
Are this person's social relationships primarily negative?	<input type="checkbox"/>											
Are this person's relationships with extended family members unsupportive or conflictive?	<input type="checkbox"/>											
Does this person take the apparent abuse or neglect less seriously than CPS does?	<input type="checkbox"/>											
Is this person unaware of, or does he or she deny, the factors placing the child(ren) at risk?	<input type="checkbox"/>											
Is this person unmotivated or unrealistic about change?	<input type="checkbox"/>											
Other (specify):	<input type="checkbox"/>											

Does the alleged perpetrator currently have access to any child in the family? Yes No Unknown

ASSESSMENT OF RISK
Staged Investigation Format

●

Page of

INDIVIDUAL AND FAMILY STRENGTHS AND RESOURCES:

ANALYSIS

1. Discuss the significant risk factors and how they affect the safety of the child(ren). Be sure to include the nature and extent of the abuse or neglect.
2. Assess the family's ability to use its strengths and resources to manage the risk factors.

1.

2.

ASSESSMENT OF RISK
Staged Investigation Format

Name

Page of

RISK ASSESSMENT FINDING, CONCLUSION, AND CASE ACTION- Check only one of the three possible findings, then check the appropriate case action and other related boxes, as applicable..

NO RISK INDICATED: Based on the finding checked below, CPS concludes that, for the foreseeable future, there is not a reasonable likelihood of child abuse or neglect as defined in the Texas Family Code, §34.012.

1. Finding-No Significant Factors. The disposition of the investigation is ruled out; there is no abuse or neglect; and no significant risk factors were identified.

Case Action: CLOSE CASE.

2. Finding-Risk Controlled. Significant risk factors were identified; but family strengths and available resources are sufficient to provide for the child(ren)'s safety for the foreseeable future.

Case Action: CLOSE CASE

Was a safety plan completed during the investigation?..... → Yes No

RISK INDICATED: Based on the finding checked below, CPS concludes that, in the foreseeable future, there is a reasonable likelihood of child abuse or neglect as defined in the Texas Family Code, §34.012.

3. Finding-Risk Present. Risk factors were identified, and there are NOT sufficient family strengths and available resources to provide for the child(ren)'s safety for the foreseeable future.

Case Action:

Family Preservation → No
Is a safety plan needed to control risk in the home? → Yes*

*If yes, complete Form 2604-A&B.

Removal → Complete Form 2604-A.

CLOSE CASE ↓ Family moved after the investigation.

(check one):

Family refused services and intervention is not legally possible.

Note: If risk is indicated and the case is being closed, document the efforts made to locate the family, or to involve the family in services or legally intervene.

Reminder: If a contracted service was provided during the investigation, document the need for it in the case narrative or on Form 2604-B.

Comments:

Date the results of the investigation and assessment were explained to:

Parents/Alleged Perpetrators	Victims	Reporter	Absent Parent
------------------------------	---------	----------	---------------

Signature - Caseworker

Date

Signature - Supervisor

Date

CHILD SAFETY EVALUATION AND PLAN
Evaluation of Immediate and Short-Term Child Safety

Family Name _____

THE SOURCES OF CONCERN - Check each box that represents a clear threat to the immediate or short-term safety of the child(ren).

- A parent's or a child's psychological, emotional, or behavioral problems.
- A parent's or a child's substance abuse.
- A parent's or a child's impaired physical condition.
- A parent's perception that a child is a burden, or a parent's experience of life and parenting is an overwhelming stress.
- A parent's lack of social support.
- A parent's lack of parenting skills.
- A lack of money, or a parent's inability to manage well enough to meet the child(ren)'s basic needs.
- A crisis which results in disorganization and emotional upheaval.
- Other: _____

AVAILABLE RESPONSES - For each condition mentioned above, consider the resources available in the family and the community that might help to keep the child safe and prevent CPS removal. Check each response needed to protect the child.

- Use family resources, neighbors, or other individuals in the community as safety resources.
- Use community agencies or services as safety resources.
- Petition the court to order the parents to participate in the plan for immediate and short-term safety.
- Have the maltreating parent leave the home, either voluntarily or in response to legal action.
- Have the non-maltreating parent move to a safe environment with the child.
- Have the parent(s) place the child outside the home.

Are the actions sufficient, and can they be done soon enough, to protect the child(ren)? Yes No

Is the family willing and able to participate in these actions at a level sufficient to protect the child(ren)? Yes No

Comments:

If the answer to both of the above questions is YES, go to the 2604-B. If either answer is NO, check one of the following responses and explain in the Conclusion section on the 2604-B.

