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Evaluation of the Crisis Intervention Program in a Family Preservation Services Agency

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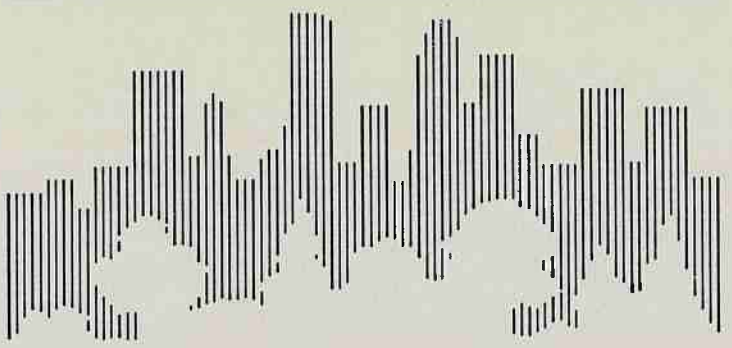

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MASTERS IN SOCIAL WORK THESIS

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CRISIS INTERVENTION PROGRAM EVALUATION

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MASTER OF SOCIAL WORK
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CERTIFICATE OF APPROVAL

This is to certify that the Master's thesis of

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has been approved by the Examining Committee for the thesis requirements for the Master of Social Work Degree.

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ABSTRACT OF THESIS

EVALUATION OF THE CRISIS INTERVENTION PROGRAM

IN A FAMILY PRESERVATION SERVICES AGENCY

Program Evaluation

Mary Lou Kley

April 21, 1995

This is an investigative and evaluative study of a Crisis Intervention Program, part of Family Preservation Services. It is in response to issues concerning the effectiveness of Family Preservation Services and how that effectiveness is measured. An inductive analysis of case records was performed to gain a better understanding of factors which contributed to putting families at risk of placing children out of the home, what interventions were used that seemed to improve functioning within the family units studied, what types of families seemed to benefit most, and the experiences and techniques of the crisis intervention workers that seemed most helpful in resolving family crises. Quantitative and qualitative data were collected from in-take and assessment forms in case records and through interviews with the crisis intervention workers. The Magura Family Risk Scales (Magura, Moses, & Jones, 1987) were used in measuring service effectiveness.

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Evaluation of the Crisis Intervention Program in a Family Preservation Services Agency

The Village Family Service Center Family Preservation Program began in 1987 in response to the United States' Adoption Assistance and Child Welfare Act of 1980. One of the main goals of this Act and the family preservation and reunification services was to prevent children from being placed in out-of-home care, and to reunify families in situations where children had previously been placed in out-of-home care. Permanence for children, preferably with their biological families, was to be ensured through the implementation of this Act (Samantrai, 1992).

Background of Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)

The United States Adoption Assistance and Child Welfare Act of 1980 (also referred to as P. L. 96-272) was implemented in response to a trend in child welfare services during the 1960s and 1970s, to remove children from homes more frequently than necessary, often due to the lack of other alternatives (Kroll & Frank, 1990). Children were frequently placed in unstable and unnecessarily restrictive settings due to lack of appropriate screening and monitoring of foster homes and other residential settings. Little effort was made to keep biological parents involved, or to facilitate reunification of children and parents (Whittaker & Tracy, 1990).

In response to the regular removal of children from their biological families and lack of efforts toward reunification, the following goals were established through implementation of Public Law 96-272: 1) protect and promote the welfare of all children; 2) prevent, remedy or assist in the solution of problems which may result in

neglect, abuse, exploitation, or child delinquency; 3) prevent the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems, and prevent the breakup of the family where the prevention of child removal is desirable and possible; 4) restore to their families children who have been removed, by the provision of services to the child and the families; 5) place children in suitable adoptive homes, in cases where restoration to the biological family is not possible or appropriate; 6) and assure adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption. Adoption Assistance and Child Welfare Act (1980).

Historical Background of Family Preservation Services

Because of this Act, several states took steps in ensuring that "reasonable efforts" of preventing out of home placements were made, and several family preservation services programs were initiated. There was ambiguity in what was meant by reasonable efforts and by preserving families. In 1993 the Family Preservation and Support Legislation was passed in an effort to clarify some of the goals and definitions of Public Law 96-272.

Definition of Family Preservation Services

Family preservation services are defined in the Family Preservation and Support Legislation (1993) as services for children and families designed to help families (including adoptive and extended families) at risk or in crisis. Family preservation services include:

(A) service programs designed to help children - (i) where appropriate, return

> to families from which they have been removed; or (ii) be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement; (B) preplacement preventive services programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain with their families; (C) service programs designed to provide followup care to families to whom a child has been returned after a foster care placement; (D) respite care of children to provide temporary relief for parents and other caregivers (including foster parents); and (E) services designed to improve parenting skills (by reinforcing parents' confidence in their strengths, and helping them to identify where improvement is needed and to obtain assistance in improving those skills) with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition. (Family Preservation and Support Services, 1993, p. 1706)

As indicated in the definition of the Family Preservation and Support Services (1993), there were many facets to family preservation services. However, in all areas, the emphasis was placed on preserving and reunifying families which became the goal of the family preservation programs.

Statement of the Problem

It is still unclear what is meant by preserving families. There are no specific guidelines for agencies providing family preservation services what is considered

reasonable efforts in preserving families. Reasonable efforts have not been clearly defined. This makes it difficult for those providing family preservation services to determine when those efforts have been exhausted and at what point it may be better to place a child (or children) out of the home.

It is also difficult to measure the effectiveness of the agencies that provide family preservation services and how that effectiveness is measured when there are often several issues surrounding the families referred to the agencies and many services offered to those families.

Fifteen years after the passage of the United States Adoption Assistance and Welfare Act and the development of several family preservation services programs, there seems to be little known in the area of family preservation services, what specifically is working and what is not with the families.

When so little is known regarding what is working and what is not in a large scale program, it is of major concern whether or not the program is best serving the needs of the population it is to serve.

Purpose of the Study

To better understand the families at risk and a concern that their needs are addressed and met, this study was conducted within a family preservation services crisis intervention program. When working with families in crisis, it is critical that the family's issues and concerns are understood, addressed, resolved or referred appropriately. Safety issues and the impact of the interventions on the family members always need to be considered when working with families in crisis.

This study was conducted because of concerns regarding the effectiveness of family preservation services' programs and the desire to become more knowledgeable and better prepared to understand and address the needs of families at risk. Because of the complexity of the issues facing the families referred to family preservation services, it is necessary to identify and investigate what the issues are and what the program is doing to address those issues.

Few studies are inductive, in-depth evaluations to gain a better understanding of the needs of the individuals and families in crisis and the services offered in response to those needs. This study is an intense investigation of data obtained from case records, interviews with crisis intervention workers, and family functioning scales to gain such an understanding. The goals of the analysis: 1) are to provide insight into the families involved in the Crisis Intervention Program at The Village Family Service Center in Moorhead, Minnesota, 2) identify the families' needs and how the agency is addressing those needs, and 3) determine what may or may not be helpful in working with the families.

Literature Review

Because of the complexity of the families referred to family preservation service programs and the multiplicity of services offered to the families, it is extremely difficult to adequately evaluate the family preservation service programs serving those families. This was indicated by several family preservation service program studies in the literature review. It is also difficult to compare studies of family preservation services and to evaluate program effectiveness because different methods, treatment models, service intensity, data collection tools, length of case follow-up, and definitions were used (Bath & Haapala, 1994; Fraser, Pecora, & Haapala, 1991; Pecora, Whittaker, & Maluccio, 1992; Wells & Biegel [Eds.], 1991).

Because the main goal of the Family Preservation Services and Support Legislation (1993) was to preserve families, it is the program goal which is evaluated in most studies.

