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Mary S. Perez

Rowan College of New Jersey

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FAMILY PRESERVATION SERVICES:
AFTERCARE SERVICES THAT HELP FAMILIES MAINTAIN SUCCESS

Inverted-Pyramid Style

Double Spaced

by
Mary S. Perez

A Thesis

Submitted in partial fulfillment of the requirements of the
Master of Arts Degree in the School Psychology
of Rowan College in Inverted-Pyramid
May 7, 1996

Approved by _____
Professor

Date Approved 5/7/96

ABSTRACT

Mary S. Perez, Family Preservation Services: Aftercare Services that Help Families Maintain Success, 1996, Dr. Klanderman, School Psychology.

This research reports placement outcomes at 6 months post intervention for a sample of sixty families enrolled in a family preservation program. Families with at least one child who is "at imminent risk" of being placed in the community participated in the family preservation program. During the intervention, families were introduced to several skills (communication and discipline skills) that would enable them to diffuse any crises that may arise due to parent/child conflict. After the families successfully completed the intervention, forty were referred to either another in-home based counseling program or outpatient therapy. Twenty families received no aftercare services. Follow-ups were performed on the subjects six months after termination. Families who were involved with the intensive in-home therapy had more children who remained with their biological parents and fewer children placed by the courts, DYFS, or family crisis within a six month period. It appears in-home therapy had a larger impact on a family than outpatient counseling. The in-home therapist is able to provide emotional support, reinforce the use of the skills in a more natural setting and can be present when a crisis erupts. The study suggests families who are referred to intensive family preservation programs are able to begin to change in 4 to 6 weeks, but still need long term therapy to maintain the success accomplished during the short term intervention.

MINI-ABSTRACT

Mary S. Perez, Family Preservation Services, Aftercare Services that Help Families Maintain Success, 1996, Dr. Klanderma, School Psychology.

This research reports placement outcomes at 6 months post intervention for a sample of sixty families enrolled in a family preservation program. After families completed the intervention, they were referred to either an in-home based therapy, outpatient therapy, or no therapeutic services. Families who were involved with the in-home therapy had more children who remained with their biological parents and fewer children placed in the community.

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Acknowledgments

To faith, family, and friends; and to my parents, Peggy and Milton, who taught me that these are the most important things in life.

In loving memory of my dear Father, Joseph J. Nardi.

CHAPTER 1

NEED

Intensive Family Preservation Services(IFPS) is an intensive, short-term, in-home based program that provides counseling to families who have a child that is at imminent risk of being placed in various facilities, i.e. foster care, youth shelter, residential or detention. The philosophy behind IFPS is that it is less expensive to fund programs like this than to pay for a child to go into placement. It is also believed a child should be with his/her biological parent(s) whenever possible. Funding for the IFPS programs is distributed by the state to each county. New Jersey is threatening, in the near future, to distribute money on the basis of how many successful outcomes the county had in the previous years. New Jersey would like each county to be reporting at least 70% of the children at risk still at home. After 6 months of services, IFPS performs follow ups on the families to see if the child is still living with the natural parent(s). Each county needs to determine what aftercare resources, if any, help the family remain intact after IFPS 's intervention. The knowledge of these resources will enable the county to serve the families more efficiently and reduce the risk of funding cuts. This research , pertaining only to Atlantic County in NJ, will determine what resources are helpful in keeping the child at home.

PURPOSE

The purpose of this study is to examine what specific therapy, if any, is most useful in keeping the family together after Intensive Family Preservation Services. After receiving counseling from IFPS, families can either be referred to outpatient therapy, another in-home based counseling which is less intensive than IFPS, or they may not be referred to any counseling.

During IFPS's intervention, the family is introduced to various skills, i.e. communication and discipline skills. These skills are useful to the family in handling any crisis, current or in the future. IFPS' s goal, at termination, is for the family to be able to implement these skills to diffuse any crisis that may erupt. The purpose of this study is to see if outpatient therapy or in-home based therapy have a greater impact on helping the families to continue using the skills compared to no therapy at all. If longer term services do make a difference, then the study will determine which therapy, outpatient or in-home, has the greatest influence on keeping the child with his/her natural parent(s).

HYPOTHESIS

A family who receives long-term therapy, whether outpatient or in-home, will have a higher success rate of keeping the "at-risk" child at home than those families who receive no therapy after IFPS. However, families who receive in-home based counseling after IFPS, will have a greater chance of keeping the child with the biological parent(s) compare to families who receive only outpatient therapy.

Families with long-term therapy seem to continue using the skills taught during the IFPS intervention on a daily basis which reduces the chance of a crisis escalating to the point where the child needs to be removed. It appears the on going counselor is able to

offer the family emotional support that some, if not all, families seem to lack in their on personal life. In-home counselors seem to have a larger impact on the family than an outpatient counselor. This is because families are more apt to be themselves at home than in an office. Also the counselor is able to be at the home when a crisis may erupt and is able to reinforce the skills in a more natural setting.

THEORY

The term "family preservation" was coined in the early 1980's and is used generically to mean keeping families together and specifically to refer to a variety of programs intended to strengthen families in crisis and reduce the unnecessary removal of children from troubled families. Within a broad variety of family preservation programs, intensive family preservation service(IFPS) refers to a specific model based on the best known and most replicated of these programs: Homebuilders.

The roots of intensive family preservation began in 1974 in Tacoma, Washington, when two psychologists, Jill Kinney and David Haapala, were seeking federal funds to train and support foster care families. A federal government official challenged them to move back a step and focus on in-home services to prevent placement. They decided to give it a try. They had no preconceived notions of how to keep families together, but did have an idea of what children needed. To their own surprise, if not the government official's, they found that working within the family was successful. They named their program Homebuilders. Over 20 years, the founders and staff of Homebuilder developed, refined, and tested the essential elements of intensive family preservation services.

IFPS is a model of short-term (four to six weeks) home-based service designed to provide individualized and immediate assistance to families when a child is about to be taken from the home and placed in foster care or a juvenile justice or psychiatric facility. In social service terminology, the child is at "imminent risk" of removal. Building on the crisis created by this imminent placement, IFPS encourages rapid change in family

interactions. The goal is to preserve the family, while ensuring the safety of children and helping the family learn new skills to stay together successfully.

