

Successful Family Reunification: The Contribution of Social Work Theory in the Provision of Services and Decisionmaking

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Abstract

Masters'-level social work practitioners in child welfare practice discussed their work with successfully reunified families. The majority used theory and found it helpful in conducting ongoing casework and making decisions in the complex area of family reunification. Social work theory, specifically the Life Model and the Problem-Solving Model, provided language to describe and document change and the conditions under which reunification may be justified. Data from the social workers' presentation of successful family reunification cases were analyzed to examine (1) linkages in the casework interventions with the Life Model and Problem-Solving Model, and (2) constellations of parent and child variables that were evident in the family change process and that justified the caseworkers' decisions for reunification.

Introduction and Background

The purpose of this paper is to illuminate a critical issue facing caseworkers helping parents whose children have been taken away because of abuse and neglect: identifying the factors involved in successful family reunification processes. Preservation of the family is the cornerstone of the Adoption Assistance and Child Welfare Act (AACWA) of 1980. One goal of this legislation was to end foster care drift: the practice of allowing children to remain in foster care for long periods of time, often until they reach maturity. An underlying ideal guiding this legislation is that children are entitled to live in a stable, permanent, long-term relationship with a caring adult, preferably a parent. Under the AACWA, when children are placed, birth parents are required to demonstrate that they have made reasonable efforts to change abusive conditions in the home before the children may be returned.

Agencies must demonstrate that they have made reasonable efforts to provide services to preserve the family.

Unfortunately, the growth of preservation services did not occur as had been hoped for (Pecora, Whittaker, Maluccio, and Barth, 2000), but states did indeed continue to focus on child protection and investigate reported incidents of child abuse and neglect. As a result, the number of children placed into foster care continued to rise significantly. In Illinois, the number of children living in foster homes increased from 17, 276 in fiscal year 1987 (Illinois Department of Children & Family Services [DCFS], 1988), to 51,331 in FY 1997 (Children and Family Research Center [CFRC], 1999). To remedy this situation, the federal Adoption and Safe Families Act (ASFA), enacted in November 1997, reaffirmed the mandate to preserve and reunify families. However, the health and safety of children took precedence (CFRC, 1999) over parental rights to custody. The new time frame given to demonstrate that reasonable efforts were made to preserve the family was reduced from 18 months, under AACWA, to 12 months under ASFA, narrowing the window of time that social workers and birth parents had to achieve safe family reunification.

ASFA has had a significant impact on the number of children residing in foster care. Since its enactment, in Illinois the number of children placed in foster care during each fiscal year since 1997 has continually decreased, from 9,134 children in FY 1997 to 5,458 children in FY 2000 (CFRC, 2001). Because of the state's focus on adoption, the number of children adopted also has increased significantly. For example, during FY 1990, 742 children, or 2.7% of all the children in substitute care, were adopted. In

FY 1999, the adoptions of 7,170 children, or 13.3% of the children in substitute care, were completed. However, despite a reduction of the number of children residing in foster care, the children continue to reside in foster care for long periods of time, and the overall rate of family reunification in Illinois is low. During FY 1999 the reunification rate was only 19% (CFRC, 1999). The rate of retention for the cohort of children entering foster care for each fiscal year paints a dim picture with regard to the possibility of reunifying families whose children are placed because of the parents' neglect or abuse. In FY 1997, 9,134 children entered foster care. After 24 months, 59.2% were still in substitute care. The ability of birth families whose children are returned to them to sustain their care is another significant problem with family reunification: In Illinois, during FY 1997, the number of children who reentered foster care within 12 months of returning home was 16.5% (CFRC, 2001).

The year-long window for safe reunification of birth parents with children is supported by research findings, as a statewide analysis of family reunification rates determined that "if reunification does not happen within the first year it is unlikely to occur" at all (CFRC, 1999, p. 4.21). The critical 12-month time frame becomes more significant as the annual statistics for the number of children retained in foster care longer than 12 months emerge: In FY 1998, the retention rate after 24 months was 60.2%. In FY 1999, the retention rate was 60.6%, and in FY 2000, the retention rate after 24 months was 64.7% (CFRC, 2001), an increase in each successive year.

