

INTENSIVE FAMILY PRESERVATION SERVICES: RESOURCE BOOK

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The Working Group was convened to produce teaching materials on family preservation practice. For more information about the project or the companion volume to these materials, *Intensive Family Preservation Services: An Instructional Sourcebook*, contact Elizabeth Tracy, Mandel School of Applied Social Sciences, Case Western Reserve University, 10900 Euclid Avenue, Cleveland, Ohio, 44106-7164.

Although the Working Group encourages the use of these materials, permission to reproduce any substantial portion of this volume must be submitted in writing to Elizabeth Tracy at the Mandel School of Applied Social Sciences.

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THE FAMILY PRESERVATION PRACTICE PROJECT

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ABSTRACT

Intensive family preservation programs, as exemplified by the HOMEBUILDERS program, have demonstrated success in preventing unnecessary out-of-home placement of children. Therapists provide time-limited, in-home services comprising crisis intervention, social skills teaching, help with concrete needs and building family supports. The major goal of these interventions is to promote the safety and integrity of high-risk families.

Family preservation practice includes an identifiable body of knowledge and skills. However, a structure for effectively teaching this expertise to graduate students is currently lacking. An immediate consequence of this lack is a shortage of qualified practitioners able to assume leadership positions in the family preservation field.

The Family Preservation Practice Project, jointly sponsored by the University of Washington School of Social Work and Behavioral Sciences Institute, the parent agency of HOMEBUILDERS, provides an innovative model for the graduate-level preparation of social work practitioners, thus addressing the pressing leadership needs.

The project:

- Has developed and is implementing a model graduate curriculum for specialization in intensive family preservation;
- Is preparing a cadre of students for leadership positions in family preservation services;
- Is designing graduate-level family preservation curriculum in practice, policy and research areas; and
- Is facilitating research on key practice and administrative issues in the family preservation field.

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BIBLIOGRAPHY¹

Overview

This bibliography contains references related to intensive family preservation services, and includes references related to home-based and family-based services. The references are clustered in the following categories:

- Program Administration (including Funding, Staffing/Supervision, Training, Financial Management, Benefit Cost Analysis);
- Program Descriptions (including Staffing, Clients, Length of Service, Crisis Focus, Services Provided, Caseload Size, Auspices);
- Program Evaluation;
- Policy Issues (including Federal, State, Local);
- Theoretical Framework and Practice Issues;
- Social Work Education; and
- Newsletters and Periodicals

¹ The Materials for this bibliography were gathered by Nicole LeProhn, M.S.W., of the Family Preservation Project, School of Social Work JH-30, 4101 15th Avenue, N.E., Seattle, WA 98195 in January, 1991 from several sources including:

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Newsletters and Periodicals

Front Line Views

A Newsletter of the Family Preservation Clearinghouse
The Center for the Study of Social Policy
1250 Eye Street, Suite 503
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Published two times a year. This newsletter aims to improve the sharing of information among those involved in the development and implementation of intensive family preservation services.

Tri-State Network Newsletter

Center for the Study of Family Policy
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Published three times a year, this newsletter provides information on activities in intensive family preservation services in New York, New Jersey and Connecticut. Includes job notices, articles on policy and practice, and upcoming events of interest to family preservation therapists and administrators.

Prevention Report

National Resource Center on Family-Based Services
School of Social Work
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Published three times a year. Provides information about a wide range of family-based services and includes articles on practice, research, administration, policy, training and supervision.

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A nonprofit organization whose members are committed to making innovative family-based services a permanent part of human services in the United States. Primary goals of this association are to facilitate the development of state and regional family-based associations and to promote exchange of ideas, skills and programs through sponsorship of an annual national conference.

Annually publishes proceedings from its national Empowering Families Conference, which includes material on intensive family preservation services.
Publishes a newsletter three times a year.

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National organization which assists in the development and training of programs where trained citizen volunteers are appointed by judges to assist in assuring that the needs of children are met through court hearings and agency services.
Publishes quarterly newsletter, *CASA Connection*.

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Provides information services, technical assistance and training to help agencies develop and implement family-based services, including intensive family preservation services.
Publishes quarterly newsletter, *Prevention Report*.

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FAMILY PRESERVATION PRACTICE SURVEY

COURSE OVERVIEW

This is a survey course which is intended to provide students with an understanding of and beginning competencies in family preservation services.

COURSE OBJECTIVES

Students will:

- Demonstrate an understanding of the rationale for family preservation services;
- Demonstrate an understanding of the current policy context and the policy initiatives necessary for family preservation services to achieve their social potential;
- Develop an understanding of the value base for family preservation services;
- Demonstrate a familiarity with the theory bases underlying family preservation services;
- Demonstrate an understanding of the HOMEBUILDERS model for family preservation practice;
- Demonstrate an understanding of the components of family preservation program design;
- Demonstrate an understanding of basic skills needed by family preservation practitioners; and
- Demonstrate an understanding of culturally responsive family preservation practice.

STUDENT EVALUATION

Student evaluation will be based on four pieces of work, which will be equally weighed.

1. Participation in classroom discussion and exercises.
2. Written testimony of two pages or less that will succinctly make the case for family preservation services to a skeptical legislative committee.
3. Development and implementation of a learning plan that identifies gaps in your knowledge of family preservation foundation theories and states learning goals and objectives that are specific, time-limited and measurable. This paper is limited to two pages. Implementation of the plan must be completed by the end of the quarter.
4. In collaboration with other students, the development of an annotated bibliography and the presentation of a 15-minute classroom session on a selected key issue in family preservation. Topics will be selected and teams will be formed during the first class session. The bibliography should include 6–8 core articles. The classroom presentation will take place during the final class session.

INSTRUCTOR EVALUATION

We will use the Educational Assessment Center to assess the utility of the course and the effectiveness of the instructors. You will also be asked to fill out a short evaluation at the end of each classroom session. We are interested in ongoing feedback on our teaching and your learning.

COURSE OUTLINE

REQUIRED TEXT

Whittaker, J. K., Kinney, J., Tracy, E. M., & Booth, C. (Eds.), (1990). Reaching high risk families: Intensive family preservation in the human services. Hawthorne, NY: Aldine de Gruyter.

SESSION 1 THE RATIONALE FOR FAMILY PRESERVATION

Guest Lecturer: James Whittaker, Ph.D.

This session will examine the history of child welfare, juvenile justice and mental health policy and practice, focusing on the emergence of family preservation services and their current place in the continuum of services.

SESSION 2 FAMILY PRESERVATION: THE NATIONAL PICTURE

Various family preservation programs across the country will be discussed. Key terms will be defined. Issues of empirical validation and cost-effectiveness of family preservation services will also be explored. Students will conduct a debate regarding the pros and cons of family preservation services.

Edna McConnell Clark Foundation. (1985). Keeping families together: The case for family preservation. New York: Author.

Hores, (1981). The St. Paul Family-Centered Project Revisited: Exploring an old gold mine. In M. Bryce, & J. Lloyd, (Eds.), Treating families in home: An alternative to placement (pp. 2-23). Springfield, IL: Charles C. Thomas.

McGowan, B.G. (1990). Family-based services and public policy: Context and implications. In J. K. Whittaker, J. Kinney, E. M. Tracy, & C. Booth (Eds.), Reaching high-risk families: Intensive family preservation in human services (pp. 65-88). Hawthorne, NY: Aldine de Gruyter.

Nelson, D. (1990). Recognizing and realizing the potential of Family Preservation. In J. K. Whittaker, J. Kinney, E. M. Tracy, & C. Booth (Eds.), Reaching high-risk families: Intensive family preservation in human services (pp. 13-30). Hawthorne, NY: Aldine de Gruyter.

Wald, M. (1988). Family preservation: Are we moving too fast? Public Welfare, 46(3), 33-38.

Whittaker, J. K., & Tracy, E. M. (1990). Family preservation services and education for social work practice: Stimulus and response. In J. K. Whittaker, J. Kinney, E. M. Tracy, & C. Booth, (Eds.). Reaching high-risk families: Intensive family preservation in human services (pp. 1-12). Hawthorne, NY: Aldine de Gruyter.

SESSION 3 THE HOMEBUILDERS MODEL

This session will focus on the components, practice principles and values of the Washington State HOMEBUILDERS model of family preservation services. Students will examine a HOMEBUILDERS case.

Kinney, J., Haapala, D. A., Booth, C., & Leavitt, S. (1990). The HOMEBUILDERS model. In J. K. Whittaker, J. Kinney, E. M. Tracy, & C. Booth (Eds.). Reaching high-risk families: Intensive family preservation in human services (pp. 31-64). Hawthorne, NY: Aldine de Gruyter.

Kinney, J. (1987). Questions commonly asked about the HOMEBUILDERS model. Unpublished manuscript (Available from Behavioral Sciences Institute, 34004 Ninth Avenue South, Suite 8, Federal Way, WA 98003-6796).

Kinney, J. (1991). Keeping families together: The HOMEBUILDERS model. Hawthorne, NY: Aldine de Gruyter.

SESSION 4 FAMILY PRESERVATION: THE VALUE BASE

This class will explore central family preservation values through guided fantasy, discussion and the use of relevant visual aids. Values such as "clients are our colleagues" and "the best place for a child is in his/her own home" will be examined.

Johnson, H.C. (1986). Emerging concerns in family therapy. Social Work, 31(4), 299-306.

Solomon, B. (1976). Black empowerment. New York: Columbia University Press.

Sudia, C. (1981). What services do abusive and neglectful families need? In L. H. Pelton (Ed.), The social context of child abuse and neglect (pp. 268-290). New York: Human Services Press.

SESSION 5 FAMILY PRESERVATION: THE THEORY BASE

Foundation theories of family preservation practice will be examined. Person-centered theory, cognitive behavioral theory, crisis theory, family systems theory and the ecological perspective will be discussed. Using a series of case vignettes, students will make practice decisions and provide theoretical rationales for them.