Central to the philosophy of IFPS is the belief that all children need stable and permanent families and that whenever possible, this family should be their birth family. The child, the family, and community all benefit when problems can be solved within the context of the family, rather than by taking children away. The program is premised on the belief that all families have strengths and that parents want to provide a healthy, nurturing environment for their children. Many families in trouble, even those with serious problems, can change and often want to do so on behalf of their children.

Instead of being daunted by what might seem to be the overwhelming problems of families, IFPS programs view crises as an opportunity for families to learn new skills. These skills will also enable them to better cope with stressful situations in the future.

The program gives families the chance to learn new behaviors and helps them make better choices for their children. Caseworkers respect families' values and beliefs, treat parents as colleagues and clients, and build on their strengths. Such collaboration can produce more far-reaching and lasting change than concentrating on weakness or pathologies. Families who previously have had an adversarial relationship with the child welfare system, as some IFPS families have, view this respect as an added impetus to change.

There are three major theoretical foundations for IFPS:

1. *Family Systems of Family Ecology Theory*. IFPS movement's emphasis on regarding the family unit as its client rather than individual members. This emphasis is variously phrased as an ecological approach or as family-center approach. Although some of the literature tries to draw a distinction between family systems and family ecology theories,

IFPS believe that such distinctions are minor. This set of intellectual roots undergirds dealing with all family member, not just those who may be at the center of the family's problems and supports the practice of in-home service delivery. It also provides the rationale for "hard" service because the family has to deal effectively with its environments(Rossi, 1991).

2. *Social Learning Theory*: This intellectual strain asserts that behavior in family contexts is learned behavior, sustained by patterns of interaction. It also states that behavior can be modified by didactic approaches, including mentoring, role modeling, and direct instruction. Social learning theory provides the rationale for case workers' attempts to teach clients how to handle their emotions(Rossi, 1991).

3. *Crisis Theory*: Here the central idea is that it is in crisis circumstance that clients may be more open to behavioral change. Hence the emphasis on "quick start"-entering upon treatment as soon as possible while the crisis that led a family into the hands of a child protective agency is still going on. Crisis theory also provides the rationale for short duration of treatment, because crises do not last long(Rossi, 1991).

IFPS caseworkers listen a great deal to parents and children, provide emergency aid, teach parenting skills and appropriate modes of handling anger, rage and interpersonal disagreements, provide emergency financial aid, and help connect families with medical care and welfare agencies. How much a worker's effort typically go into each of these therapeutic activities is not obvious. What is obvious, however, is that this is a tailored approach that involves a mix of approaches that varies with each family and its presenting symptoms.

IFPS embodies several specific characteristics, which are listed below:

Availability of the family worker 24 hours a day, seven days a week- Family crises do not conveniently take place between 9 and 5. Thus, IFPS workers are on call every day, around the clock, to enable them to respond when both the family's need and opportunity to learn are the greatest.

Working with families in their homes-Intensive family preservation services are home-based, and meetings take place on a frequent, often daily, basis. Workers in the home are able to learn more about family dynamics than they would likely learn in the confines of an office building. Their assistance is thus more relevant to the families actual situation.

Small caseloads-Each caseworker generally works with only two families at a time and is able to give concentrated attention to each case. Thus, workers are able to give families the support they need; as a result, they have a sense of satisfaction that is often absent among more traditional child welfare caseworkers.

Short-term intensive services-Intensive family preservation workers limit their involvement with a family from to four to six weeks. They may spend up to 20 hours a week with each family member, thus providing as many total hours of service as a more traditional approach would provide over the course of a year or more. This intensity not only helps assure safety, it also concentrates a family's learning into a brief period of high energy when both the family and worker can give their best efforts.

Treating each family as a unit, rather than focusing solely on the problems of an individual family member-Change in any aspect of family interaction affects the whole pattern, so a limited but specific change by one family member can have a far reaching

impact on the behavior of other members. Too many services miss the "whole" only focusing on the needs of an individual child or other family member.

Meeting the family's goals-Unlike many traditional preventive services, IFPS helps families help themselves by asking them to articulate their own goals and by strengthening their ability to find and use community resources. Families are more likely to buy into the change process when they help set the agenda, rather than being told by an outsider what they must do.

Services tailored to each family's needs-While the elements and values of intensive family preservation as discussed here are essential in all cases, the specific techniques and service are highly varied and depend on the unique strengths and needs of each family.

Referral to follow-up services-Because many families continue to need support after IFPS is terminated, workers help families connect with other, ongoing services. These less intensive services range from informal supports, such as self-help groups or religious organizations, to more professional services, such as family therapy, substance abuse treatment, or job training programs.

Focus on specific issues-IFPS workers concentrate on the most serious issues that threaten to break up the family. The goal is to attain an acceptable level of safety and stability and to start the family on a solid path of improved behavior. Ideally, newly learned skills and improved self-worth give family members hope and will help them address other issues such as employment or education as they arise.

IFPS began as a pilot project. It now has a national presence as critical component of the continuum of family services. Its values and techniques are helping to spur wider

systemic reform necessary to create human services that truly respond to the diverse needs of families before, during, and after crises.

DEFINITIONS

IFPS: a short-term in-home based program that provides crisis intervention to families to prevent the placement of a child.

IMMINENT RISK: the child is going to be removed from the house and placed in another facility within a few days if IFPS is not involved.

IN-HOME BASED THERAPY: the counselor provides therapy in the client's home revolving around the specific problems within the house.

HARD SERVICES: concrete services such as obtaining food, income, housing, utilities, etc. for the client.

ASSUMPTIONS

Some children may be removed because of safety issues, such as, the parent continues being abusive and/or neglectful.

Some children will get into legal trouble and may be placed by the court system. Parents may have used the skills taught, but the influence of peers on the child is far too great, for example, a child that is involve in a gang. The youth is looking for something he/she is not receiving at home. Even though the family is using the skills, they may be lacking in other areas; therefore, the child will continue associating with delinquent juveniles and run the risk of getting into trouble and ending up in detention.

Different therapists may have a different impact on the family some encouraging the skills more than others. It was impossible to get all the subjects that were treated with the same therapist.

LIMITATIONS

These results are limited to only families that reside in Atlantic County. IFPS programs exist throughout various counties and states. This study was only perform on families that were in crisis in Atlantic County.

OVERVIEW

This research will suggest how long term therapy will enhance the chances of a family staying intact after IFPS services. Important information regarding IFPS's placement outcomes and the effects of counseling will be reviewed in Chapter 2. In Chapter 3, the researcher will discuss the design of the experiment. This will include a description of the sample, operational measures, testable hypothesis, design, and analysis. The analysis of results will be discussed in chapter 4. Finally the conclusion and summary will be review in Chapter 5.