- Take legal action to place the child(ren) outside the home.
- Legal action is not possible or appropriate at this time. (Indicate case action in the Conclusion section on the next page.)

If SFC is initiating legal action and placing the child, describe your discussion with the parent(s) and their expectations of the placement.

Family Preservation and Family Reunification
CLOSING SUMMARY

Family Preservation-When the
Case is Closed (Complete I-IV)

Reunification-When the Child
Returns Home (Complete I-IV)

Reunification-When the Case is
Closed (Complete V)

Family Name	Date
-------------	------

I. History of Reports-Summarize the family's history of reports of child abuse and neglect. Specify:

- the number of reports TDPRS has received;
- each type of abuse and neglect reported; and
- the findings of each investigation, including
 - the disposition,
 - the severity of the abuse or neglect that occurred (when applicable), and
 - the conclusion about risk.

Also, briefly describe the report and investigation findings that led to the current CPS intervention.

II. Significant Risk Factors-With respect to the family's current case only, discuss

- each significant risk factor,
- all the services offered to help the family reduce or manage the risk,
- the family's participation in those services, and
- the changes the family achieved.

Family Preservation and Family Reunification
CLOSING SUMMARY

Family Name

- III. **Family Functioning and Level of Risk**-Describe the family's current functioning and explain how the risk of child abuse or neglect has been reduced or managed. Include the following points:
- the family's support systems,
 - the quality of the parents' relationships with the children,
 - the family's ability to function without CPS support,
 - the specific changes that have made it possible for the child to return home safely (if this is a family-reunification case), and
 - the child safety plan, if one is needed.

IV. **Additional Information**-Address any other issues that may affect the risk of child abuse or neglect in the future.

Signatures-The worker and supervisor both sign here. *Note:* If this is a family-preservation case, the worker closed the case now. If it is a family-reunification case, the worker must complete page 3 before closing it.

Signature-Worker

Date

Signature-Supervisor

Date

Family Preservation and Family Reunification
CLOSING SUMMARY

When to complete-Complete this page when closing a family-reunification case within six months after the child's return home. If more than six months have passed since the child's return, complete the first four pages of this form over again, then complete the page. Note: Do not complete this page in family-preservation cases.

Family Name

- V. Case Closure After Reunification-Discuss the family's and the child's adjustment to their reunification. Describe
- the services that have been offered to the child and family since the child's return;
 - the family's current functioning;
 - the stability of the changes that made it possible for the child to return home;
 - the child's safety plan, if one is needed; and
 - the family's ability to function without CPS assistance in the future.

Signatures-The worker and supervisor both sign here.

Signature-Worker

Date

Signature-Supervisor

Date

**INTENSIVE FAMILY REUNIFICATION SERVICES
REFERRAL FORM**

Page 3

DOES THIS FAMILY HAVE A HISTORY OF DOMESTIC VIOLENCE? _____

CRITERIA:	YES	NO	UNKNOWN OR N/A
1. History of substance abuse If yes, treatment sought?	___	___	_____
2. Are parents committed to reunification?	___	___	_____
a. Appropriate attachment?	___	___	_____
b. Child on target developmentally?	___	___	_____
c. Is the child(ren) perceived by the parent or worker as a management problem?	___	___	_____
d. Are parents able to identify or take responsibility for any problems bearing on their parenting?	___	___	_____
e. Do the parents take responsibility for the circumstances that caused the removal of the children?	___	___	_____
3. Is there a history of sexual abuse	___	___	_____
4. Are the parents mentally ill?	___	___	_____
5. Are the parents willing to accept services?	___	___	_____
6. Has the family previously attended therapy services?	___	___	_____

OTHER PERTINENT AND RELEVANT COMMENTS: _____

**PLEASE ATTACH ANY OTHER INFORMATION THAT YOU FEEL SHOULD
BE CONSIDERED**

FLY DESCRIBE WHY CPS IS CURRENTLY INVOLVED? IS THERE A HISTORY OF PAST REFERRALS?

WHAT SERVICES ARE CURRENTLY BEING PROVIDED?

WHAT SERVICES DO YOU THINK IFP COULD PROVIDE FOR THIS FAMILY?

Client Contact Log-- Instructions

Instructions: This log is to keep track of the *type* of contact that you have with the family, as well as the *number of times* that you have contact with the family. Please enter one date per line (there is enough space for a whole month on one sheet). And then in each individual box enter in the number of times that you performed that activity on that date with that family (usually one). At the end of the month, total the boxes, and write the number in the total row at the bottom of the page for each type of contact, including overall total contact.

Each family will have their own contact log. You will use a new contact log for each month.