The inability of the system to successfully reunify more families reveals a need to develop supporting theoretical guidelines. This is particularly important for family reunification, as a recognition that family reunification is a complex and formidable task for both families and caseworkers. The families entering the system face extremely serious problems in many dimensions, ranging from poverty, lack of social supports, stigma, and discrimination

to acute psychological distress, all of which make change difficult. Accordingly, social work practice aiming for safe reunification requires very skillful and highly trained practitioners. Recognizing these realities, the State of Illinois voted to reprofessionalize the field of child welfare by requiring an MSW or equivalent for front-line supervisors, and encouraging the higher education of those working with families in the field. This policy decision, enacted in September 1993, was entitled the Social Work Education Program (SWEP). The need to understand the complex factors involved in practice to accomplish safe family reunification is also a motivation for this research, which examined how successful social workers with MSW degrees were in their efforts to reunify the families with the most difficult problems and whose children had been in substitute care for 12 months or longer.

Family Reunification Defined

The definition of *family reunification* has changed along with the federal laws that define the parameters of child welfare practice. In the narrow sense, *family reunification* is the planned process of returning to the home of the birth parents, after a period of foster care and treatment of the parents, children who were placed in foster care because of their birth parents' problems with child abuse, neglect, or dependency. In recent years, the definition of family reunification has expanded, establishing a continuum from full reentry of children to their biological families to permanent placement with relatives or other individuals or families in the community (Maluccio, Pine, and Warsh, 1994; see also Petr & Enriken, 1995; Pecora, Whittaker, Maluccio & Barth, 2000).

Family reunification in broader terms supports the placement of children in kinship care, preserving family relationships for many children who would otherwise have entered into long-term foster care or adoptive homes. It shields many children from the psychological trauma that occurs when they are separated from their birth family for years and placed in multiple foster care settings.

Family reunification as defined broadly has been widely regarded as a desirable goal because it preserves family ties that would otherwise have been broken.

Two issues arise that are cause for concern. First, in practice, extended family members have been pressured by the system to assume permanent guardianship of their (related) foster children. Permanent guardianship with kin is considered family reunification. Statistics showing the number of children reunified via guardianship with kin are not differentiated from statistics showing reunification with the parent from whom the child was removed. The lack of differentiation between these two groups increases the apparent rate of family reunification. It masks the fact that the system continues to have difficulty in successfully preserving the birth parent–child relationship through the reunification of parents and their own children. Second, caseworkers in the system need to have the skills to work with families that are struggling with multiple complex problems, help them change the conditions under which their children entered into the foster care system, and facilitate their reunification.

Purpose

One way to begin to understand how caseworkers can be more successful in their work to reunify families is to look at successfully reunified family cases. An underlying assumption of this research is that MSW-level social workers use the theoretical knowledge base of the profession to guide them in their work with families. Therefore, the MSW participants were asked if they used theory to help them in their practice with families, and if so to identify which theory or theories. Another assumption of this research is that competent social workers must feel confident that a family is ready for reunification and justify their recommendations for reunification to themselves before they recommend reunification to the agency and the courts. This study examines that decisionmaking process and how the practitioners used social work theory.

This study also examines how theory is used in child welfare practice in two other decisionmaking areas: (1) satisfaction of the mandate that all reasonable efforts have been made toward family reunification prior to termination of birth-parental rights, and (2) the standards used to do the health and safety assessments necessary before reunification. This research examines the contribution of theory in child welfare practice with families that have been deemed by other practitioners to be “hopeless.” It supports the need to continue the reprofessionalization of the field of child welfare through social work education at the master of social work level.

Four questions formed the framework for this exploratory research:

1. How has theory informed and influenced MSW social workers’ perception of the family and the interventions that led to a recommendation for family reunification?
2. How has theory been helpful to MSW social workers when they have successfully recommended family reunification?
3. In what ways, and with what awareness, do MSW social workers draw from the clinical knowledge base of the profession to guide them when justifying their recommendations for reunification?
4. What other data or reports did MSW social workers use to make the decision to recommend family reunification?

Literature Review

Barriers in family reunification

One problem caseworkers experience is the fear of misjudging the potential safety of the home environment, so that a child who is reunified with the birth family may be abused or neglected again, or even killed.

Tragically, sometimes those fears have become reality. In response to high-profile cases in which children have been seriously injured or killed, the response of society and the media is to attack the system, which then attacks the caseworker (Schorr, 1997). Sometimes the caseworker's employment is terminated. Often, when a death occurs, there is a backlash against parents, and the number of children entering the system increases (Schorr, 1997).