CHAPTER 2

Intensive Family Preservation services (IFPS) has emerged as one of the leading placement preventive programs in the field of Family Based services. Many evaluations of IFPS have reported positive placement outcomes, but some results have been mixed. Difference in treatment groups, i.e. neglectful families, abusive families, or juvenile delinquent families or after-care services may be the cause for those mixed results. The IFPS is a model that is designed to prevent unnecessary placement of children out of their home while at the same time ensuring their safety. This goal is achieved by providing the family with intensive therapeutic and support services that are individualized according to each family's needs.

There are two main reasons why a family may be at risk of losing a child to the state and why they may be referred to Family Preservation. One reason is a parent(s) is accused of abusing and neglecting their child(ren) or because the juvenile is displaying delinquent behavior and is involved with the court system. A child who is being physically abused, exploited, sexually abused, neglected, or abandoned can be removed into state custody and under certain aggravated conditions, parental rights terminated. In addition, children whose behavior poses a threat to themselves or others who repeatedly disobey their parents may also be taken into custody. Placements may range from foster homes, residential, or even adoption. The end purpose of IFPS in cases of abuse and neglect is to prevent further injury to the child and to place the child in an environment that is safe and at a reasonable level of living. In cases where the child is a danger to others or is

chronically disobedient, the aim is to lower the risk of danger to others and/or to restore parental authority(Rossi, 1991). In juvenile delinquent cases, the court may order the child to be placed in "training schools", detention center, or other "corrective" facilities without IFPS intervention. The goal in these particular cases is to keep the child at home, but also to reduce the number of contacts with the courts.

The remainder of the chapter critically reviews contemporary literature regarding the success rates of the intensive family preservation service programs. Some studies generally conclude that IFPS is very successful in placement prevention, however, as Wells and Biegel pointed out "it is still very hard to determine to what extent to which the program services are effective"(Bath & Haapala, 1993). There are some discrepancies in the methods of testing the effectiveness. These studies will be discussed later in the reviews, however, studies that show the positive factors of IFPS will be examined first. Initial sections discuss the importance of support networks, cultural diversity among the clients, and the impact of socioeconomic status of the families. The review concludes with summary and critique of existing literature followed by a discussion of the specific research questions and hypothesis suggested by the review and examined in this thesis.

SUPPORT NETWORKS

Family Preservation Services provide concrete and clinical services to the families designed to diffuse crisis situations, help maintain family functioning and to help to ensure the safety of the child(ren). The program works from a strengths perspective and include the use of extended family community and neighborhood resources. The involvement of these resources is designed to build a strong support system to help the family maintain change and handle future crises that may arise.

Various studies show social support can positively influence parental attitudes, parent-child interaction, and the child's behavior. It is believed social and community resources play a significant role in intervention success and maintenance of that success.

Boysville of Michigan, the states largest youth serving agency, along with the Behavior Sciences Institute(Homebuilders) of Federal Way of Washington produced a social network map that assesses structural network characteristics, support resources, and challenges for primary caregivers in families judged at imminent risk of out-of-home placement(Tracy & Whitaker, 1990). The research project was also to learn more about social network map and the effects of it in a clinical setting. There were various groups of people that constituted the social map. These groups included extended families(29.9%), household(21.8%), friends(21%), work/school(6%), professional service providers(8.8%), neighbors(6%), organization(4.4%), and others(2.2%). Besides examining types of support systems, three types of support were perceived- concrete assistance, emotional support, and information or advice as being available from network families(Tracy & Whitaker, 1994). On average, nearly all respondents reported at least one supportive person almost always available to them in at least in one of the three areas.

Gathering of the social network data gave the workers a chance to engage with the family and enable them to learn of the resources the family can tap into for help in maintaining the child's safety and offering support for the parents. Reinforcing the family to rely on these support networks when things become out of hand will help the family reach their overall goals and maintain their success in the intervention. Developing a network map seems to be a key tool during the intervention. Clients were able to see they may need to change their support network. For example, if friends were drug users, then the contact with these people would undermine his/her recovery. With the help of the map, clients are able to enlist new resources or reconnect with previously lost supports.

The idea behind IFPS is empowering the clients. One way they can show some control in their life is by choosing their support resources and hopefully this little bit of control will flow over into other areas of their lives.

POVERTY

Child abuse and neglect occurs across the socioeconomic spectrum, but there is a strong correlation between poverty and child maltreatment. Two national surveys of family violence found "violence toward children, especially severe violence, is more likely to occur in households with annual incomes below the poverty line(Gelles, 1992). However, according to Dore, it is not only the lack of finances that result in child abuse, but a number of other factors need to be explored. First of all, single parents, mostly single minority mothers are among the leading perpetrators. In 1990, for black female-headed households, the overall poverty rate was 64.8%(Dore, 1993). Several other studies, i.e. Nelson and Landsman(1991), Pecora, Fraser & Haapala(1991), and Berry(1991) reported that most of the families involved with IFPS had incomes below the poverty level. Income level seems to play a significant role in whether a child is removed from the home.

Another frequently identified correlation of child abuse and neglect is low educational attainment of maltreating parents. Low educational attainment is associated with difficulties in abstract reasoning, problem solving, and flexibility in understanding and managing children's behavior, all of which are identified characteristics of maltreating parents(Dore, 1993).

There is also a high correlation between poverty and mental illness. A research done by the Epidemiologic Catchment Area(ECA) program, used the Diagnostic interview Schedule(DIS), a semi-structured interview that assigns psychiatric diagnosis consistent with the DSM, was performed to examine the prevalence and incidence of major

psychiatric disorders in five U.S. states. The research confirmed that individuals meeting federal poverty lines were at the greatest risk of mental health disorders. Parents that exhibit such disorders also may not have the necessary abstract thinking skills that were described(Dore, 1993).

As stated before, there is a strong correlation between poverty and child maltreatment, but one must not forget the other factors combined with poverty will enhance the chance of abuse and/or neglect.

Family Preservation programs provide a number of services to the families which range from teaching problem solving techniques, to alternative disciplinary methods, to assisting families in obtaining concrete services. It is suggested that a therapeutic relationship between client and therapist will be stronger if the therapist is able to provide concrete services. "Mothers who have been helped with concrete services with genuine caring and concern are able to move beyond dependency on services to renewed psychological growth"(Dore, 1993).