Each of the categories on the log are explained in further detail below, in order to provide you with assistance regarding what constitutes each type of contact.

Categories-

Phone- the phone contacts consist of the number of times the worker talks (via the phone) with the family, another agency, or the school system where the children are involved.

In-Person- the in-person category consists of the number of times the worker sees the client in-person, either in the home, the worker's office, in a group setting, at another agency, or in the car.

Agency Coordination- the agency coordinate category is defined by the number of times the worker discusses the case with another staff member or worker's supervisor, or does paperwork related to that case.

Concrete and Educational Services Log-- Instructions

Instructions: This log is to keep track of the type of clinical and educational services that you provide to the family. Each family will have their own concrete and educational services log.

Please enter one date per line.

- In each individual box you will enter in the letter "C" when the worker does the specific task for the family.
- In each individual box you will enter in the letter "E" when the worker educates the family on the process involved in a specific task, and does *not* do the task for the family.

At the end of the month, total the number of "C"s that you have listed for each category, and enter the numbers into the "Total C" Row at the bottom of the page. Also, total the number of "E"s that you have listed for each category, and enter the numbers into the "Total E" Row at the bottom of the page.

There is a code at the bottom of the log that reminds you what the two codes are. Each of the categories in the log are explained below, in order to provide you with assistance regarding what constitutes each type of concrete and educational service.

Categories **-

Parenting- (C) the parenting category is defined by the worker modeling positive parenting and discipline. For example, the worker would actually place the child in time out. (E) is defined by having the worker teach the parents about positive parenting, time-out, family roles, and discipline. The educational approach is more didactic, and the worker does not perform the task for the family.

Financial- (C) the financial category is defined by the worker helping the family receive financial assistance (i.e., Medicaid, food stamps, AFDC). (E) is defined by the worker educating the family on the process, and how to obtain information regarding financial assistance.

Transportation- (C) the transportation category is defined by the worker providing the family with transportation. (E) is defined by educating the family on how to obtain transportation aside from the worker providing it (i.e., Handitran, DART, public transportation)

Home- (C) the home category is defined by having the worker participate in making home repairs. (E) is defined by the worker educating the family on processes involved in making home repairs.

Bills- (C) the bills category is defined by having the worker find sources that will pay the families bills including rent and utilities. (E) is defined by having the worker provide the family with sources that they can contact in order to have their bills paid.

Food- (C) the food category is defined by having the worker provide the family with food. (E) is defined by the worker providing the family with education concerning proper nutrition, and how to maintain a balanced diet.

*** It should be noted that these categories are not mutually exclusive or exhaustive. Not all of the*

categories may apply to each family; instead the categories are meant to be a guideline.

Child Care- (C) the child care category is defined by having the worker baby-sit or provide child care for the family. (E) is defined by the worker educating the family on different child care options that they have in their area.

Move- (C) the move category is defined by the worker assisting the family in moving from their home. (E) at this time there is not a category that is specified by educational services.

Clean- (C) the clean category is defined by the worker assisting the family clean their home. (E) is defined as the worker providing education regarding the importance of a clean home, and ways in which the family could organize their home and promote cleanliness.

Medical- (C) is defined as assisting the family in gaining medical services, including dental services. (E) is defined as educating the family on the necessity to maintain their health. (E) is also defined as educating the family on the different methods of accessing health care.

Job- (C) is defined as the worker assisting the family members in obtaining a job. (E) is defined as the educational process behind helping family members search for a job.

Recreation- (C) is defined as the worker providing recreational activities for the family to participate in. (E) is defined as educating the family on different recreational activities that they could participate in as a family.

*** It should be noted that these categories are not mutually exclusive or exhaustive. Not all of the categories may apply to each family; instead the categories are meant to be a guideline.*

Clinical Services Log--Instructions

Instructions: The clinical services log is to keep track of the types of clinical services that the worker provides to the family. Each family will have their own Clinical Services Log. And you will use a new log for each month. Please enter one date per line. And in each individual box enter the number of times that you utilize that clinical theory or technique with the family on that date.

Please note, it is possible to use more than one theory with a family in the same day. Just remember to record in each category the number of times that you utilized that theory. At the end of the month, please total the number of times that you used that specific theory or techniques related to that theory.

If you do not know or are not sure which clinical skill you used, please take a guess. The information gathered on this form will help us tell which types of clinical skills make most sense to you in your work. We are not trying to tell if you make the right guess, but how you define your work with families.

Client-centered

Client centered was first developed by Carl Rogers. According to Thayer (1991) the client centered approach has two basic premises. The first is that people, including families, have the potential to grow and change. Second is the formative tendency, that all things work towards order and are interrelated. The approach is also based on the idea that people are self actualizing, and want to get better. This approach is very non-confrontational and non-directive. The therapist takes a passive role, and the client is responsible for the change that occurs.