Anderson, G. R., (1991). Ethical issues in intensive family preservation services. In E. M. Tracy, D. A. Haapala, J. Kinney, & P. J. Pecora (Eds.), Intensive family preservation services: An instructional sourcebook (pp. 177 -184). Cleveland, OH: Mandel School of Applied Social Sciences, Case Western Reserve University.

Barth, R. P. (1990). Theories guiding home-based intensive family preservation services. In J. K. Whittaker, J. Kinney, E. M. Tracy, & C. Booth (Eds.), Reaching high-risk families: Intensive family preservation in human services (pp. 89-112). Hawthorne, NY: Aldine de Gruyter.

Morgan, L. J. (1991). The HOMEBUILDERS model and three major counseling theories: A comparative analysis. (unpublished manuscript).

Whittaker, J. K., & Garbarino, A. J. (1983). Social support networks: Informal helping in the human services (pp. 167-187). Hawthorne, NY: Aldine de Gruyter.

Whittaker, J. K., & Tracy, E. M. (1989) Social treatment: An introduction to interpersonal helping in social work practice (pp. 21-32). Hawthorne, NY: Aldine de Gruyter.

SESSION 6 FAMILY PRESERVATION PROGRAM DESIGN

Guest Lecturer: Peter Pecora, Ph.D.

The interrelationship among components of family preservation program design such as caseload size, service length and intensity, intake criteria, program auspice, theory base and staffing pattern will be discussed. Students will participate in a program design exercise.

Pecora, P. J. (1990). Designing and managing family preservation services: Implications for human services administration curricula. In J. K. Whittaker, J. Kinney, E. M. Tracy, & C. Booth (Eds.), Reaching high-risk families: Intensive family preservation in human services (pp. 127-146). Hawthorne, NY: Aldine de Gruyter.

Pecora, P. J., Fraser, M., & Haapala, D. A. (1990). Intensive home-based family preservation services: An update from the FIT project. Child Welfare. (in press).

Nelson, K. E., Landsman, M. J., & Deutelbaum, W. (1990). Three models of family prevention services. Child Welfare, 69(1), 3-21.

SESSION 7 ETHNIC SENSITIVITY IN FAMILY PRESERVATION

Guest Lecturer: Vanessa Hodges, Ph.D.

This session will focus on issues of ethnic sensitivity relevant to family preservation practice and policy. Students will explore how racism and discrimination have affected the treatment of minority families in the child welfare system. Extended family and informal social support systems will be discussed in terms of their maintenance functions for minority families. Finally, this session will examine how family preservation practice components and techniques can be adapted to be more relevant to ethnic minority families.

Billingsley, A., & Giovannoni, J. M. (1972). Children of the storm: Black children and American child welfare. New York: Harcourt Brace Jovanovich.

Ho, M. K. (1987). Family therapy with Asian/Pacific Americans. In M. K. Ho (Ed.), Family therapy with ethnic minorities (pp. 24-68). Newbury Park, CA: Sage Publications.

Hodges, V. G. (1991). Providing culturally sensitive intensive family preservation services to ethnic minority families. In E. M. Tracy, D. A. Haapala, J. Kinney, & P. J. Pecora (Eds.) Intensive family preservation services: An instructional sourcebook. (pp. 95-116). Cleveland, OH: Mandel School of Applied Social Sciences, Case Western Reserve University.

National Association of Black Social Workers, Inc. (1986). Preserving black families: Research and action beyond the rhetoric. New York: Author.

Olsen, L. (1982). Services for minority children in out-of home care. Social Services Review, 4(56), 573-585.

Schacht, A. J., Tafoya, N., & Mirabla, K. (1989). Home-based therapy with American Indian families. American Indian and Alaska Native Mental Health Research, 3(2), 27-42.

Stehno, S. M. (1982). Differential treatment of minority children in service systems. Social Work, 1(27), 39-46.

Vega, W. A., Hough, R. L., & Romero, A. (1983). Family life patterns of Mexican-Americans. In G. J. Powell (Ed.), The psychosocial development of minority group children (pp. 194-215). New York: Brunner/Mazel.

SESSION 8 HOMEBUILDERS PRACTICE SKILLS: AN OVERVIEW

An overview of the HOMEBUILDERS intervention process from intake to case termination will be presented. Therapist tasks and necessary skills will be discussed. Using a case example, students will identify family strengths, reframe key problems as goals and begin the development of a case plan.

SESSION 9 HOMEBUILDERS PRACTICE SKILLS: A DEMONSTRATION

Guest Lecturer: Janis Avery, M.S.W., HOMEBUILDERS Supervisor

The core intervention skills of active listening, engagement and defusion will be discussed and demonstrated. Students will practice these skills.

Blythe, B. J. (1990). Applying practice research methods in intensive family preservation services. In J. K. Whittaker, J. Kinney, E. M. Tracy, & C. Booth (Eds.), Reaching high-risk families: Intensive family preservation in human service (pp. 147-164). Hawthorne, NY: Aldine de Gruyter.

Kinney, J. (1991). Keeping families together: The HOMEBUILDERS model. Hawthorne, NY: Aldine de Gruyter.

SESSION 10 SELECTED FAMILY PRESERVATION ISSUES: STUDENT PRESENTATIONS

Student teams will give presentations on selected key issues in family preservation. Course evaluations will be completed.

BIBLIOGRAPHY

- Kinney, J., & Haapala, D. A. (1984). First year HOMEBUILDER mental health project report. Federal Way, WA: Behavioral Sciences Institute.
- The Center for the Study of Social Policy. (1986). Preserving families in crisis: Financial and political options. Washington DC: Author.
- The Center for the Study of Social Policy. (1988). Recognizing and realizing the potential of family preservation. Washington DC: Author.
- Frankel, H. (1988). Family-centered home-based services in child protection: A review of the research. Social Services Review, 62(1), 137-157.
- Gambrill, E. (1978). Behavior modification: A handbook of assessment, intervention and evaluation. San Francisco: Jossey-Bass.
- Haapala, D. A., & Kinney, J. (1988). Avoiding out-of home placement of high risk status offenders through the use of intensive home-based family preservation services. Criminal Justice and Behavior, 15(3), 334-348.
- Hartman, A., & Laird, J. (1983). Family Centered Social Work. New York: Free Press.
- Hutchison, J. (1982). A comparative analysis of substitute care and family-based services (Monograph). National Center for Family-Based Services, University of Iowa, Ames, IA.
- Kammerman, S., & Kahn, A. J. (1990, Winter). If CPS is driving child welfare - - where do we go from here? Public Welfare, 48(1) 9-13.
- Pelton, L. H. (Ed.) (1981). The social context of child abuse and neglect. New York: Human Services Press.
- Peters, R., & McMahon R. J. (Eds.) (1988). Social learning and systems approaches to marriage and family therapy. New York: Brunner/Mazel.
- Rycraft, J. R. (1990). Redefining abuse and neglect. Public Welfare, 48(1), 14-21.
- Seitz, V., Rosenbaum, L. K., & Apfel, N. (1985). Effects of family support intervention: A ten year follow-up. Child Development, 56, 376-391.
- Tracy, E. M., & Whittaker, J. K. (1991). Social network assessment and goal setting in intensive family preservation services practice. In E. M. Tracy, D. A. Haapala, J. Kinney, & P. J. Pecora, (Eds.), Intensive family preservation services: An instructional sourcebook, (pp. 193-202). Cleveland, OH: Mandel School of Applied Social Sciences, Case Western Reserve University.

Tracy, E.M., & Whittaker J.K. (1988). Research capsule: Social support and families at risk of disruption. Seattle, WA: Family Support Project, University of Washington.

Weisman, H. H., Epstein, I., & Savage, A. (Eds.) (1983) Agency based social work. Philadelphia, PA: Temple University Press.

UNIVERSITY OF WASHINGTON
SCHOOL OF SOCIAL WORK

SW 507
Winter Quarter, 1991

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HOME-BASED INTERVENTION FOR HIGH-RISK CHILDREN AND FAMILIES

COURSE OVERVIEW

The purpose of this course is to teach theory and practice skills in working with high-risk children and families in the home setting. As the profession changes and family problems become more intractable and families become more isolated, the practice settings have changed from office environments to community and home-based settings. Home-based practice is the logical setting for intervention regarding family and child-related concerns. This course will teach specific practice skills to enhance practice with children and families.

This course will teach practice skills based on cognitive, behavioral, and rational emotive theory. Some interventions, however, are not theory-bound (advocacy for example) and will be presented from a generalist framework. Students will exit this class with skills in both micro level intervention with children and families and with meso and macro levels of intervention with community and environment. Special attention will be given to the applicability of this intervention with people of color.

COURSE OBJECTIVES

Upon completion of the course, students will be able to:

- Understand the history and rationale for home-based services to high-risk children and families, and further, to elaborate on the advantages of home-based verses office-based intervention;
- Understand the contribution of cognitive, behavioral and rational emotive theory to home-based interventions;
- Understand the range of micro, meso, and macro level interventions appropriate for home-based services, including the variety of roles (broker, advocate, therapist, mediator) that practitioners assume;

- Use in-home sessions, observations, and paper-and-pencil measures to assess the nature, extent, and complexity of family problems;
- Understand the similarities and differences in home-based assessment with families of color;
- Develop behavioral goals and treatment plans appropriate to meet the therapeutic needs identified in home-based assessments. Additionally, students will understand how ethnic minority families may differ in goal setting and treatment planning procedures; and
- Select and implement appropriate home-based interventions, including selecting culturally sensitive interventions.

COURSE REQUIREMENTS

Students will be required to complete two major assignments. The first assignment is a review of the clinical/empirical literature describing state-of-the-art knowledge applicable to home-based intervention with a problem (your choice) facing high-risk children and families. For example, drug and/or alcohol addiction, gang involvement, child sexual abuse, academic and school-related problems, domestic violence, etc. This paper will be approximately 5-7 pages and will be a succinct review of the current literature.