Fraser, Pecora and Haapala conducted research in Washington State and Utah to identify correlation of treatment failure with families who are characterized as being poor, depressed, and maltreating. The correlation was high which suggest current family preservation programs are unlikely to succeed with families whose characteristic typify depression, maltreating families living in poverty. Fraser, Pecora, and Haapala note, "families at the highest levels of risk appear to be the most difficult to recruit and retain in treatment"(Dore, 1993).

CULTURAL DIVERSITY

Many of IFPS's clients are ethnic minorities who have been treated by the system very differently.

Current treatment of minority children continues to reflect racial

bias. The system responds more slowly to crises in minority families; such families have less access to support services such as day care and homemaker services; black and Hispanic children receive less comprehensive service plans and parents of color have been viewed as less able to profit from support services(Hogan & Stu, 1988).

The differences in treatment include a higher frequency and longer length of stay in out-of-home placements, fewer written service plans, fewer service goals or reunification and/or family strengthening, fewer overall services, and less contact with child welfare workers. Many traditional child welfare workers have a preconceived way of how families should look and behave in terms of life styles, beliefs, and values. However because of so many ethnic minority families involved in the system, workers must adopt a new approach that utilizes the strengths of families and one that practices cultural competency. IFPS provides a program with this type of approach. It does not guarantee cultural competency from all workers, but it does help guard against racial and prejudice acts, which reduce the risk of unnecessary placements(Ronnau & Marlow, 1993).

It is said people of all ages can best develop and their lives will be enhanced, with few exceptions, by remaining with their family or relying on their family as an important resource. This value reflects a primary emphasis of the family preservation approach. Hartman comments on the family's role as a fundamental resource. "Practitioners have learned over the years that the family is the major source of problem-solving and mental health counseling, vastly preferred for advice and help in times of stress and crisis"(Ronnau & Marlow, 1993). IFPS carefully examines any decisions pertaining to the possibility of separating family members. Many minority families are connected and embedded in their cultural groups and any separation could cause severe damage.

PREVIOUS STUDIES

The remainder of this section will review some specific evaluations of family preservation programs. There are three critical evaluations which took place in New Jersey, New York, and California. All were performed on experimental and control groups but with different assessments at different time intervals post treatment. The majority of referrals ranged from abuse and neglect to behavioral problems and mental health. Each state had very different, but similar outcomes.

The major source of referrals in New Jersey were abuse and neglect with the most common complaint being "out of control behavior". Ninety-six families were in the experimental group and eighty-seven in the control group. There was a difference in placement up to nine months post termination. Experimental groups experienced less placements and the family was functioning at a expected level of success while the child's safety was being ensured. Even though these differences favor greater outcomes, the differences are small between the groups(Rossi, 1990).

The California experiment also was based on child abuse and neglect referrals, however there were some difficulties with the criterion "imminent risk" of placement. Most of the families were offered after-care services whether in-home based or on an outpatient basis. The services usually lasted three months after termination with an average of twenty hours of additional therapy. However, even with the ongoing services, there was little difference in placement outcomes. The study reported 25% of the experimental families experienced out-of-home placement where as the control group experienced 20% after eight months post termination. There was no statistically significant difference in placement outcomes, but the experimental group did spend less time in placement and were placed later after IFPS terminated with the family(Rossi, 1990).

The majority of referrals in the New York experiment were for behavioral problems and mental health. Families in the experiment were followed for a period of five years. There were significant difference between the experimental and control groups. Experimental families only had a 24% placement outcome which occurred 20 months post treatment where as the control families experienced a 46% out-of-home placement that took place within 11 months after termination. This study shows positive effects that are for a significant period of time.

SUMMARY AND CRITIQUE

There appears to be a lot of research regarding the success rate of Intensive Family Preservation Services. In the three evaluations (NY, NJ, and Calif), the findings suggest that IFPS has a high success rate in preventing unnecessary out-of-home placements. However there are some questions pertaining to the methods of the experiments. The NJ and Calif. studies were limited in their findings due to methodological problems such as a small sample size and the difficulty in tracking families over times whereas the NY study tracked the clients for a time span consisting of five years. Also there are questions regarding the criterion "imminent risk". It is questionable as to whether the control groups had a child that was really at risk of placement or was already going to be placed. Another weakness in the evaluations is they treat the children and their families as if their problems are all the same. None of the studies had a homogeneous group of adolescents. Also these studies brought up the idea if IFPS should be considered a success by only placement outcomes or should the family's level of functioning also be considered. By looking at other studies, it appears they have similar findings.

IFPS has a more positive influence on certain groups of clients than other social services and is able to offer certain services that will enhance the client/therapist relationship. According to Dore(1993), families who have received concrete services are

more likely to stay in treatment longer. IFPS programs are able to provide these concrete services. By looking at the existing studies, it appears more research is needed with stricter guidelines regarding control groups and nuisance variables and the success of the program needs to be redefined so it doesn't necessarily mean only placement outcomes.

IFPS is a program that is based on brief therapy. It's belief is that short term therapy helps the family to focus on making necessary adjustments and minimizes client dependency. Kinney's research suggests longer interventions do not necessarily enhance the probability of success. However other social service models suggest a longer intervention may be more beneficial of neglectful parents. Gauding and colleagues(1990-1991) revealed that a minimum of nine months was needed to change, where as Daro(1988) suggest that 13-18 months was the optimal period. Other studies (Bath & Haapala, 1993) have suggest that "follow-up visits" or referrals to longer term services enhance the probability of the family using the coping skills introduced during the intervention, thus preventing placement. This study will examine which referrals for longer term services will enhance the chances of the child remaining at home.

CHAPTER 3

DESIGN

In this study, the researcher will be using a between-subjects approach. A correlational design will be used, in which families will be assigned to no therapy, outpatient therapy, or intensive in-home therapy to investigate which treatment is more successful in keeping the family intact after Intensive Family Preservation Services(IFPS). A chi square will be used to analyze the data.

SUBJECTS

Families who were referred to Intensive Family Preservation Services from the Atlantic County Division of Youth and Family Services(DYFS) and Family Crisis Intervention Unit(FCIU) and were served in the period 1994 to 1995 are used in the analysis. The families were referred because the child's behavior was "out of control". Both the agency and parents were requesting placement before IFPS became involved.