Definition of Program Effectiveness

The common definition of family preservation services' effectiveness in most studies is prevention of placement of children in out-of-home care. Using this definition, most studies have indicated a success rate of between 50% to 95% (Berry, 1992; Pecora, Fraser, & Haapala, 1992; Tracy, Green, & Bremseth, 1993; Walton et al., 1993; Wells & Whittington, 1993). However, there are many issues raised by using this definition of effectiveness.

Issues Regarding Program Effectiveness

There have been inconsistencies in data collection and comparative analysis

having to do with inadequate and non-standardized record keeping of the families and children in the programs studied. Agencies that do have management information systems seldom keep more than basic historical data and demographic information, such as age, race, gender, etc. on the children served in family preservation services. Some systems purge information about previous services provided to the families, such as, child abuse investigations, family preservation services, or foster care, making it difficult to measure long-term success outcomes of the family preservation services (Courtney & Collins, 1994; Schuerman, Rzepnicki, & Littell, 1991).

Earlier studies had no control groups. Without control groups, it is difficult to determine how many children would have been placed without treatment. In more recent studies using control groups in child welfare agencies in California, New Jersey and Illinois, there was no significant difference between the control group and the groups which had received family preservation services (Bath & Haapala, 1994).

Previous studies did not take into consideration situations where it may be safer for the children to be placed out of the home temporarily, or in some cases, permanently. In situations such as consistent abuse, violence, chemical dependencies, and some types of mental illness, it may be better to place children out of the home at least until the treatment and/or therapy can be determined effective (Nelson, 1991).

Some macro factors that are not addressed by this outcome measurement are the following: the availability of preplacement and placement options, the policies and actions of the local legal systems, child protection agencies, and federal policies and financial support. The families may still be together because there are not

services available for placement. Due to backlogged local legal systems and child protection agencies, and lack of financial and policy support, children who probably should be placed often remain in their homes (Bath & Haapala, 1994). These situations would be considered successful because the children remained in the home.

Previous studies do not address the differences in support services and financial resources available to the families according to the region in which they live. Some small cities, rural areas, and counties may not have the therapeutic or hard services such as child care, affordable housing, and/or jobs that pay a livable standard wage to provide the support to families with multiple needs. There may also be a lack of foster care, residential treatment facilities, or respite care to provide relief and/or choices for placement options, once placement need has been identified (Bath & Haapala, 1994; Wells & Biegel [Eds.], 1991). Again, with the definition of program effectiveness as being prevention of placement in out-of-home care these situations would be considered successful.

Factors Contributing to Risk of Out-of-Home Placement

Some of the factors identified in the literature as contributing to out-of-home placement risk are: family stress factors, child maltreatment and disabilities, and previous placement out-of-home by one or more of the children within the family. Family stress factors are defined as economic difficulties and inadequate living environments, such as, substance abuse, domestic violence, physical, mental, emotional problems of caregivers, history of abuse in family-of-origin of caregiver. Child maltreatment and disabilities include neglect, inadequate supervision, and

families in goal-setting and carrying out of their goals, using support services and resources, and concrete services that the crisis intervention services are most effective in preventing out-of-home placement (Dore, 1993; Fraser, Pecora, & Lewis, 1991; Haapala, Pecora, & Fraser, 1991; Kinney, Haapala, & Booth, 1991; Lewis, 1991b).

Concrete services.

Some of the concrete services with which the families are directly provided, or assistance is given in finding, are the following: transportation, recreational opportunities, employment opportunities, financial assistance, child care, food, medical care, toys, cleaning, utility problems, housing, and clothing (Pecora et al., 1992). Approximately 75% of all study families were given some type of concrete services with transportation given the most often (Lewis, 1991b). The provision of concrete services suggests intervention success particularly with families living at poverty levels (Bath & Haapala, 1993; Fraser et al., 1991).

Intensity of services.

Some studies indicate the brief length and intensity of services is helpful because it helps the family focus on making necessary adjustments and minimizes client dependency on the services (Bath & Haapala, 1993). However, in some situations, such as in working with neglectful and abusive families, longer term interventions such as parent education and problem-solving, teaching family living skills, conflict resolution, follow-up visits, or providing ongoing, crisis-based support services may be more helpful than short-term, interventions (Bath & Haapala, 1993; Yuan & Johnson, 1991).

Goal-setting.

Goal-setting is often used in the crisis intervention programs. Because many crisis intervention programs are based on a 30 day model, for resolution of the crisis it is important to identify the immediate problem and set goals in resolving the immediate crisis and prevention of future comparable crises.

Crisis resolution.

The question arises whether 30 days is a long enough time to resolve such crises and to teach adequate skills to prevent and manage future crises. In the Homebuilders' model, one of the first and most well known, and often replicated in-home family crisis intervention and education program, there are several reasons for using four weeks as a guideline: 1) Homebuilders' experience has indicated it is long enough to prevent placement. 2) Clients are seen for long, intensive periods of time when the problems are occurring in the settings in which the problems occur. 3) Therapists are available when and for as long as needed within the 30 day framework. 4) Because of low caseloads, clients are seen for approximately the same amount of time in 30 days that they would otherwise receive in one year of traditional therapy. 5) The short time frame allows the therapist and client to better focus on specific goals and are able to get quicker feedback on what is working and what is not. 6) Often clients and therapists reach a plateau after four weeks and the crisis for which the family was referred is over. Homebuilders has varied the length of the interventions from four, six, and eight week lengths and have noticed no affect on out-of-home placement (Kinney, Haapala, Booth, and Leavitt, 1990). However, one wonders the

extent to which these results are impacted by costs when the following was stated in the same article:

> For the agency, the time limit helps us to keep costs down, serve more cases, and make possible lower caseloads per therapist. Longer interventions cost more (unless we also increase the caseloads). The increased costs and/or length of the intervention can be difficult to justify to funding sources that want to pay only for prevention of placement and can point to documentation that it is possible to prevent placement with 4 to 6 weeks of service. (Kinney et al., 1990, p. 49)

There is also some difference in opinion as to whether or not a crisis can be resolved in 30 days. It is difficult to determine how long it takes to resolve a crisis. Much depends on the factors precipitating the crisis and the resources available to help resolve the crisis. There is no adequate child welfare research that can accurately estimate the amount of time that elapses between a parent's complaint that a child is beyond control and the family's decision to exclude the child from the home. It is also unclear how long it takes before a family is no longer motivated to reunify a child who was removed from the home and resume his/her care (Barth, 1990).

Family Functioning Factors

Most studies do not address the long-term effects of the interventions and how the family is functioning after the interventions. More longitudinal studies are necessary to determine long-term effects of family preservation services (Barth &

Berry, 1990). There is no hard evidence that shows that interventions, parenting models and education used with families during family preservation services' involvement are continued after family preservation services are ended (Wells & Whittington, 1993).

Crisis Worker Techniques

There has been little research done on the specific interventions or techniques that family preservation services' workers have found most helpful. There were no studies found in the literature search that included interviews with the crisis intervention worker involved with the particular case to investigate the crisis intervention worker's methods of intervention, reasons for the particular intervention used, and the crisis intervention worker's observations of a specific case. Some of the studies included a questionnaire regarding crisis intervention workers' general therapy techniques and services used with the families in the family preservation services (Nelson et al., 1988), but none were specific to a particular case studied or specific to a crisis intervention program.

Another area that has been implied, but not explored in research is the relationship between the therapist or crisis intervention worker and the client (Fraser et al., 1991). Techniques that have appeared useful in working with families, but have not been thoroughly researched, are active listening, encouragement, "joining" with the family, developing a rapport, and building hope (Kohlert & Pecora, 1991).

Conceptual Framework

Family preservation service programs work under the following concepts:

Families have incredible emotional ties that cannot be easily severed. When the emotions become intense there are usually feelings of belonging and family members can learn new coping methods. Families can learn to handle their problems when taught new skills and behaviors. Parents can learn new and appropriate methods of parenting. Children who become separated from their families have a sense of loss and may suffer serious long-term consequences from the separation. It is also difficult to determine which types of families may be hopeless. All families should be given a chance to resolve their problems. It is the responsibility of the family preservation services program to instill hope to the family and to work with the families in setting goals and working toward achieving those goals. Families are doing the best that they can with the resources that are available to them (Kinney et al., 1990).