The second assignment will be a 30-45 minute video tape, illustrating your initial home-visit with a high-risk family. You will be required to demonstrate good interpersonal skills, relationship-building skills, and home-based assessment skills. In addition to your video tape, you will be required to complete a written assessment of the family, including a list of tentative intervention goals.

Class attendance and participation are imperative. The amount of time devoted to lecture will be limited since this is a skills-development class. The majority of class time will be spent observing (live demonstrations, video tapes) and participating in role plays.

REQUIRED TEXTS: Course Pack
Professional Copy
University Way (Corner of University Way and 42nd Street)

WEEKLY ASSIGNED READING LIST

SESSION 1

Introductions, discussion of expectation of course, assignments and grading policy;

Discussion of history of home-based practice, rationale for in-home practice, importance of preparation to work with diverse populations;

REQUIRED READINGS

Forsythe, P. W. (1989). Family preservation in foster care: Fit or fiction? Child and Youth Services Review, 12, 63-74.

Hinckley, E. C., & Ellis, W. F. (1985). An effective alternative to residential placement: Home-based services. Journal of Clinical Child Psychology, 14, 209-213.

Maluccio, A. N. (1990). Family preservation services and the social work practice sequence. In J. K. Whittaker, J. Kinney, E. M. Tracy, & C. Booth (Eds.), Improving practice technology for work with high risk families: Lessons from the HOMEBUILDERS Social Work Education Project. Hawthorne, NY: Aldine de Gruyter.

McGowan, B. G. (1990). Family-based services and public policy: Context and implications. In J. K. Whittaker, J. Kinney, E. M. Tracy, & C. Booth (Eds.), Improving practice technology for work with high risk families: Lessons from the HOMEBUILDERS Social Work Education Project. Hawthorne, NY: Aldine de Gruyter.

Nelson, K. E., Landsman, M. J., & Deutelbaum, W. (1990, Jan-Feb). Three models of family-centered placement prevention services. Child Welfare, 69, 3-21.

Wald, M. (1988). Family preservation: Are we moving too fast? Children Today, 46, 33-38.

Woods, L. J. (1988). Home-based family therapy. Social Work, 33, 211-214.

RECOMMENDED READINGS

Bryant, J. (1988). A public-private partnership builds support for family preservation services. Children Today, 17(1), 25-27.

Hawkins, J. D., & Catalano, R. F. (1990). Intensive family preservation services: Broadening the vision for prevention. In J. K. Whittaker, J. Kinney, E. M. Tracy, & C. Booth (Eds.), Improving practice technology for work with high risk families: Lessons from the HOMEBUILDERS Social Work Education Project. Hawthorne, NY: Aldine de Gruyter.

Magura, S. (1981). Are services to prevent foster care effective? Children and Youth Services Review, 3, 193-212.

Reid, W. J., Kagan, R. M., & Schlosberg, S. B. (1988, Jan-Feb). Prevention of placement: Critical factors in program success. Child Welfare, 67, 25-36.

Zarski, J. J., Pastore, C. A., Way, A. L., & Shepler, R. N. (1988). Families at risk and home-based intervention: A therapist training model. Contemporary Family Therapy: An International Journal, 10, 53-62.

SESSION 2

Overview of HOMEBUILDERS model

REQUIRED READINGS

Bribitzer, M. P., & Verdick, M. J. (1988). Home-based, family-centered intervention: Evaluation of a foster care prevention program. Child Welfare, 67, 255-266.

Edna McConnell Clark Foundation (1985). Keeping families together: The case for family preservation. New York: Author.

Frankel, H. (1987). Family-centered, home-based services in child protection: A review of the research. Social Services Review, 62, 137-157.

Fraser, M., & Haapala, D. (1987). Home-based family treatment: A quantitative-qualitative assessment. Journal of Applied Social Sciences, 12(1), 1-23.

Fraser, M., & Leavitt, S. (1990). Creating social change: "Mission" oriented research and entrepreneurship. In J. K. Whittaker, J. Kinney, E. M. Tracy, & C. Booth (Eds.), Improving practice technology for work with high risk families: Lessons from the HOMEBUILDERS Social Work Education Project. Hawthorne, NY: Aldine de Gruyter.

Hinckley, E. C., & Ellis, W. F. (1985). An effective alternative to residential placement: Home-based services. Journal of Clinical Child Psychology, 14, 209-213.

Kaplan, L. (1986). Working with multiproblem families. (pp. 59-82). Lexington, MA: Lexington Books.

Kinney, J. M. (1978). HOMEBUILDERS: An in-home crisis intervention program. Children Today, 7, 15-17, 35.

Kinney, J. M., Madsen, B., Fleming, T., & Haapala, D. A. (1977). HOMEBUILDERS: Keeping families together. Journal of Consulting and Clinical Psychology, 45, 667-673.

Nelson, K. E., Landsman, M. J., & Deutelbaum, W. (1990 Jan-Feb). Three models of family-centered placement prevention services. Child Welfare, 69, 3-21.

Wood, S., Barton, K., & Schroeder, C. (1988, Fall). In-home treatment of abusive families: Cost and placement at one year. Psychotherapy, 25, 409-414.

RECOMMENDED READINGS

National Council of Juvenile and Family Court Judges, Child Welfare League of America, Youth Law Center, & National Center for Youth Law (1985). Making reasonable efforts: Steps for keeping families together. New York: Edna McConnell Clark Foundation.

SESSION 3

Overview of cognitive, behavioral, crisis, and rational emotive theory;
Discussion of the relationship of theory to intervention techniques;

REQUIRED READINGS

Barth, R. P. (1990). Theories guiding home-based intensive family preservation services. In J. K. Whittaker, J. Kinney, E. M. Tracy, & C. Booth (Eds.), Improving practice technology for work with high risk families: Lessons from the HOMEBUILDERS Social Work Education Project. Hawthorne, NY: Aldine de Gruyter.

Faulstich, M. E., Moore, J. R., Roberts, R. W., & Collier, J. B. (1988). A behavioral perspective on conduct disorders. Psychiatry, 51, 398-416.

Gambrill, E. (1977). Behavior modification: A handbook of assessment, intervention and evaluation (pp. 2-68). San Francisco: Jossey-Bass.

Hill, R. (1965). Generic features of families under stress. In H. J. Parad (Ed.), Crisis intervention: Selected readings. (pp. 32-52). New York: Family Service Association of America.

Meichenbaum, D. (1977). A cognitive theory of behavior change. In Cognitive behavior modification: An integrative approach (pp. 215-227). New York: Plenum Press.

Meichenbaum, D. (1977). The nature of internal dialogue - foundations of a theory of behavior change. In Cognitive behavior modification: An integrative approach (pp. 201-214). New York: Plenum Press.

Rapoport, L. (1965). The state of crisis: Some theoretical considerations. In H. J. Parad (Ed.), Crisis intervention: Selected readings (pp. 22-31). New York: Family Service Association of America.

Reynolds, W. M., & Coats, K. I. (1986). A comparison of cognitive-behavioral therapy and relaxation training for the treatment of depression in adolescents. Journal of Consulting and Clinical Psychology, 54, 653-660.

Rogers, C. R. (1961). On becoming a person: A therapist's view of psychotherapy. Boston: Houghton Mifflin.

Young, H. S. (1974). A rational counseling primer (pp. 5-29). New York: Institute for Rational Living.

SESSION 4

The initial home session. Structuring the home visit, what to say after you say "hello," engaging clients, therapist safety, assessing for violence;
Collecting assessment data through active listening and observation;

REQUIRED READINGS

Hartman, A., & Laird, J. (1983). Family-centered social work practice (pp.133-186). New York: The Free Press.

Kagan, R., & Schlosberg, S. (1989). Families in perpetual crisis (pp. 19-88). New York: W.W. Norton.

Kinney, J., Haapala, D., & Gast, J. E. (1981). Assessment of families in crisis. In M. Bryce, & J. Lloyd, Treating families in the home: An alternative to placement (pp. 50-67). Springfield, IL: Charles C. Thomas.

RECOMMENDED READINGS

Holman, A. M. (1983). Family assessment: Tools for understanding and intervention. Beverly Hills, CA: Sage Publications.

SESSION 5

Family assessment continued:

Paper-and-pencil measures;
Developing family goals and treatment plans;

REQUIRED READINGS

Blazich, R. W. (1981). Methods and techniques of family assessment. In M. Bryce, & J. C. Lloyd (Eds.), Treating families in the home: An alternative to placement (pp. 68-83). Springfield, IL: Charles C. Thomas.

Kaplan, L. (1986). Working with multiproblem families (pp. 5-37). Lexington, MA: Lexington Books.

Magura, S., Moses, B. S., & Jones, M. A. (1987). Assessing risk and measuring change in families: The Family Risk Scales (pp. 23-82). Washington, DC: Child Welfare League of America.

Rosenberg, S. A., Robinson, C. C., & McTate, G. A. (1981). Assessment and planing in-home services. In M. Bryce, & J. C. Lloyd (Eds.), Treating families in the home: An alternative to placement (pp. 84-97). Springfield, IL: Charles C. Thomas.

SESSION 6

Interventions: Overview of teaching skills

REQUIRED READINGS

Crimmins, D. B., Bradlyn, A. S., St. Lawrence, J. S., & Kelly, J. A. (1984). A training technique for improving the parent-child interaction skills of an abusive-neglectful mother. Child Abuse and Neglect, 8, 533-539. (or week 7)

Dawson, B., de Armas, A., McGrath, M. L., & Kelly, J. A. (1986). Cognitive problem-solving training to improve the child-care judgement of child neglectful parents. Journal of Family Violence, 1, 209-221. (or week 7)

Haapala, D. A., & Kinney, J. M. (1979). HOMEBUILDERS approach to the training of in-home therapists. In S. Maybanks, & M. Bryce (Eds.), Home-based services for children and families (pp. 248-259). Springfield, IL: Charles C. Thomas.

