Pathways to family preservation services

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PATHWAYS TO FAMILY PRESERVATION SERVICES

By

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A thesis submitted in partial fulfillment
of the requirements for the

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Pathways to Family Preservation Services

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ABSTRACT

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The study examines the socio-demographics of families participating in Las Vegas, Nevada’s Intensive Family Preservation Program, the crisis precipitators that these families experience, and the services that were directed at the identified crisis precipitators. A qualitative research design was utilized in the analysis of 15 case files. Majority of the families experienced the following crisis precipitators: problems in parenting, children’s behavioral and emotional problems, financial problems, substance abuse, and parent’s emotional problems. The data suggested that family preservation workers are providing services to address the identified precipitators. The conclusions of this study indicate that intensive family preservation programs could be expanded to serve a larger population of families. Primary prevention programs could be developed to address the identified precipitators. Currently, family preservation programs focus primarily on secondary and tertiary prevention.
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CHAPTER 1

INTRODUCTION

Overview

Most families provide a safe and nurturing environment where their children's emotional and physical needs are met. Unfortunately, not all families are able to provide this type of environment for their children. Some children are harmed physically and/or emotionally by the very people who are supposed to protect them — their parents. In 1996, an estimated 3,126,000 reports of abuse or neglect were made in the United States (Child Welfare League, 1998). The child welfare system is charged with protecting children. In some cases, placing children in an out-of-home setting is necessary when their family environment is unsafe. At the end of 1996, there was an estimated 502,000 children living in out-of-home settings (Child Welfare League, 1998). Family preservation programs were developed to prevent the unnecessary placement of children in out-of-home settings, such as, foster care.

Intensive family preservation programs. Intensive family preservation programs, also referred to as home-based services, in-home, family preservation services, family-centered services, and family-based services, have spread across the United States since the late 1970's (Bath & Haapla, 1994; McCroskey, 1997; Stehno, 1986). In 1994, there were at least 30 states with family preservation programs. In 1994, the Intensive Family Preservation National Network Directory listed 223 programs (Wells & Tracy, 1996). Despite the number of intensive family preservation programs in existence, in relation to the number of children

1
entering foster care, the number of families served by intensive family preservation programs is small (U.S. Department of Health and Human Services, Children’s Bureau, 1997).

Intensive family preservation programs have been implemented in the child welfare system, juvenile justice system, and mental health system. The child welfare system typically focuses on problems associated with abuse and neglect, whereas in the mental health and juvenile justice system the problems are associated with emotional and/or behavioral problems.

There are many variations of intensive family preservation programs. The majority of these programs share basic characteristics, such as, the family’s home is the primary site of service, the whole family is viewed as the client, services are short-term, and services include doing whatever it takes to keep a family together and prevent the out-of-home placement of children (Berry, 1992).

Crisis theory. Intensive family preservation programs vary with respect to the theoretical approaches utilized in their delivery of service. One theoretical model that is utilized by the majority of intensive family preservation programs is crisis theory (Bath & Haapla, 1994). The characteristics of crisis intervention that are utilized by these programs are: workers are available 24 hours a day, the interventions are provided quickly after the referral, and the services are short-term (Fraser, Nelson, & Rivard, 1997).

There are many definitions of crisis. What constitutes a crisis within the field of intensive family preservation services varies. Intensive family preservation constituent groups (e.g. referring agencies, families, intensive family preservation programs, and financial backers) may have different views regarding the definition of crisis. Within the field of intensive family preservation, it is assumed that families are in crisis. The majority of programs require that families referred for services meet imminent risk criteria.
Imminent risk refers to the assumption that without intensive family preservation services, a family’s children would be placed in out-of-home care (e.g. foster care).

Hoff (1994) believes that a person can go into a crisis because of a threat of “loss of anything considered essential and important” (p. 52). It can be assumed that most parents participating in intensive family preservation services would view the threat of losing their child to the child welfare system (e.g. foster care) as a crisis. For the purpose of this paper, the crisis is defined as the threat of out-of-home placement.

**Statement of Research**

This research study sought to answer the following questions: (1) What are the socio-demographic of families served by the program? (2) What crisis precipitators do families participating in Las Vegas, Nevada’s Family Preservation Program experience? (3) What services were directed at the crisis precipitators?

**Rationale.** According to crisis theory, which was the theoretical framework used in this paper, attention should be focused on the precipitating event that prompts a client’s referral to a crisis intervention agency (Golan, 1978). Unfortunately, the available information in this area is quite limited. The types of services offered by Las Vegas’ Intensive Family Preservation Program must also be identified to determine if the actual crisis precipitators are being addressed. If the precipitators are not being addressed by intensive family preservation workers, the families “problems” may remain unresolved and may re-emerge at a latter date.

It is important to examine families who participate in intensive family preservation programs because it could provide social service providers with the information necessary to develop prevention programs that target families before they reach the “imminent” phase of child removal. The Child Welfare League of America (1989) suggests “providing strength before” a family is “confronted with a crisis” (p. 11). Pecora (1994) believes that a larger number of families would benefit from the services offered by family
preservation programs if they were provided earlier. Many families are in need of services before they reach the crisis stage. Perhaps family preservation should not be a last resort, but an initial response to all maltreating families in which imminent placement is not a requirement (Wells & Tracy, 1996).

Scope. The scope of this study was narrow due to time and financial restrictions. The data used in this study was 15 of Las Vegas’ Intensive Family Preservation Program’s case files. The study examined crisis precipitators, however it did not examine the actual crisis. Workers opinions and families opinions regarding their perception or views of the “real” crisis were not illicited. The study examines the actual services directed at the identified crisis precipitators. The researcher did not examine the degree to which precipitators were matched with the appropriate levels of service.

Organization of Paper

This chapter introduces intensive family preservation services to the reader. It contains a comprehensive review of intensive family preservation literature in the child welfare arena. The primary areas of focus are its history, the characteristics of the program, its theoretical framework, research methodological problems, research findings, and directions for future research.

Chapter 2 explores the conceptual framework that guided the study — crisis theory. The areas covered are the basic tenants of crisis theory, crisis intervention, precipitating events, prevention, and its relation to intensive family preservation services. Chapter 3 outlines the methodology used in the study: research questions, design, setting, sample, data collection, validity, reliability and data analysis. Chapter 4 contains the results of the study. Chapter 5 presents the findings of the study and its implications for social work.
Child Maltreatment

Child maltreatment is not a new phenomenon. It was not until Kempe’s study in 1962 that identified 302 children in 82 hospitals who were victims of child maltreatment that serious efforts were made to protect children (as cited in Lindsey, 1996). More specifically, Kempe’s study led to the development of child abuse reporting laws (1996). Child abuse reporting laws mandate that professionals, such as, doctors, nurses, teachers, and counselors report any and all cases of suspected abuse and neglect. By 1966, every state in the nation has passed legislation regulating child abuse (1996).

Child protective services agencies are charged with investigating reports of child abuse and neglect. The national rate of children who are reported as abused and/or neglected in 1996 was 44 per 1,000 children in the population (National Clearinghouse on Child Abuse and Neglect, 1999). In 1996, child protective services investigated 2 million reports of abuse and neglect, almost 1 million of these reports were substantiated (1999).

The majority of child maltreatment cases are categorized as neglect. In 1996, 52% of all victims of child maltreatment were considered neglected, while 24% suffered physical abuse (National Clearinghouse on Child Abuse and Neglect, 1999). The Third National Incidence Study of Child Abuse and Neglect found that between 1986 and 1993: (a) child maltreatment doubled in the United States; (b) the number of abused and neglected children grew from 1.4 million to over 2.8 million; (c) the number of children who were seriously injured quadrupled from about 143,000 to 570,000 (1999).

History

Intensive Family Preservation

The U.S. has a history of removing children from families (parents) deemed incapable of adequately caring for their children. In a study conducted by Folks (1911), he documented a 1820’s policy concerning the out-of-home placement of children. The policy concerning the removal of children from their families was to remove “by force if
necessary [and place them in an out-of-home setting] more favorable for their
development" (as cited in Early & Hawkins, 1994, p. 310). During this era, placement in
an out-of-home setting was thought to be necessary to protect children from unfavorable
conditions, such as promiscuity, alcoholism, and poverty.

Intensive family preservation policy can be traced back to the 1909 White House
Conference on the Care of Dependent Children (Pelton, 1997). The Conference ruled that
children should not be removed from their home for reasons of poverty (1997). Family
preservation also has its roots in the 19th century "friendly visitor" programs instituted by
the Charity Organization Society, a philanthropic organization (Blythe, Salley, &
Jayaratne, 1994; Fraser, Nelson, & Rivard, 1997; Stehno, 1986). These visitors went to
the homes of the impoverished and provided advice on how they could become productive
members of society.

The first family-based program to be established in the twentieth century was the
Family Centered Project of St. Paul in the early 1950's (Wells & Biegel, 1989). In this
project, similar to current family preservation services, the entire family was the focus of
treatment and a comprehensive range of services were offered to families in their homes
(Schwartz & AuClaire, 1995).

Legislation

Adoption Assistance and Child Welfare Act. The Adoption Assistance and Child
Welfare Act of 1980 (P.L. 96-272) helped launch the development of intensive family
preservation programs across the nation (Bath & Haapla, 1994; Cimmarusti, 1992; Early
& Hawkins, 1994; Fraser et al., 1997; Pelton, 1997; Wells & Tracy, 1996). The
Adoption Assistance and Child Welfare Act of 1980 was compatible with society's value
concerning the importance of children growing up with their biological parents (Wells &
Tracy, 1996). Intensive family preservation programs were also promoted as a cost-
effective alternative to foster care (Berry, 1992). Advocates of intensive family
preservation claimed that children could be maintained in their homes and save the government millions of dollars on foster care.

At the time of the Adoption and Child Welfare Act's inception, the child welfare system was being criticized for placing large numbers of children in foster care without providing preventive services and without making reasonable efforts to avoid substitute care (Early & Hawkins, 1994; Schuerman et al., 1994). This federal legislation sought to prevent the unnecessary out-of-home placement of children. The Adoption Assistance and Child Welfare Act of 1980 mandated that states take "reasonable efforts" to prevent or eliminate the need for a child's placement in out-of-home care by providing appropriate services. It also required states to reunify families in a timely manner if out-of-home placement was deemed necessary (Nelson, Landsman, & Deutelmaun, 1990).

There was also a concern about the effects of the lack of permanency associated with long-term foster care. A study conducted as early as 1961 by Jeter entitled: Children, Problems and Services in Child Welfare Programs highlighted the lack of permanency associated with foster care. Jeter reported that the case plan for 64 percent of foster children was continuation in foster care (as cited in U.S. Department of Health and Human Services, Children's Bureau, 1997).

There have been several problems cited by child welfare practitioners concerning the Adoption Assistance and Child Welfare Act of 1980. One of the problems cited by these practitioners is that they believe the definition of "reasonable efforts" is too vague. Currently, the definition of reasonable efforts is left to states to decide and is interpreted in various ways. It has also been alleged that the extent of reasonable efforts depends on the availability of services (Seaberg, 1986).

**Omnibus Budget Reconciliation Act.** The expansion and the acceptance of intensive family preservation programs can also be attributed to the passage of the Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66) (Early & Hawkins, 1994; Fraser et al., 1997). The Omnibus Budget Reconciliation Act of 1993 appropriated funds to states for the...
development and/or expansion of intensive family preservation programs. The law provided a total of $930 million in capped entitlement funds for services provided 1994 through 1999. These funds allowed states without sufficient resources to develop intensive family preservation programs.

The Omnibus Budget Reconciliation Act resulted in intensive family preservation policy. The intensive family preservation Program Instruction manual authored by the Department of Health and Human Services outlined the goals of the program which were to: “promote family strength and stability, enhance parental functioning, and to protect children” (as cited in Early & Hawkins, 1994, p. 311). The program’s instruction is based on the philosophy that “supporting families is seen as the best way of promoting children’s healthy development” (p. 313).


The Adoption and Safe Families Act requires that children in foster care be placed into adoptive or permanent homes in a timely manner. The law was drafted to prevent foster care “drift,” which refers to the extended period of time some children spent in substitute care and the number of placements experienced by these children.