The family preservation programs compared in this literature review have the following services in common: 1) cases are provided services for a short period of time (30 to 90 days) and a high intensity of hours spent providing those services, 2) services are offered in the families' homes, 3) caseloads are small with two to six families per caseload, 4) therapists are on call 24 hours a day, 7 days a week, 5) at least one family member must express the desire to keep the family together; and 6) families are at imminent risk of having a child or children placed (or already have a child or children placed) in out-of-home care and the agency and families are working toward reunification (Bath & Haapala, 1994; Berry, 1992; Kinney et al., 1991; Lewis, 1991a; Whittaker & Tracy, 1990).

Theoretical Framework

In the "Homebuilders" model upon which many family preservation services are based, therapists use a variety of techniques such as counseling, advocacy, training, and concrete services to families. They work with families in the home and focus on improving child and family functioning, so children can be prevented from running away or being placed unnecessarily in substitute care. Therapists carry small caseloads of two to four families at a time and provide 24 hour-a-day case coverage. Services are crisis-oriented, intensive and brief. On the average, they are provided for four weeks, and it is common for the workers to spend 10 hours a week with a family during the initial stages of treatment and five to eight hours a week thereafter (Kinney, et al., 1990).

Family strengths perspective.

One of the main goals for most family preservation services is to provide services for and strengthen families with children who are at risk of out-of-home placement. The services that are provided are determined and prioritized with the family as part of their partnership in decision-making, goal-setting and problem-solving processes with which the families are directly involved. Family strengths are reinforced, survival and communication skills are taught, and community resources are used for on-going support after the family has completed the program. The family is taught how to identify their strengths and utilize those strengths in solving their own problems. The philosophy is that if the family can learn how to use those skills in solving their crisis situations with the assistance of a family preservation services staff

member, they will be better able to solve the problems on their own when another crisis surfaces and be better able to prevent another crisis from occurring. (Kinney et al., 1990). Services offered to the families are crisis oriented, intensive and brief (Pecora et al., 1992).

Crisis theory.

Crisis theory is applied with the concept that people are open to change when times of high stress, allowing opportunities for growth and change (Kinney et al., 1991).

Systems theory.

In addition to teaching skills, systems theory is applied when Homebuilders therapists provide or arrange for a variety of concrete services to assist families to obtain food, clothing, housing, and transportation. Other community resources that provide families with food stamps medical care, day care, and employment training may also be recommended by the worker. Workers also collaborate with counselors, schools, county social services, extended family, and other systems involved in the supporting the family.

Ecological theory.

The problems faced by many of the families are mere reflections of some of the large-scale problems of society: poverty, lack of housing, child care, respite care, increased violence, drug abuse, teen pregnancies, and racism.

Other theories.

Most family preservation services programs use a variety of theories and

techniques in working with their clients. Social learning and cognitive behavioral theory are used in teaching skills in anger management, parenting, stress reduction, conflict resolution, and household management. Rational emotive therapy, functional, structural, and strategic family therapy; guided imagery; Gestalt therapy; family sculpting; ecomapping; and genogram analysis have been used at various times with various families. In-home therapy and working with families on a regular, intensive basis provides for the flexibility of trying different techniques (Pecora, et al., 1992).

The Homebuilders program is based upon Rogerian, cognitive-behavioral, crisis, and ecological theories. The family and its social support system are viewed as the focus of service with an emphasis upon promoting client independence and psychosocial skill-building.

Therapists also use a variety of clinical methods, including parenting training, active listening, contracting, values clarification, cognitive-behavioral strategies, and problem-management techniques (Kinney et al., 1991; Kinney et al., 1990).

Social work problem-solving model.

The model used in many family preservation services programs is comparable to the social work problem-solving model (Blythe, 1990). The contact phase begins with the problem identification and definition, goal identification, preliminary contract, exploration and investigation, assessment and evaluation, formulation of a plan of action, prognosis, carrying out of the plan, termination, and evaluation (Compton & Galaway, 1989). The families are taught these basic problem-solving skills so they will be better prepared to solve their own problems.

The worker begins by going to where the family is, physically (in their home) and emotionally (in crisis). Because of the intensity of the program and the small caseload, the worker gets to know the family well and can better work with the family in assessing the family's strengths and needs. The worker also emphasizes the family's strengths and the resources the family has within itself to work on solving many of its own problems, with the support of the program. The worker can also better individualize the program to reinforce those strengths and provide support for those needs. There can also be greater flexibility in working with families, new ideas tried, and more opportunity for the expression of individualism, cultural diversity and family heritage.

> Our goal is not to make the perfect family. For one thing, we do not know what perfect families look like. If the goal of our service was to have the maximum effect on the family, to help them change as much as they possibly can, the total hours needed could be unlimited. In our experience, no one is ever finished growing or learning. (Kinney et al. 1990, p. 50)

This may be part of the reason evaluation of this program is so difficult. The families are constantly growing and changing. It is difficult to evaluate the effectiveness of a program where the subjects are in a continual process of change.

Research Questions

As part of the evaluation process of the effectiveness of such a program, there are many questions that are raised concerning the program and its effectiveness. Some of the questions are the following:

1) What are the needs of the families in crisis and how is the program meeting those needs? 2) Are there certain similarities, socio-economic factors that are common to the families at risk? 3) Is family preservation services best serving the needs of the children as well as the other family members? 4) What interventions are used and effective in resolving the crisis? 5) How is improvement within the family measured? 6) Are there crisis intervention workers' techniques that work better with certain families in dealing with the crisis situations? 7) How does a worker know when the intervention is successful? 8) Is 30 days a long enough period to resolve the crisis? (9) How is effectiveness measured within the crisis intervention program and is it a valid measure of success?

Methodology

To pursue answers to the previous questions, a study of the Crisis Intervention Program at The Village Family Service Center in Moorhead, Minnesota, was conducted.

The families were referred to the Crisis Intervention Program through county social service agencies in concurrence with the provision of the Minnesota Family Preservation Act of 1991.

Six types of family-based services were made available through the passage of the Minnesota Family Preservation Act (1991): 1) crisis (under which the Crisis Intervention Program falls), 2) counseling, 3) life management skills, 4) case coordination services, 5) mental health services, and 6) early intervention services. These services were designed to enhance family preservation services with the goal of strengthening families and reducing unnecessary separation of children from their parents (Minnesota Family Preservation Act, 1991).

The Crisis Intervention Program which is the focus of this study is a family-based "crisis service" as defined in the Minnesota Family Preservation Act (1991).

Definition of Crisis Services

> "Crisis services" means professional services provided within 24 hours of referral to alleviate a family crisis and to offer an alternative to placing a child outside the family home. The services are intensive and time limited. The service may offer transition to other appropriate community-based services. (Minnesota Family

Preservation Act, 1991, p. 454)

Sample

All families referred to the Crisis Intervention Program at The Village Family Service Center between January 1, 1995, and March 1, 1995, were selected for the study. Because the actual study did not begin until January 23, 1995, after approval from the Augsburg Institutional Review Board, some families referred and already receiving services prior to January 23, 1995, were not included in the study. The families were referred by the social service agencies from Clay, Polk, and Becker counties for crisis services as defined by the Minnesota Family Preservation Act. Only families who signed a consent form stating their voluntary consent to participate were included in the study (see Appendix A). Only families referred to the Crisis Intervention Program within the two month time frame who agreed to participate were included in the study.

The four crisis intervention workers involved with the families in the program also participated in the study.

Consent and Confidentiality of Participants

Consents from the agency, families and crisis intervention workers were obtained prior to beginning the study. A letter granting the researcher permission to access case records, interview crisis intervention workers, and conduct the study was signed by the agency's administrators (see Appendix B). All of the crisis intervention workers were invited to participate in individual interviews with the researcher to provide personal and professional background demographics and general information

regarding her role as a crisis intervention worker and the types of cases seen in the crisis intervention program. They were also invited to participate in an interview, after closing with the family, to review the case and discuss and evaluate with the researcher the interventions that were used with each family. All of the crisis intervention workers were advised that their participation in the interviewing process was voluntary and none of their cases would be reviewed without the crisis intervention worker's consent and the consent of the family with whom they were working. All crisis intervention workers signed the consent forms to participate in the study (Appendix C).