Mokuau, N., & Manor, M. J. (1989). A behavioral model for training parents. Social Casework, 70, 479-487. (or week 7)

Pecora, P. J., Delewski, C., Booth, C., Haapala, D. A., & Kinney, J. M. (1985). Implementing home-based, family-centered services: The impact of training on worker attitudes. Child Welfare, 64, 529-540.

SESSION 7

Interventions: Parent training and school intervention

Guest Speaker: Kevin Haggerty, Lecturer
Focus on Families, TOGETHER Project
After-Case Project

REQUIRED READINGS

Barham, M., & Holmstrom, S. (1988). Parenting for the '80s: Key elements of a parent support program. Journal of Child Care, 3, 21-29.

Brunk, M., Henggeler, S. W., & Whelan, J. P. (1987). Comparison of multisystemic therapy and parent training in the brief treatment of child abuse and neglect. Journal of Consulting and Clinical Psychology, 55, 171-178.

Dinkmeyer, D., & McKay, G. D. (1983). Chapter 3: Encouragement: Building your child's confidence and feelings of worth. The Parent's Handbook: Systematic training for effective parenting. Circle Pines, MN: American Guidance Service.

Dumas, J. E., & Albin, J. B. (1986). Parent training outcome: Does active parental involvement matter? Behavioral Research and Therapy, 24, 227-230.

Leler, H. (1981). Program approaches to enhance parental strengths and self-concepts. In M. Bryce, & J. C. Lloyd (Eds.), Treating families in the home: An alternative to placement. (pp. 238-248). Springfield, IL: Charles C. Thomas.

Sanders, M. R., & Plant, K. (1989). Programming for generalization to high and low risk parenting situations in families with oppositional developmentally disabled preschoolers. Behavior Modification, 13, 283-305.

SESSION 8

Interventions: Communication skills
Anger management skills

REQUIRED READINGS

Kaplan, L. (1986). Working with multiproblem families. Lexington, MA: Lexington Books.

Nomellini, S., & Katz, R. C. (1983). Effects of anger control training on abusive parents. Cognitive Therapy and Research, 7, 57-68.

Schinke, S. P., Shilling II, R. F., Barth, R. P., Gilchrist, L. D., & Maxwell, J. S. (1986). Stress-management intervention to prevent family violence. Journal of Family Violence, 1, 13-26.

RECOMMENDED READINGS

Schmitt, B. D. (1987) Seven deadly sins of childhood: Advising parents about difficult developmental phases. Child Abuse and Neglect, 11, 421-432.

SESSION 9

Social-support Assessment and Intervention

REQUIRED READINGS

Lovell, M. L., & Hawkins, J. D. (1988). An evaluation of a group intervention to increase the personal social networks of abusive mothers. Children and Youth Services Review, 10, 175-188.

Tracy, E. M., & Whittaker, J. K. (1987). The evidence base for social support interventions in child and family practice: Emerging issues for research and practice. Children and Youth Services Review, 9, 249-270.

Wasserman, G. A., Brunelli S.A., & Rauh, V. A. (1990). Social supports and living arrangements of adolescent and adult mothers. Journal of Adolescent Research, 5, 54-66.

Whittaker, J. K., & Tracy, E. M. (1989). Social treatment (pp.55-100). Hawthorne, NY: Aldine de Gruyter.

SESSION 10

Linking the family with other professionals and agencies

REQUIRED READINGS

Kaplan, L. (1986). Working with multiproblem families (pp 39-46). Lexington, MA: Lexington Books.

CLASSROOM EXERCISE**TITLE:** Integrating Family Preservation Values**TIME:** 45 to 60 Minutes

This exercise is most effective when used at the end of a classroom session on family preservation values, similar to Session 4 of the Family Preservation Practice Survey Course (see course outline). Acceptance of family preservation values is easier for students when viewed theoretically. It becomes more challenging when attempting to apply these values to a case example that includes serious safety issues.

LEARNING OBJECTIVES:

- To help students integrate family preservation values by applying them to a HOMEBUILDERS case example;
- To encourage students to examine their own values in relation to family preservation values.

STEP-BY-STEP PROCEDURE:

1. Divide students into small groups of three to five.
2. Have students read the Hogan Family Case Study, Intake Information.
3. Have small groups discuss the following questions (20 minutes):
 - a. Should Eric be at home? Why or why not?
 - b. What are the strengths of the Hogan family?
 - c. During the initial contact, what would you do to help make these clients your colleagues?
4. Discuss responses to the questions in the large group. Key discussion points:
 - Question a. The need to balance the safety of the younger siblings with the importance of Eric being at home with his family;
 - Question b. Encourage students to include Eric's strengths if they have not already done so;
 - Question c. Encourage students to be very specific about what they would say and do to engage the clients as colleagues.
5. Share information with the class regarding the goals and outcomes of the case. (includes pp. 66 and 67).

Prepared by: Peg Marckworth, M.S.W. and Linda Jewell Morgan, M.S.W.
Family Preservation Practice Project
School of Social Work
University of Washington

HOGAN FAMILY CASE STUDY INTAKE INFORMATION

The family consists of Mary (33), Eric (16), Robby (13), Andy (6) and Alex (6).

One year ago Andy disclosed that Eric had sexually molested him on several occasions. An investigation concluded that Alex was also molested by Eric, and six years ago Robby had been molested by Eric.

Eric was removed from the home. He lived with an uncle for three months, then was placed for six months in a Crisis Residential Center. During this time the family participated in family counseling, and Eric attended a group for juvenile sex offenders.

Three months ago, Eric was returned home. Mary stated that she reluctantly agreed to his return, based on her belief that the family would receive daily, in-home counseling. She stated that the service she actually received was "babysitting" while she was at work.

She explained that the counselor arrived at 4:30 a.m. when Mary left for work and supervised the children all day so that Eric had no opportunity to be alone with them. However, in the early morning the counselor slept downstairs while the children slept upstairs. Mary felt that this was not enough protection for the twins.

Mary expressed great fear that Eric would re-offend. She did not believe the twins were safe or that the support services the family received were adequate. She said she felt exhausted by having to transport the boys to counseling in the South County when she lives in the North County. She stated that Eric would get more help if he was placed in a group home setting. She requested that Eric again be placed. HOMEBUILDERS was offered as an alternative.

HOGAN FAMILY CASE STUDY GOALS AND OUTCOMES

GOAL 1: Create as safe an environment as possible to reduce the likelihood of future sexual abuse within the family.

- The HOMEBUILDER assured Mary that he would listen to her concerns about Eric's presence at home. If Mary felt it was still unsafe, he would pass these concerns onto the caseworker (at end of intervention).
- He purchased locks for bedroom and bathroom doors, taught the twins to use them, and monitored that they were being used routinely.
- He established "safety rules" for family members and monitored that they were understood and enforced.
- He taught appropriate/inappropriate touch (using coloring books, Spiderman comics, and puppets) to the twins and assessed their ability to understand the information.
- He taught the twins what to do if they were inappropriately touched (including assertive statements and telling responsible adults).

GOAL 2: Improve communication between family members (decrease amount of verbal harassment between family members).

- The HOMEBUILDER taught "feeling words."
- He taught "I" messages (practiced, gave homework, gave rationales).

GOAL 3: Develop a plan and make the appropriate referrals for services after HOMEBUILDERS.

- The HOMEBUILDER helped Eric set up individual counseling.
- He referred the twins to a group for 5-7-year-old victims.
- He referred Robby to a group of teenage victims.

In addition:

- The HOMEBUILDER gave Mary books and a bibliography on juvenile sex offenders and treatment strategies for them.

At termination:

- Eric had not re-offended.
- He was doing fine in school.
- He had gotten his driver's permit.
- He had gotten a fast-food job.

CLASSROOM EXERCISE

TITLE: The Legislative Committee Considering Family Preservation Services
TIME: One Hour

LEARNING OBJECTIVES:

- To help students examine the rationales for and against family preservation services;
- To educate students regarding effective legislative testimony and debate.

EARLIER ASSIGNMENT:

Two weeks before the date that this classroom exercise will take place, half the class completes the assignment of a two-page paper supporting family preservation services. This paper is a text of testimony that will be presented to a skeptical legislative committee that is considering funding family preservation services. The other half of the class completes a similar paper arguing against family preservation services.

The instructor can choose three papers from each side that are well-written and, when together, will constitute a balanced argument. Authors of the chosen papers are invited to present them as testimony in the classroom exercise.

Note: Readings assigned for Sessions 1 and 2 of the Family Preservation Practice Course (see course outline) provide a useful background for students writing testimonial papers.

STEP-BY-STEP PROCEDURE:

1. Class members, other than the six students who are testifying, role play legislators. They are instructed to listen to the testimony and to ask relevant questions. They will then be asked to discuss the issues and to vote on whether or not to appropriate funds for family preservation programs in their state. Students are asked to approach the issue as they think a legislator might. They can choose to be skeptical or supportive, liberal or conservative.
2. Each of the six students are given an opportunity to testify. They have five minutes to read their testimony and to answer any questions from the legislators. The instructor acts as timekeeper, or may ask a TA or a student to do so.
3. The legislators then have ten minutes to debate the issues among themselves before voting. Their voting options will be: a) no funding for FP services; b) limited funding for three pilot sites; and c) funding for statewide FP services.
4. The instructor takes the vote on the three options by a show of hands.

5. The exercise is de-briefed by:
- a. Having those who testified discuss how that experience was for them;
 - b. Having those who role-played legislators discuss what information most influenced their votes.

OPTION: This exercise can also be structured as a traditional debate. Students would not then be required to complete the testimonial paper.