Techniques(Client Centered)

Some of the various techniques employed in client-center family therapy are the focus on the realness of the relationships in the family. Feelings are also an integral part of the therapeutic process and are emphasized. The therapist is also involved in reflecting back to the family or family member what they thought the person was saying, or how the therapist perceived the client at that time. The therapist also continually asserts that differences will always exist, and these differences need to be accepted and not the primary focus of the problem (Thayer, 1991).

Cognitive-Behavioral

Cognitive behavioral family therapy involves the family taking a look at their belief systems and thought patterns, and challenging the ones that are not congruent with their goals. Cognitive behavioral also includes Rational Emotive Therapy (RET) where the family discuss their irrational thoughts, and then through the process of self-examination and counseling the family and family members begin refuting these (Ellis, 1991).

Techniques (Cognitive Behavioral)

Some techniques associated with cognitive-behavioral include reframing situations that the family encounters. Other techniques associated with cognitive behavioral and RET are the ABC model of thoughts, where A= the activating event, B=the belief about that event (one that is causing distress or negative thoughts), and C=the consequences of having that belief. Cognitive behaviorists have families practice techniques such as thought stopping, and changing how they react to certain situations (Ellis, 1991).

Behavioral

Behavioral interventions are based on behaviors that can be measured. Behavioral family therapy focuses on the relationship between the family and the therapist, and view this relationship

as crucial. Behavioral therapy is highly individual and works on changing the undesired behavior.

However behavioral family therapy is very useful, because of the many behaviors that humans exhibit each day. Many parent training programs are modeled after behavioral family therapy, and employ many of the techniques as mentioned below.

Techniques (Behavioral)

There are many techniques associated with behavior therapy. Some of them include positive and negative reinforcement (token economy), conditioning, social learning (modeling behaviors to clients), punishment, and contracting (setting a contract for a behavior to increase or decrease in a specific amount of time) (Becvar & Becvar, 1993).

Problem solving

Problem solving is a crucial therapy especially to family preservation. Problem solving teaches the families to assess their situation and derive a plan for getting their goals accomplished. Families are continually faced with problems and need the skills and resources associated with problem solving in order to solve the problem that arise (Compton & Galaway, 1989).

Techniques (Problem Solving)

The techniques involved in problem solving begin with the therapist teaching the family to identify the problem. Once the problem is identified, possible solutions are given. The next step is to derive alternative solutions in case the first solution does not work. The next step is to test out the solution to see if it works, and finally, evaluate the whole process (Compton & Galaway, 1989).

Psychodynamic

Psychodynamic family therapy is based on analyzing the family, and assessing the underlying cause of the problem. Psychodynamic focuses on how other systems affect the family, and why the family reacts the way it does (Becvar & Becvar, 1993).

Techniques (Psychodynamic)

The techniques employed in the psychodynamic model are to view the family as a system, and see how the system works; instead of focusing on the emotional aspects of family therapy. Another key technique is to have each of the family members learn self-differentiation. Self differentiation helps the client focus on their own autonomy, and not enmeshment. Family histories are explored, and it is appropriate to use genograms to uncover some of the underlying issues of the family's history (Becvar & Becvar, 1993).

Psychosocial

Psychosocial therapy is an educational process. The therapist educates the family on the developmental process, and helps them to understand what constitutes each stage of development. Erickson has his 8 stages of development, and Newman and Newman (1992) added four additional stages.

Techniques (Psychosocial)

The techniques involved with psychosocial are to educate the family members in order to increase their awareness of the stages of development that each family member is undergoing.

Adlerian

Adlerian family therapy can be characterized by its focus on identifying families goals, and understanding patterns within the family. Dreikurs a follower of Adler, stated four goals of behavior, 1- striving for attention, 2- obtaining power, 3-getting revenge, 4- displaying a weakness or disability. Adlerian family therapy seeks to engage the family in the therapeutic process (Dinkmeyer & Dinkmeyer, 1991).

Techniques (Adlerian)

The techniques used in Adlerian family therapy are very general and widely used.

Techniques include working on communication skills (I statements and I messages), encouragement, role reversal, direct interaction between the family members, paradoxical intention, conflict resolution, and understanding family resistance (Dinkmeyer & Dinkmeyer, 1991).

Experiential

Experiential is a creative type of family therapy, and is not governed by any particular set of "rules". The experiential therapist draws upon the arts, and many times employs free expression. Experiential therapy is often times spontaneous and not rehearsed as well. The focus is on the experience itself, and not necessarily the process (Becvar & Becvar, 1993).