The crisis intervention workers reviewed the "consent form for clients" with their families, explaining to them the purpose of the study, procedures, voluntary nature of the study, its risks and benefits, and the confidentiality of their responses. Names of individuals in the case records were omitted as information was consolidated into the aggregate data collection in an attempt to protect confidentiality. Only the crisis intervention worker directly involved with the case, the agency, and the researcher have access to the research data collected.

Design and Procedure

An inductive analysis of information contained in the twelve case records was conducted. An intense review of the case records to identify trends and patterns of families in the crisis intervention program was performed. Presenting problems, goals, progress/interventions, and notes from each session were reviewed and evaluated. This inductive analysis was done by the researcher conducting the study.

Crisis intervention workers collected quantitative data relating to socio-demographics of families, such as number of children, income source, ethnic background, age, and marital status and recorded the data in case records. Risk type, risk level, referral source, child's legal status, potential placement facility, and other miscellaneous data was collected and recorded on Families First of Minnesota forms (see Appendix D). Permission was obtained from the Minnesota Department of Human Services to use the Families First forms (see Appendix E). Quantitative statistics were also acquired and recorded on the family based services log (see Appendix F).

Qualitative information was gathered from the notes and assessment forms (see Appendix G) in the case records as completed by the crisis intervention workers. The qualitative data was gathered on the families through reviewing the case records' information on family/referral source/family based crisis intervention worker's goals, the crisis intervention worker's assessment of the family, the treatment plan(s) used, and what social systems were available for on-going support to the family. The crisis intervention worker's summary and recommendations were also included in the qualitative data.

An open-ended questionnaire was designed for use in the interview process of individual crisis intervention workers (see Appendix H). The questionnaire was used to gather background information on the crisis intervention workers, what they perceived as the most common problems of the families in crisis, what interventions they used and why, and their preferred case types.

Another open-ended questionnaire was designed and used to interview the

member Advisory Committee, consisting of administrators from preventive services provider agencies and from New York City and state public departments further reviewed and evaluated the survey. Ten social workers from preventive services programs reviewed and pretested the draft scales and addressed the issues of relevance of the scales to preventive cases, appropriateness of the detail level, understandability, and availability of information for scale completion. The final Magura Family Risk Scales were a result of this intensive testing. (Magura, Moses, & Jones, 1987)

In an attempt to maintain consistency in completing the ratings, the researcher trained four crisis intervention workers who were involved in completing the risk scales. The ratings were completed by the crisis intervention workers at the initial intake and at termination. Results were compared from the pre-test prior to any interventions and the post-test at the termination of services to indicate changes in family functioning after the crisis intervention services were provided.

Analysis of Data

Because much of this study was an inductive process, the researcher organized and analyzed the qualitative data for trends, explanations and interpretations. This process was on-going from the beginning of the study until the cases were closed.

Findings of Study Results

Some of the data compiled from the Families First of Minnesota forms and other intake/referral forms in the case records provided quantitative and other information relating to factors contributing to risk of out of home placement and some sociodemographics on the families.

Factors Contributing to Risk of Out of Home Placement

Twenty one of the thirty children living at home at the study's onset were identified by the county social service agencies as being at risk of out of home placement. As indicated in data collected from case records, truancy was the main reason nine children from five families were determined to be at risk of removal from their homes. Parent/child conflict which has the potential for, or has resulted in, abuse and neglect were reasons given for putting the remainder of the children in this study at risk of placement. The following table reflects the referral reasons to the Crisis Intervention Services Program as indicated on Families First of Minnesota Referral and Initial Assessment and county referral forms. Many of the families were referred for more than one reason, therefore, reflecting a greater number of responses than total number of families.

Table 1

Reasons County Social Services Referred Families to Crisis Intervention Program from January 1, 1995 through March 1, 1995.

Referral reasons	Number of families
Physical abuse	3
Sexual abuse	1
Potential abuse	3
Unable to meet basic need	1
Unable to provide child with minimum level of care	1
Unable or unwilling to cope with child's behavior	10
Unable or unwilling to meet child's special needs	1
Parent/child relationship	7
Sibling relationship	1
Child removed from home	1
Child's removal from home imminent	3
Runaway	1
Alcohol and/or drug abuse	4
Coping with or overcoming a disability	2
Individual/family isolation	1

As indicated in Table 1, ten of the twelve families had been referred due to inability to cope with a child's or children's behavior, and seven of the families had difficulties with the parent/child relationships. Six of the ten families, who were referred due to inability to cope with a child's or children's behavior, had at least one teenager in the family; one of the families had a pre-teenager. The remaining three families had younger children and were also referred for neglect and/or abuse issues. The same seven families with the teenagers and pre-teen were also referred for difficulties in the parent/child relationships.

Family Composition

Nine of the twelve families are parenting children with no other adult in the home to assist in the parenting role. Four of those nine were separated from their significant others within the last year. One of the four, whose significant other recently left, has six children between the ages of two and twelve years old. Two of the four have three children each between the ages of five and ten. One of the four has four children. The oldest is a teenager and the youngest is less than two years old.

There was some cultural diversity among the twelve families. Four of the families were of Hispanic heritage, one was Native American, one bi-racial, and the remaining six were Caucasian.

Income Sources

Based on the income source data, seven of the families receive public assistance; four indicated incomes from wages or salaries. The income levels were not identified. One family's income source was not indicated.

Assessments, Interventions, and Theories

Data collected from the case records and through interviews with the crisis intervention workers revealed that several theories and interventions are applied in working with families in the Crisis Intervention Program.

The social work problem solving model and systems theory appear to be used with all of the families. The crisis workers seem to be working with the families in identifying the immediate problem(s) and in determining what resources are needed and how to acquire those resources. A combination of providing concrete services, education, and the application of cognitive-behavior, and structural theories are used in resolving some of the problems.

In cases where truancy was the reason for referral, there were often many other issues surrounding the referral reason. In two of the truancy cases, there were also domestic violence issues. In both cases the abuser was removed from the home through legal action taken by the abused. In both cases the worker had joined with the abused person in identifying family of origin issues and patterns of former abuse. Once the abuse patterns had been identified, the persons who had been abused were provided with information regarding resources in the community for counseling and assistance. The persons who had been abused contacted those resources and took the action necessary to seek help. The case workers also used education in teaching alternatives to violent behavior such as conflict resolution and anger management.

Other problems identified in the families where truancy had been the primary reason for referral were: 1) physical and/or mental illness 2) alcohol and drug abuse,

3) children identified with learning disabilities and/or Attention Deficit Disorders, 4) financial problems, 5) parent/child conflict, and 6) no adult available to assist the single parent in the parenting role.

The crisis intervention workers used a variety of resources with the families where the above problems were identified, not only in families where truancy had been the reason for referral, but also with many of the other families where the same issues had been identified as problems within the family.

To address the physical and mental illness issues, the crisis workers referred the families to medical and mental health resources in the community. Referrals were also made for personal care assistants when the parents needed help due to their physical or mental condition. One of the parents with physical illness moved her family and returned to her home state to be closer to family members for support.

A combination of education and referrals made to other counseling and support resources in the community were interventions used in addressing drug and alcohol issues. Family-of-origin issues were often identified and addressed, and families found similar patterns in their own behaviors. Discussions with the families identified how the drug/alcohol issues have affected the family and what resources were available to address the issues.

Where children were identified as having learning disabilities and/or Attention Deficit Disorders, the crisis intervention workers worked closely with the school systems and educated the parents on the particular learning disability or Attention Deficit Disorder. The crisis intervention workers also provided the parents with

resources to get more information, referred them to counselors with the particular expertise needed, and collaborated with the counselors and parents for support.