Children in the sample range in age from 12 years to 16 years. Gender information was given for each case and indicated that 66.66% were female and 33.34% were male. Children's ethnicity varied as follows: Caucasians - 53.34%; Black - 30%; Hispanic -

10%. Another 6.67% were described as "other" or as having a mixed racial background. Socioeconomic status of each family was reported with 50% classified as lower class; 40% working class, and 10% middle class. Out of these families 43.34% were single parent headed households.

The total number of subjects were sixty families with at least one child at "imminent risk" of being placed out of the home. Each family received counseling from IFPS and then 20 families received no aftercare services; 20 families received outpatient services; and 20 families received intensive in-home counseling.

INDEPENDENT VARIABLES

The independent variable is the type of program consisting of three levels. Subjects will either received no aftercare services, outpatient counseling, or another in-home based program after IFPS. Families receiving no aftercare services were ones that felt they didn't need any more services. They made a lot of progress during IFPS's intervention and were using the skills on a daily basis, and had enough people in their support network. Subjects who were referred to outpatient counseling are families who made moderate success during the intervention, but still needed support in using the skills. They felt comfortable enough to go on a day to day basis by themselves, but still wanted some contact on a weekly or bi-weekly basis. The role of the outpatient therapist is to support the family when a crisis may erupt. Families who received the in-home program are ones that made very little progress and needed the emotional support on a daily basis. These families are ones that usually have a crisis everyday or every other day and have very little or no support network at all. It would be most beneficial if all the families could be referred to another in-home program considering the fact they were involved with such an intensive in-home program, but unfortunately the funding is not there to serve all the families. The idea is, however, that all families are using the skills on a daily basis to help diffuse any

crises that may erupt. This study is to examine if any services are able to encourage the families to continue implementing these skills on a daily basis which will help the family remain in tact by coping with the stress in appropriate ways.

MEASURES

The outcome measure is placement status(child in out-of-home placement or not in placement) at 6 months postintake. Any official, publicly-funded placement during the 6 month period is counted(including receiving foster care, group homes, and mental health inpatient care), but unpaid relative or friend placements or runaway episodes are not included in the assessment method. Placement data is obtained from the initial therapist and then recorded at Atlantic County IFPS in a computerized system.

PROCEDURE

The subjects were involved with IFPS for 4-6 weeks. During the intervention, families worked on goal they identified. Examples of these goals are more effective communication skills, compliance with household rules, anger management, or to improve school behavior. The family is introduced to various skills enabling them to reach a satisfactory level of success in their goals. These skills are based on the Homebuilders Model and are taught to each family. Once the family has completed the program, the therapist may or may not refer the family to a specific aftercare service, outpatient or in-home counseling, depending on the success accomplished during the intervention and the degree of intensity of other services needed to help the family maintain their success. Subjects who were involved with outpatient services received one hour of counseling on a bi-weekly basis. Subjects who were involved with in-home counseling received three hours of counseling on a weekly basis.

Six months post termination, the therapist followed up with each of the sixty families to see if the child who was characterized as being "at risk" in the beginning of the intervention was still at home or placed in community services at any point during the past six months. The follow up are performed either by phones calls to the families or by home visits. If the child is still at home, then the case is consider a success.

CHAPTER 4

It was hypothesized that families who have received intensive in-home counseling will have a greater chance of the "at-risk" child remaining at home, compared to those families who have received outpatient services or no services at all. Chart 4.1 shows the numbers and percentages of placed children in each of the three aftercare services. As expected, the intensive in-home aftercare service had fewer children placed at the six month period.

A chi square test was performed on the data. The critical value for $df(2)$ is 5.99 at a .05 alpha level. A value of 6.961 was obtained, therefore rejecting the null hypothesis which states there is no difference between aftercare services.

There was a significant difference between the placement outcomes among the socioeconomic groups. Chart 4.2 shows the percentages of youths placed and not placed in each socioeconomic status. As expected, families described as having a low SES had a greater percentage(66.66%) of children placed, whereas the working class had 37.5% placed and the middle class had 50% placed.

Chart 4.3 summarizes the results regarding gender. 69.6% of males were placed compared to the 43.2% of females. There was no difference in placements among ethnic groups as shown in Chart 4.4. Percentages of placement for different ethnicities are as follows: African Americans - 55.55%; Caucasians - 53.13%; Hispanics - 50%; and others - 50%.

It appears the two factors that influenced removal of a child from the home are what services the family was referred to after IFPS intervention and the SES of the family.