Techniques (Experiential)

Techniques as mentioned above are highly subjective based on the therapists level of comfortableness and degree of creativity. Some forms of experiential techniques include role-playing, sculpting, and psychodrama (Becvar & Becvar, 1993). Other types of experiential therapies include the ROPES course and other hands on exercises.

Communicative

This theory was developed by Virginia Satir, and she emphasized the significance of connections within a family. Satir identified two main components of her theory, being communication and self worth. Satir realized that family systems theory was important when helping families, because of the balance that families try to maintain (Satir & Bitter, 1991).

Techniques (Communicative)

Specific techniques classified under the communicative approach are games (played with the family), reframing situations, using drama to illustrate events or feelings, family sculptures, exposing communication patterns, and examining the family's chronology (Satir & Bitter, 1991).

Structural

Structural therapy was developed by Salvador Minuchin throughout the last 25 years.

Structural family therapy also focuses on family systems, and the changes that need to occur within the structures of the family. The therapist plays an active role in the process of helping the family define new rules (Colapinto, 1991).

Techniques (Structural)

The techniques involved include discussing and evaluating the boundaries that exist within the family system. Such terms as disengagement (boundaries are too closed, and the parts are greater than the whole; very rigid) and enmeshment (boundaries are too flaccid, and the members of the family are not allowed to be autonomous).

Other

Realizing that every therapy is not displayed on this sheet, the category "Other" was created in order to allow the therapist the opportunity to add additional input if he/she feel that they used a particular technique of a therapy that is not mentioned on the sheet. If the therapists uses a new therapy, then on the back of the sheet, the therapist needs to identify and define the therapy that was used.

Note: Again it should be noted that these categories are not rigid, because family therapy is not rigid. This is a brief overview of each type of therapy and is not meant to be totally exhaustive.

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The following are tasks that we use every day in our work at CPS. These tasks can be defined for "clinical services" purposes as falling under one of the following theories. This list is designed simply as a GUIDE for our use in the evaluation project.

<u>CLIENT-CENTERED</u>	<u>COGNITIVE-BEHAVIORAL</u>	<u>BEHAVIORAL</u>	<u>PSYCHODYNAMIC</u>	<u>PSYCHOSOCIAL</u>
<p>Empathic listening to a client, but giving no opinions or input.</p> <p>Making reflective statements back to client about what you just understood them to say.</p> <p>Doing non-directive play therapy with children.</p>	<p>Worker confronts client on client's irrational ideas and attempts to convince client that these ideas need to be replaced with more rational ones. Worker provides examples of what new, logical, rational ideas should be, and points out to client that the irrational ideas are self-defeating.</p> <p>Worker attempts to get client to see how to change certain behaviors by encouraging client to do "thought - stopping" thinking, and then devising a plan to react in a more appropriate manner.</p> <p>(Most self - help groups and many anger - control workshops operate from a common standpoint).</p>	<p>Worker helps client set up a behavior check list or chart for reward or punishment for a child in the home. The end result is that the child's behavior will increase or decrease.</p> <p>Worker "models" to client how to discipline, praise or provide guidance to client's child.</p> <p>Many parenting curriculums use behavior therapy and it's techniques - over Bavolet "Nurturing" series is a good example. The KIDS and LAMS curriculums may employ behavior techniques.</p>	<p>Worker does genogram or an eco-map to show how other systems impact the family functioning.</p> <p>Worker & family and risk assessments are examples that the child's behavior will increase or decrease.</p> <p>Worker gathering a family history and analyzing it, making a conclusion of previous factors that have influenced the family functioning.</p>	<p>ECI - type work with parents about their child's developmental stages would be psychosocial.</p> <p>Providing instruction on accessing community resources, like AFDC, WIC, food stamps, etc. is psychosocial.</p> <p>Worker provides educational instruction on making formula, taking medications, how to operate a breathing machine, etc., are all part of psychosocial theory.</p>

ADLERIAN

Role-play between worker and client, having client talk to an empty chair, etc.

Worker assists client in using "I" statements and "I" messages, i.e., "I feel angry when you don't call to let me know why you're late."

Worker gives encouragement and advice to assist in conflict resolution.

EXPERIENTIAL

Family sculpting, creative projects designed to get the family members involved together.

We've done these techniques in the past:

- a. play games with parents and children.
- b. get parents and children in a circle to make instant pudding for the evening meal dessert.
- c. design outings for families - zoo trips, to the park, free play time, etc.

Verna's clay exercise is an example of experiential theory.