Prepared by: Linda Jewell Morgan, M.S.W. and Peg Marckworth, M.S.W.
Family Preservation Practice Project
School of Social Work
University of Washington

THE SMITH FAMILY NEW ORLEANS, LOUISIANA

Frank Smith, a 55-year-old truck driver who had stopped working because of a serious illness, was in danger of losing custody of three of his children. He lost his food stamps and his benefits under Aid to Families with Dependent Children (AFDC); and the state felt that without sufficient food and income, he would be unable to maintain his children at home.

When Frank and his wife Emily divorced after ten years of marriage, they divided the custody of their seven children. Three of the children stayed with Frank and four with Emily, who was living with her new common-law husband down the block. Both parents were known to be excessive drinkers and often neglectful toward their children.

Emily claimed that her husband had been physically abusive toward her and the children. Frank accused his wife of bringing strange men into their home and deserting him for weeks at a time.

The Family Preservation Services program from Kingsley House called Frank within three hours of receiving the referral. He seemed eager to keep his family together and was willing to participate in the program. The first priority was stabilizing the family's financial affairs. Frank and the family preservation worker were able to restore his family's food stamps and their AFDC benefits, apply for disability benefits, and straighten out his utility services. They also worked out an arrangement with Frank's landlord to repay overdue rent.

The next area of concern was his health. Frank was suffering from serious liver and heart diseases, for which he had been hospitalized twice. The doctor, who said that Frank was totally incapacitated, prescribed a strict diet and ordered regular exercise. Frank's anxieties about his medical condition, however, made him unable to carry out these regimens.

The family preservation worker listened to Frank's fears, anger and frustration about his condition. The worker was able to clarify the nature of his condition and explain the benefits of the diet and the exercise prescribed by the doctor. The worker gave Frank a chart showing the special foods he could eat, a scale and measuring cups to help him prepare his meals, and encouraged him to exercise daily. Although Frank was facing a severely restricted life because of his health, the worker was able to convince him of the benefit of scaling back his activities and helped him feel in control of his treatment.

Frank's anger and resentment toward his ex-wife were a continuing problem. He felt greatly distressed that Emily and her new husband lived so close to him. He claimed Emily had filed for custody of the children only because they would make her eligible for Supplementary Security Income (SSI) and AFDC benefits.

The family preservation worker spoke with Emily. She said she was angry and frustrated with her ex-husband for constantly harassing the family by reporting her to the child protection agency for child abuse and neglect. She claimed he had reported her three times and that each time the allegations were found to be invalid. Emily said she filed for divorce because of Frank's drinking and his abusive behavior toward her and the children and that she filed for custody when he refused to support the children. She accused him of continued emotional abuse when he threatened to place the children in his custody in foster care if they visited her.

Both Frank and Emily calmed down after airing their grievances. The family preservation worker showed them the effect their ongoing hostility had on their children, encouraged Frank to stop dividing the children's loyalties, and helped both parents to communicate more directly.

After 124 hours on the Smith family's case, intensive services were terminated, although other less intensive follow-up services continued to be used by the family. Through a combination of approaches, family preservation workers were able to support the family's strengths while identifying behavior that was causing conflict. At the end of four months, the family preservation worker felt that Frank's financial condition had stabilized, his medical condition and his attitude toward it had improved, and his relationship with his ex-wife and his children had become less volatile.

Submitted by: Family Preservation Services
 Kingsley House
 New Orleans, Louisiana

THE BROWN FAMILY BUFFALO, NEW YORK

At age 11, Sam Brown burned down his neighbor's garage and was sent away to a residential youth facility in upstate New York. Two years later, he returned home. The adjustment wasn't easy. Sam was constantly fighting with his two younger brothers, and their mother was having a difficult time handling them. Sam's dad worked at night and was reluctant to discipline the children, fearing he would lose his temper. With all three boys home from school for summer vacation, tensions in the house mounted. One afternoon, while playing outside, Sam and his nine-year-old brother, Frank got into a violent battle. When Sam began choking Frank, a neighbor called the police. Sam, accompanied by his mother, was taken by the police to the psychiatric emergency room of the Erie County Medical Center.

The hospital called in a caseworker from the Home-Based Crisis Intervention Program at Buffalo General Hospital, which works with kids ages 5-18. The program caseworker, trained in psychiatric nursing, drove Sam and his mother, Anne, home and returned the next morning to begin working with the family.

Over a six-week period the caseworker spent almost every other day with the family and was able to observe their behavior closely. His first discovery was that Sam was not always the instigator in the fights with his brothers. Frank, the middle son, often started a brawl and then complained to his mother that Sam was to blame. While Sam was away, Frank had assumed the role of "number one son" and was upset about relinquishing this status to his older brother. The caseworker made Anne aware that Frank was frequently baiting Sam and that she needed to direct her discipline toward all three boys and not just her oldest son.

The caseworker counseled Anne at home and during frequent phone conversations. They worked on building her confidence in her parenting skills and her ability to take charge when a fight broke out between her sons. "Anne had good parenting skills," the caseworker recalls. "What she needed was a lot of reassurance that she could handle them."

With the help of the caseworker, Anne and her husband, Raymond, devised behavioral charts to identify a few things that they wanted their sons to do, such as going to bed on time and getting along better. Each week, the boys were rewarded with stars and points for what they accomplished, or punished with an early bedtime or no TV when they did not follow family rules. Sometimes the caseworker would treat the boys to dinner or a day in the park for doing well. Eventually the worker was able to transfer this responsibility to the parents, especially Raymond, who was encouraged to spend more quality time with his sons.

The caseworker concentrated on helping both parents to build their self-esteem. Anne frequently called about problems at home. "She panicked if the boys kept fighting or refused to listen to her," the caseworker said. "I'd give her reassurance that it was o.k. for her to do certain things to discipline the kids, such as separating them from each other until things cooled down."

Anne had been managing the boys on her own and needed more of her husband's support, but his own lack of confidence had kept him uninvolved.

"Raymond had a negative image of himself. I think I was probably one of the first people who really listened to what he had to say. He cared a lot about his family; he just needed to know that he was needed and that he and his wife had to work together."

The younger boys responded well to the behavioral charts. Sam still had a difficult time controlling his temper and getting along, but he worked hard and showed some improvement. When school reopened, tensions at home eased and several months after counseling ended, the family was together and doing well. Arrangements were made with other agencies to coordinate additional social services that the family still needed, such as a special education program for Sam, welfare benefits, and supplemental employment assistance.

"When I began this case, I had some doubts as to whether I was going to be successful," the counselor recalls. "Sam was acting out and fighting a lot. I came close to bringing him back to the hospital a few times. By working with Anne, Raymond, and the boys as a family, we managed to bring everyone together. What became critical to Sam's progress was giving him the message that he wasn't going to be sent away again, no matter what he did. Sam may have tested them by behaving badly; he just wanted to be sure they really wanted him around."

Submitted by: Home-Based Crisis Intervention Program
 Buffalo General Hospital
 Buffalo, New York

THE JOHNSON FAMILY DETROIT, MICHIGAN

Marilyn Johnson freely admitted her addiction to crack. It was not hard to believe: at 98 pounds, the 31-year old mother of four was selling her food stamps to support her habit. The authorities suspected that drug trafficking was occurring in her home, and these suspicions were aggravated by the burly man monitoring admittance to her two-story house and the hovering presence of numbers of men and women on the premises. Marilyn's younger children were unkempt. Her 13-year old daughter hadn't attended school for six months, engaged in physical brawls with Marilyn, and ran in the streets with her boyfriend, a drug "roller." Marilyn was told by the police that she had 24 hours to rid her home of drug traffic, and the Children's Protective Services threatened to remove her children.

The case was referred to Families First and the Ennis Center for Children, a new program in Detroit specializing in the treatment of high-risk families. When the Families First worker visited Marilyn the day the referral was made, Marilyn was obviously high but insisted that she wanted help in keeping her family together.

Prior to her drug addiction, Marilyn had lived a conventional, comfortable life. She was married, worked as a restaurant manager, and owned a house and car. Her drug use began when her husband urged her to try heroin, and it became a daily habit. As her addiction progressed, she turned to crack; her marriage foundered; she lost her job and was forced to sell her home, furniture, appliances, clothing, and car to support her drug habit. She became the pawn of dealers who beat her and demanded that she sell drugs from her home.

When Families First arrived, she had been using crack for two years and was illegally "squatting" in a house with broken windows, falling plaster, and bullet holes in the walls. Listening to her story, the caseworker offered understanding and compassion, carefully avoiding judgment or criticism.

When the worker explained to Marilyn that the goal of the Families First intervention was to try to keep families safe and together, Marilyn made a commitment to work with the program. She identified three goals for the intervention: to find new housing, to obtain drug treatment, and to rebuild a relationship with her 13-year-old daughter. The worker helped to alter supervision arrangements so that she was satisfied that the children would be protected without being removed from the home.

The caseworker encouraged Marilyn to take the initiative in looking for housing; the worker provided such support services as Realtor lists and transportation. While driving around looking for housing, they talked. The caseworker actively reinforced Marilyn's determination and motivation and encouraged the positive steps she was taking to regain control of her life. The Families First worker often spent all day, every day, with Marilyn, helping in the search for a new house and securing emergency goods and clothing. Because Marilyn had no money or means of transportation, the worker's provision of these concrete needs was an important part of the intervention process.

It was impossible for Marilyn to enroll in a drug treatment program until housing and furniture were secured, so the caseworker devised alternatives to help Marilyn refrain from using drugs until her treatment could begin. They worked out several emergency tactics, such as a crisis card with substitute activities, the use of "self-talk", and the 24-hour availability of her caseworker by phone. On a few occasions, when Marilyn relapsed and smoked crack, she was very upset and called her Families First worker to discuss it. Another ongoing concern was the continued drug trafficking in her home. It was difficult for Marilyn to admit the risk to her children posed by the drug sales, but eventually she acknowledged the need to detach herself from her drug-involved friends and environment, as well as from her husband and male friends who remained on drugs.