Some researchers believe there is a bias against birth parents that interferes with the provision of adequate services to families and contributes to the retention of children placed in the system (Bicknell-Hentges, 1995; Pecora et al., 2000). Birth-family members feel stigmatized by society and face both a dearth of adequate services and difficulty in accessing services that might help them. High caseloads frequently limit the amount of time caseworkers can spend on each case and reduce the quality and quantity of direct contact for mentoring and encouraging family members to persevere in the change process. It is also important to recognize efforts to remedy these problems, as recent lawsuits, such as the BH Consent Decree (November 1991) established a mandate for agencies to reduce caseloads of all workers dealing with children and families in which abuse or neglect had occurred (Schuerman, Rzepnicki, Littell, and Chak, 1993) so as to improve the quality of services that can be provided to families.

An anti-birth-parent bias may also exist within the court system. One public official in Illinois has argued that "in most cases, giving services and money to parents who have abused or neglected their children can do nothing but reward irresponsible and even criminal behavior" (cited in Maluccio, Pine, and Warsh, 1994). In the pilot study on barriers to successful family reunification conducted prior to this research, all five of the participants commented on the anti-birth-parent bias that occasionally emerged within the court system. One respondent discussed the attitude of a juvenile court judge in a Chicago suburban county, who was said

to be "notorious" for giving birth parents a hard time. Concerning family reunification, the respondent quoted the judge as having said, "It doesn't matter what the parents do, or what DCFS says or thinks." It is possible that some judges, like some caseworkers, find it difficult to empathize with the tragedies that can cause birth parents to abuse their children, and who are understandably horrified by the possibility that a child for whom they are responsible might be harmed again. These fears can make it hard to recognize uniquely individual aspects of birth parents' change processes; instead, they promote a bias against birth parents as a group. One contribution of this research is that it provides judges and caseworkers with factors to look for to recognize families with a greater likelihood of becoming able to provide good parenting for their children.

The traumas involved in child placement

One of the consequences of depriving children of stable, long-term relationships is the increased risk of their becoming emotionally disturbed (Mass and Engler, 1959; Fanshel, 1971; Solnit, 1995). Although leaving children in the care of parents who abuse or neglect them is profoundly traumatizing, separation of the families and placement of the children in foster care also are catastrophic events that traumatize both parents and children. Diorio (1992) describes a family's encounter with the child welfare system as similar to hitting an iceberg: Families are fragmented, and then carry with them the inner experiences associated with loss, separation, and disrupted relationships (Farmer, 1996).

A problem experienced in the field is "insufficient knowledge about the risks to children who are separated from their families, and the impact of severed connections" (Maluccio, Pine, and Warsh, 1994, p. 298). Even though evidence exists that many young people with a history of out-of-home placements have done well after their discharge from foster care, little information is available about the long-term effects of such crucial life experiences.

Methodology

The sample of MSW practitioners and the families they presented

An *ex post facto* design was used for this exploratory research. Sampling for maximum variation enhanced the reliability and validity of the findings. The sample included 12 MSW practitioners from geographically diverse locations throughout the state. The participants were selected from urban and rural settings in large and small communities. They practiced in the three Chicago DCFS regions and each of the three downstate Illinois regions. They were employed by DCFS and by private child welfare agencies that contracted with DCFS for foster care and reunification services. Referral sources included field-office supervisors, field administrators, and case-review administrators who regularly reviewed and evaluated casework services.

The criteria for sample selection were as follows: Each social work participant needed a minimum of four years of child welfare casework experience, with two of those years as an MSW. Each had to have a reputation, according to the referral source, for being able to successfully work with and reunify difficult families.

The resulting sample of MSWs included three men and nine women. The Illinois DCFS employed seven of the social workers. Four were employed by private child welfare agencies that contracted with DCFS. One social worker previously employed by DCFS worked for a university in a child welfare training position. The MSW participants ranged in age between 31 and 54 ($m = 43$). Their experience in child welfare practice was between 4.5 and 25 years ($m = 10.09$). The number of years employed as an MSW was between 2 and 17 years ($m = 7.79$). Eight of the MSWs held additional credentials. Two social workers had a second master's degree in a related field, and one had an advanced certificate in Family Therapy. Five social workers held the LCSW and two of the five had additional licensing credentials: the ACSW, the CQSW, and the CADC.