COMMUNICATIVE

Use of psychodrama, also family sculpting, communicative game playing (like, "I've Got a Secret"), role-playing scenes from the past, interactive play therapy.

Development of the family service plan, and the presentation of it in written form, is communicative theory.

STRUCTURAL

Worker sets himself/herself out as the "leader" in assisting the family in its change process. Worker quickly decides who in the family system has the "power," and worker aligns with that person to define new rules for change. (Very often seen in matriarchal African-American families).

Role-play may be used for the purpose of getting clients to see how their behaviors reinforce the problems in the family.

When the family begins to restructure itself and redefine its boundaries, change begins to occur. Worker actively confronts family members about rules, boundaries, and member coalitions that may be dysfunctional.

OTHER

Appendix B

	<u>Parenting</u>	<u>Finances</u>	<u>Transportation</u>	<u>Home</u>	<u>Bills</u>	<u>Food</u>	<u>Child Care</u>	<u>Move</u>	<u>Medical</u>	<u>Recreation</u>
Maltreatment as a child	-.030	.219	-.050	.004	-.062	.196	.257*	.079	-.062	.289*
Victim of spouse abuse	.126	.448**	.241*	.263*	-.007	.044	.240*	-.056	.117	.125
Perpetrator of spouse abuse	.125	.141	.212	-.019	.111	-.009	.189	.093	.005	.383**
Socially isolated	.206	.043	.064	.222	.051	.109	.175	.054	-.060	.147
Unable to form positive relationships	.079	.201	.302*	.007	.147	.169	.138	.118	.044	.242*
Diagnosed mentally ill	.224	.309*	.206	-.110	-.118	.115	.094	-.075	.030	.166
Health problems	-.109	.149	-.043	-.204	-.084	.004	-.138	-.138	-.060	-.173
Lack of education	.045	.114	.131	.127	.071	.116	.038	.159	.382**	.384**
Criminal involvement	-.113	.158	-.059	-.232	.003	.113	-.027	-.157	-.224	.101
Marital conflict	.110	-.087	.280*	.262*	.220	-.110	.035	.004	.270*	.077
Absence of burden sharing	.163	-.136	.136	.046	.007	-.075	.043	-.049	-.055	.005
Crisis lifestyle	-.133	.347**	.217	.110	.312*	.227	.083	-.010	.132	.058
Unsupportive extended family	.118	.254*	.102	-.023	.108	.236	.083	.091	.000	.025
Drug or alcohol use	.158	.354**	.112	.114	.078	-.158	.161	-.007	.037	.202
Generalized anger	.230	.250*	-.083	.089	.043	-.313*	.033	.060	-.236*	.201
Apathy or low energy	.003	.053	.123	-.065	.125	.256*	-.144	.114	.050	.011
Low self-esteem	.045	.196	.376**	.236*	.175	.358*	.119	-.136	.292*	.015
Codependent behavior	.104	.218	.145	.214	-.060	-.014	.203	-.020	.008	.044
Irrational behavior	.310*	.043	.170	-.062	.051	.109	.071	.054	-.060	.308*

Risks by concrete services

	<u>Parenting</u>	<u>Finances</u>	<u>Transportation</u>	<u>Home</u>	<u>Bills</u>	<u>Food</u>	<u>Child Care</u>	<u>Move</u>	<u>Medical</u>	<u>Recreation</u>
Single parent	-.036	.493**	-.155	.195	-.287*	-.048	.051	.056	.026	-.143
Inadequate income	-.036	.165	.085	.066	.216	.201	.109	.119	.208	-.102
Several preschool children	-.196	-.030	-.056	.007	.185	.196	.132	-.073	-.013	.303*
Housing problems	-.071	.448**	.051	.084	.129	.153	.229	.131	.233	.182
Recently moved	-.213	.336**	.249*	.045	.102	.130	.220	.031	.247*	.102
Young, immature parents	-.260*	.051	.115	.027	.082	.094	.344**	.168	.220	-.182
Unrealistic or rigid	.194	-.145	-.036	-.029	-.060	-.104	-.064	.144	-.190	.089
Inensitive to child's needs	-.016	-.039	.237*	-.100	.128	.405**	.166	.199	-.116	-.016
Inappropriate expectations	-.175	-.187	.017	.014	.082	.091	.97	.240*	-.189	-.111
Inappropriate discipline	.014	-.327	-.218	-.272*	-.292*	-.194	-.153	.144	-.290*	-.059
Lack of attachment	-.107	-.136	.136	-.145	.191	.242*	.214	-.098	-.208	-.111
Aversion to the demands of parenting	.057	-.022	.022	-.042	.080	.053	.017	-.129	-.272*	-.145
Failure to meet basic needs	.101	.255*	.170	.080	.187	.004	.071	-.138	.172	.191
Ignorance of child development	-.040	.204	.102	.218	.234	-.060	.080	.147	.312*	.000