States are now required to document their efforts toward adoption or placement in a permanent home, if reunification is not possible or part of the case plan. Its emphasis on safety is evident in the clarification that the Act places on children’s health and safety. It requires that a child’s health and safety be a paramount concern in any decisions related to removing them from or reunifying them with their families (Pizzigati, 1998). P.L. 105-89 also outlines to states the conditions under which they should terminate parental rights. States are required to initiate termination of parental rights for every child in foster care for
15 of the most recent 22 months, unless: (a) the child is in the care of a relative, (b) the child welfare agency is able to document why parental rights should not be terminated, (c) the state has not provided family reunification services (Pizzigati, 1998).

The federal government also offers financial incentives to states if they meet the specified criteria — number of children adopted. States will be paid $4,000 for each foster child that is adopted and $6,000 for each special-needs child that is adopted. The federal government will also financially assist states, communities, and the courts reach their targets for increased numbers of adoptions or permanent placements for children in foster care.

The Adoption and Safe Families Act of 1997 requires that states not only continue to offer family preservation and support services, but also to continue to promote safe and stable families. There is criticism regarding the amount of money the federal government allocates to preventative programs, such as, intensive family preservation programs (Mannes, 1998; Pelton, 1994). The federal requirements placed on states have actually doubled with the addition of promoting safe and stable families with only a small rise in funding (1998). States are required to maintain existing intensive family preservation and support efforts and also promote adoptions with $20 million each year. It is questionable whether states are going to be able to equally support intensive family preservation and adoption services. What will become the priority considering the fact that states receive financial incentives for every child that is adopted out of foster care?

Models of Family Preservation Programs

Many variations of intensive family preservation programs exist. They share basic characteristics, but vary with respect to their theoretical orientation, target population, intensity of services, caseload size and organizational structure. The family preservation programs that Nelson and associates (1990) identified will be outlined in the following section. The three models that are characteristic of most programs are: crisis intervention, home-based, and family treatment.
Crisis Intervention Model

Crisis theory is based on the idea that when people experience high levels of stress, their coping mechanisms break down, which leaves them more open to positive or negative change (Kinney, Haapla, & Booth, 1991). The goal of intensive family preservation services from a crisis theory perspective is to resolve the crisis that brought the family to the attention of child protective services and restore them to the level of functioning before the crisis occurred (Kinney et al., 1991; Tracy, 1991; Wells, 1995). It is based on the premise that families are most open to change during periods of crisis (Nelson & Landsman, 1992). Crisis theory is the theoretical framework utilized in this paper.

The overall philosophy of service used by intensive family preservation programs has been influenced by Homebuilders, which is based on the crisis intervention model (Bath & Haapla, 1994; Pelton, 1997; Wells & Tracy, 1996). Homebuilders was developed in Tacoma, Washington in 1974 is an example of a program that uses a crisis intervention model. Homebuilders was financially endorsed by the Edna McConnel Clark Foundation (Pelton, 1997). The program was originally developed as a “super foster home.” Financial backers wanted program developers to “stick a staff member in to live with a family” before placing a foster child (Kinney et al., 1991, p. 4). However, program developers soon discovered that their delivery of service was helping families make positive changes in functioning. Homebuilder’s staff used their home-based philosophy as the mode of service for their intensive family preservation program.

The Homebuilder’s services are usually delivered in the client’s home. Home-based services are not only more convenient for clients, but they provide the workers with the opportunity to really get to know a family. Observing and interacting with a family in their own environment enables the worker to develop a “realistic” view of their home life (Child Welfare League of America, 1989). Families report that their worker seems more like a friend or family member than a social worker (Kinney et al., 1991). This is
considered positive because when a client feels comfortable, they are better able to be themselves which facilitates the development of a positive working relationship.

Kinney et al. (1991) report that working with families in their own environment allows clients to learn new skills in their most natural environment. This is considered beneficial because some clients have reported that they find it difficult to transfer the behaviors they learn in an office setting to their home environment (1991). Another benefit of home based services is that clients do not have to worry about transportation, which can act as a barrier if they do not have a vehicle or live in a rural area.

Families referred to intensive family preservation programs are typically contacted by a worker as soon as possible (Blythe et al., 1994). The Homebuilder’s Program makes contact within 24 hours. Once the case is opened most of the program’s workers are available to families 24 hours a day, 7 days a week (Berry, 1992; Fraser & Haapla, 1987; Kinney et al., 1991; Wells & Tracy, 1996). Appointments are made around the family’s schedule which allows services to fit with the family’s needs.

Intensive family preservation workers typically have a low caseload. They handle only a few families at a time (Berry, 1992). This is considered rare in social service agencies, which are known for having very large caseloads. At Homebuilders, workers serve only two families at any given time (Kinney et al., 1991). These two families are the focus of their worker’s efforts throughout the intervention process.

Services are typically offered to a family on a short term basis. Berry (1992) reported that Homebuilder’s cases usually close within a few months. Nelson & Landsman (1992) found that Homebuilder’s program serves families 30 to 45 days. Homebuilder’s philosophy regarding the brevity of service is: (a) a short time frame allows the worker and family to stay more focused on the attainment of goals, (b) it prevents worker burnout, (c) diminishes potential for dependence, and (d) the crisis which precipitated the referral is stabilized (Kinney et al., 1991).
Home-Based Model

The second family preservation model identified by Nelson, Landsman and Deuteibaum (1990) is the home-based model which began in the mid-seventies, which is also around the same time that Homebuilders began. The prototypical program was FAMILIES, which originated in Iowa. It was designed to provide an alternative to the out-of-home placement of adolescents. FAMILIES has many of the same characteristics as the crisis intervention model, but includes "longer-term interventions based on the family systems theory" (p. 8).

The families served by this program were initially served for seven months. However, in 1990, FAMILIES reported that they workers saw families an average of 4.5 months (Nelson et al., 1991). FAMILIES uses a family systems theory approach as their basis for assessment and intervention. A family systems approach places its attention on the family as a whole, and their interaction with the community. Family systems theory encourages the use of a wide variety of interventions, including genograms, reframing and paradox and behaviorally-orientated interventions such as parent training (Nelson & Landsman, 1992).

The Family Treatment Model

The final model identified by Nelson and associates (1990) is the family treatment model which is used by the Intensive Family Services program of the State of Oregon’s Children’s Services Division. The Intensive Family Services program was one of the first to use this model, which was initiated in 1980 (1990). It differs from the crisis intervention model and home-based model because of its emphasis on therapeutic interventions. This model places less emphasis on the provision of concrete and supportive services. Services are provided to families at home or in an office for a period of 90 days. The program utilizes family systems theory. Its philosophy regarding family problems is that an individual family member’s problems effect the entire family. Treatment is focused on the family as a whole.
Las Vegas' Approach

The philosophy of service utilized by Las Vegas, Nevada's Intensive Family Preservation Program is family-centered. The entire family is viewed as the client. The services provided to families include: family and individual therapy (Functional Family Therapy), education and skill building, concrete services, case management and advocacy. Services are home-based and are provided for approximately 90 days. The program also utilizes a crisis intervention model because of its emphasis on restoring families to their previous level of functioning and the brevity of services.

Types of Services

Intensive family preservation programs offer their clients a wide variety of services. The services provided are based on each individual family's needs. The provision of services is offered to the entire family rather than to individuals. One of the major concepts used by intensive family preservation programs is that their worker will do whatever it takes to keep families together and children safe (Berry, 1992; Blythe et al., 1994). The services offered are fit to a family's unique life style, circumstances, and values (Kinney et al., 1991). Typically, intensive family preservation services come in two forms: direct and concrete.

Concrete Services

Concrete services are provided to help clients meet their basic needs. Helping families meet their basic needs can enable them to reach a higher level of functioning (Kinney et al., 1991). If a family does not have enough food to eat, learning effective communication skills can be difficult and would not be very high on the priority list. Intensive family preservation programs report that they have provided families with the following types of concrete services: (a) transportation; (b) employment related services; (c) help obtaining financial assistance (e.g. SSI, TANF); (d) childcare assistance; (e) medical and legal aid; (f) helping them find affordable housing; (g) providing food, furniture, diapers, and household goods.
Berry (1992) reported that the data collected from a study of the In-Home Family Care Program (intensive family preservation program) in California indicated that families were more likely to remain together when services were concrete. The concrete services reported as helpful by clients were the provision of medical care, food and financial services. A qualitative/quantitative study conducted by Fraser & Haapla (1987) also found that concrete services plays a large role in the successful treatment of families referred for intensive family preservation services. An additional study conducted in California found that parent’s reported concrete services the most helpful intervention.

Direct Services

Direct services go beyond a family’s basic needs. Direct services include such things as skill building and family therapy. One type of therapeutic model used by intensive family preservation programs is structural family therapy. Structural family therapy involves understanding clients from a social perspective (Wells, 1995). Interventions focus on ways to alter unhealthy interactions between family members. The focus is on the family system. In order to change the family, it is believed that a therapist needs to “join” the system to change inappropriate boundaries, alignment, and power.

Intensive family preservation workers help families build skills by teaching and modeling skills. Workers often used components of social learning theory to achieve this goal. Social learning theory stresses the importance of “expectations, behavior modification, and skill development” (Nelson et al., 1990, p. 6). Families also work on interpersonal problems, communication skills, assertiveness, problem solving, and stress management if there is a need (Kinney et al., 1991). Families participating in intensive family preservation programs have reported that the simple act of sharing their problems with their worker was one of the most helpful aspects of the program (Bitonti, 1996). Intensive family preservation workers frequently refer individual family members to community social service agencies for additional services, such as, drug and alcohol rehabilitation.
Advocacy is an additional service component of intensive family preservation programs. Advocacy involves helping families meet their needs at all levels, such as, the community, state, and federal level (Child Welfare League of America, 1989). Workers do this by addressing systems that act as obstacles to the improvement of their clients needs and problems.

Establishing the Effectiveness of Intensive Family Preservation Services

The expansion of intensive family preservation programs since the enactment of the Adoption Assistance and Child Welfare Act (P.L. 96-272) has highlighted the need for information about the effectiveness of intensive family preservation programs. However, nineteen years after the enactment of P.L. 96-272 in 1980, a basic question is still being disputed: Are family preservation services effective? This question remains unanswered despite the fact that intensive family preservation programs have been extensively researched. This is an important question to examine because continued federal, state, and private foundation financial support is needed to support intensive family preservation programs.

The following section examines how intensive family preservation programs are evaluated, particularly in the area of effectiveness. The section highlights some of the positive and negative research findings of studies that examined prevention of out-of-home placement.

Prevention of Placement

Intensive family preservation’s principal outcome measure is whether children are placed in out-of-home care (e.g. foster care, residential treatment centers) after services (Blythe et al., 1994; Schuerman et al., 1991). The reason why prevention of placement is the principal measure of effectiveness is because it examines whether intensive family preservation programs are a cost-effective alternative to foster care. Other outcomes have been measured, such as, family functioning but to a lesser extent.
Intensive family preservation programs were promoted to reduce the problems associated with placing a child in out-of-home care, such as financial costs to the government and breaking up families. Advocates were excited by the initial data on the effectiveness of family preservation service because it was positive (Blythe et al., 1994; Wells & Biegel, 1992). In Fraser and associates' (1997) review of the literature, they found that studies on the effectiveness of family preservation have yielded “unequivocal” results.

There have been ethical concerns raised about whether the prevention of out-of-home placement is in the best interests of all children. MacDonald (1994) questions the wisdom of trying to strengthen and preserve families that abuse and neglect their children (as cited in Fraser et al., 1997). There is potential future risk for children who remain in the home and are not afforded the protection offered in foster care. It can be difficult for workers to balance the value of protecting children by removing them from abusive or neglectful parent and the value of keeping a family intact.

Positive results. One of the earliest studies conducted on the Homebuilder's program found that 97% of 80 families served avoided out-of-home placement three months after the intervention ended (Kinney, Madsen, Fleming, & Haapla, 1977). Later studies on Homebuilders reported a success rate at the 12 month follow up mark of 73% to 91% (Kinney et al., 1991). These studies have been criticized for methodological problems, such as, small sample sizes, lack of control groups, lack of sufficient follow-up data, and determining if the children served in the study were truly in imminent risk. Advocates of the Homebuilder's program argued that despite research criticism intensive family preservation programs offer promise because their services improve family functioning (1991).