Dealing with Marilyn's problems was extremely frustrating for the caseworker, but she drew on the support and encouragement of the Families First program staff. As her supervisor pointed out, "In this past year, our statistics show that approximately 55% of our referrals have had substance abuse as the referral problem and approximately 82% of those cases have been related to crack."

By the end of the six-week intervention, with the help of emergency funds from the state, Marilyn had moved to a four-bedroom house, complete with furniture, appliances and utilities. She enrolled in a women's drug treatment facility specializing in the needs of women and their families, including a program for pre-school children to attend along with their mothers. Six months after the program's conclusion, Marilyn's improved sense of self-worth is reflected in her appearance. She has gained weight, dresses fashionably, and uses makeup. Her relationships with her children, especially her 13-year old daughter, improved dramatically after counseling, and her daughter now attends school every day. Marilyn attends Narcotics Anonymous meetings daily, has learned money-management skills, and is looking forward to working with Vocational Rehabilitation Services and securing a job.

Submitted by: Ennis Center for Children
 Detroit, Michigan

THE AUSTIN FAMILY BROOKLYN, NEW YORK

Michael Austin of Brooklyn, New York, was kicked out of school and into the courtroom for assaulting one of his peers. When threatened by a gang to either fight or be beaten up himself, Michael fought. At 13, he had committed his third offense. Michael's family had a long history of problems—one brother was in a youth detention facility, another was in prison at Rikers Island. His mother had given up hope of helping her youngest son avoid a similar fate.

After spending several weeks in a group home, Michael was referred to the Family Preservation program, an intensive, home-based service run by the New York City Department of Juvenile Justice. In making the referral, the judge warned Michael that this was his last chance to avoid long-term placement in an upstate youth facility.

The social worker assigned to the Austin family's case began by meeting with Michael and his mother to hear their concerns and explain what the program was about. Both Michael and his mother were eager to work with the caseworker, although they held different opinions about the nature of the problems.

"Michael thought he could handle himself on the street," the caseworker recalls. "He didn't feel that he had a problem controlling his anger or responding to peer pressure, although his mother thought those issues were getting him in trouble. She felt that his friends saw him as a leader and she wanted me to teach him positive things that he could also pass on to them."

The caseworker had almost daily contact with Michael and his mother. They set goals and began to work on specific skills including anger management, peer pressure reversal, and better family communication.

Michael and his caseworker frequently met alone in the afternoon at a nearby fast-food restaurant. They called it "McDonald's therapy." The atmosphere made it easier for Michael to talk about what was happening at home or with his friends, to follow up on previous conversations, or to discuss the behavior modification assignments he'd been given the day before.

During their time together, the caseworker helped Michael learn how to stand up to peer pressure and control his anger. Together they came up with a list of ways to avoid negative influences, including a method to reverse peer pressure by evaluating a situation for trouble, anticipating the possible consequences of getting involved, and deciding what action to take.

Michael developed useful terms that incorporated street slang --"chill out"-- or "Gotta do something for my mother" -- that his friends could relate to. He worked on ways of easing tense situations with humor, or checking out the scene and asking, "Is this trouble?" before getting more involved.

With her third son in trouble, Michael's mother was depressed and frustrated, feeling she had failed as a parent. The caseworker emphasized that she should not assume sole responsibility for the boys' actions and that the dynamics of her relationship with Michael could improve. He suggested different approaches to disciplining and communicating with Michael and taught her parenting skills such as setting up a behavior modification chart on which good behavior was awarded positive points and negative behavior was penalized by subtracting points. Michael learned to work towards a weekly reward that varied from a later curfew to a high allowance, based upon the number of points accrued each week.

After five weeks, both Michael and his mother had made great strides. Michael returned to school; and when the case was reviewed, the judge determined that probation, not placement, was in order. Before concluding his intervention with the family, the caseworker got Michael involved with the Citykids Foundation, a program designed to empower kids and build positive peer relations. He also referred both Michael and his mother to a new counselor who continued to work with them on a less intensive basis to keep in sight the goals they established in the Family Ties Program.

Submitted by: Family Ties
 New York, New York

THE ROBINSON FAMILY CUMBERLAND, NEW JERSEY

Sandra Robinson had plenty of reasons for drinking. She was unemployed and in ill health. Only one of her three children was living at home with her, and now her 14-year-old daughter, Charlotte, was in jeopardy of being placed in foster care. Charlotte felt hopeless and frustrated with her mother's drinking binges and neglect and admitted to teachers that she had considered suicide. Her brother Shawn, 15, was in reform school, and her brother Jason, 17, lived with his uncle.

When this case was referred to Family Preservation Services, Sandra had to weigh her deep mistrust of caseworkers and social service agencies against her realization that her only hope of keeping Charlotte at home was to work with the agency. While denying she had a drinking problem, Sandra was willing to try anything to keep Charlotte.

Sandra's troubled life history began with a lifelong struggle with asthma, including several lung operations, which continued to circumscribe her activities. She did not go beyond the ninth grade in school and married at the age of 18, only to divorce her husband after seven years and three children. She had held two jobs in her life, one briefly as a secretary in a doctor's office and the other in a glass factory, where she was laid off. She was arrested once for drug dealing with a previous boyfriend and was on welfare.

Charlotte was a warm, affectionate, sensitive teenager who wanted desperately to be part of a family but was so angry with her mother's self-destructive drinking that she requested a foster home placement. She had only progressed as far as the fifth grade in school and refused to obey her mother or to help out at home. She felt her mother's drinking was ruining their lives and pleaded with her to get help. Sandra, however, had always denied she had a problem and claimed Charlotte was just trying to run her life.

The family preservation caseworker was confronted with two family members who were at an impasse. The caseworker began by educating Charlotte about alcoholism, enabling her to understand, accept, and eventually to help her mother with her condition. The worker also provided Charlotte with several tools to cope with the very real frustrations of her situation, including Alateen meetings which they attended together. Other tools included teaching Charlotte active listening skills to improve her interactions with her mother and the use of diaries and charts to record and eventually control her anger and emotions. Charlotte blossomed with the caseworker's interest and involvement in her activities, an involvement she later modeled to Sandra.

As the caseworker reached out to Sandra, her task was complicated by two major obstacles : Sandra's continuing mistrust of caseworkers and denial of her drinking problem. It took three weeks for the caseworker to win Sandra's trust. She participated in such concrete services as driving Sandra to visit her son in the reformatory and finally became a source of strength to Sandra, someone Sandra could trust to accept her unconditionally.

Then a crisis arose which the caseworker used to facilitate this relationship: Sandra was evicted from her apartment because she owed \$5,000 in back rent to her landlord. This crisis forced Sandra to acknowledge her drinking problem, which lay behind her inability to pay their rent and food expenses. Sandra confessed that she had used the money for alcohol, that she was losing control over her life; she asked the caseworker for help.

The caseworker accompanied Sandra to an alcohol screening and then helped her to enroll in therapy at a drug treatment center, as well as to attend Alcoholics Anonymous meetings at a local church. Beyond these steps, however, they worked out a plan to support Sandra's decision to stop drinking. They set up budgets, applied for rental assistance, and looked for a new apartment. Through intensive problem-solving discussions and negotiations, that included Charlotte, Sandra gradually learned to rely on herself to find successful solutions to her problems.

Since Sandra and Charlotte had expressed frustration with their family interactions, the caseworker helped them individually and together to improve their communication skills. They established a "family day" for joint activities and agreed on a framework of natural consequences as an approach to discipline. Sandra's parenting skills were enhanced by her increased presence in Charlotte's activities, ranging from softball games to doctors' appointments. There is no longer imminent risk of foster care placement.

Submitted by: Family Preservation Services
 Cumberland County Guidance Center
 Millville, New Jersey

OVERHEADS

LIFT-Levels of Intensive Family Training
P.O. Box 871092
New Orleans, LA 70127
(504) 245-9118

Contact: Pat Watson
Director

Produces and distributes training charts and overheads for use in family preservation training programs.

Overheads No. 2, "Family Preservation Services/Engagement, and No. 15, "Values," are useful to stimulate classroom discussion regarding child abuse and neglect and values associated with intensive family preservation services.

Overheads on Family Preservation Services

Developed by Peter Forsyth

Edna McConnell Clark Foundation and Behavioral Sciences Institute.