In families with financial difficulties where specific needs were identified, concrete services were provided and money management skills were taught. Bath towels and wash cloths, bed linens, and clothing for the children were purchased when neglect had been an issue. Food baskets were ordered when the food stamps did not last the full month. Transportation was provided to help in getting children to school.

Communication skills, conflict management, and behavior modification were used in working with families with parent/child conflict issues. The parents were provided materials and educated in age appropriate behaviors. Puzzles, stickers, books, small toys, and supplies for chore charts were purchased to assist in a establishing reward systems for good behavior and to work toward developing some order and routine within families where the need for order was identified. As stated previously, many of the families with parent/child conflict issues were parenting adolescent children. Education in adaptation of parenting styles appropriate to the child's age and/or development was provided. In cases where family-of-origin issues were identified, it appeared that parents tended to use parenting styles comparable to those used by their own parents.

Structural and behavioral theories were also used in working with parents. In two parent families the crisis intervention workers identified a need for the parents to work together in their parenting styles. The parents were encouraged to support each other in parenting their children. All parents were encouraged and supported in

setting up age appropriate guidelines for their children, making children aware of their expectations and the consequences of their actions, and being consistent in carrying out the consequences. Single parents were discouraged from allowing their children to assume the caretaker responsibilities and were encouraged to seek an adult support network in their parenting responsibilities. Chore charts were used to help in establishing age-appropriate family responsibilities and routines.

As data in the case records and interviews revealed, it appeared that in most families, a variety of theories and interventions were used. Through the interviewing process of crisis intervention workers, definite patterns and approaches in the worker's interventions and techniques emerged.

Crisis Intervention Workers' Backgrounds

There appeared to be nearly as much diversity in the interventions and techniques as there was in the crisis intervention workers' backgrounds. Out of the four crisis intervention workers, two were married, one was single, and the other was divorced. Their ages ranged from the mid-twenties to the upper thirties. All but the single woman had one or more children. The ages of their children ranged from two to twenty two years old. Two of the crisis intervention workers were of Hispanic heritage, one was American Indian, and the other was Caucasian. Two had gone to schooling for social work degrees; one of the two had her Bachelor of Social Work degree. One of the crisis intervention workers had a Bachelor of Arts degree in Chemistry and two and one half years of medical school training. The other worker had a Bachelor of Science degree in Psychology. Previous work experience also

varied. However, two of the workers had worked with people who had developmental disabilities or people with chronic mental illness, and two of the workers had worked in assisting/counseling undergraduate students.

Other similarities that were shared by the crisis intervention workers were they were all women and they all generally responded they liked working with the people in the crisis intervention program when asked "what do you like about being a crisis worker?" Two of the workers mentioned they disliked the paperwork when asked what they disliked about being a crisis intervention worker. Two of the workers mentioned working with adolescents as particular case types with which they preferred not to work; both used teaching communication skills and providing support to the families as interventions. Two of the workers mentioned they preferred working with adolescents; one of whom teaches parenting skills to the parents; the other likes to use solution-focused therapy in those cases. Two of the workers mentioned they preferred not to work in cases with abuse issues; both workers referred those cases to programs specializing in abuse counseling.

Crisis Intervention Workers' Techniques, Interventions, and Outcomes

From crisis intervention workers' responses to questions asked during the interview process at case termination, and from information acquired through the case records, there appeared to be trends in techniques used, interventions, and outcomes. Each crisis intervention worker appeared to use techniques and interventions with which they had the most experience and repeated those techniques with the families with whom they worked.

Two of the workers appeared to use structural theory in working with the families, particularly with parent / child conflict and abuse issues. Both workers helped parents in learning new communication skills and stressed the importance of the parent(s) in assuming the role of the parent, maintaining the intergenerational boundaries. They also stressed the importance of the children's need to assume age appropriate responsibilities and not go above the generational boundary. Both seemed to work with the families in identifying and resolving boundary issues.

Another worker seemed to use solution-focused therapy and the family strengths perspective in working with her families. She used circular questioning and referred to using the miracle question, "Suppose one night, while you were asleep there was a miracle and this problem was solved. How would you know? What would be different?" (Nichols & Schwarz, 1994, p. 484). She asked questions about what solutions had previously worked in the past and what had not. Families were also asked questions about their families of origin. The worker appeared to use these techniques and theories with all of her families, particularly with families where there were abuse issues.

Education and cognitive behavioral therapy appeared to be the preferred theory applications for one of the workers. Education was used in teaching parenting skills and educational materials were distributed to the families. Behavior charts were provided to set up structure in families that appeared to have little structure. Parents were encouraged in setting up clear rules, and consequences of those rules. The children were rewarded for good behavior. Concrete services were also provided for

the families as needed. The worker used systems theory in finding resources for the families.

All of the workers appeared to use systems theory in collaborating with and acquiring resources. All of the workers mentioned the importance of joining with families before any information could be obtained or any interventions done. None of them were able to identify specifically what it was they did to join. However, it was this researcher's observation that all of them had stated in at least one of their interviews how they just listened and many of the families were willing to talk; one mentioned how amazed she was how much her clients were willing to disclose.

It appeared in the case records that all of the families lacked social support networks. Extended family was either not geographically close or not emotionally or physically available to them for support. A tool in identifying families' social support systems that may be helpful, but did not appear to be used, would be the eco-map. Three of the families returned to geographical areas from where they had moved to be closer to family support systems. One statistic that was unavailable to the researcher and that may be useful to explore would be length of time the families had lived in the community.

The question that perplexed every one of the workers was why they used their particular intervention(s). The theme that seemed to come through with their responses was that it just made sense.

When the crisis intervention workers were asked "how effective was the intervention?", they all believed their interventions effective, except in three families

where there were issues of parent/child conflict and/or abuse, and/or mental illness. In those cases, the workers were unsure if the families would continue with the treatment plan after the worker closed the case. Referrals were made for intensive in-home therapy and/or the families were referred to other resources in the community.

All of the crisis intervention workers defined effectiveness other than "prevention of out of home placement" with all but one of the families. Every one of the crisis intervention workers were able to identify at least one area where the family's situation had improved.

All of the positive responses indicated the family used their own strengths and resources for improvement in some way. Some of those responses are the following: 1) appointments were kept; 2) the client stood up to the social worker and decided what was best for her; she moved out of the community and returned to her system of support; 3) "the light bulb went on" for the client and she made some major changes in her life; (Examples are not provided to protect the identity of the client. However, the case record reflects these changes.); 4) some very difficult family issues were disclosed, discussed, and resources made available to address those issues; 5) family communication improved; 6) there were no further complaints from other systems regarding the issues; and 7) the parent and children returned to the community where support systems had been identified by the family and could again be used.

Discussion and Implications

Because of the few crisis intervention workers and the small population of this study, it is impossible to form any conclusions at this point. However, more research studying larger populations would be helpful in investigating possible relationships between crisis intervention workers' theoretical conceptions, techniques, interventions, and outcomes.

An attempt was made to determine if there was any correlation between the amount of time the crisis intervention worker spent with a family and outcomes. However, three of the families moved away from the community and the cases were prematurely closed. Some of the family based services logs on which the direct, indirect, and travel time per family were recorded were not finished at the time this study was completed. The logs reflect the daily and monthly totals of time spent in direct face to face, collateral face to face, collateral phone, education and assessment areas. They also reflect the amount of time spent on paperwork and travel. However, there are maximum amounts that can be charged to the county agency in each category, thus possibly not giving a true reflection of actual time spent in any particular area. For further study, it would be interesting to do a time analysis of the crisis intervention workers to see if there is a correlation between actual time spent, how the time is spent, and how that may affect outcome.

Also to be included in that study would be a cost analysis to determine how much time and money are needed to support a family when they have reached a crisis severe enough to threaten the removal of their child(ren). It may be worthwhile to

compare that cost with the costs involved in education, prevention and community support prior to the family having to reach that point before help is available.