To be included in the sample for this research, MSWs also had to be willing to participate in an interview to discuss their work with a successfully reunified family with which they worked after receiving the MSW degree. I anticipated that each interview would last approximately 90 minutes, although several interviews lasted longer.

Criteria for selecting the successfully reunified family discussed in the interview were as follows: The family had to have been considered a multiproblem family upon entering the child welfare system, with children 13 years of age or younger at the time of placement. They had to have been separated for at least one year and successfully reunified for one year without further DCFS involvement. The operational definition of successful family reunification (the 12-month time frame) is consistent with the time frame used to judge the performance of the child welfare system and by the Department of Health and Human Services (CFRC, 2001). One or more of the family members to whom the children were returned had to have been the adjudicated perpetrators of the original report. When the families were reunified, no persons other than the biological family and those serving in a parental role could be residing in the family's home.

The family cases discussed in the MSW practitioner interviews included seven white families, four African-American families, and one Hispanic family. When the cases were first opened, there were three two-parent families and nine single-parent families. One of the two-parent families divorced during their involvement with the agency; the husband in one family died; and another couple who had previously lived together separated, and the father remarried. At the point when the families reunified, there were ten single-parent families and two two-parent families.

Nine of the families discussed in the interview had more than one caseworker during their involvement with DCFS. In

five of those cases, previous caseworkers assumed that the families were not moving toward reunification, and that the cases would probably end with the termination of parental rights. In one case, a petition to terminate parental rights had already been filed. In another case, reunification was pursued because the foster parents were not interested in adoption. In five cases, previous caseworkers had been unable to establish a working relationship with the parents and provided little assistance in facilitating services that would help move the parents toward change. The MSWs used their social work training to reassess the families' situations, establish a working relationship with the parents, and develop a plan of action. The parents responded, the cases moved in a positive direction, and reunification was achieved. The MSWs also had the support of their supervisors, the various counselors seeing the family members, and interagency collaboration in developing a case plan for reunification.

The ages of the children in these families at the time of placement in non-family care were between 1 month and 13 years ($m = 5.9$). Their time in placement lasted between 1.1 and 5.6 years ($m = 2.8$). One of the children had experienced two previous episodes of foster placement. Four of the children experienced a failed reunification prior to being successfully returned home.

The abuse that brought the families to the attention of the Illinois DCFS was very severe, and included:

1. A cocaine-exposed infant who was also blind.
2. An alcoholic mother who intentionally gave one of her children an overdose of cough medicine so that he would sleep while she went out drinking.
3. A mother with a history of alcoholism who was having difficulty coping with her three children.
4. A two-parent, educated family was isolated and living in poverty. The

conditions of the home environment caused a report of suspected sexual abuse during an investigation of the accidental injury of one child.

5. A family with a drug-addicted mother who was homeless, and who failed to cooperate with preservation services to stabilize the family.
6. A young, unmarried couple with two children who lived in a dilapidated, roach-infested environment. The children frequently had bruises that were the result of child abuse.
7. A single mother who became so overwhelmed with caring for her child that she abandoned him in a police station.
8. A single mother with a history of mental illness reported herself because she was afraid that she was going to hurt her children.
9. A single father who chased his son through the hallway of an elementary school as he threatened the child with a beating.
10. A drug-addicted mother and boyfriend who were asleep when her two-year-old was shot with a gun that had been carelessly left within reach of the children.
11. A two-parent family whose infant child had a spiral break to the femur.
12. A drug-addicted mother who was frequently absent and a stepfather who was accused of molesting four of eight children.

Instruments

The MSWs were interviewed using an open-ended interview schedule. Each social worker completed a face sheet with demographic information and reported on collateral contributions to assess the extent of influence collateral sources had had on

the decision to recommend reunification. The MSWs also completed a "Reunification Checklist," a forced-choice document providing information on the assessment of safety and decisionmaking in regard to the best interests of children that is a modified version of the Child Endangerment Risk Assessment protocol (CERAP). Typically, child welfare practitioners use the CERAP and modifications of it as investigative tools. It contains questions designed to address more closely the issues facing children and families at the point of reunification, including safety and the best interests of the child. The Reunification Checklist provides for documentation for services that were in place at the time the reunification occurred, and the MSW's assessment of the level of risk to the child at the time of reunification. The CERAP and the modified version of the CERAP have not been standardized. However, evaluations of the usefulness and reliability of the CERAP in predicting risk to children reported to DCFS have shown a decrease in the reoccurrence of child maltreatment during the two-year period following implementation of the CERAP (Fuller and Wells, 1998).