Chart 4.1
Outcome Placements by Services

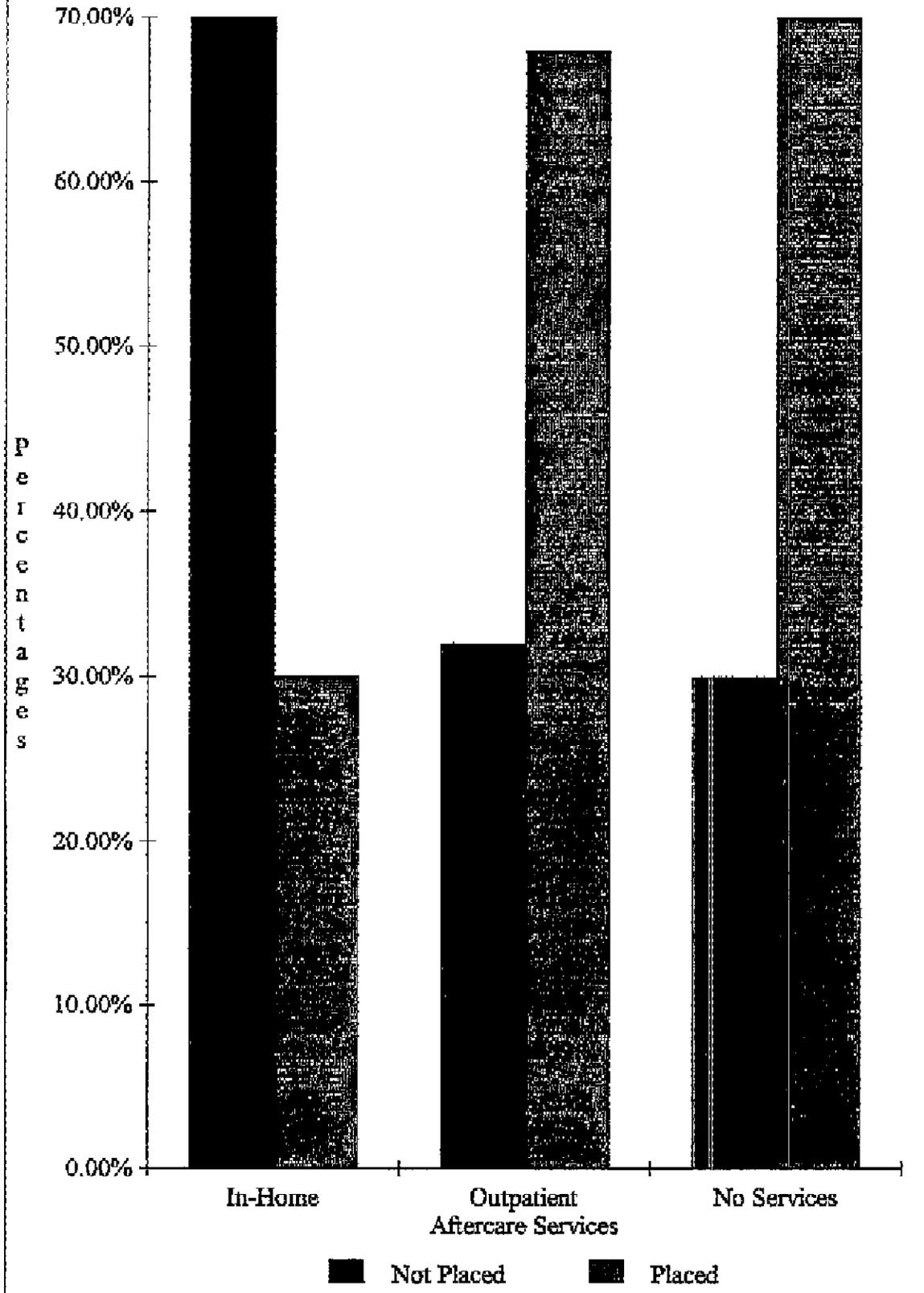


Chart 4.2
Placement outcomes for SES

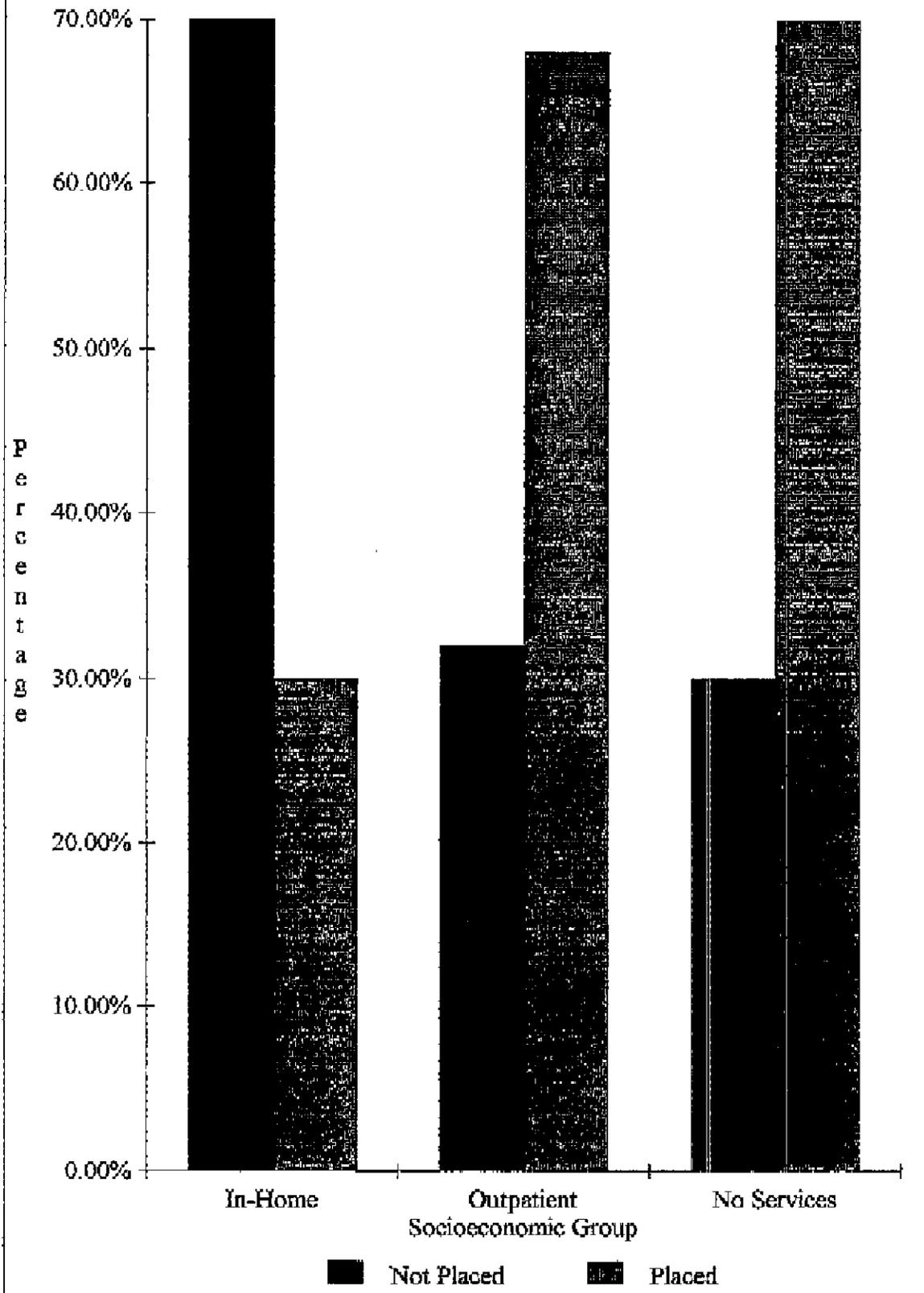