From this small study and from other studies found in the literature review, there appears to be a need to provide social support to families. Parents need assistance in supporting their children in a variety of ways. As research indicates, stress increases in inverse proportion to the number of resources available to the family (Hay & Jones, 1994; Bath, Richey, & Haapala, 1992). Children have been relied upon to assist in caretaker roles before they are ready. Families need a support system in the community to replace the roles that extended families previously filled.

There is also a need to determine long-term effects after crisis intervention services. How are families functioning after crisis intervention services? That is a question that was identified in the literature review, continues after this study, and will continue until more longitudinal studies have been done. As the literature review also indicated, longitudinal and follow-up studies of families in family preservation services are needed to determine long-term effects of the family preservation services and support services.

The Magura Family Risk Scales were initially intended in this study to be used as a means for measuring family functioning. Success in this part of the study was to be defined as improvement in the Family Risk Scales' ratings through comparisons of the pre-test and post-test results of the study. However, there were many difficulties encountered in using the scales in this way. Some of the difficulties had to do with the researcher's and crisis intervention workers' inexperience in using

the scales. Some of the items were incorrectly recorded on the scales. When change was indicated in the case record, the change was not reflected in the same way on the scales. There appeared to be some confusion and inconsistencies in recording positive versus negative change when compared with what was recorded in the case record and in the interview with the crisis worker. When negative change was identified on the risk scales, there may have been several explanations for the change. Some of those explanations could be: 1) There could actually be a negative change after intervention; 2) After working with the family for 30 days, more problems may have been identified than were detected initially; or 3) The crisis worker may reflect some personal biases. The Magura Family Risk Scales seemed to be more appropriately used as an assessment tool and in setting goals. More experience in using the scales by both the crisis intervention workers and researcher would have also been helpful.

As the literature review indicated and this study implies, there continues to be a need to further study family functioning before and after crisis intervention. A possible approach would be to use goal attainment scales as a quantitative measure indicating goal achievement. However, measuring outcome based on a single goal, or to set one specific goal on which to work with multiply complex families, may limit the potentials of the family preservation services programs and the families these programs serve.

As was indicated in this study, as well as in studies reflected in the literature review, families in the family preservation services programs are very complex and have many needs. Many interventions are used in working with the families which

makes it very difficult to evaluate any particular intervention that may be most helpful. There are also many indications of families using their own strengths in resolving many of their own problems through the interventions, support and encouragement provided by family preservation programs. This, also, is very difficult, if not impossible, to measure by any one assessment tool. It is through in-depth, intensive evaluations such as this, that one can begin to understand and appreciate the multiplicity and effectiveness of the family preservation services programs.

Many of the presenting problems are only symptomatic of larger systems problems. The social work profession must continue to advocate for families and work toward making institutional changes to support families. Social workers need to work toward empowering families to use skills needed in working with other systems, and to continue to collaborate with other systems, to ensure that families' needs are identified, addressed and met. Communities at all levels, and all institutional systems, need to become more sensitive to what families need, and to work together in providing the education, resources, and support for families in raising their children, our future.

Summary

The first research question asked in this study was: what are the needs of the families in crisis and how is the program meeting those needs? The answer to that question also answers many of the other research questions asked. As the literature review and this study have indicated, the families in the family preservation services' programs are very complex. There are many needs and issues concerning these families. What seems to surface throughout the families is how they find the strength within themselves to begin to resolve some of their issues. Some of the problems in the families seem to be overwhelming. However, many of the families dig away at solving their problems, one step at a time.

As both the literature and this study indicate, the family preservation services workers seem to work with the families in identifying the problems, assist the families in exploring options and setting their goals, and use a variety of techniques, interventions, and theories in assisting the families to achieve those goals.

Is 30 days a long enough period to resolve the crisis? The answer to that question depends on what the crisis is. As indicated in the literature review and this study, thirty days may be long enough to get a child back to school if the child is truant. However, as indicated previously, the truancy problem may be resolved, but systemic issues that may be contributing to the truancy still need to be addressed. Thirty days may be long enough to provide concrete services such as food, transportation, and clothing if needed; however, for abuse and neglect patterns and chemical dependencies it is difficult to know.

Longitudinal studies are needed to determine the long-term effects of the family preservation programs. Is 30 days long enough to resolve some issues within the families and to make an impact on someone's life? From what was found in this study and from other studies in the literature review, it appears so.

How is effectiveness measured within the crisis intervention program and is it a valid measure of success? All but one of the children in this study remained in their own homes. Using the definition of effectiveness as the "prevention of placement of children in out-of-home care", this program is successful. One of the children in the families in this study was placed out of the home. Was this an indication of failure? The strengths revealed in the family in resolving some of their other identified problems seemed to this researcher to be a more valid measure of success.

Perhaps the following quotation from one of the Village Family Service Center's newsletters best represents the program's measurement of success:

> The program recognizes that the needs of children and families are interdependent, and that parents are the primary caretakers of children.
>
> Counselors work in the home with the families to help them develop satisfying relationships that are nurturing and free of abuse or threat. Perhaps the most important component of the program is that it values the family and recognizes that families can--with help--heal themselves. Once families and parents are empowered to meet

> the needs of each other and the children, significant changes often occur.
>
> Our counselors find and focus on the family's strengths, on keeping parents in charge and responsible for their families and what goes on within them (The Village Crier, 1993, p. 1).

It is the focus on these family strengths and how the family uses those strengths that seem to make this program a success.

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Appendix A

CONSENT FORM FOR CLIENTS

You are invited to be in a research study to assist in measuring the effectiveness of the crisis intervention services to which you have been referred. All participants in the Crisis Intervention Program at the Village Family Service Center from January, 1995 through March, 1995, have been asked to participate in this study. Please read this form and ask any questions you may have before agreeing to be in this study.

This study is being conducted by me (Mary Lou Kley) as part of my master's thesis for my Master's for Social Work degree at Augsburg College in Minneapolis, Minnesota. This study is being conducted at the agency where I am currently doing my internship towards this degree.

BACKGROUND INFORMATION

The purpose of this study is an attempt to gain a deeper understanding of what factors may contribute to putting families at greater risk of placing children out of the home, what types of assistance is given that seems to be helping you and your family and what is not helpful, and how the agency can better address your needs as well as other families in crisis situations.

PROCEDURES

If you agree to be in this study, and are in the Families First of Minnesota program, your crisis intervention worker would perform the same treatment and interventions that he/she would if you chose not to become involved in this study.

If you are not in the Families First of Minnesota program, your crisis intervention worker would perform the same treatment and interventions that he/she would if you chose not to become involved in this study; however, he/she may ask you questions regarding your income source and ethnic background, which may or may not have been asked outside of this particular study.

If you decide to participate, you will be giving permission to your crisis intervention worker to complete two assessment forms rating your family's physical living conditions, financial/economic situation, your family's support networks, physical and mental health needs, communication patterns, and parenting styles in an attempt to identify any needs you have that may be contributing to the crisis, what crisis interventions were done, and what interventions may have improved those conditions. These assessments are standardized forms that have been provided by the Child Welfare League of America.

You would also be granting permission to me (Mary Lou Kley) to gain access to your case record and discuss your crisis intervention worker's treatment and interventions for your particular case for research study and analysis.

VOLUNTARY NATURE OF THE STUDY

Your decision whether or not to participate in this study is completely voluntary and will not affect your treatment, assistance or any future relations with this agency, Augsburg College, or me. You may discontinue this study at any point.

However, you may have been mandated to continue the Crisis Program, and will be required to continue the services provided through the Crisis Intervention Program at The Village Center for Parents and Children. Your desire to discontinue inclusion in the study will be honored at any time and no information will be provided or further acquired for purposes of this study.

RISKS AND BENEFITS

There are no foreseeable risks in participating in this study. All attempts will be made to protect confidentiality of your individual and family's information.