The "List of Collateral Contributions" is also a forced-choice instrument. It identifies other social service professionals who were involved with the family at the time of reunification and provides documentation of their support for or recommendations against reunification. These other professionals might include the MSW's supervisor, counselors, and parties in the juvenile court system.

Data Analysis

Theoretical models used to code data

There is no one theoretical model for casework practice in child welfare. Social workers adapt models traditionally used in treatment to casework practice to help them continuously assess case situations and to guide them in interventions, case planning, and critical decisionmaking, such as concerning reunification of the family. Two social work theories were selected to

provide a structured framework from which to organize the data, deepen the meaning of the findings, and facilitate cross-case comparisons: the Life Model (Germain & Gitterman, <1980. 1996) and the Problem-Solving Model (Perlman, 1957). The concepts of these theories were used to code the data, and are listed in Table 1. The analysis of the theoretically coded data revealed how social workers used theory when thinking about the problem and needed services, making decisions throughout the case, and deciding to recommend reunification.

The Life Model was selected because it is a systems-based theory. Systems theory provides caseworkers with a lens through which to assess the person in the environment. It has been used in child welfare practice, has served as a foundation for the development of many family preservation programs, and has been taught widely in graduate schools of social work.

The Problem-Solving Model was selected because the results of the pilot study suggested that child welfare practitioners use problem-solving concepts, including some ideas consistent with psychodynamic theories that are taught in graduate programs. Because Perlman bridged the rift between the diagnostic and functionalist schools of social work, the definitions of theoretical concepts in Perlman's model include ideas consistent with the ego and unconscious motivation, transference, and countertransference. Many of the theoretical assumptions of permanency planning are consistent with the Problem-Solving Model, such as *here and now, opportunity, partialization of services, and time limits*. Ideas associated with problem solving are also found in theories of crisis intervention, family therapy theories, and brief treatment models, which are also taught in social work programs. The Problem-Solving Model is currently found on the reference list for practice courses, and the combination of diagnostic and functionalist ideas incorporates many of the underlying assumptions and language found in other models that continue to be used today.

Interview questions and data analysis

Question 1: How has theory informed and influenced the social worker's perception of the family and the interventions that led to a recommendation for reunification?

All the social workers used theoretical language and ideas in case discussions. Theory was used intentionally by nine social workers. One felt it was outside of awareness. Two were unaware of theoretical language and ideas in their discussions.

The analysis of the data showed that theory provides social workers with a clinical lens through which to observe the problem and the language to understand and describe the dynamic issues facing families. Theory provided a framework to assess the needs of the family and influenced decisions on necessary interventions. Theory helped social workers understand the problem from the client's perspective (empathy), and also helped caseworkers to humanize people who had been found by the system to have committed unacceptable acts of abuse toward their children. Further, theory informed the social workers about how to intervene without diminishing clients' already overwhelmed egos. Theory provided a deeper understanding of how the past can affect the present and interfere with the parent/child relationship. Finally, theory helped social workers understand the role of the social worker-client relationship in the process of change.

Question 2: How has theory helped social workers who have successfully recommended family reunification?

The interviewees stated that the underlying assumptions of social work theory provided them with a basic knowledge of how change occurs. The framework of the theoretical lens gave them the tools to assess the problem and the knowledge to understand: (1) how the family must change, (2) how to intervene to facilitate change, (3) the process of change, and (4) when change had occurred.

Theory established a belief system about family life, the relationship between family members, and the importance of the attachment between parents and children. Theory provided social workers with a moral standard that contributed to an enhanced sense of objectivity and an ethical framework for practice.

The social workers emphasized that they needed to feel confident that change had occurred before deciding to recommend to the agency and the court that a family be reunified. Theory enhanced that confidence because it provided a lens through which to observe the family and a language with which to describe the change that was observed. It was found that social workers who relied more heavily on theory felt more confident in their decision to recommend reunification, and reached this level of confidence in their judgment sooner than social workers who felt that theories were not influential in their work with the family. Five social workers used theory to a lesser degree. They used theoretical language to explain their work and understanding of the family, but did not always recognize how significantly theory had influenced their work. Only one social worker did not feel that theory was helpful, even though she described interventions in theoretical language.