Rates by concrete services

	<u>Parenting</u>	<u>Finances</u>	<u>Transportation</u>	<u>Home</u>	<u>Bills</u>	<u>Food</u>	<u>Child Care</u>	<u>Move</u>	<u>Medical</u>	<u>Recreation</u>
Cooperative	.242*	.000	-.136	.145	-.191	-.242*	-.080	.098	.059	.123
Accept Responsibility	.091	..102	-.102	.327*	-.082	-.091	.053	-.086	.189	.277*
Aware of Prob.	-.041	-.017	-.069	.198	-.103	-.129	-.071	-.100	.071	.135
Functioning	-.035	.033	-.360**	.127	-.138	-.287*	.038	-.136	-.153	.138
Make Changes	-.121	-.019	-.268*	.245*	-.224	-.162	-.022	.166	.142	.208
Positive Self Image	-.256*	-.298*	-.228	-.065	-.098	-.176	-.144	-.044	-.141	-.121
Affection	-.179	.138	-.335**	.100	-.128	-.307*	-.166	-.021	.116	.048
Attach	-.404**	.076	-.172	.118	-.224	-.162	.165	-.007	.038	.063
Open to new ideas	-.104	-.036	-.236*	.272*	-.172	-.075	.064	.020	-.008	-.044
Problem Solve	-.020	-.132	-.116	.150	-.023	-.062	.006	-.197	-.011	-.060
Accepts differences	-.099	-.083	-.083	-.134	-.064	.016	.033	-.090	.036	-.050
Knowledge of child devel.	.101	-.170	-.149	-.204	-.220	-.206	.071	-.138	-.292	-.013

strengths by concrete services

	<u>Client-Centered</u>	<u>Cognitive Behavioral</u>	<u>Behavioral</u>	<u>Psycho-dynamic</u>	<u>Psycho-social</u>	<u>Adlerian</u>	<u>Experiential</u>	<u>Communicative</u>	<u>Structural</u>
Cooperative	.275*	.088	-.146	-.047	.009	.022	.107	.055	-.108
Accept Responsibility	.067	.121	-.324**	-.068	.061	.065	.038	-.151	-.096
Aware of Prob.	.076	-.118	-.311*	-.137	-.021	.031	.177	.047	.031
Functioning	.004	.245*	-.042	.011	-.087	-.055	.183	.053	-.055
Make Changes	.129	-.051	-.245*	-.017	.085	.110	.216	.015	-.163
Positive Self Image	-.058	.267*	-.186	.002	.059	.139	.015	.177	-.019
Affection	.143	.258*	-.231*	-.096	-.009	-.021	.092	.047	-.115
Attach	.366**	.091	-.125	-.017	-.030	-.072	.216	.015	-.072
Opeh to new ideas	.106	.056	-.043	.029	.149	.007	.180	.047	-.080
Problem Solve	.042	.198	-.058	.127	.004	.009	.284*	.270*	.242*
Accepts differences	.173	.313**	-.010	.093	-.064	.078	.298*	.357**	.386**
Knowledge of child devel.	-.129	.193	-.116	-.085	-.085	.254*	-.028	.275*	.345**

strengths by clinical staffs

	<u>Client- Centered</u>	<u>Cognitive Behavioral</u>	<u>Behavioral</u>	<u>Psycho- dynamic</u>	<u>Psycho- social</u>	<u>Adlerian</u>	<u>Experiential</u>	<u>Communicative</u>	<u>Structural</u>
Maltreatment as a child	.042	-.046	-.058	.040	-.095	.009	-.038	.022	.242*
Victim of spouse abuse	.136	.246*	.203	.137	.125	-.031	.076	.212	.214
Perpetrator of spouse abuse	.077	.139	.176	.107	.046	.108	.057	.149	.221
Socially isolated	-.158	-.132	.218	.070	.109	.064	.042	-.082	-.228
Unable to form positive relationships	-.242*	-.060	.003	.079	-.284*	.168	.230*	.118	.288*
Diagnosed mentally ill	.049	.088	.111	.147	-.091	-.214	-.013	.168	.115
Health problems	-.438**	.003	-.197	-.071	.090	.212	-.233*	-.228	-.092
Lack of education	-.011	-.020	-.076	.137	-.027	.012	.082	-.160	-.217
Criminal involvement	-.143	-.258*	.108	.096	-.229*	-.073	.103	.053	.115
Marital conflict	.115	.070	-.088	.050	.169	.201	-.069	.096	.022
Absence of burden sharing	-.065	-.117	-.095	-.196	-.363**	-.078	-.048	-.040	.085
Crisis lifestyle	-.115	.070	-.088	.050	-.056	-.246*	.115	-.096	.022
Unsupportive extended family	-.214	-.034	.180	.112	-.093	-.011	.052	.019	.103
Drug or alcohol use	-.117	-.073	.024	-.056	-.285*	.032	-.060	.016	.209
Generalized anger	-.050	-.090	.041	-.063	-.122	-.053	-.338**	-.132	.025
Apathy or low energy	-.085	-.024	-.031	.114	-.208	.005	.023	.100	.088
Low self-esteem	-.011	-.020	.025	.137	.069	.012	.318*	.083	.164
Codependent behavior	-.106	.079	-.071	-.029	-.149	-.007	-.002	-.138	-.007
Irrational behavior	-.438**	.003	-.063	-.185	-.167	.314*	-.129	-.012	.111