A study conducted by Berry (1992) on the In Home Family Care Program also reported positive results. The In Home Family Care Program offers family preservation services to families whose children are at imminent risk of removal. 88% of the families
served in the study avoided placement for one year after termination of services. Additional studies conducted on the effectiveness of family preservation programs reported a 91% success rate, similar to Homebuilders (Reid, Kagan, & Schlosberg, 1988). The data collected on some intensive family preservation programs revealed that they were successful in preventing placement in 40% to 90% of the cases served (Pecora, Fraser, & Haapla, 1991). Studies of other programs have concluded that at least two-thirds of families stay intact and avoid out-of-home placement one year after their participation in services.

A study conducted by Berry (1994) on the Children's Home Society Emergency Family Care Program that provided intensive family preservation services to 367 families in San Francisco and Alameda Counties found a prevention of out-of-home placement rate of 88% one year after treatment. Success rates over the next two years was 81% in 1986 and 89% in 1987. Berry (1994) believes that these results were significant because 84% of the families served were truly in imminent risk of placement.

Advocates of intensive family preservation services point to outside problems that effect its success rates. Pecora (1994) attributes some of the difficulty that family preservation programs have had with placement prevention to the following social problems: “unemployment, shortages in affordable housing, inadequate health-care coverage, and rising rates of substance abuse” (p. 292).

Negative results. Some studies have found that intensive family preservation services reduce child placement rates, however, their effectiveness diminish over time (Feldman, 1991). Wells (1995) found that 56% of children served by family preservation services were placed within 12 months after treatment, compared to 59% of the children in the nontreatment comparison group. Wells and Biegel, (1992) on the other hand, found that placement was averted for only about half of the children who were at imminent risk of placement in the study.

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A study conducted by Feldman on the New Jersey Family Preservation Service Program, which is modeled after Homebuilders found that during the intervention period 17% of the control group experienced placement, compared to 6% of the experimental group (as cited in Schuerman et al., 1994). At the six month follow up mark, 50% of control group families and 27% of families in the experimental group experienced at least one placement. After one year, 57% of families in the control group and 43% of families in the experimental group had experienced placement. The results from this study indicate that the program delayed placement but its effects diminish over time (Schuerman et al., 1994).

Wells & Tracy (1996) believe that "sufficient knowledge has accumulated to warrant reconsidering the use of intensive family preservation programs" (p. 669). They argue that research findings suggest that short term social service programs, such as family preservation, have shown limited success in prevention of placement. An experimental study conducted by Schuerman and associates (1994) over a two year period on the Family First Program involving almost 1,600 families, uncovered little evidence that the program resulted in lower placement rates.

**Family Functioning**

Outcome research conducted on social service agencies is important because it determines if the services provided have a beneficial effect on the families being served. What types of outcome criteria should be addressed in this area? Researchers contend that family functioning is an important outcome measure that has not been fully explored by intensive family preservation researchers (Berry, 1992). Blythe et al. (1994) found that 6 of the 12 studies they examined measured family functioning in some manner.

One study that focused on the impact of intensive family preservation services on the functioning of families and children was conducted by McCroskey & Meezan (1997). Data was collected over a period of 15 months from two different family preservation agencies in Southern California. A multiple informant approach was used in this study.
Instruments were administered to parents, teachers, caseworkers and observers to assess the participant's level of functioning. This approach also provided all members involved the opportunity to share their experiences and points of view. The findings suggest that improvements in family functioning in members of the service group were significant.

Cost Effectiveness

The cost-effectiveness of intensive family preservation services has also been studied. The studies assumed that all the children would have been placed without treatment (Wells & Biegel, 1989). Few controlled studies have measured the cost of services between control and experimental groups (Schuerman et al., 1994). In a study conducted by Wood, Barton, & Schroeder (1988), they found that the cost of 4 to 6 weeks of family preservation services for 26 families, including the cost of placements that occurred in some of the cases totaled $124,783, compared with $176,015 in placement costs for 24 cases in the comparison group.

Evaluation Challenges

Methodological Problems

The methodological problems associated with intensive family preservation research has generated an air of skepticism regarding its alleged effectiveness. The positive finding are considered impressive, but not significant because of the lack of control groups used in the studies. Research designs have been criticized because they have been largely non-experimental (e.g. lack of control groups) (Hinckley & Ellis, 1985; Schuerman et al., 1994). The use of nonexperimental designs in family preservation research can result in threats to validity. Intensive family preservation programs serve clients who have serious problems. Clients who experience extreme problems can be expected to improve.

The following section outlines some of the major methodological problems that have been identified, such as sample size, comparison groups, nature of services, targeting, multiple sites, and the definitions of imminent risk that are utilized by intensive family preservation programs.
Sample size. Researchers appear to be answering to the criticism raised about small sample sizes and lack of experimental studies in the field and using multiple sites to increase the size of the sample. However, researchers have also been aggregating the results. Interpreting data in the aggregate raises doubts about whether a positive outcome was really achieved (Bath & Haapla, 1994).

The difficulty evaluating the data is associated with sampling problems. In efforts to obtain large sample sizes, studies are subject to increased within-group variance. It has been suggested that more homogenous samples of children/families be studied in family preservation programs (Fraser et al., 1997).

Comparison groups. In order to evaluate any programs effectiveness, researchers argue that a determination of the impact of services on recipients, or its effects in the absence of services must be made (Rossi, 1991; Schuerman et al., 1994). To learn about its impact requires a comparison or control group to compare the data between the group receiving services and the one that does not.

In their review of intensive family preservation literature, Bath & Haapla (1994) identified different referral types as a major research problem found in many studies to date. Evaluators face problems when they collect data on the effectiveness of family preservation using comparison groups that are composed of clients with different types and degrees of problems. It was noted that referral agencies may actually be referring families that they "perceive to need family preservation services rather than those who actually meet the imminent-risk guidelines" (p. 395). Schuerman et al. (1994) found evidence in a number of studies that suggests that few families would have had their children placed in out-of-home care even without intensive family preservation services.

Nature of services. Internal validity has also been questioned by intensive family preservation researchers. It is questionable whether the outcomes of family preservation programs can actually be attributed to the services provided (Bath & Haapla, 1994). In some experimental studies, workers may actually be providing similar services to
comparison groups. Bath & Haapla (1994) referred to this phenomenon as "compensatory equalization" (p. 394). "Compensatory equalization" refers to a workers actions in the provision of services. Workers may actually be matching services provided to the experimental group, because they are not comfortable with their clients assignment to the control group. Rossi (1991) believes that some workers provide more intensive services to their clients in an effort to compete with the agency who is handling the experimental group.

Blythe et al. (1994) found that the nature of services provided to comparison groups is not adequately detailed or defined in family preservation evaluations. Researchers have provided very little, if any data about the exact nature of services provided to comparison groups. Schuerman and associates (1994) believe that each intensive family preservation case is unique. Caseworkers are also unique. Each worker individualizes services provided to clients. It is the nature of the program to identify family needs. A new program model is actually invented for each case and client (1994). Treatment inconsistency is also a major problem found in family preservation studies. (Bath & Haapla, 1994) It is believed to be a problem because different types of interventions influence participants reactions.

Targeting. The targeting of intensive family preservation clients has been identified as troublesome by researchers (Rossi, 1991; Schuerman et al., 1994). It is difficult to evaluate its effectiveness if there is uncertainty whether family preservation programs are actually targeting its intended population — families whose children are in imminent risk of placement. The uncertainty is evident in the fact that few children in control groups have been placed within 30 days of referral to the study (Pecora, Fraser, Nelson, McCroskey, & Meezan, 1995).

It is important to determine the types of families who benefit from the provision of intensive family preservation services. Families with serious needs may not benefit from the provision of services, even if they are costing the state the most money or are deemed
to have the worst problems (Schuerman et al., 1994). There is also the opposite extreme, families that are experiencing minor difficulty. Workers have acknowledged that they have referred families that do not meet the imminent risk criterion simply because they believe that they would benefit from services (1994). Rzepnicki (1994) argues that workers may not refer clients that are at imminent risk because they fear the child is still at risk in the home and also "assume risk of a lawsuit or losing their job when they leave children" in dangerous homes (p. 304).

It is believed that different types of problems (reasons for referral) require different types of services. Researchers have suggested that different services and various program models be tested to determine which services are effective with particular kinds of cases (Schwartz, AuClaire, & Harris, 1991). This kind of information would allow referral agencies to identify cases that would unlikely be responsive to home-based services.

Multiple sites. The use of multiple intensive family preservation programs in evaluative research also makes the results of these studies difficult to interpret. The wide variation that exists between programs makes it difficult to look at family preservation as a whole. It is important to identify the treatment modality and a program's characteristics when conducting evaluations. Nelson and colleagues (1990) believe that identifying essential features of programs will assist researchers in evaluations. It is also questionable whether the characteristics of intensive family preservation programs are adequately defined. The details of program operation are important, if it is to be proven effective so that the results can be replicated (Schuerman et al., 1994). Various aspects of programs are easier to describe and identify as program models than other aspects, such as, the "commitment or ingenuity of the worker and the character of the relationship between worker and client" (p. 205). These aspects of practice may impact the overall effectiveness of a program.

Definition of imminent risk. Imminent is a term that "conveys a sense of immediacy" (Schuerman et al., 1994, p. 234). Risk refers to a prediction of future
behavior, which in the case of intensive family preservation programs is continued abuse and neglect that results in the out-of-home placement (1994). Many programs believe that if a child protective service worker has a detailed plan to place a child within 24 to 48 hours that the family meets the imminent risk criteria. Other programs broaden the definition to include prior placement and substantiated abuse (Berry, 1992).

A family’s referral to an intensive family preservation program is presumed to be based on the fact that they meet the imminent risk criteria. However, the definition of imminent risk varies across research evaluations (Berry, 1992; Blythe et al., 1994). In many intensive family preservation programs, imminent risk is defined by or determined by the referring worker. Programs and referring agencies have found it difficult to ascertain the actual degree of risk. Many programs have actually done away with the imminent risk criterion because of the difficulty in defining explicitly what it means. Wells & Tracy (1996) reported that the effects of intensive family preservation services on families in most studies could not be documented because of the difficulty defining imminent risk.

Many programs do not include all clients in the reporting of data. Without this information, it is difficult to determine how many families refused services, rejected services, or terminated services. This information is necessary to determine what proportion of children at risk of imminent placement actually met the criteria for entrance into intensive family preservation programs (Wells & Biegel, 1989).

The Future of Intensive Family Preservation Programs

Directions for Research

Some of the questions being posed by family preservation researchers are: What components of the treatment process facilitated family change? How does the process support or impede change? What gains are the families making as result of these services? One very important question posed by Yelton & Freidman (1991) is: “How are the services provided by family preservation workers helping families improve their functioning and remain together?” (p. 236).
Most agencies and workers hope to do more than simply prevent placement and assure the safety of children. Their intention is to improve the lives of children and families by helping them to improve their functioning. If a program improves the functioning a family and fails to prevent placement does it justify the continuation of the program? Placing a child in foster care is considered a sign of agency failure even though it may represent the best interest of the child. Intensive family preservation services may be regarded as not meeting its intended goal, but other important goals may have been met.

Placement rates are of interest to many administrator stakeholders concerned about the impact of family preservation services. However, they only represent an indirect measure of changes in family functioning (Bath & Haapla, 1994). Placing a child in substitute care may be in the best interests of some children whose family environment cannot be made safe, even with the provision of intensive family preservation services. A child may be placed in out-of-home care, which is "positive in a clinical sense" but is counted as a failure in family preservation effectiveness research (p. 393).

Reaching a larger population. Wells & Tracy (1996) suggest that intensive family preservation programs stop being viewed as preventing placement. They believe that intensive family preservation services could be used in other ways within the child welfare system, such as, the promotion of healthy child development in a long term program. Family preservation programs have the potential to help a wider range of families. Wells and Tracy (1996) believe that intensive family preservation programs “should be used as an initial response to all maltreating families in which children do not require immediate placement” (p. 682). Intensive family preservation program have the potential to go beyond just helping families avoid out-of-home placement (Kinney & Dittmar, 1995).

Trends indicate that the number of children and families served by the child welfare system has declined. For instance, in April 1977 there were an estimated 1.8 million children served, however, in March 1994 only 1 million children were served (U.S.
Department of Health and Human Services, Children's Bureau, 1997). The decrease was in the number of children who received services while living at home, which declined by 60% between 1977 and 1994 (1997). The decline in the number of children served has been correlated with the increase in social problems. The child welfare system may have had to reestablish priorities and focus the provision of services on families in severe crisis (1997).