Chart 4.3
Outcome Placements grouped by Gender

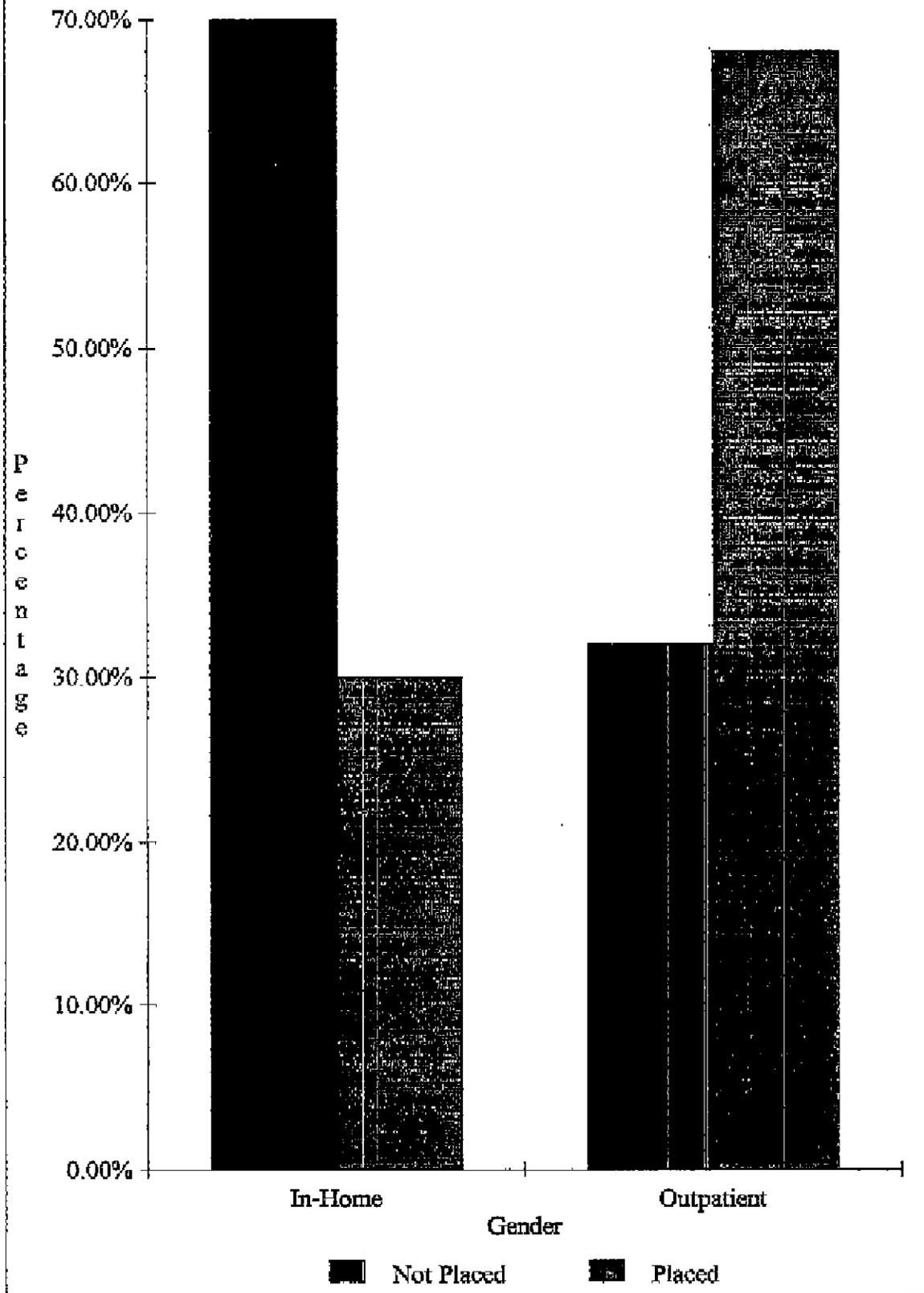
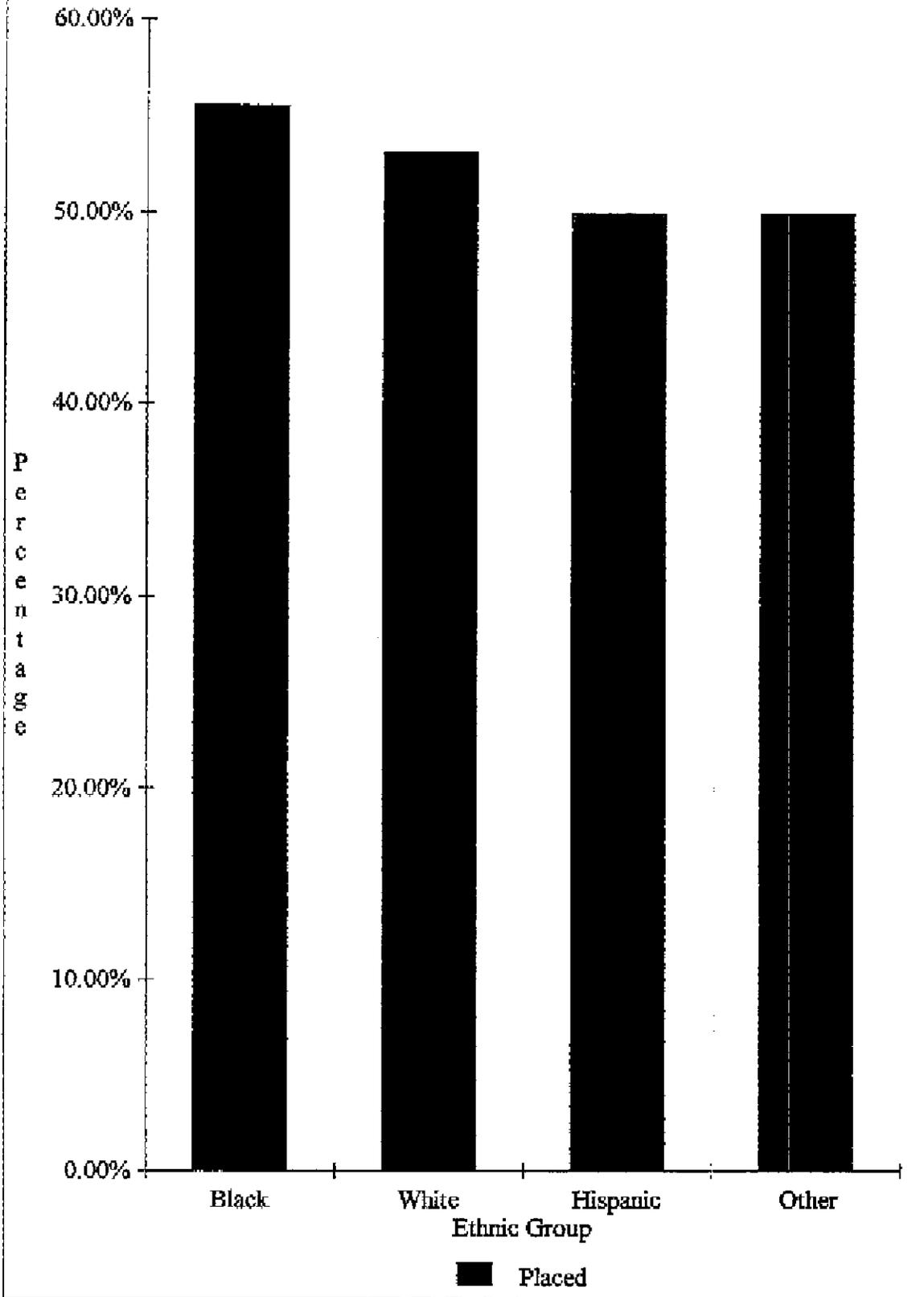