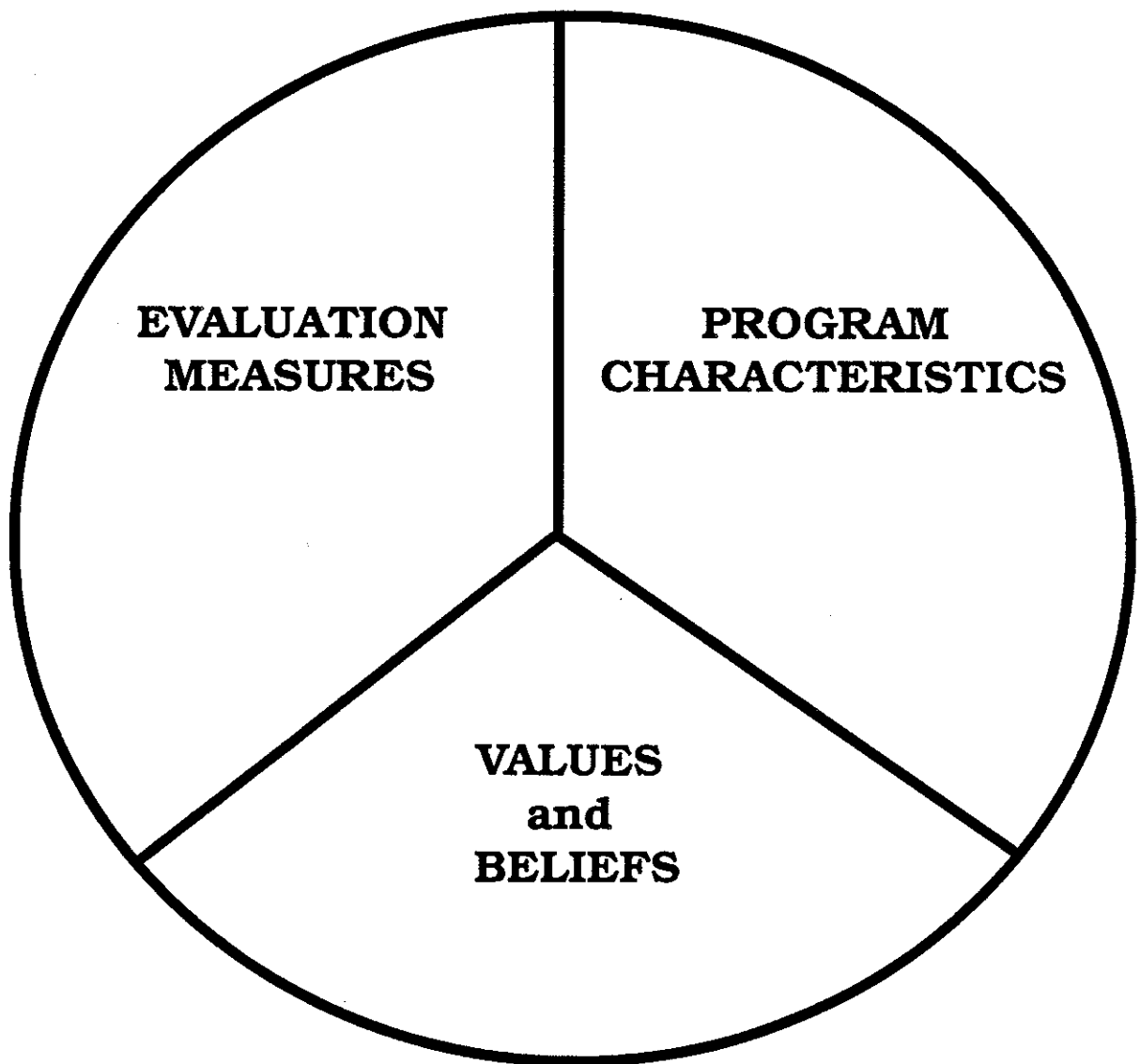
Overheads of Family Preservation Values and Program Design

Developed by the Family Preservation Practice Project

School of Social Work, University of Washington
and Behavioral Sciences Institute

1. Intensive Family Preservation-HOMEBUILDERS Values
2. Family Preservation Program Design Components

FAMILY PRESERVATION SERVICES



HOMEBUILDERS MODEL

PROGRAM CHARACTERISTICS

- LIMITED TO CHILDREN AT IMMINENT RISK OF UNNECESSARY PLACEMENT
- IMMEDIATE RESPONSE (WITHIN 24 HOURS)
- HIGHLY FLEXIBLE SCHEDULING (24-HOUR, 7-DAY PER WEEK AVAILABILITY)
- SMALL CASELOADS (2 FAMILIES)
- INTENSIVE INTERVENTION (5-20 HOURS PER WEEK AS NEEDED)
- SERVICES DELIVERED IN CLIENT'S HOME AND COMMUNITY
- TIME-LIMITED AND BRIEF (4-6 WEEKS)
- "HARD" AND "SOFT" SERVICES DELIVERED BY A SINGLE WORKER (WITH SAFETY BACKUP)
- ECOLOGICAL APPROACH (WORKS WITH THE FAMILY AND COMMUNITY INTERACTION)
- GOAL-ORIENTED, WITH "LIMITED" OBJECTIVES

VALUES AND BELIEFS

- CHILDREN NEED FAMILIES
- CHILD'S SAFETY FIRST CONCERN
- MOST FAMILY MEMBERS REALLY CARE ABOUT EACH OTHER
- TROUBLED FAMILIES WANT TO CHANGE
- EVERYBODY IS DOING THE BEST THEY CAN DO AT THE TIME
- A CRISIS IS AN OPPORTUNITY FOR CHANGE
- INAPPROPRIATE INTERVENTION CAN DO HARM
- POWER FOR CHANGE RESIDES IN THE FAMILY

EVALUATION MEASURES

OBJECTIVE

- SAFETY

- PREVENTION OF UNNECESSARY
PLACEMENT

- IMPROVED FAMILY FUNCTIONING

- COST EFFECTIVENESS

SUBJECTIVE

- CLIENT SATISFACTION

- SATISFACTION OF REFERRAL
SOURCES

- SATISFACTION OF FUNDING
SOURCES

- OPINION OF SERVICES COMMUNITY

Where does family preservation fit in the continuum?

Child Welfare

Neglect Complaint	Investigation	Family Counseling	Family Preservation	Foster Care	Group Home	Treatment Institution
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Juvenile Justice

Complaint	Court Petition	Ajudication	Probation	Family Preservation	Group Residence	Private Treatment Program	Training School
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Mental Health

Referral	Diagnosis	Community MH Services	Family Preservation	Private Psychiatric Facility	State Hospital
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STRATEGIES OF THE HOMEBUILDERS MODEL

- A. IMMEDIATE RESPONSE TO CRISIS**
- B. FOCUS ON CLIENT'S PRESENTING PROBLEM**
- C. SERVICES IN THE NATURAL ENVIRONMENT**
- D. 24-HOUR ACCESSIBILITY**
- E. INTENSITY**
- F. SKILLS-BASED INTERVENTIONS**
- G. PROVISION OF CONCRETE SERVICES FOR MEETING BASIC NEEDS**

STRATEGIES OF THE HOMEBUILDERS MODEL

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- G. PROVISION OF CONCRETE SERVICES FOR MEETING BASIC NEEDS**

CHARACTERISTICS OF THE HOMEBUILDERS MODEL

ACCESSIBILITY

- **Immediate response to referral**
- **24-hour-a-day availability**
- **Maximum caseload of two families**
- **Services located in the natural environment**

FLEXIBILITY

- **Wide range of services available**
- **Services responsive to client values and lifestyles**
- **Appointments scheduled at convenience of clients**

ACCOUNTABILITY

- **Cost-effectiveness studies**
- **Comparison-group studies**
- **Measures of treatment effectiveness**
- **Auditors and outside evaluations**
- **Performance-based contracts**
- **Client feedback**
- **Referring-agent feedback**
- **Staff evaluations**

**Intensive
Family Preservation
Homebuilders Values**

**It is
our job
to instill
hope.**

**One cannot easily
determine which
types of families are
"hopeless," and
which will benefit
from intervention.**

**We can do
harm as well as
good; we must
be careful.**

**People are
doing
the best
they can do.**

**In most
cases, it is
best for
children
to grow up
with their
natural
families.**

**Clients
are our
colleagues.**

Intensive Family Preservation Homebuilders Values

- 1. In most cases, it is best for children to grow up with their natural families.**
- 2. One cannot easily determine which types of families are “hopeless,” and which will benefit from intervention.**
- 3. It is our job to instill hope.**
- 4. Clients are our colleagues.**
- 5. People are doing the best they can do.**
- 6. We can do harm as well as good; we must be careful.**

**In most cases,
it is best
for children to
grow up
with their
natural families.**

Family Preservation-Homebuilders Values.

**One cannot
easily determine
which types of
families are
“hopeless,”
and which will
benefit from
intervention.**

**It is
our job
to
instill hope.**

Family Preservation-Homebuilders Values.

**Clients
are
our
colleagues.**

Family Preservation-Homebuilders Values.

**People are
doing
the best
they can do.**

Family Preservation-Homebuilders Values.

**We can
do harm
as well as good;
we must be
careful.**

Family Preservation-Homebuilders Values.