**Length of service.** Research indicates that parents who have significant problems in their relationships and those with “significant psychological, environmental, and social problems” may need longer services than those provided by family preservation programs (McCroskey & Meezan, 1997, p. 248). The brevity of services is being called into question. Does the provision of intensive, short term services actually help families over the long run? Researchers believe that follow-up services may be needed to maintain the areas the family improved in as a result of the services (1997). Parents have reported that they could use some booster visits even after termination from the program.
CHAPTER 2

CONCEPTUAL FRAMEWORK

There are many theories that can be used as a conceptual framework for intensive family preservation research studies because these programs use a variety of theoretical paradigms to serve families (Pecora, 1991). The major theories that are utilized by intensive family preservation programs include, social learning theory, ecological theory, systems theory, and crisis theory.

The theory that guided this study was crisis theory. Crisis theory is used by majority of intensive family preservation programs, including Homebuilders. The idea is that families whose children are deemed to be in imminent risk of out-of-home placement are experiencing a true crisis. Intensive family preservation programs assume that all families referred for services are in a state of crisis. Crisis represents an opportunity to teach a family new coping skills, which enable them to reach a higher level of functioning than before the crisis (Aguilera, 1991).

Crisis Theory

Introduction

Crisis theory is typically connected to the field of mental health. It is also associated with the suicide prevention movement (Hoff, 1984). It is used as a treatment modality. Crisis services exist in a variety of areas, such as, shelters for battered women, mental health clinics, and within the child welfare arena.

Everyone experiences difficulties and problems. These problems and difficulties require attempts to solve them. The manner in which individuals solve their problems are
usually habitual (Caplan, 1964). A person can go into a crisis because of a threat of “loss of anything considered essential and important” (Hoff, 1984, p. 52). A crisis can effect anyone at any given time (Golan, 1978).

Lindemann’s research is considered the foundation of contemporary crisis theory (Golan, 1978; Hoff, 1984; Rapoport, 1965). His research was originally based on a 1943 fire in a Boston nightclub that killed close to 500 people (Cobb & Lindemann, 1943). Lindemann (1944) studied the grieving process that the survivors and mourners went through as a result of the tragic fire (as cited in Lindemann, 1979).

Caplan is also a considered a major contributor to crisis theory (Dixon, 1979; Golan, 1978; Hoff, 1984; Rapoport, 1965). Hoff (1984) found that many professionals in the field of crisis theory “rely on or adapt” Caplan’s major concepts (p. 11). Caplan (1964) expanded upon Lindemann’s research. He was the first to identify stages of a crisis (as cited in Roberts, 1991).

**Definition**

The word crisis derives from the Greek word for “decision” or “turning point” (Golan, 1978, p. 61). There are many definitions of a crisis. According to Dixon (1979), it is a “temporary state of upset that exists while a problem is being solved” (p. 10). Gilliland & James (1988) define crisis as a “perception of an event or situation as an intolerable difficulty that exceeds the resources and coping mechanisms of the person” (p. 3). A crisis can also be defined as a “period of psychological difficulty resulting from a hazardous event or situation that constitutes a significant problem that cannot be remedied by using familiar coping strategies” (Roberts, 1991, p. 4). Caplan (1961) defined crisis as a period of time when an individual faces a serious problem and is unable to solve it using their usual problem solving methods.
Time and Phases

The crisis state does not last forever. The length of time an individual remains in a crisis state is disputed among professionals. According to Rapoport, (1965) the crisis state usually lasts from one to six weeks. Golan, (1978) on the other hand, believes that the crisis state lasts from four to six weeks. Hoff (1994) reports that there is a "natural time limitation" involved in a crisis (p. 57).

Caplan (1964) identified four phases that an individual goes through in the development of a crisis. In phase one: A traumatic event occurs (in his or her eyes). The individual feels an increase in anxiety and uses his or her usual problem solving methods to relieve the stress. Phase two is characterized by an increase in tension and an individual's inability to solve the problem using his or her usual problem solving methods. An individual in phase two is not in crisis, but the possibility of one occurring increases depending on what happens next. In phase three, the individual continues to use his or her usual problem solving skills as well as new methods to reduce his or her anxiety level and stress. The fourth phase results in "crisis" if a person does not have the strength to cope with the trauma and his or her problems do not get resolved. The individual's emotional state in phase four is characterized by extreme levels of stress and anxiety (Hoff, 1994; Roberts, 1991).

As a result of being in a crisis, Hoff (1994) found that several things can happen: (a) the person will return to pre-crisis state; (b) the person returns to pre-crisis state, but has grown from the experience and had acquired new coping skills; (c) the person is damaged from the experience and reacts by displaying psychologically unhealthy defense mechanisms, such as depression, drinking, blaming others, and drugs (Hoff, 1994). Caplan (1961) also noted that an individual's or family's future mental health is influenced by the treatment they do or do not receive while in crisis.
Crisis Intervention

Intervention refers to the methods that are used to bring about change (Golan, 1978). Crisis intervention is a method used to help individuals, families, and groups during extremely stressful times (Golan, 1978). "The Chinese characters that represent the word crisis mean both danger and opportunity" (Aguilera, 1990, p. 1). In the field of crisis intervention, a crisis represents an opportunity for change. Danger in crisis is linked to the fact that the situation is threatening and may result in serious consequences (Golan, 1978). Crisis intervention can be traced back to 1906 with the establishment of the first suicide prevention center, the National Safe-A-Life League of New York City (Roberts, 1991).

Crisis intervention techniques have been effective with people in crisis regardless of their "background or previous history" (Dixon, 1979, p. 5). Golan (1978) found that crisis intervention techniques are effective because "defense mechanisms have become weakened and usual coping patterns have proven inadequate" (p. 9). Intervening at the point of crisis has proven to prevent problems latter (1979).

Golan (1978) found that interventions are usually more effective when people are in crisis (as cited in Roberts, 1991). At the Family Life Education Program only 25 percent of their referrals from CPS are in crisis. Kendrick reports that too much time between a family's involvement with CPS and the crisis interventionist will impact the success of the intervention. A family who does not receive intervention services will quickly return to their homeostasis state, which prevents them from feeling the pain of the crisis, which is necessary to bring about positive change (1991).

The goal of crisis intervention is to help an individual or family resolve their problem within 1 to 12 weeks by helping them develop new coping skills (Roberts, 1991). Gilliland & James (1988) believe that some people in crisis can be helped through brief intervention, therapies. However, for problems of longer duration, they found that "quick fixes" rarely do the trick (p. 8).
Precipitating Event

Crisis precipitators, also referred to as stressors are what lead up to a person experiencing a crisis (Golan, 1978; Hill, 1965; Hoff, 1984). According to Klein and Lindemann (1961), a crisis precipitating event is the “straw that breaks the camel’s back” (as cited in Golan, 1978, p. 66). Some crisis precipitators are so extremely stressful and an individual immediately goes into a crisis state. Other events have a cumulative effect which eventually weakens an individual’s problem solving skills (1978). Precipitating events are often stated “in terms of the presenting problem (“My husband left me”) (p. 68).

Dixon (1979) reports that a “precipitating event in a crisis situation is always related to a perceived threat to survival or bodily integrity or to one or more psychosocial needs that they have assumed a primary value” (p. 110). Golan (1978) found that precipitating events are primarily viewed as a threat, a loss or a challenge to an individual or family. A specific event usually precipitates a crisis, even if the individual or family experiencing the crisis cannot identify it. Dixon (1979) believes that the precipitating event usually occurs within 2 weeks of a crisis.

Hill (1965) developed a conceptual model which outlines the factors related to how a crisis precipitating event transforms into a crisis: “A (the event) — interacting with B (the family’s crisis-meeting resources) — interacting with C (the definition the family makes of the event) — produces X (the crisis)” (p. 40). A family whose usual problem solving methods are insufficient to handle A and who view the event as a serious problem will proceed to X — the crisis (1965).

Healthy crisis resolution involves identifying and understanding the event that led up to the crisis and its sources (Hoff, 1994). It is important to examine the origins of crisis because it can provide “insight into how a problem begins and enhances our chances of dealing effectively with the problem” (Hoff, 1984, p. 37). Dixon (1979) found that the key to understanding an individual in crisis is to gain an understanding about the
precipitating event. One of the goals of crisis intervention is to foster insight into the meaning of the precipitating event and "guiding the client to more adaptive resolutions of interpersonal problems associated with it" (Tyson, 1999, p. 65).

Hoff (1994) reports that people do not usually come to the attention of helping professions at the peak of their crisis. It is common for helping professionals to meet these people after the crisis, when they have developed other problems, such as, alcohol abuse and depression. Alcoholism and drug abuse are not considered crises, they are considered the outcomes of crisis. These type of problems can be viewed as the outcomes of crisis (1994).

**Prevention**

Prevention strategies are tools that are used to help individuals and families avoid the development of problems. Gilliland (1988) points out that people do not usually get help for their problems until they have grown to crisis proportions. The goal of human service professions has been to follow the "example of medicine and dentistry and work with people in preventive modes" (Gilliland & James, 1988, p. vii). Intensive family preservation services can be viewed as a prevention strategy, the goal being to prevent the unnecessary out-of-home placement of children.

Caplan (1964) has studied primary, secondary and tertiary prevention. Primary prevention is designed to reduce identified problems and promote growth and development. Primary prevention usually comes in the form of education (Hoff, 1984). Some examples of primary prevention efforts are: immunization programs, warning people to avoid flood channels, and drug and alcohol resistance education.

Secondary prevention refers to the existence of a problem that occurs because of the "absence of primary prevention activities or because of a person's inability to profit from those activities" (Hoff, 1984, p. 23). The aim of secondary prevention is to shorten the length of time a person suffers with a problem, such as depression. Secondary prevention programs are designed to stop problems in their early stages (Caplan, 1964).
Tertiary prevention aims to help those who are suffering with a specific problems, such as, a mental disorder (Hoff, 1984). The goal is to reduce the disabling effects of a problem.

**Evaluation of Crisis Theory**

**Strengths & Weaknesses**

The key weakness of crisis theory is that it remains largely untested (Nelson & Landsman, 1992). Tzeng & Jackson (1991) believe that the validity of a theory is determined by the “quality and quantity of empirical data collected in its support” (p. 63). Crisis theory has been studied, but it has not been rigorously tested (e.g. experimental and control groups). Without empirical data the hypothesis can not be confirmed and relationships can not be identified.

Another limitation is crisis theory makes a faulty assumption. For example, the loss or threat of the loss of something important is viewed as a crisis event according to crisis theory. What an individual defines as a crisis event is subjective. A crisis for one person may be viewed as a challenge by another person. How effective are crisis interventions if the individual, family or group is not in a “true” crisis state?

According to Tzeng & Jackson, (1991) theories can be evaluated by using specific criteria. One of the criteria is that a theory needs to be “integrated and comprehensive” (p. 61). Crisis theory has been widely applied to the field of mental health. Crisis intervention techniques are used by professionals to help individuals, families and groups cope with the following: divorce, serious illness, death, natural disasters, premature births, and important role transitions. The diversity of this interventive approach can be viewed as a strength.

A second criteria that is used to evaluate theories is whether or not the theory is flexible enough to accommodate new evidence. The idea is that a theory can never be completely closed (Tzeng & Jackson, 1991). Crisis theory researchers have been adding to Lindemann’s original findings since his groundbreaking work in the early 1940’s. For
example, crisis intervention was originally conceived to address the crises that average fully-functioning people face (Lukton, 1982). It has since been expanded to include marginally functioning people who are also in need of assistance.

An additional strength of crisis theory lies in how it has been studied. The theory has been largely evaluated using qualitative methods, although quantitative methods have been employed. Individuals are interviewed and asked to share their experiences in crisis. Interviewing participants provides researchers with rich and detailed information. One reason for using the interview method is that a crisis is considered a "subjective state" (Dixon, 1979, p. 12).

**Intensive Family Preservation Services**

The threat of a loss of a child is viewed as a crisis by intensive family preservation programs. It is assumed that every family participating in the program views the threat of the removal of their children as a crisis. It is also viewed as an opportunity to bring about positive change within families.