The indirect benefits of participating in this study will be to assist the agency and crisis intervention workers in gaining more knowledge and understanding in what we are currently doing that may be useful to families in crisis, what is not useful, and how we can better improve the quality of service to you and families in similar situations of crisis. There are no direct benefits for participation, however.

CONFIDENTIALITY

The records acquired for purposes of this study will be shared only with the crisis intervention worker who worked directly with you, the agency, and I. The results of this study included in the thesis report will not include individual and family names to assist in protecting your identity.

CONTACTS AND QUESTIONS

If you have any questions now, ask them of your crisis intervention worker at this time. If you have any questions regarding this study at a later date, feel free to contact me (Mary Lou Kley) at (218)233-5428 or my thesis advisor, Curt Paulsen at (612)330-1621.

You will be given a signed copy of this form to keep for your records.

STATEMENT OF CONSENT

I have read the above information. I have had all of my questions answered and understand the study and consent form.

I consent to participate in the study. In signing this consent I am also signing parental consent for my children who are under the age of 18, under my legal custody, and who are in the Crisis Intervention Program at The Village Family Service Center to be included in this study.

Signature _____ Date_____

Signature _____ Date_____

Signature of
crisis intervention worker_____ Date_____

Signature of principal investigator _____

This form has been approved for use with this study by the Augsburg Institutional Review Board, approval number 94-27-3.

Appendix B

Consent Letter from Agency

Alexandria
P.O. Box 712
Alexandria, MN 56308
612 762-7739

Bismarck
415 East Ave. A
Bismarck, ND 58501-4051
701 255-1165/255-3328

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1 800 450-4019

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701 662-6776

Elk River
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701 235-6433/235-3328

Fergus Falls
1005 Pebble Lake Rd.,
Suite 108
Fergus Falls, MN 56537
218 739-5213

Grand Forks
Riverview Center
215 N 3rd St., Suite 200
Grand Forks, ND 58203
701 746-4584

Jamestown
208 2nd Ave. SW
Jamestown, ND 58401
1 800 627-8220

Minot
308 2nd Ave. SW
Minot, ND 58701
701 852-3328

Moorhead
810 4th Ave. S., Suite 152
Moorhead, MN 56560
218 233-6158

St. Cloud
14 7th Ave. N.
St. Cloud, MN 56303
612 259-4019

December 13, 1994

Mary Lou Kley, Intern
Augsburg College

Dear Mary Lou,

Thank you for your interest in a research project involving the Family-Based programs at The Village Family Service Center's Moorhead office.

Your request for permission to collect data from the records and review the case files on the clients we serve in the Crisis Intervention Program is approved by the administrator's of The Village Family Service Center. You may also interview the workers who serve the families involved in the program.

We look forward to reviewing the results of your findings and to receive a copy of the entire study. If any of the data is considered for publication you will need to receive permission from The Village Family Service Center to publish the research data and/or finding as all materials are under the ownership of The Village. Our organization should also be referenced or credited in any discussion or writings regarding the research proposal.

Again, thank you for your interest and work with this endeavor.

Sincerely,

Carol Meshefski
Fargo/Moorhead Regional Director

Gary J Wolsky
President

CM/ch

Fargo
1201 25th St. S.
P.O. Box 9859
Fargo, ND 58106-9859
701 235-6433/235-3328
Fax# 701 235-9693

A United Way Agency

Appendix C

CONSENT FORM FOR CRISIS INTERVENTION WORKER

You are invited to be in a research study to assist in measuring the effectiveness of the crisis intervention services and the effectiveness of your intervention and methods of intervention. You have been selected as a possible participant because you have a client who has agreed to be in the study. Please read this form and ask any questions you may have before agreeing to be interviewed for this study.

This study is being conducted by me (Mary Lou Kley) as part of my master's thesis for my Master's for Social Work degree at Augsburg College in Minneapolis, Minnesota. This study is being conducted at the agency where I am currently doing my internship towards this degree.

BACKGROUND INFORMATION

The purpose of this study is an attempt to gain a deeper understanding of what factors may contribute to putting families at greater risk of placing children out of the home, what types of assistance is given that seems to be helping the families in the Crisis Intervention Program, and what is not helpful, and how the agency can better address the families' needs in crisis situations.

PROCEDURES

If you agree to be in this study, I will ask some questions relating to your experience and background as a crisis intervention worker, and what treatment and interventions you provided to the crisis family in the study.

If you decide to participate, you would be granting permission to me (Mary Lou Kley) to gain access to your client's case record, use the information you have provided me regarding yourself as a crisis intervention worker and your client's information who has also agreed to be a part of the research study and analysis.

RISKS AND BENEFITS

There are no foreseeable risks in participating in this study. All attempts will be made to protect confidentiality and anonymity of you and your client's information.

The indirect benefits of participating in this study will be to assist the agency and you in gaining more knowledge and understanding of what is currently being done that may be useful to families in crisis, what is not useful, and what can be done to improve the quality of service to the families in the Crisis Intervention Program. There are no direct benefits, however.

CONFIDENTIALITY

The records of this study will be kept private. Only you, the agency, and I will have access to the records. The results of this study will be included in the final report and all attempts will be made to exclude any information that will make it possible to identify you or your client individually.

VOLUNTARY NATURE OF THE STUDY

Your decision whether or not to participate in this study is completely voluntary and will not affect your assistance or any future relations with this agency, Augsburg College, or me. You may discontinue the interview process and this study at any point.

CONTACTS AND QUESTIONS

If you have any questions now, ask them of me at this time. If you have any questions regarding this study at a later date, feel free to contact me (Mary Lou Kley) at (218)233-5428 or my advisor, Curt Paulsen at (612)330-1621.

You will be given a signed copy of this form to keep for your records.

STATEMENT OF CONSENT

I have read the above information. I have had all of my questions answered and understand the study and consent form. I consent to participate in the study.

Signature of crisis intervention worker_____
Date_____

Signature of principal investigator _____

Appendix D

Families First of Minnesota
Referral and Initial Assessment

Family:_____ Phone: Work: _____ Families First Worker:_____

Case #: _____ Home: _____ Phone: _____

County: _____

Date of Referral: _____ Initial Referral Source: _____

Address and directions to home:

Identify family members. Use the key to identify the type and level of risk for each child and the most likely placement if Families First service had not been available.

Child's Name	Sex	Birth Date	Type Risk	Risk Level	Facility	Current Residence	Preplacement Screening Yes/No

KEY

TYPE OF RISK: 1) Placement, 2) Continuation of placement
LEVEL OF RISK: 1) Currently in placement, 2) Immediate, 3) High, 4) Moderate, 5) Low, 6) None
FACILITY IF PLACED: 1) Group Care, 2) Foster Home, 3) Psy Hospital, 4) Relative, 5) Runaway, 6) Shelter, 7) R.T.C., 8) Other, 9) Home

Which choice best describes the source of referral to the county?
1) Self-referral 2) Child abuse invest. unit 3) Other court unit 4) School 5) Medical/mental 6) Relative/friend/neighbor 7) Court/court services 8) Other: (list) _____ _____ _____

Has there been or is there an assessment of child maltreatment in past 72 hours? ___ Yes ___ No
Has there been a finding of child maltreatment in past 90 days? ___ Yes ___ No

List in order of priority reasons the family was referred to Families First. ___ ___ ___ ___ ___

KEY

ABUSE: 1) Physical abuse, 2) Sexual abuse, 3) Denial of critical care, 4) Self-denial of critical care, 5) Exploitation, 6) Potential Abuse

PARENTAL CONDUCT OR CONDITION: 7) Unable to meet basic need, 8) Unable to provide child with a minimum level of care, 9) Unable or unwilling to cope with child's behavior, 10) Unable or unwilling to meet child's special needs, 11) Unavailable

DELINQUENCY: 12) Property offense, 13) Person offense, 14) Person & Property

FAMILY RELATION: 15) Parent/child relationship, 16) Sibling relationship, 17) Marital relationship

OTHER: 18) Child removed from home, 19) child's removal from home imminent, 20) Runaway, 21) Alcohol and/or drug abuse 22) Coping with or overcoming a disability, 23) Individual/family/isolation

Brief statement of service need:
Strengths of the Family:

Other pertinent information (i.e., involvement with SS, court, etc.)