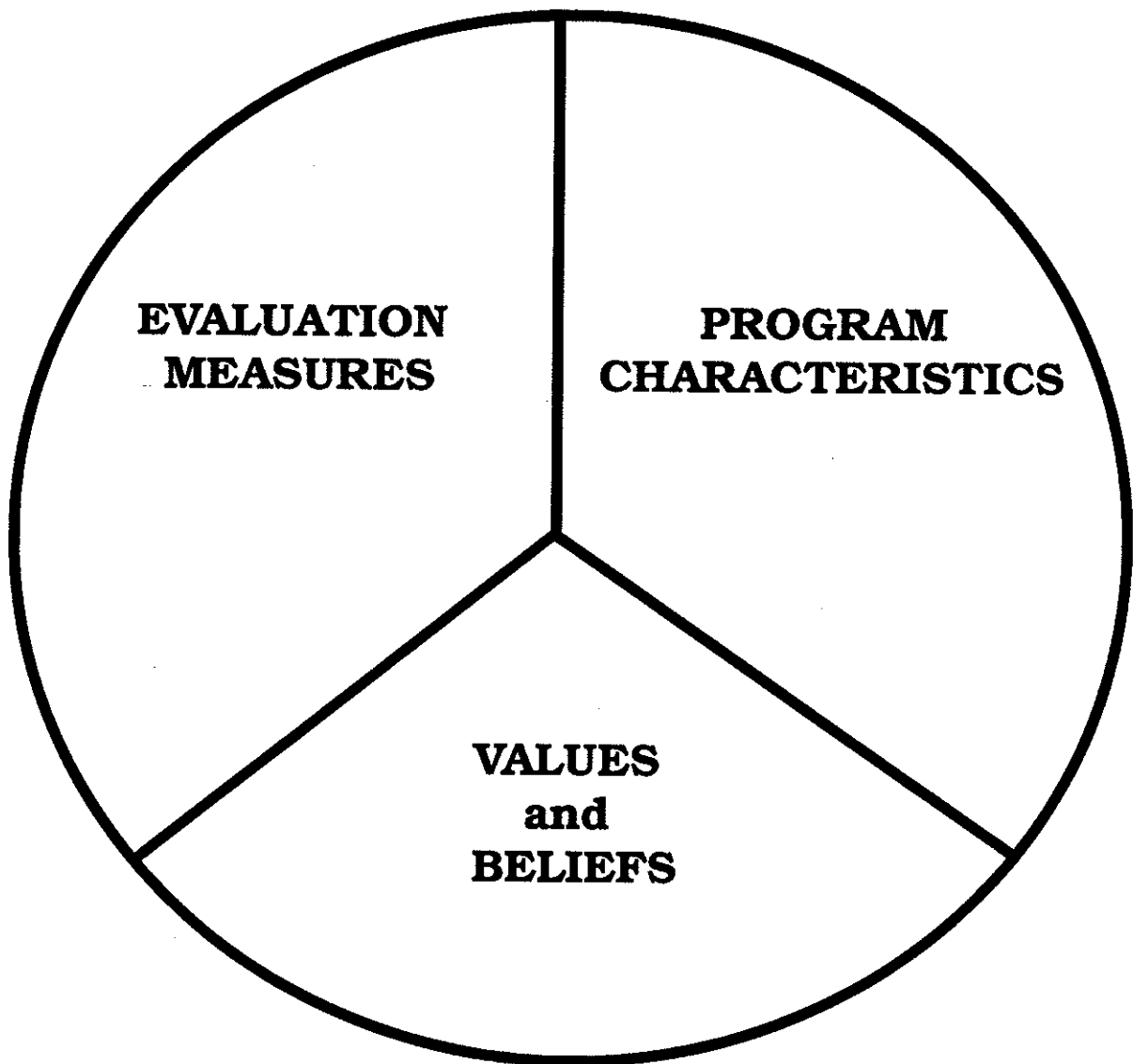
Intensive Family Preservation Homebuilders Values

- 1. In most cases, it is best for children to grow up with their natural families.**
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- 5. People are doing the best they can do.**
- 6. We can do harm as well as good; we must be careful.**

Family Preservation Program Design Components

	Homebuilders	Maryland IFS	Oregon
Auspice			
Intake Criteria			
Theory Base			
Staffing Pattern			
Caseload Size			
Length of Service			

FAMILY PRESERVATION SERVICES



HOMEBUILDERS MODEL

PROGRAM CHARACTERISTICS

- LIMITED TO CHILDREN AT IMMINENT RISK OF UNNECESSARY PLACEMENT
- IMMEDIATE RESPONSE (WITHIN 24 HOURS)
- HIGHLY FLEXIBLE SCHEDULING (24-HOUR, 7-DAY PER WEEK AVAILABILITY)
- SMALL CASELOADS (2 FAMILIES)
- INTENSIVE INTERVENTION (5-20 HOURS PER WEEK AS NEEDED)
- SERVICES DELIVERED IN CLIENT'S HOME AND COMMUNITY
- TIME-LIMITED AND BRIEF (4-6 WEEKS)
- "HARD" AND "SOFT" SERVICES DELIVERED BY A SINGLE WORKER (WITH SAFETY BACKUP)
- ECOLOGICAL APPROACH (WORKS WITH THE FAMILY AND COMMUNITY INTERACTION)
- GOAL-ORIENTED, WITH "LIMITED" OBJECTIVES

VALUES AND BELIEFS

- CHILDREN NEED FAMILIES
- CHILD'S SAFETY FIRST CONCERN
- MOST FAMILY MEMBERS REALLY CARE ABOUT EACH OTHER
- TROUBLED FAMILIES WANT TO CHANGE
- EVERYBODY IS DOING THE BEST THEY CAN DO AT THE TIME
- A CRISIS IS AN OPPORTUNITY FOR CHANGE
- INAPPROPRIATE INTERVENTION CAN DO HARM
- POWER FOR CHANGE RESIDES IN THE FAMILY

EVALUATION MEASURES

OBJECTIVE

- SAFETY

- PREVENTION OF UNNECESSARY
PLACEMENT

- IMPROVED FAMILY FUNCTIONING

- COST EFFECTIVENESS

SUBJECTIVE

- CLIENT SATISFACTION

- SATISFACTION OF REFERRAL
SOURCES

- SATISFACTION OF FUNDING
SOURCES

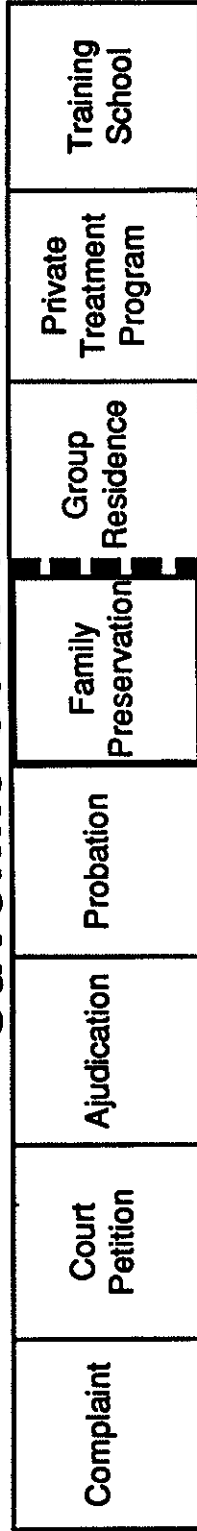
- OPINION OF SERVICES COMMUNITY

Where does family preservation fit in the continuum?

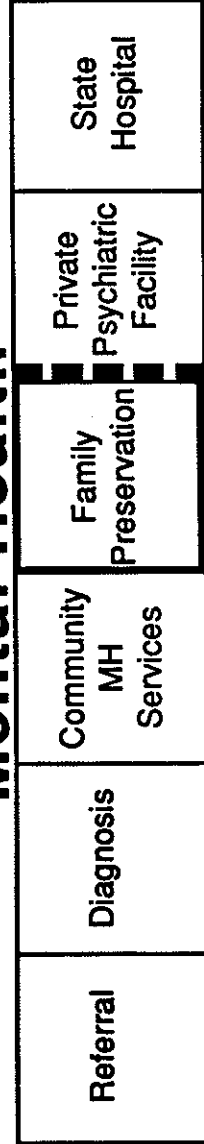
Child Welfare



Juvenile Justice



Mental Health



STRATEGIES OF THE HOMEBUILDERS MODEL

- A. IMMEDIATE RESPONSE TO CRISIS**
- B. FOCUS ON CLIENT'S PRESENTING PROBLEM**
- C. SERVICES IN THE NATURAL ENVIRONMENT**
- D. 24-HOUR ACCESSIBILITY**
- E. INTENSITY**
- F. SKILLS-BASED INTERVENTIONS**
- G. PROVISION OF CONCRETE SERVICES FOR MEETING BASIC NEEDS**

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CHARACTERISTICS OF THE HOMEBUILDERS MODEL

ACCESSIBILITY

- **Immediate response to referral**
- **24-hour-a-day availability**
- **Maximum caseload of two families**
- **Services located in the natural environment**

FLEXIBILITY

- **Wide range of services available**
- **Services responsive to client values and lifestyles**
- **Appointments scheduled at convenience of clients**

ACCOUNTABILITY

- **Cost-effectiveness studies**
- **Comparison-group studies**
- **Measures of treatment effectiveness**
- **Auditors and outside evaluations**
- **Performance-based contracts**
- **Client feedback**
- **Referring-agent feedback**
- **Staff evaluations**

**Intensive
Family Preservation
Homebuilders Values**

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to instill
hope.**

**One cannot easily
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types of families are
"hopeless," and
which will benefit
from intervention.**

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**People are
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**In most
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AUDIOVISUAL AIDS**Family-Based Services Special Presentation**

Available from:

National Resource Center on Family-Based Services
School of Social Work
The University of Iowa
Iowa City, IA 52242
(319) 335-1250

VHS Video

Time: 25 minutes

Price: \$85.00

Using examples from different states, depicts the philosophy and service-delivery methods of family-based services across the USA. Includes information on cost savings of family preservation, work with ethnic minority families, and national implications for family preservation services.

Family-Based Services-Special Presentation

Available from:

Jerry Lindskog
Family-Based Services
Children's Services Division
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3832
(612) 296-3910

VHS Video

Time: 30 minutes

Price: No charge

Depicts the efforts by the Children's Services Division in Minnesota to implement family preservation services. Includes information on family-based philosophy of services and methods of service-delivery in Minnesota.

Skills for Family and Community Living

Available from:

Behavioral Sciences Institute
34004 Ninth Avenue South, Suite 8
Federal Way, WA 98003-6737
(206) 874-3630 FAX (206) 838-1670
Shelley Leavitt, Ph.D., Director of Training

This VHS video demonstrates eight skills that family preservation therapists use in working with families. Twelve vignettes focusing on eight skills, including communication, accepting "no," using praise, impulse management, anger management, and teaching skills. Includes a manual for therapists and trainers. A useful video for training social work students in family communication skills. Contact agency for order and preview information.

Video Resources for Counseling and Therapy

Research Press
P.O. Box 3177 Department M
Champaign, IL 61826-3177
(217) 352-3273
Fax: (217) 352-1221

This publisher distributes innovative videos that can be used in staff training of intensive family preservation workers and graduate students, as well as in family-based practice with clients. Topics include assertiveness, adolescence, anger management, behavioral psychology, clinical decision making, refusal skills, marital therapy, family communication skills, grief counseling, development of prosocial skills for children, parent education, and rational emotive therapy. Videos are offered for purchase or rental, with free previews available to qualified organizations. A complete catalogue is available upon request.

From

British Labour Party
106/ 874-6600
L. V. ...

This ...
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