Intensive family preservation programs that rely on crisis theory have been extensively researched. The focus of these studies has primarily been on the prevention of out-of-home placement. The studies conducted on crisis intervention program have yielded mixed results. Some of the positive findings have been criticized because the studies were uncontrolled. For instance, one of the first studies conducted by Kinney and associated (1977) on the Homebuilder's program concluded that 90 percent of the children served avoided out-of-home placement. Later studies examining crisis intervention programs indicated that the effectiveness of these programs diminishes over time (Nelson & Landsman, 1992).
CHAPTER 3

METHODOLOGY

Research Questions

The research study sought to answer the following questions: (1) What are the socio-demographic characteristics of families served by the program? (2) What crisis precipitators do families participating in Las Vegas, Nevada’s Intensive Family Preservation Program experience? (3) What services were directed at the crisis precipitators?

Research Design

Qualitative. The research design utilized in this study was qualitative. Qualitative research is used in many disciplines, such as, nursing, education, psychology, anthropology and social work. Qualitative research refers to the type of research that produces findings based on words, not numbers. According to Strauss & Corbin (1990), the definition of qualitative research is “any kind of research that is not arrived at by means of statistical procedures or other means of quantification (p. 17).

The goals of qualitative and quantitative research are different. The goals of qualitative research are to develop “theory, description, explanation, and understanding, rather than precise testing of hypotheses to the fourth decimal (Morse, 1994, p. 3). Qualitative studies are usually more open and subjective than quantitative studies. In a quantitative
study the goal is to determine relationships between variables, where as, in a qualitative study the goal is to gain an “understanding of some phenomenon” (Glesne & Peshkin, 1992, p. 16).

Qualitative research is rarely used in the evaluation of intensive family preservation programs because such approaches “rarely satisfy stakeholders” concerned with cost-effectiveness (Bath & Haapla, 1994, p. 347). Many family preservation researchers have emphasized the need for more qualitative research. The choice to use qualitative research methods for this study was related to the nature of the research problem and the information being sought. According to Rodwell, (1995) the following type of qualitative inquiry is appropriate “when the goal is to understand the internal dynamics of program operations,” such as, “How do families come to the program?” (p. 194). Qualitative data allows researchers to determine which events led to which consequences (Miles & Huberman, 1994).

Grounded theory. The type of analysis used in this study was based on the grounded theory method by Glaser and Strauss (1967). The main premise of grounded theory is that it is “grounded in reality” (Strauss & Corbin, 1990, p. 25). It is a research method that is used to describe the person or persons under study (Stern, 1994). Grounded theory is an inductive method of discovering theory that emerges from the data (Rubin & Babbie, 1997). Researchers make constant comparisons from the data which leads to the discovery of patterns (Strauss & Corbin, 1990). As these patterns emerge, the researcher determines how they are related and what the theoretical implications are.

Content analysis. In this study 15 family preservation case files were reviewed and analyzed. An attempt was made to understand the clients of Las Vegas' family preservation program and what precipitated their referral to the program. Content analysis represents a rich source of data. Rodwell (1995) argues that the contents of case records are stable sources of information. Las Vegas' family preservation program enforces standardized documentation procedures, which results in consistency within case records.
The process of content analysis involves categorizing the words in the text with labels to reflect such concepts as physical abuse, neglect, and abandonment (Boyle, 1994).

**Location**

This study was conducted on Southern Nevada’s Intensive Family Preservation Program, which is operated by the State Division of Child and Family Services. The Program was established in October, 1988. Majority of families are referred by Clark County’s Child Protective Services. A small portion of referrals come from the Division of Child and Family Services.

This program provides intensive, home-based, time-limited services to families residing in Las Vegas, Henderson, and North Las Vegas who are deemed to be in imminent risk of having one or more children placed in out-of-home care due to child abuse and/or neglect. Las Vegas’ Intensive Family Preservation Program also serves families whose children are already in out-of-home care as a means of reunification, although the number of reunification cases served by the program is small in number.

The philosophy of service utilized by Southern Nevada’s Family Preservation Services Programs practice is family-centered. A family-centered approach assumes that it is in a child’s best interests to remain with or in contact with his or her family when the family is supported to become sufficiently safe and nurturing for the child. The entire family is viewed as the client. Services provided to families include: family and individual therapy, education and skill building, concrete services, case management and advocacy.

The therapeutic model utilized by the family preservation workers is Functional Family Therapy. The theoretical formulations of this model include examining the function that family behavior is designed to achieve. Therapists sequence problematic behaviors so that family members can see each other’s behavior in a new light (Nichols & Schwartz, 1998).

Las Vegas’ Intensive Family Preservation Program employs clinical staff who possess at least a master level degree in social work, psychology or counseling. The staff carry a
load of approximately 6 families per worker. Workers meet with families at least twice per week for 1-1/2 to 2 hours per visit. Families are served an average of 97.63 days (Bitonti, 1998).

**Sample**

The population under study was the 53 families who were served by Las Vegas, Nevada’s Family Preservation Program between July 1, 1998 and June 30, 1999 for at least thirty days. The sample used in this study is 15 case files. The sampling frame of this study was made available by Susan Mears, the Program Supervisor of Family Preservation Services.

The sampling plan was purposive. Purposive is a nonprobability sampling procedure. It was appropriate for this study because the assessment process had to be completed by the worker in order for the researcher to answer the research question. Families who were served for at least 30 days are a subset of the larger population. The case files within the sampling frame had an equal chance of being selected for the sample. A temporary secretarial assistant who was not employed by the Division of Child and Family Services conducted a random selection of the population by selecting every fifth case.

**Demographics.** The demographics of Las Vegas’ Family Preservation Program have been studied. The most recent evaluation conducted on the program was a longitudinal study. This study focused on the 168 families referred to Nevada’s Intensive Family Preservation Programs operated by the Division of Child and Family Services beginning July 1, 1997 and ending June 30, 1998. The following demographics were identified in the study. Nearly half of the 168 primary caretakers referred were males (48.5%). The caretakers ranged in age from 20 to 75, the mean age was 36. The majority of the primary caretakers were employed (59%). The average household size was 4.34 (Bitonti, 1998). One-quarter of households served were families of color, primarily Hispanics (11.8%) and African-Americans (9.9%). The families incomes
ranged from $0 to $7,200.00 per month. The mean income was $1,824.00. Substance abuse was involved in 40% of all cases.

Data Collection

Upon approval from the University of Nevada, Las Vegas' Human Subjects Committee and the State of Nevada's Department of Human Resources the contents of 15 intensive family preservation case files were individually analyzed. The entire contents of the 15 case files were photocopied over a period of two weeks. All identifying information was then blacked out by the researcher and Iva Bray. The case files were subsequently placed in a locked filing cabinet during the analysis process at the researcher's home.

Validity

Establishing the trustworthiness of the findings is extremely important. Trustworthiness in qualitative research is achieved by such things as, triangulation, peer debriefing and member checking (Rodwell, 1995). In this study, triangulation was achieved by using family preservation worker's case notes and child protective service documents. The client's perspective was also part of the triangulation process, however it was contained within family preservation case notes and child protective service documents. Triangulation refers to testing of information gathering to determine if it is "consistent and undistorted" (Rodwell, 1995, p. 197). Triangulation involves seeking out different sources of information that can provide insight into the phenomenon under study (Erlandson, Harris, Skipper & Allen, 1993). Using different sources of information within existing case files provides the researcher with different points of view and helps to establish validity.

Peer debriefing involves researchers sharing their opinions and analyses with other professionals who are not actively involved in the study and who have an understanding of the study. These professionals in turn provide the researcher with feedback and help in the inquiry process (Erlandson, Harris, Skipper & Allen, 1993). In this study, Professor Denby acted as the reviewer.
Member checking also adds to the trustworthiness of qualitative research findings. Member checking allows for members of the stakeholders group to test interpretations and findings (Erlandson et al., 1993). In this study, member checking will not involve sharing conclusions with the families who participated in family preservation services. However, member checking will be conducted by having informal conversations with the workers of Las Vegas, Nevada’s Family Preservation Program before the final thesis draft is written.

**Reliability**

According to Erlandson and associates (1993), the reliability of a study is dependent on whether a study can be replicated. Other researchers can replicate the study if the case records analyzed contain the same types of information (e.g. progress notes, genograms, timelines, child protective service documents, treatment summaries) used in this study.

A second way to assess the reliability of a qualitative study’s findings is through inter-subjectivity (R. Denby, personal communication, March 29, 2000). Inter-subjectivity is based on the idea that multiple realities exist. Inter-subjectivity involves looking for multiple patterns and for common themes. In this research study, inter-subjectivity was achieved by the process of cross case analysis.

**Data Analysis**

The type of data analysis used in this study is clearly outlined by Miles & Huberman (1994). There are three steps involved in qualitative analysis: data reduction, data display and conclusion drawing/verification.

**Data Reduction.** This step involves “selecting, focusing, simplifying, abstracting and transforming the data” (Miles & Huberman, 1994, p. 10). Data reduction “sharpens, sorts, focuses, discards, and organizes data in such a way that final conclusions can be drawn and verified” (p. 11). Data reduction takes place throughout the research project. For instance, before the actual data is collected, researcher’s reduce the data when they decide which cases to focus on, what will be studied and which research questions to ask.
In this study, the data was reduced prior to the actual data collection by this researcher's choice to only include families who were served for at least 30 days in the population. The data was further reduced by analyzing existing family preservation literature prior to selecting the research questions.

Analyzing the data typically involves making sense of the stories and making connections among stories that are being studied (Glesne & Peshkin, 1992). It also involves looking for themes and patterns. When a qualitative researcher is ready to begin analyzing the data, he or she begins the process by coding. Codes are descriptive labels that assign meaning to chunks of information. Coding in this study refers to the assignment of descriptive labels to categories identified in the case files. Coding is the process of grouping similar chunks of information together.

**Data Display.** Displaying the data refers to a visual presentation of the information learned in a study (Miles & Huberman, 1994). Displays allow “careful comparisons, detection of differences, noting of patterns and themes, seeing trends and so on” (p. 92). There are two forms of data displays: matrices and networks. In this study, crisis precipitator data is displayed in matrix form in the Appendix. The matrix display allows readers to detect the differences reported by child protective service workers, parents, and family preservation workers.

**Drawing and Verifying Conclusions.** Miles and Huberman (1994) outline 13 ways to generate meaning from qualitative data. These 13 tactics reduce the qualitative data into manageable chunks and lead to conclusions. The following are some of the tactics: (1) note patterns, themes in the data displays; (2) determine if a conclusion makes sense; (3) put data into categories; (4) count how often a phenomenon occurs; (5) make contrasts/comparisons; (6) note relations between variables; (7) locate intervening variables; and (8) make conceptual/theoretical sense — determine the how and why.
CHAPTER 4

FINDINGS

Characteristics of Families

The first research question analyzed in this study was: What are the socio-demographic characteristics of families served by the program? The demographic variables are displayed in Table 2.

The majority of the referrals to Las Vegas' Intensive Family Preservation Program come from Clark County Child Protective Services (87%). Neglect was involved in 53% of the cases. Sixty-seven percent of the families had been involved with child protective services prior to their referral to the program. Two of the families had previously participated in Las Vegas' Intensive Family Preservation. In this study, 80% of the families avoided out-of-home placement. Slightly over half of the families were not considered by family preservation workers to have a substance abuse problem (53%). Sixty-seven percent of the families included in this sample were white (67%). The only other ethnicity represented in this study was Black (33%). Eighty-seven percent of the primary care takers were female. The majority of the primary care takers in this study were employed (67%). Sixty-seven percent of the primary care takers graduated from high school. Monthly income is a significant issue with many families (47%).
Table 1

**Family Socio-Demographic Characteristics**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
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<tr>
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<tr>
<td>D.C.F.S.</td>
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<td>13</td>
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<tr>
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<tr>
<td>Neglect</td>
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</tr>
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<td>Abuse &amp; Neg.</td>
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<td>6. Substance Use:</td>
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<tr>
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<td>7</td>
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<tr>
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<tr>
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</tr>
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<td>11. Monthly Income:</td>
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<td>7</td>
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<td>7</td>
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<td>7</td>
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<td>12. Ethnicity:</td>
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<td></td>
</tr>
<tr>
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<td>10</td>
<td>67</td>
</tr>
<tr>
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<td>5</td>
<td>33</td>
</tr>
</tbody>
</table>

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The second research question analyzed in this study was: What crisis precipitators do families participating in Las Vegas, Nevada’s Intensive Family Preservation Program experience? Precipitator in this study refers to the presenting problems that were evident prior to a family's referral. The findings were coded. The coding scheme used in the analysis of the precipitators is displayed in a figure on the following page (See Figure 1).