Question 3: In what ways and with what awareness did MSWs specifically draw from the clinical knowledge base of the profession to guide them when justifying their recommendations for reunification of the family?

The social workers said that the theoretical lens allowed social workers to objectively observe the struggle for change. It provided a frame of reference for knowing when change had occurred. It established a framework for understanding behavior that might otherwise have been misunderstood, such as the reemergence of fear when efforts to reunify the family began.

Theoretical language provided a way to describe observed changes and document the

Table 1: Theoretical Concepts Used for Coding Data

The Life Model	
Theoretical Terms	Definitions
Assessment	An analysis of the fit between the person and the environment.
Construction of a life story	The reconstruction of life events that led to the development of the self; facilitates a greater awareness of the self and promotes personal growth.
Empowerment	Helping people learn to help themselves, gain actual power, and bring about change.
Environmental influences	The availability, or lack of availability, of support and resources in the environment, which facilitate the ability of individuals or groups of individuals to cope with difficult life transitions, traumatic events, and interpersonal processes.
Ethical considerations	The balancing of competing and contradictory personal or professional obligations.
Helping	Grounded in a shared definition of priorities and the need to reduce life stressors, the social worker facilitates a structure of and a focus for the work, which aids in the reduction of anxiety, ambiguity, and the mobilization of energy.
Individuality	The recognition and appreciation of the differences in cultural values, norms, beliefs, and attitudes, which are derived from gender, race, ethnicity, socioeconomic status, religion, sexual orientation, age, and chronic mental and physical states.
Life stressors	Dysfunctional exchanges between the person and the environment, which are identified and acknowledged by the client and/or the social worker.
Mobilization of resources	The mobilization of resources available in the community that will improve life and facilitate social justice.
Primacy of needs	Services provided and interactions with the social worker are determined based on the needs of the client.
Relationship	A mutually reciprocal relationship/partnership between the social worker and the client, which minimizes the social distance and power differentials, and is grounded on honesty, openness, and authenticity.
Responsibility	A client's demonstrated ability to make responsible decisions on his or her own behalf.
Strengths focus	The purposeful identification of, mobilization of, and building upon the client's strengths.
The Problem-Solving Model	
Theoretical Terms	Definitions
Capacity	An assessment made by the social worker to determine whether the client/person has the ego factors necessary for change.
Here and now	The present is of paramount importance.
Motivation	An assessment made by the social worker to determine whether the client/person is motivated to solve problems.
Opportunity	An assessment made by the social worker to determine if the client/person has been treated fairly, and if she or he has been given the opportunities and resources necessary to facilitate change.
Partialization of services	The breaking-down of a complex problem into manageable and workable pieces to enhance the client's/person's ability to cope and capacity to understand the relationship between smaller problems and larger problems.
Person	A person is always in the process of change, which is the result of stored-up psychological energy, interactions with the environment, and the impact of culture.
Place	The expression of society's intent toward the client/parent, which has the potential to limit services and pit the client/person against society, or to affirm the dignity and worth of the client/person and demonstrate the intent to be helpful.
Problem	The issue identified by the client/person, in conjunction with the social worker, that is current and accessible, and threatens the adequacy of the client's/person's living situation or ability to deal with life.
Process	Known as "social casework"; an interaction between the social worker and the client/person, consisting of a series of problem-solving operations, which take place within a meaningful relationship.
Time limits	Meaningful life experiences are bounded by a beginning, middle, and an end, which give the client/person hope.

evidence needed to prove that change had occurred, and to justify the social workers' confidence in their assertions that children would be safe and healthy after reunification. The theoretical lens also provided a way to objectively assess, document, and justify that the recommendations for reunification were in the best interest of the children. Theory gave the social workers an understanding of the centrality of the client-worker relationship in making successful interventions. Theoretical knowledge aided social workers in the development of mutual trust and an enhanced relationship with family members. The relationship, based on theoretical axioms, established a foundation for social workers' confidence in the changes they observed, and gave the social workers the objectivity necessary to recommend family reunification. This further enhanced the mutual trust and relationship between the social worker and the client, and raised the social workers' confidence about recommending reunification.

Question 4: What other data or reports did social workers use to make their decision to recommend family reunification?