Chart 4.4
Placement Outcomes by Ethnicity



CHAPTER 5

SUMMARY

This research reports placement outcomes at 6 months post intervention for a sample of families enrolled in a family preservation program. Sixty families participated in the study with 20 receiving no aftercare services, 20 receiving outpatient therapy for the sole follow up service, and 20 receiving another intensive in-home based counseling. It is expected the families who were involved with the in-home therapy program will have a greater chance of keeping the family intact and fewer children placed in the community.

As stated before, sixty families with at least one child who is at risk of being placed in the community, participated in the family preservation program. During the intervention, families were introduced to several skills (communication and discipline skills) that would enable them to diffuse any crises that may arise due to parent/child conflict. After the families successfully completed the intervention, they were refer to one of the three aftercare services.

Families who were involved with the intensive in-home therapy had more children who remained with their biological parents and fewer children placed by the courts, DYFS, or family crisis within a six month period. It seems in-home therapy has a larger impact on a family than outpatient counseling. The in-home therapist is able to provide the necessary emotional support that some, if not all, families seem to lack. They are also able to

reinforce the use of the skills in a more natural setting and can be present when a crisis may erupt.

Clients who received no services had a greater number of children placed in the community. This suggests families who are referred to IFPS are able to begin to change in 4 to 6 weeks, but still need long term therapy to maintain the success accomplished during the short term intervention.

CONCLUSION

As expected, families who received intensive in-home therapy had fewer children placed at a six month interval. The in-home counselor is able to reinforce the use of the skills introduced during the intervention in a more natural setting. Research has shown that at times, people do not express their true selves during an outpatient therapy session, thus preventing accurate treatment. When a therapist is in the client's home for a long period of time, it is very hard for the client to continue with a facade. The in-home counselor has a better chance performing therapy revolving around the crucial issues that would lead a child into placement.

In-home therapist are also able to provide emotional support that most families lack. They are able to see how families exactly live and understand their problems. the therapist is able to demonstrate empathy which increases the chance of rapport building. The better the rapport with the client, the more probability the therapist will be able to motivate the client to change.

Families who were referred to IFPS were in a crisis and had exhausted less intensive services, therefore requiring a home based program. It is sensible to refer families to another in-home program to continue treatment since they are familiar with the format. Families in crisis are able to begin to change in 4 to 6 weeks, but need long term therapy to continue changing and making success.

DISCUSSION

The present study suggests families need on-going, crisis based support services to help maintain their success achieved during the Family Preservation intervention. Some research (Gaudin & colleagues, 1990-1991) found that a "minimum of nine months" was needed to effect change while others (Daro, 1988) found that 13-18 months was the needed timeframe (Bath & Haapala, 1993). The study supports such ideas. It was found that the families who received long term therapy had fewer children removed from the home and had better success rates at six months post intervention.

Child abuse and neglect occurs across the socioeconomic spectrum, but there is a strong correlation between poverty and child maltreatment. Current research has found "violence toward children, especially severe violence, is more likely to occur in households with annual incomes below the poverty lines" (Gelles, 1992). A majority of the families referred to Intensive Family Preservation Services (IFPS) had incomes below the poverty line. Research states income level plays a significant role in whether a child is removed from the home. The study reinforces this statement. By looking at the results, it can be concluded most of the children who were placed came from families who were characterized as low incomes.

Fraser, Pecora, and Haapala conducted research in Washington State and Utah and concluded current family preservation programs were unlikely to succeed with families living in poverty. "Families at the highest levels of risk appear to be the most difficult to recruit and retain in treatment" (Dore, 1993).

By looking at the results, it appears IFPS is successful with all ethnicities. Between 50 and 55% of children were placed in each ethnic group. Unfortunately with other social services, differences in treatment exist among various cultures. Differences include fewer written service plans, fewer service goals, and less contact with child welfare workers.

Recent research suggest workers must adopt a new approach that practices cultural competency. This study supports this idea. Family Preservation programs help guard against racial and prejudice acts, which reduce the number of unnecessary placements. The number of removals form the home is practically equal across the ethnic spectrum.

IMPLICATION FOR FUTURE RESEARCH

Intensive Family Preservation Programs measure success by placement outcomes only. Unfortunately in some cases, it is more beneficial for the child to be removed due to the extensive abuse occurring in the home and/or the lack of motivation to change by the parent. Future research needs to take these circumstances into consideration when determining if a case is successful.

During IFPS's intervention with a family, specific behavioral goals are developed hoping to be achieved by the end of the program. When follow-ups are completed, the only information requested is the child's living situation. It is possible the child may still reside at home, but the family is experiencing one crisis after another and is in constant contact with emergency social services. IFPS will still consider the case a success just because the child is still at home. In the future, IFPS may want to scale the goals during the follow up sessions and determine if the case is a success by how the family is functioning and performing at the goals. Also this research should pertain to all the counties in New Jersey and not just Atlantic County.

Family Preservation Services is a program that provides individual and family therapy to families who are characterized as having at least one child "at imminent risk" of being placed in the community. It is believed that it is less expensive for a family to received therapy through IFPS, then to pay for a child to go into placement. In New Jersey, IFPS must report the number of children remaining at home at termination, 1 month, 3 months, and 6 months post intake. The state would like to see at least 70% of children still with

their biological parents at 6 months. This research measures the success of three aftercare programs in keeping the family intact. An intensive in-home therapy based program is more successful in keeping the child with his/her biological parents and resolving issues that could lead into placement.

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