The answer to this question was validated across the three sources of information used in this study: (1) intensive family preservation worker; (2) child protective service documents; and (3) the data reported to both sources by the actual family members. The findings are presented in matrix form in the appendix. Refer to Appendix to examine the crisis precipitators identified across all three sources.

There were a total of twenty-five crisis precipitators identified. Only the major findings will be discussed in this study. Two major crisis precipitators were evident throughout the 15 case records — problems in parenting (F.C.P.-PAR) and children’s behavioral and emotional problems (S.C.P.-BEH/EMO). There were four other significant crisis precipitators evident in case records: financial problems (T.C.P.-FIN), relationship problems (F.C.P.-REL), substance abuse (F.C.P.-SUB), and parent’s emotional problems (S.C.P.-PAR-EMOT). These four crisis precipitators were not as significant as F.C.P.-PAR and S.C.P.-BEH/EMO because of the number of times the three sources reported these as a stressor (See Appendix).
Figure 1

Coding Scheme

<table>
<thead>
<tr>
<th>Code</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAM.#</td>
<td>Identifies Family 1 - 15</td>
</tr>
<tr>
<td>FAM.#-CH.#</td>
<td>Identifies Child in Family</td>
</tr>
<tr>
<td>F.C.P.-PAR</td>
<td>First Crisis Precipitator - Parenting Problems</td>
</tr>
<tr>
<td>S.C.P.-BEH/EMO</td>
<td>Second Crisis Precipitator - Children’s Beh/Emo Problems</td>
</tr>
<tr>
<td>T.C.P.-FIN</td>
<td>Third Crisis Precipitator - Financial Problems</td>
</tr>
<tr>
<td>F.C.P.-REL</td>
<td>Fourth Crisis Precipitator - Relationship Problems</td>
</tr>
<tr>
<td>F.C.P.-SUB</td>
<td>Fifth Crisis Precipitator - Substance Abuse</td>
</tr>
<tr>
<td>S.C.P.-PAR-EMOT</td>
<td>Sixth Crisis Precipitator - Parent’s Emotional Problems</td>
</tr>
</tbody>
</table>

Parenting

The first significant crisis precipitator identified across case records was problems in parenting (F.C.P.-PAR). Thirteen of the 15 families reported problems in parenting to their family preservation worker (See Appendix). Child protective service workers reported that 13 of the 15 families referred had problems in parenting (See Appendix). Family preservation workers also believed that all 15 families were experiencing problems with parenting prior to their referral to the program (Appendix). The problems in parenting included: lacking knowledge in the area of appropriate parenting skills and techniques, different styles and difficulty with a newly acquired parenting role.

Skills. Throughout the 15 case records problems in communication were noted by child protective workers, family preservation workers, and families. Effective communication is an important parenting skill. If a parent does not possess this skill, it can result in a child feeling confused and misunderstood. The mother of FAM.#4

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reported to her family preservation worker that as a result of parenting education she “tries to communicate with my kids more instead of yelling at them.” The mother also reported to the worker during services that she is trying to interact with him “in a calmer more supportive manner.”

Not possessing appropriate parenting skills is a stressor when you have children with special needs, such as behaviorally and emotionally. The grandfather of FAM.#9 was unprepared for the behavior exhibited by his step-granddaughters. He did not take into account that his granddaughters had “no structure or discipline” while living with their mother. He did not realize that any attempts to provide a structured environment and discipline would be met with opposition. FAM.#9-CH.#1/CH.#2 used the fact that they were abandoned by their mother to manipulate their grandfather. The grandfather, in turn, would “allow the girls to manipulate them so he does not have to hurt them.”

The parents of FAM.#7 also had difficulty disciplining FAM.#7-CH.#1 who they believed was disrespectful, manipulative and “evil.” According to case records, FAM.#7-CH.#1 was “punished often and for long periods of time.” The child was either given negative attention or ignored. The parents did not use rewards or positive praise as a means of changing their child’s behavior. The manner in which the parents of FAM.#7 dealt with their child resulted in a child who felt like a “failure and hopeless.” These feelings did not result in a positive change in FAM.#7-CH.#1’s behavior, instead they resulted in continued acts of “manipulation” and “disrespectful attitudes.”

FAM.#3 did not have the parenting skills necessary to deal with FAM.#3-CH.#1’s needs. One of the family’s primary treatment goals was to provide the mother with “information on new and different ways of parenting her children, rather than giving in to them and failing to set limits.” Child Protective Services case plan also noted their goal was to improve FAM.#3’s judgment in relation to parenting and discipline.

The parent of FAM.#5 reported that she “learned to take time out when things began to escalate.” Instead of calling child protective services to place the child in an out-of-home
placement, this parent learned how to cope with her feelings and her stress in a new way. The parent of FAM.#9 also felt that he did not have the skills necessary to deal with his granddaughter’s (FAM.#9-CH.#1/CH.#2) problematic behaviors. He was especially frustrated by the “intense jealousy” between the siblings which was “displayed in the form of physical aggression.”

The parents of FAM#.12 specifically asked the family preservation worker for assistance with parenting and discipline. They described their parenting difficulties as “being too lenient, with little structure.” The parent’s viewed their lack of knowledge in those areas as problematic.

Lack of effective parenting skills was also evident in FAM.#4’s case records. The parents were unable to manage their children’s behavior. The family preservation worker noted in the case record: “they appear to lack education and experience in using parenting strategies that can reinforce their children’s desired behavior.” The mother acknowledged to the worker that she “needed help in learning how to be consistent” with her children.

The intensive family preservation worker who worked with FAM.#13 reported in case notes that “shortly after the intervention mom “began to change her perception and became open to alternative parenting and discipline techniques.” Prior to family preservation’s intervention the mother and boyfriend of FAM.#13 relied on corporal punishment and other types of physical discipline to deal with their child’s behavior (FAM.#13-CH.#2). One example, of the physical discipline used according to Child Protective Service documents contained in the case record is that the children were required to “stand in the corner with a can of soup held in their out-stretched hands for over an hour.”

The father of FAM.#1 also had difficulties parenting his adopted child (FAM.#1-CH.#1) who suffered with severe emotional and behavioral problems. In fact, this child spent the last four years of his life in various levels of residential psychiatric care prior to reunifying with his father. The family preservation worker noted that the father “has difficulty confronting his inappropriate behaviors and does not provide rules or
consequences for him.” FAM.#1-CH.#1 reported to the worker: “I have problems making good decisions yet no one is providing structure or direction.” The child specifically identified what he needed from his parent and yet the parent was unable or unwilling to provide it for him.

Different styles. In the area of problems in parenting, differences in parenting can result in confusion and inconsistency for children. The following is an example of difference in parenting styles that was evident with FAM.#2. The family preservation worker reported in case notes that the mother “tends to be the stricter parent and she imposes harsher and longer punishments on the kids.” The father is “not as strict and reports that he sometimes lets the kids off their punishment early.”

FAM.#8 also reported to the caseworker that they “often disagree on enacting consequences and disciplining the children.” The family preservation worker assigned to FAM.#11 reported that the differences in parenting causes “confusion and conflicts.” The parents of this family were believed to be “not working towards a common goal.”

Difficulties with new role. Four of the 15 families reported to either their family preservation worker or their child protective service worker that they were experiencing difficulty and stress in their newly acquired parenting role. Family preservation worker’s identified difficulties in a new parenting role as a major stressor for 5 of the 15 families. FAM.#5 reported that “her inexperience with parenting a daughter” contributed to the problems that she was having with her granddaughter (FAM.#5-CH.#1). In addition to her inexperience parenting a daughter, this 64 year old grandmother was having a difficult time adjusting to her new parenting role after the death of her son.

FAM.#6 also shared the stress they were experiencing with their family preservation worker in their new parenting roles. Their worker noted in case records that “they were placed in roles in which they had never taken before, they were the adults in charge.” After a death in the family the parents of FAM.#6 were forced to take a more active role in their
children's lives. The mother of FAM.#6 also reported to the caseworker that she “has been getting more headaches lately and that is because she is paying more attention to the kids and this is a new experience for her and takes up a lot of her energy.”

The grandfather of FAM.#9 reported that he was experiencing difficulties in his new role as a parent to his step-granddaughters. He felt that his “previous experiences have not prepared him to deal with his current situation and girl’s special needs.” The grandfather of FAM.#9 would use his newly acquired role to try to manipulate the girls into behaving properly. In fact, he would threaten the girls (FAM.#9-CH.#1/CH.#2) with placing them back with Clark County Child Protective Services if they did not change their behavior.

The mother of FAM.#15 reported to a child protective services worker that she “believes that many of her challenges stem from her inexperience with parenting her children.” The mother of this family took on her new role after being released from prison. The family preservation worker also noted that “this is the first time that she has had to be responsible for the parenting.”

Children’s Behavioral and Emotional Problems

The second major crisis precipitator identified was behavioral and emotional problems (S.C.P-BEH/EMO). Twelve of the 15 families included in this study reported that their child’s behavior was a major stressor prior to the referral to Las Vegas’ Family Preservation Program (See Appendix). Family preservation workers also identified children’s behavior and emotional problems as a crisis precipitator in 12 of the case files. Clark County’s Child Protective Service workers identified a child’s behavioral and emotional difficulties in 8 of the cases examined.

The following are some of the examples contained in the case records. FAM.#2 reported that their daughter’s behavior problems at school and home resulted in a need for stricter discipline. The need for stricter discipline resulted in a substantiated physical
abuse charge against the father. The mother of FAM.#2 was frustrated with the following types of behavior: “cussing, rude, disrespectful, lying and in trouble at school all the time.”

FAM.#8 was referred to Family Preservation Services for substantiated physical abuse charges. The step father of this family used corporal punishment with their child (FAM.#8-CH.#1) who has an extensive history behavioral and emotional problems including fire setting and physical aggression. Prior to FAM.#8’s referral to the program, FAM.#8-CH.#1 was physically aggressive to a younger sibling. The step-father reported to the family preservation worker that he did not have the skills necessary to deal with this child’s behavior.

Another example of a family who experienced their children’s behavior as a stressor is FAM.#6. An interview conducted by the family preservation worker with school personnel revealed that FAM.#6-CH.#1 “displays impulsive behaviors, cries frequently, and hugs inappropriately. The mother of this family stated that her children “throw tantrums at home when they don’t get their way and refuse to listen and follow directions.

FAM.#3 reported that many of their problems were related to one of their children’s “frequent behavioral acting out.” FAM.#3-CH.#1 was reported to bully his siblings and cause “tremendous chaos in the home” and stress to the mother. The child, according to the family preservation worker appeared to need “his mother’s undivided attention regardless of any interruption he may be causing.”

The parents of FAM.#11 also reported that their major problem was their daughter’s behavior (FAM.#11-CH.#2). The family reported that their daughter is “responsible for the troubles they have been experiencing.” The parents also reported that the following behaviors were problematic: “ungrateful, disrespectful, inability to listen and do what she is told, has not learned humility, and does things that she knows will upset” them. The parent’s difficulty with their child’s behavior was also evident in number of sessions spent talking about what they “found objectionable about their child’s behavior.”
The mother of FAM.#13 adamantly stated to her child protective services worker and family preservation workers that “all of the family related troubles were due to her son’s (FAM.#13-CH.#1) “delinquent behavior.” The delinquent behavior that this mother is referring to includes firesetting and major behavioral problems at school and at home. Prior to the families referral to the program, FAM.#13-CH.#1 was physically abused by mom’s live in boyfriend because he set a fire and was subsequently arrested for it. Copies of school discipline referrals in the case file indicate that this child also exhibited major problems in school. FAM.#13-Ch.#1’s behavior was so problematic that his school suspended him and required that he switch to a “behavior school.”

FAM.#14 also reported that their child’s behavior (FAM.#14-CH.#2) was the crisis precipitator. The parents reported that their 12 year old son was “non compliant, performed poorly in school, acted aggressively with peer and lies.” These parents also indicated that their child began acting out shortly after being sexually molested by a 16 year old neighbor six months prior to their participation in family preservation services. This child was placed into protective custody as a runaway, which continued to occur throughout services. FAM.#14-CH.#2’s behavior was such a stressor on the parents that they reported that “his behavior prevented” them “from succeeding at work.”