Three factors were present in all cases before families were recommended for reunification:

1. The family had successfully completed the objectives described in the case plan.
2. Recommendations from the counselors seeing the various family members were supportive.
3. The social workers' supervisors agreed with the recommendations for reunification.

Summary of Contributions of Theory to Successful Family Reunification

Table 2 summarizes the linkages that were found between the elements of casework practice used in the successful reunification cases, and central concepts from the Life

Model and Problem-Solving Model. Space precludes a more extensive description of the linkage between the social worker's interviews and the concepts listed here, but it is available elsewhere for interested readers (Talbot, 2001).

Parent and child characteristics related to successful reunification

A second goal of this research was to determine if there was a constellation of variables that might establish a conceptual framework for successful family reunification, to help practitioners in the field who need to adequately document changes before justifying their recommendations to themselves and the court. Two such frameworks were found during the analysis.

Table 2 can also be read as a framework of best-practice interventions for social workers making family reunification decisions. Some of the interventions fostered the families' hope for reunification and encouraged the families to change. They contributed to an enhanced relationship with the client. Others contributed to social workers' objectivity and decisionmaking ability.

The second framework concerns parents and children, and is summarized in Tables 3 and 4. This second framework recognizes that, particularly when older children are involved, their commitment to change is often as important as their parents'.

This framework can be used as a checklist by caseworkers to objectively document change and to assess safety issues and best interest. It can be a helpful tool in the decision to recommend family reunification. It can also be a useful, helpful guide for parents whose children are in placement by providing them with information about the framework and criteria used when assessing the changes that must precede successful reunification of the family.

Parent-child characteristics that contribute to successful family reunification

**Table 2: The Social Worker's Description of Practice Elements
Leading to Successful Family Reunification and
Their Links with Theoretical Concepts**

	Life Model	Problem-Solving Model
<p>Variables pertaining to social worker's inner experience:</p> <ul style="list-style-type: none"> • Determination to be helpful • Listening for latent or manifest content in order to identify the core problem. (The social worker must be aware of the possibility of unconscious motives.) • Use of self as a role model • A nonjudgmental attitude toward the client 	<p>Ethical considerations Helping, relationship</p> <p>Helping, relationship</p> <p>Ethical considerations</p>	<p>Place</p> <p>Person, motivation, capacity</p> <p>Process, place</p> <p>Place</p>
<p>Elements of casework interventions</p> <p><u>Initial phase:</u></p> <ul style="list-style-type: none"> • Establishing a trusting relationship • Starting "where the client is at" • Setting boundaries, and a time limit, for compliance with tasks • Observing personal and environmental features. (The social worker must observe and be sensitive to observed changes in the interactions between the parent and the child and the physical conditions of the living environment.) <p><u>Ongoing interventions:</u></p> <ul style="list-style-type: none"> • Encouragement and the giving of hope • Frequent in-home visits by the social worker (1 to 2 visits per week) • Giving clients the opportunity to vent and empathizing with their feelings • Listening as the life story of the client emerges • Exploring the client's perceptions and thoughts • Helping the client to problem-solve • Increasing opportunities for parents to be with their children • Directly stating, clarifying, and reemphasizing what is expected of the parent • Parent education, timed to a point when the parent is able to integrate the material • Providing the family with a specific time when the social worker will be in the office and available for calls (i.e., "being there" for clients when they need the social worker) • Advocating on behalf of the client with the community, the courts, and the foster parents 	<p>Helping, relationship</p> <p>Empowerment, ethical considerations</p> <p>Individuality, ethical considerations</p> <p>Mobilization of resources, Empowerment</p> <p>Relationship</p> <p>Assessment, relationship</p> <p>Relationship, empowerment</p> <p>Constructing a life story</p> <p>Addressing life stressors</p> <p>Relationship, empowerment</p> <p>Responsibility, primacy of needs</p> <p>Relationship</p> <p>Strengths-focused</p> <p>Empowerment, relationship</p> <p>Relationship, mobilizing resources</p>	<p>Process</p> <p>Here and now, time, place</p> <p>Time</p> <p>Person</p> <p>Opportunity, place</p> <p>Person, here and now</p> <p>Capacity, motivation, person</p> <p>Person, here and now</p> <p>Capacity, motivation</p> <p>Problem, process</p> <p>Person, place</p> <p>Process, problem</p> <p>Capacity, motivation</p> <p>Place, process</p> <p>Place</p>

The following points can be used as a checklist to assess a family's readiness for reunification, before a social worker recommends reunification to the agency and the court. The social worker should be able to respond in detail to each of these characteristics and be aware of the potential effects on the reunification process.