Risks by clinical skills

	<u>Client- Centered</u>	<u>Cognitive Behavioral</u>	<u>Behavioral</u>	<u>Psycho- dynamic</u>	<u>Psycho- social</u>	<u>Adlerian</u>	<u>Experiential</u>	<u>Communicative</u>	<u>Structural</u>
Single parent	.171	-.056	.083	-.007	-.076	-.292*	-.084	-.104	-.371**
Inadequate income	.015	-.093	.086	.134	-.158	-.263*	.142	-.116	.048
Several preschool children	.152	-.226	-.075	-.080	-.035	-.193	.171	-.186	-.193
Housing problems	.008	-.107	.068	.023	.019	-.151	.171	-.308*	-.073
Recently moved	-.023	-.163	-.207	.017	-.057	-.091	.128	-.413**	-.091
Young, immature parents	-.023	-.042	-.104	-.158	-.253*	-.013	.128	-.161	-.091
Unrealistic or rigid	-.106	.079	-.071	-.126	-.039	.253*	-.180	.045	-.007
Insensitive to child's needs	-.143	-.111	.231*	.201	-.110	.115	.103	.152	.115
Inappropriate expectations	-.067	-.121	.006	-.203	-.367**	.337**	.045	.066	.096
Inappropriate discipline	-.106	-.056	-.071	-.126	-.149	.166	-.091	.228	.166
Lack of attachment	-.275*	-.292*	.146	-.099	-.174	-.152	-.107	-.055	.108
Aversion to the demands of parenting	-.193	-.182	.191	-.106	-.335**	.056	.015	.064	.163
Failure to meet basic needs	-.158	-.132	.090	.180	-.014	-.228	.243*	-.082	-.130
Ignorance of child development	.129	.091	.116	.085	.085	-.072	.028	-.082	-.072

Risks by clinical skills

Discussion of "Motivation" Quiz

(a) What concept is this instrument measuring?

(b) If the instructor (the authority and power-holder) says that these items are indicators of motivation and readiness for research, readiness for "change," did you score as a "motivated" person? How do you feel about being rated as motivated or unmotivated?

(c) What if you had to turn in your answers and they affected your grade? Or what if your rating on the first day of class segregated you into the "voluntary" client group or the "involuntary" client group? Many advocates and critics of child welfare services are calling for clients to be measured at intake as to their readiness for change, or their motivation to participate in services (Gelles, 1996; O'Hare, 1996). Given your participation in an effort to gauge your readiness for learning in research, what can you anticipate to be the risks and benefits of such an approach with clients of child protective services?

(d) Several of the items on this instrument are related to the resources you have (i.e., buying the textbook, and buying new, rather than used, textbooks). How often are child welfare clients (and other clients with few financial resources) penalized for not having the necessary resources? Example: mothers who leave their children in dangerous situations because they can't find or afford adequate day care.

(e) Every item on this scale is behavioral, observable, measureable and verifiable. The inter-rater reliability and internal consistency are probably quite good (but have not been established empirically). But this test is probably not high in validity, as to its ability to measure motivation or readiness for learning. It may have better validity as a measure of compulsivity among graduate students. But we commonly use indicators like this in measuring motivation, or its counterpart, client resistance. What other indicators do we use to measure resistance that may not truly be valid indicators? For example, is a client's ability to be on time to our office a good (valid) indicator of motivation and readiness for change?

References

Gelles, R.J. (1996). *The book of David: How preserving families can cost children's lives*. New York: The Free Press.

O'Hare, T. (1996). Court-ordered versus voluntary clients: Problem differences and readiness for change. *Social Work, 41*, 417-422.