Financial Problems

Another crisis precipitator identified through qualitative analysis was financial problems (T.C.P.-HN). Eight of the 15 families involved in this study reported to their caseworker that they were experiencing financial stress prior to their involvement the Family Preservation Program (See Appendix).

FAM.#6 had been relying on a grandmother’s financial support for nine years until her death. The grandmother who helped to financially support FAM.#6 died two months before their referral to the Family Preservation Program. These parents also reported that they were unable to give their child medication for their encopresis because they “can’t a
afford extra pull-ups right now.” The family preservation worker noted in case records that the father of FAM.#6 “feels overwhelmed right now with trying to provide for this family.”

The step-grandfather who was the legal guardian of the children of FAM.#9 also reported that he was experiencing tremendous stress as a result of losing his job shortly prior to his referral to the Family Preservation Program. The mother of FAM.#3 was also experiencing financial stress prior to her referral to the program. This mother had recently separated from her boyfriend and was unemployed. She had four young children to provide for. The mother was also facing eviction from her apartment.

Three months prior to FAM.#10’s referral to the program, they were temporarily cut off from disability insurance funds. By the time that caseworkers began working with the family they had “exhausted all of their resources and needed assistance.” A child protective services worker noted in case records that a worker at a community agency told her that “the family returned too early and that they still had two more weeks to go before they were eligible to receive more food.”

FAM.#12 had been borrowing money from friends and family prior to their participation in the family preservation program. Nine months prior to their involvement in the program, the father lost his job. One of the goals that family wanted to work towards was learning about the “community resources available to meet their financial needs.” One indicator that unemployment, which resulted in financial stress was a problem for the family is that once the father had a job prospect there “was some relief to the tension in the marital relationship.” According to the family preservation caseworker, when the financial stress became too overwhelming the parents would “lash out at one another due to depressed feelings they have about their circumstances.”

Relationship Problems

An additional crisis precipitator identified by this researcher was relationship problems (F.C.P.-REL), including domestic violence. It should be noted that although domestic
violence is placed under the heading relationship problems, this researcher is not implying that it is the victim’s problem. This precipitator was reported by both the family preservation worker, the child protective services worker and the parents (See Appendix). Although, child protective services did not specifically identify relationship problems, they did identify domestic violence. Many of the families referred to Family Preservation Services were charged with neglect as it relates to domestic violence.

FAM.#8 reported to their caseworker that they were experiencing tremendous stress prior to the referral because of their relationship problems. The caseworker observed this stress in her sessions with the family and reported in case notes that the “stress from the relationship often takes precedence over the caretaking of the children.” The parents of FAM.#8 attributed their problems to “jealousy” and “blaming each other.” Jealousy in this relationship often resulted in an incident of domestic violence.

The parents of FAM.#14 identified relationship difficulties as a stressor prior to their participation with family preservation services. The couple noted that “control, trust, and poor boundaries” were some of the problems that were taking a toll on the quality of their relationship. The couple was so involved with their son’s behavior problems that “they were unable to concentrate on their own.”

The relationship difficulties that the parents of FAM.#4 were experiencing prior to and during family preservation services was a source of tremendous stress for not only the parents, but for the children. These parents had a history of domestic violence throughout their ten year marriage. They separated one year prior to services which ended the physical abuse, but the emotional abuse continued until the participation in the program. The family preservation worker noted that the parents “readily admit that they are unable to communicate with each other without hostility. The parent’s reported that their quarrels centered on which parent should have legal custody of the children and which parent the children would be safest living with.
The parents of FAM.#7 were also experiencing relationship difficulties prior to their referral to the program. The family preservation worker noted in the case record that the mother was experiencing "acute stress in her relationship with her boyfriend." The worker also noted that the couple has "unresolved conflict." The conflict centered around the fact that the mother’s boyfriend was still married to another woman. The mother of FAM.#7 reported to the family preservation worker that she felt that her boyfriend was "uncommitted" to her.

The family preservation worker assigned to FAM.#8 also noted in the case record that the "stress from her relationship often takes precedence over the caretaking of the children." The relationship that the mother of FAM.#8 had with her boyfriend caused her stress. The problems centered around "jealousy, blaming, and not being able to communicate."

**Substance Abuse**

The abuse of alcohol and drugs was reported to be a problem (stressor) by the family preservation worker, child protective services and the parents. Child protective services identified alcohol to be a precipitator in four cases, whereas, family preservation and the parents identified it in only two cases (See Appendix).

FAM.#1 was receiving reunification services from family preservation. FAM.#1-CH.#1 had been in the custody of the Division of Child and Family Services due to neglect. The neglect charges were related to the parents use of alcohol, which interfered with their ability to function and parent FAM.#1-CH.#1.

The mother of FAM.#3 was experiencing major drug problems prior to her referral to intensive family preservation services. FAM.#3-CH.#4 was born addicted to drugs two months prior to the family’s referral. The parent reported to her family preservation worker that drugs were her "main problem." This mother stated to her worker that "she wants and needs to stop using, saying I can’t do it by myself."
The grandfather of FAM.#9 reported that he was experiencing great stress over his current legal status. This parent had been arrested for drinking and driving prior to his participation in the program. The mother of FAM.#10 was charged with drug abuse of parent by child protective services. FAM.#10-CH.#1 was placed in out-of-home care prior to their referral to Las Vegas’ Intensive Family Preservation Program because his mother was arrested for using drugs in his presence. The parents of FAM.#10 reported to their family preservation worker that drugs had been a significant problem in their relationship.

The use and abuse of alcohol was the major crisis precipitator reported by the family preservation worker, child protective service worker, and the parents of FAM.#12. Child protective services charge the mother of FAM.#12 with neglect -- alcohol abuse. FAM.#12-CH.#2 reported to the child protective service worker that his “parents go crazy when they drink.”

Parent’s Emotional Problems

The final crisis precipitator that was considered significant by family preservation workers was parent’s emotional problems (S.C.P.-PAR.EMOT). It should be noted that 10 of the child protective service workers and 11 of the families did not report this as a crisis precipitator (See Appendix).

The emotional and psychological problems that the father of FAM.#10 dealt with had a significant impact on the marital relationship. The father of FAM.#10 has been suffering with mental health problems throughout his life. He had been hospitalized several times for “depression, suicidal ideation, aggression, severe mood swings, anxiety and paranoia. After Las Vegas’ Intensive Family Preservation Program began offering the family services the mother reported that “she is trying to give him space and not personalize his behavior. Prior to this point, the mother would engage the father in verbal fights when his severe mood swings became to much for her.
The primary charge substantiated by Child Protective Services against the mother of FAM.#4 was emotional instability of a parent. The mother of FAM.#3 was suffering with depression prior to her referral to the program. She reported to the worker that she had attempted suicide the year before. The mother also told the worker that she has a low self-esteem. The mother attributed her use drug abuse to the fact that she used to “gain friendships and romantic relationships.”

The mother of Family #12 had emotional problems that the family preservation worker believed resulted in her excessive use of alcohol. Not only did the alcohol effect the children, but it had a significant impact on the parent’s relationship. The fighting that occurred in the relationship was largely due to the consumption of alcohol. The children reported to child protective services that their parents “go crazy when they drink.”

The family preservation worker assigned to FAM.#15 documented in case notes that the mother suffers from the “emotional ramification of her clinical depression.” The mother was also noted as expressing inappropriate anger, in fact, she attempted to throw the child protective services worker down a flight of stairs.

**Services**

The third and final research question was the following: What services were directed at the crisis precipitators? Las Vegas, Nevada’s Intensive Family Preservation Program offers its clients a wide range of services. Services are usually delivered in the client’s homes. The services are dependent on each individual family’s needs.

**Parenting**

Families who experienced the first major crisis precipitator (F.C.P.-PAR) received a great deal of parenting education from their family preservation worker. Family preservation workers also modeled specific parenting skills. Parents were encouraged to practice the skills during the sessions.

The following parenting education topics were covered by the family preservation worker: (1) setting appropriate limits; (2) consistency and structure; (3) rules; (4) positive
and negative consequences; (5) positive attention; (6) appropriate discipline techniques; (6) developmental needs; (7) communication; and (8) Attention Deficit Disorder (A.D.D.)

Parents who were experiencing stress in their new parenting role received individual counseling from the family preservation workers. Parents were encouraged to vent their frustrations. Some parents were also encouraged to determine how their experiences in their family of origin impacted their current relationship with their children.

Children's Behavioral and Emotional Problems

The services directed at the second major crisis precipitator, children’s behavioral and emotional problems (S.C.P.-BEH/EMO) included the following: referring to appropriate day treatment centers, such as, Aspen (Boys & Girls Club), Nevada Children’s Center, and Mohave Mental Health. Two children were referred to FACT for sexual abuse counseling. These agencies serve children who have behavioral and emotional problems. The family preservation worker also communicated with the personnel at the children’s schools, psychiatrists and counselors to discuss the problematic behavior. If a child who had severe behavioral and/or emotional problems (F.C.P.-BEH/EMO) was not under the care of a psychiatrist, the family preservation worker would assist the parents with finding the resources (e.g. Medicaid) to begin the process.

Financial Problems

Families who experienced financial problems (T.C.P.-FIN) received concrete services from Las Vegas’ Intensive Family Preservation Program. Concrete services were provided to help the clients meet their basic needs. Eight families received concrete services in one form or another. The types of concrete services directed at the crisis precipitator (T.C.P.-FIN) involved helping the families access resources in the community (e.g. welfare, medical and dental care, day care). Many of these families were assigned a family service worker who assisted with transporting clients and locating funding within the community to buy clothing, furniture, bus fare, and food. Family
preservation workers also requested flex funds from the Division of Child and Family Services if the funds were necessary to avoid out-of-home placement and homelessness.

**Relationship Problems**

The parents who were experiencing relationship problems (F.C.P.-REL), including domestic violence prior to their referral to the family preservation program received individual and couple counseling. Case records indicated that majority of service hours are therapeutic in nature. The parents of these families were also referred for domestic counseling if it was an issue.

**Substance Abuse**

F.C.P.-SUB was experienced by some of the families included in this study. The family preservation workers assigned to work with these families addressed this precipitator in several ways. One, the workers referred the substance abusing parent(s) to community agencies for treatment. Two, the workers addressed the issue in a therapeutic manner. Three, the workers provided the family with substance abuse education, including relapse prevention. The specific interventions (services) were not highlighted in case records in comparison to F.C.P.-PAR, S.C.P.-BEH/EMO, and T.C.P.-FIN.

**Parent’s Emotional Problems**

Families experiencing the sixth crisis precipitator (S.C.P.-PAR-EMO) primarily received individual and family counseling. The parent’s specific emotional problems were addressed (e.g. depression, low self-esteem). These parents were referred to community mental health agencies for psychiatric evaluations and individual counseling to deal with their problems. The family preservation workers coordinated services with the mental health agencies involved with their families.
CHAPTER 5

DISCUSSION OF FINDINGS

This qualitative study represents one of the first to examine what precipitators families experience prior to their referral to Las Vegas' Intensive Family Preservation Program. The majority of existing family preservation studies focus on the program's ability to prevent out-of-home placement (Blythe et al., 1994). The researcher was unable to identify intensive family preservation literature that examined crisis theory and its relation to the program. The discussion of the finding will be related to the literature when appropriate. However, the extent to which the findings will be compared to the literature will be limited due to exploratory nature of the topic.

Crisis Theory

According to crisis theory, a person can go into a crisis because of the threat of "loss of anything considered essential and important" (Hoff, 1884, p. 52). It can be speculated that most parents would view their child(ren)'s presence in their lives as essential to their emotional well-being. The threat of losing a child to foster care would probably send most parents into a state of crisis.

It is questionable whether crisis theory is an appropriate practice model for intensive family preservation programs. A crisis state is a subjective experience. What one person views as a crisis, another person may view as a challenge. It can be assumed that the threat of losing a child to foster care does not send all parents into a state of crisis. What about the parents who have already experienced the threat of having their child placed in

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foster care? Have these parents learned coping skills that prevent them from experiencing this crisis state for a second time? The answers to these questions are important. Future studies can be constructed to examine the percentage of families participating in the program who are in a crisis state. If a significant number of parents are not in a “true” crisis state according to theoretical guidelines, then crisis intervention may not be appropriate.