Five of the social workers interviewed discussed how they were affected by the merits of the case and found themselves having to manage their emotional reactions to the family's dilemmas. The emotions elicited in countertransference can affect all aspects of casework, including the establishment of goals, provision of services, maintenance of a proper client-social worker relationship, and decisionmaking. It is important for social workers to be aware of their countertransference reactions; if these reactions are subconscious, they can affect clinical decisionmaking, with destructive consequences for both the family and the social worker.

Fear can play a large role in the process of reunification. Bicknell-Hentges (1995) described what they called a "second stage" of fear prior to reunification of the family, when the "first" fears arising from the original trauma reemerge and the wisdom of reunification is questioned. Fear, and the ambivalence it creates, are examined in the changed environment where there is a commitment to reunification. During this stage, new forms of resistance emerge. In her work, Bicknell-Hentges found that children often acted out prior to actual reunification. The data in this study also indicated that both the parents and the children experienced a second stage of fear.

The second stage of fear in the process of reunification is a fragile period for the family. There were indications that the reemergence of fear had derailed previous attempts to reunify two of the cases presented. There were also indications that if the social workers had not worked as closely with the parents as they did, and if they had not established a trusting relationship with the families,

the crisis associated with the reemergence of fear could have derailed this ultimately successful reunification process as well. The social workers in this study considered the acknowledgement of fear to be a healthy expression of the families' commitment to change.

The potential of reemerging fears to disrupt the process of family reunification is an issue that should be further explored. Often, when old fears reappear, the children or parents, or both, will disrupt the reunification process. When this happens, waves of fear move through the system, the reunification process may be halted, and ultimately, parental rights may be terminated.

Social workers need to be more aware of the fragility of the reunification process and the dynamics that surround fear. They need to understand that a disruption in the process of reunification can occur, especially in difficult cases and when families have been separated for an extended period of time. When the process of reunification is disrupted by the behavior of the parents or children, or both, social workers need to evaluate what happened and why. If the disruption was the result of old fears emerging in a *changed* environment, families need to be given the opportunity to work through those fears and consider how changes in the environment may affect changes in the responses. Once this process has occurred, then the wisdom of pursuing family reunification should be reevaluated.

Conclusions

These research findings illuminate the importance of social work theory for practitioners in child welfare practice. The findings also support the wisdom of the decision on the part of the Illinois Department of Children and Family Services to reprofessionalize the field, as better educated social workers will make more and better use of the tools of theory to practice more reflectively and competently. The social workers interviewed for this study indicated that social work theory provided

Table 3: Characteristics of the Parents in Successful Family Reunification

Specifically related to the problem of child abuse and neglect:

- Understanding of why change was necessary
- An observed, documented, and described improvement in parenting and the application of new knowledge
- Commitment to change
- A better understanding of the children's needs and behaviors
- Recognition of own role in the abuse or neglect

Signs of improved judgment, self-caretaking, and well-being:

- Changes in lifestyle are observed
- Demonstrates personal growth and changed behaviors
- Makes better choices
- Exhibits a higher sense of self-esteem than when the case was first opened
- Identifies and enhances strengths within the environment
- Participates in case planning
- Follows through with the tasks on the case plan
- Has strong desire to parent the children
- Improved or strong relationship between the parents and children
- Children have become a priority in the parent's life

Table 4: Variables and Characteristics of the Children in Successful Family Reunification

Child's inner experience:

- Commitment to change
- Higher sense of self-esteem than when the case was first opened
- Desire to be reunified with the family

Child's capabilities expressed in behavior:

- Demonstrating personal growth and changed behavior
- Making better choices
- Responding positively to parental changes in communication
- Participating in case planning
- Following through with the tasks on the case plan
- Improving relationship with parents
- Doing well academically

a lens through which to observe change, and a language with which describe the changes made. Theory helped social workers be more objective in their assessment of change. It enabled them justify, first to themselves and then to the agency and the courts, the appropriateness of reunification. Social workers who intentionally used a theoretical frame of reference were more confident about their decisions to reunify families, and were able to make the recommendation for reunification sooner.

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