There are also discrepancies among the various intensive family preservation constituent group’s definition of crisis. The child welfare system views the fact that a child has been abused and/or neglected and may have to be placed in out-of-home care as a crisis. Parents may view the allegations of abuse and/or neglect as secondary problems. The “real” crisis may be the fact that they are unable to pay their bills. Perhaps the parent’s view the threat of legal ramifications (e.g. jail) for abusing and/or neglecting their child as the crisis. Future studies can explore the different constituent group’s definitions and perceptions regarding their definition of crisis and threat.

Socio-Demographic Characteristics

The 15 families socio-demographic characteristics are generally similar and also different from the characteristics of families described in Bitonti’s (1998) study on Nevada’s Intensive Family Preservation Programs. The differences may indicate that the randomly drawn sample’s characteristics are unique to this study. The difference could also be related to the small sample size used in this study.

One of the family characteristics identified in this study that was similar to Bitonti’s (1998) findings was related to referrals. Forty-three percent of the families (parents) referred to Las Vegas’ program were charged with neglecting their child(ren) (1998). A slightly higher number of families included in this study were also referred for neglect (53%). These results are also similar to national child maltreatment statistics. In 1996, 52% of all victims of child maltreatment were considered neglected (National Clearinghouse on Child Abuse and Neglect, 1999).
Bitonti (1998) also found that the majority of parents who were referred to Las Vegas' Intensive Family Preservation Program were employed (59%). Majority of the parents included in this study were also employed (67%). The gender of the primary care taker was female (87%). Bitonti (1998) found that 48.5% of the primary care takers referred to the program were male. This is a significant difference. However, conclusions can not be drawn based on the small sample size.

The findings also indicated that 10 (67%) of the families included has prior involvement with child protective services. Two families not only had prior involvement with CPS, but they also participated in Las Vegas’s Family Preservation Program. The goal of family preservation programs is to prevent the out-of-home placement of children and they hope to prevent further incidents of abuse and neglect. There have been few studies that examined the effect of family preservation program on the likelihood of further incidents of maltreatment. A study conducted on Family First, an intensive family preservation program found little evidence that the program resulted in lower rates of subsequent maltreatment (Schuerman et al., 1994). These finding indicate that this phenomenon could be and should be the focus of studies in the future.

Determining whether or not intensive family preservation programs prevent further incidents of abuse and neglect is important, especially given that the majority of intensive family preservation programs use crisis intervention as their model for service delivery. According to the respected crisis theorist Rapoport, (1970) the goal of crisis intervention is on the “restoration of functioning rather than on the cure” (as cited in Golan, 1978, p. 49). If intensive family preservation programs are returning families to previous levels of functioning, how effective are the services if a family’s level of functioning was inadequate prior to services? Researchers contend that family functioning is an important outcome measure that has not been fully explored (Berry, 1994). It can be assumed that most agencies and workers want to do more that simply prevent the out-of-home
placement and assure the safety of children. They hope to improve the lives of children and their families by helping them improve their functioning.

Crisis Precipitators

There were 19 crisis precipitators identified during the analysis process (See Appendix). The most significant (the number of times the precipitator was documented) were the following six: problems in parenting (F.C.P.-PAR), children's behavioral and emotional problems (S.C.P-BEH/EMO), financial problems (T.C.P.-FIN), substance abuse (F.C.P.-SUB), relationship problems (F.C.P.-REL), and parent's emotional problems (S.C.P.-PAR-EMOT).

Parenting problems. This crisis precipitator was evident in majority of the case records. 13 of the 15 families reported this problem to their family preservation worker. Majority of the parents who experienced problems in parenting also reported that their children had behavioral and emotional problems. It is questionable whether the “real” stressor was the child’s behavior or the parents inability to handle their child’s behavior using their existing parenting skills. These parents’ admittedly lacked parenting skills and often resorted to using corporal punishment. The parents who reported using corporal punishment stated that this form of discipline was the only thing that worked. However, they also reported that their children had been acting-out for sometime. This finding seems to suggest that the discipline methods that these parents relied on were ineffective.

Connection between the two primary precipitators (F.C.P.-PAR & S.C.P.-BEH/EMO).

Further studies could be conducted to explore if there is a connection between the two major crisis precipitators (F.C.P.-PAR and S.C.P.-BEH/EMO). The following questions could be addressed: Do these precipitators act independently as stressors to families? Do these precipitators fit the cause and effect model? If parents possessed appropriate parenting skills, would their children still act-out behaviorally? If the children did not
have behavior and emotional problems would problems in parenting (F.C.P.-PAR) still be identified as a crisis precipitator?

Parent’s emotional problems. Parent’s emotional problems (S.C.P.-PAR) was identified as a significant crisis precipitator. Parents emotional problems can not only interfere with their ability to parent, they also interfere with their sense of emotional well-being. Further studies could be initiated to examine whether parents with emotional problems are over-represented in the child welfare system. Parents who are experiencing these types of problems may be in need of mental health care. Services should be provided to these parents as a first step, prior to their referral to the last hope — intensive family preservation services.

Differences Among Three Sources

Substance abuse (F.C.P.-SUB) was one of the crisis precipitators identified in the study. Family preservation and the parents reported the same number of families (six) experiencing substance abuse problems prior to their referral to the program. Clark County Child Protective Services reported a higher number — nine. There was also a significant difference between what the family and family preservation viewed as a crisis precipitator and child protective services in the area of finances and relationship problems (T.C.P.-FIN. and F.C.P.-REL) (See Appendix E). The differences may be related to the fact that child protective services is typically involved for only a short period of time, in comparison to the 97.63 days family preservation workers interacts with the families (Bitonti, 1998). The extended period of time spent with a family enables the family preservation worker to gain a comprehensive perspective concerning precipitating events. The time also allows for the intensive family preservation worker to develop a relationship with the family.

Child protective service workers take on a different role than the family preservation worker. Child protective services is viewed as the enemy and the family preservation is viewed as a source of support (Personal Communication with FPS Client, March 21,
Child protective service workers also act as investigative officers. Their goal is to determine if a child was or was not abused and/or neglected. Clark County Child Protective Service Officers do create treatment plans for the families who they investigate. In the treatment plan, the CPS worker identifies what parents must do to prevent the out-of-home placement of children and what resources the family needs.

The final precipitator that was considered significant (given the sample size) by family preservation workers was parent's emotional problems (S.C.P.-PAR-EMO). The parents and child protective services identified it less often as a precipitator. Family preservation workers identified it nine times, where as, the parents identified it 4 times and child protective services identified it 5 times.

The disparity could be related to the fact that Las Vegas’ Intensive Family Preservation workers view themselves as therapists. In fact, out of six family preservation workers servicing families, three of them are licensed therapists and two of them are interns working towards licensure. It doesn’t seem surprising that therapists would identify emotional problems as a precipitator. These workers received both their education and training in the field of mental health. The emphasis on mental health is evident in this program given the number of hours spent doing clinical interventions. Family preservation workers may need to re-evaluate their use of “therapy,” especially if a family does not view themselves as having emotional problems.

Services

Las Vegas, Nevada’s intensive family preservation program offers their clients a wide variety of services. All of the major precipitators were addressed with services. The services provided by the Las Vegas, Nevada’s family preservation workers seem to be based on the families unique needs. Research indicates that most intensive family preservation programs provide two types of services: direct and concrete. Concrete services were provided to help families meet their basic needs, such as, food, clothing and shelter. Las Vegas’ intensive family preservation workers tended to indirectly provide
their clients with concrete services by referring them to agencies that could assist them in this area. Workers also requested placement prevention funding from the Division of Child and Family Services. Placement prevention funds are reserved for families whose children would be placed in out-of-home care without the funding.

Financial problems (T.C.P.-FIN) was one of the crisis precipitators identified in this study. Family preservation workers, child protective service workers and parents reported that financial difficulties was a source of tremendous stress for these families prior to referral. The data revealed that family preservation workers are addressing this stressor. However, the number of hours spent providing concrete services (according to service logs) was low in comparison to the number of hours spent on therapeutic services. Although, the amount of time allocated to the provision of services was not the focus of this study, Bitonti (1998) found that on the average 32.7 hours are spent on clinical interventions, compared to the 3.8 hours that are spent providing concrete services. Helping a family meet their basic needs is considered important because if a family does not have enough to eat, learning parenting skills wouldn’t be high on the priority list.

Studies have indicated that family preservation clients are less likely to report therapeutic interventions as helpful (McCroskey & Meezan, 1977). The services reported as most helpful by parents were learning new parenting skills, the provision of medical care, food and financial services (Berry, 1992).

Individual and family therapy was applied to the following precipitators: problems in parenting (e.g. determine how their experiences in their family of origin still impact them), children’s behavioral and emotional problems (e.g. frustration, focus on communication), relationship problems (e.g. couple counseling), and substance abuse (e.g. individual counseling). The amount of time spent doing clinical interventions is consistent with the program’s treatment model, which is structural family therapy.

Las Vegas’ program can be compared to the Family Treatment Model identified by Nelson and associates (1990) because of its emphasis on therapeutic interventions. This
model provides less emphasis on concrete services, which was evident in majority of the case files. The Family Treatment Model is categorized separately from crisis intervention, although this researcher believes that current literature indicates that a number of intensive family preservation programs use crisis intervention as a theoretical framework, as well as a therapeutic model.

Limitations of the Study

A key limitation of this study is small sample size. Small sample sizes affect the generalizability of the findings of a study. Due to time and financial restrictions, this researcher relied exclusively on case records. In the cases where the records were incomplete full analysis was hindered. For example, some of the case files contained a significant amount of child protective documents, whereas other case files only contained a few pages of documents.

An additional limitation of this study was the information contained within the case files was gathered and documented by family preservation workers and child protective service workers. The information reported by clients was based on what these workers noted in case records. The actual clients were not interviewed because of time restrictions, which means the valuable information they may have added was lost.

One problem with using information solely provided by workers is that it has the potential to be biased. Schuerman and associates (1994) believe that information compiled by workers has the potential of being biased because of his or her knowledge about their work being studied. In this research study, the workers were unaware that their case notes would be utilized in this research project. However, the workers notes still have the potential of being biased because these notes are audited for quality assurance by the program supervisor upon case closure.

Another limitation of this study was its exclusive reliance on worker’s documents. Case worker notes are subjective. Subjectivity is influenced by many things, such as, personal values and a worker’s training and experience. What one worker views as a
significant problem, may be viewed by another as less significant. When a worker views something as less significant, it is less likely to be noted in case records.

Implications for Social Work

The results from this research can have several implications for social work. The implications focus on the delivery of services to families involved in the child welfare system. Social workers must be aware of the types of problems and types of stressors that parents experience prior to their referral to a family preservation program.

Family preservation services may be helpful to families at all three levels of prevention: (a) primary; (b) secondary; and (c) tertiary. Currently, intensive family preservation programs focus on secondary and tertiary prevention (e.g. prevention of out-of-home placement and reunification services). The expansion of intensive family preservation programs has been suggested by researchers. Wells & Tracy (1996) suggest that programs stop being viewed as preventing placement.

Family preservation could be expanded to prevent the need for intensive family preservation services. Social workers can continue to explore this topic and address the questions posed in the discussion of the findings section. Families may need less intensive services earlier on. Family preservation may offer families too little, too late. Current research indicates that current services are so restricted that only children who have abused or neglected or children who are delinquent are offered appropriate services (Lindsey, 1996).

Prevention strategies are tools that are used to help individuals and families avoid the development of problems. The threat of having a child placed in substitute care is a serious problem. This knowledge could lead to the development of prevention programs that are designed to address precipitators. These programs can offer services to families that may prevent the development of problems in the future.

Social workers can also use the information contained in the study in their selection of interventions. If a family is not in crisis, perhaps a crisis intervention program, such as,
intensive family preservation services is inappropriate. Social workers can begin to
assess whether or not they are addressing the crisis precipitators in their work with child
welfare clients. If crisis precipitators are not being properly addressed then actions can be
taken to remedy it. Therapeutically aligned social workers may need to re-examine the
family’s priorities, such as basic needs.
REFERENCES


APPENDIX

PRECIPITATORS REPORTED BY CPS, PARENTS, AND FPS
Precipitators Reported by CPS, Parents, and FPS

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