Referring worker's expectations of Families First:

Immediate danger: (If Families First does not take the case, what does Social Services anticipate will happen to the family?)

What is the family's attitude toward Families First services?

_____ _____

Social service worker Social service supervisor

Assigned Families First worker name: _____

Families First of Minnesota Tracking System

County Social Services _____ Contact Person _____

Families First Provider_____ Phone ( )_____

Family Number	Family Name	Case No.	Number of Children	Protective Services Case?	Parental Marital Status	Income Source	County Worker Name	FF Wkr Name	FF Start Date	FF End Date	Total FF Hours	Flex Funds	
	Parent First Name	Age	Race (Enter up to 2)	Hispanic Heritage yes/no?	Problem	Significant Other Involved?	Parent First Name	Age	Race (Enter up to 2)	Hispanic Heritage yes/no?	Problem		
	Child First Name	Age	Race (Enter up to 3)	Hispanic Heritage yes/no?	Problem	At risk for Placement?	Legal Status	Goal	Preplace-ment Screening yes/no?	Prevention Facility Type	Days in Shelter	Adopted?	Outcome: Placed yes/no?

Submit to: Minnesota Department of Human Services
CSS/Research and Planning
444 Lafayette Road
St. Paul, MN 55155-3839

Attention: Linda Grohoski

Families First of Minnesota
Codes for Tracking System

Family/Case Information -- Use the following codes to complete the first row of boxes for family and case information.

Family Number

A counter for the number of families utilizing the Families First. Start with 0001 and number each new family consecutively.

Family Name

Family surname and/or identified child.

Case Number

Case Number used by local agency to identify this case.

Number of Children

Total number of children living at home (include those temporarily in placement).

Protective Services Case

Is this a protective services case?

Y Yes
N No

Parental Marital Status

Enter 1 code for parental marital status.

1 Single (never married)
2 Divorced
3 Widow (er)
4 Married, living with spouse
5 Married, separated without legal action
6 Legally separated
7 Married, but involuntarily separated
8 Unknown

Income Source

Enter up to 2 income source codes.

A	AFDC
D	Disability (worker's comp., SSDI, SSI, Vet's disability, etc.)
G	General Assistance
M	Medical Assistance
R	Retirement income (pension, SS retirement, Vet's retirement, railroad retirement, etc.)
S	Social Security survivor benefits
U	Unemployment compensation
W	Wages, salary, and unearned income
O	Other (specify at the bottom of the page)

County Worker Name

Enter name of case manager and/or court service agent.

FF Worker Name

Enter name of Families First worker.

FF Start Date

Enter month/day/year Families First services began.

FF End Date

Enter mont/day/year Families First services ended.

Total FF Hours

Enter total of all case specific time for the family -- face to face and collateral.

Flex Funds

Enter amount of flexible funds expended for this family, rounded to the nearest dollar.

Parent Information -- Complete one section for each involved parent.

Parent First Name

Enter parent first name.

Parent Age

Enter age of parent at the beginning of Families First.

Parent Race

enter up to two race codes for this parent.

A	Asian/Pacific Islander
B	Black
I	American Indian/Eskimo
W	White

Parent Hispanic Heritage

Regardless of race, is this parent of Hispanic heritage?

Y	Yes
N	No

Parental Problem

Enter presenting problem of this parent at the beginning of Families First.

0	None
1	Housing
2	Physical/health related
3	Crime/problems with the law
4	Personal/Interpersonal adjustment (isolation, depression, personality disorder, etc.)
5	Family interaction/child rearing
6	Educational/vocational
7	Chemical Dependency
8	Protection (suspected/determined neglect, abuse)
9	Other parent conduct, condition, absence

Significant Other Involved?

Is a significant other of the parent living with the family? (boyfriend, girlfriend)

Y	Yes
N	No

Child Information -- Complete one line for each child.

Child First Name

Enter first name of child.

Child Age

Enter age of this child at the beginning of Families First.

Child Race

Enter up to three races for this child.

A Asian/Pacific Islander
B Black
I American Indian/Eskimo
W White

Hispanic Heritage

Regardless of race, is this child of Hispanic heritage?

Y Yes
N No

Child Problem

Child's presenting problem at the beginning of Families First

0 None
1 Housing
2 Physical/health related
3 Crime/problems with the law/delinquency
4 Personal/Interpersonal adjustment (isolation, depression, personality disorder, etc.)
5 Family interaction
6 Educational/vocational
7 Chemical Dependency
8 Protection (suspected, determined neglect, abuse)
9 Other child conduct, condition

At Risk for Placement

Is this child at imminent risk of placement?

Y Yes
N No

Legal Status

Enter child's legal status at the beginning of Families First.

V Voluntary -- Parents have legal custody
C Chips petition -- agency has custody (includes refugee unaccompanied minors and status offenders)
W State ward
A Adjudicated delinquent
D Delinquent - not adjudicated

Goal

Enter the goal for this child at the beginning of Families First.

D Diversion from out of home placement
R Reunification from shelter care (up to 5 days of shelter)

Preplacement Screening

Has this child been reviewed by a preplacement screening procedure?

Y Yes
N No

Prevention Facility Type

Type of facility child would have entered:

S Shelter
F Foster care (Rule 1 foster family home and group foster family home)
R Relative placement
N Non-finalized adoptive placement
G Group home
I ICF-MR
C Child Care Facility (residential treatment, correctional facilities, and regional treatment centers) - not CD
D Chemical Dependency facility
O Other (specify at the bottom of the page)

Days in Shelter

Enter number of days child was in shelter before Families First began.

1-5 are valid codes
N none

Adopted Child

Is this an adopted child (adoption finalized previously)?

Y Yes
N No

Outcome

Was this child in placement at the completion of Families First?

Y Yes
N No

Prepared by: DHS Community Social Services/Research and Planning 9/7/90

Appendix E

Consent Letter from Minnesota Department of Human Services

State of Minnesota
Department of Human Services
Human Services Building
444 Lafayette Road N
St. Paul, Minnesota 55155

December 12, 1994

Ms Mary Lou Kley
The Center for Parents and Children
FSCCC
715 N. 11th St. Suite 204
Moorhead, MN 56560

Dear Mary Lou Kley,

We have reviewed your Research Project Design for SWK 527B. Based on your design, the letter from Sandi Zaleski, and conversations with you and Sandi, we welcome your study.

You may utilize the Families First Teaching guide and other Families First forms for participating families.

Our expectation in gathering information from agency staff and families is that participation would be voluntary and respect data privacy practices.

Both myself and Linda Grohoski, DHS Quality Services Division, would expect to communicate with you during the project and have an exit interview with you upon completion.

We welcome your interest and offer whatever assistance that may be helpful to you.

Both Linda and I enjoyed our meeting with you on December 2, 1994.

Sincerely,

Jerry Lindskog
Family Preservation Consultant

cc. Sandi Zaleski
Linda Grohoski

Appendix F

Family Based Services Log

Facility: MONTH
The Village Family Service Center

Family Name: _____
Family ID # _____
County: _____
Referring Worker: _____

DIRECT TIME:
Date
Face to Face Time
Phone Time
Collateral Face/Face
Collateral Phone
Education
Assessment
Daily Total
MONTHLY TOTAL

INDIRECT TIME:
Date
Client Session Prep
Paper/Dicta. (sessions)
Paper/dicta. (reports)
Other
Daily Total
MONTHLY TOTAL

Date
Travel
MONTHLY TOTAL

Appendix G

NOTES

NAME: _____

DATE:

SUMMARY OF SESSION:

DATE:

SUMMARY OF SESSION:

DATE:

SUMMARY OF SESSION:

DATE:

SUMMARY OF SESSION:

DATE:

SUMMARY OF SESSION:

MAP

DATE:_____

NOTES OF SUPERVISORY SESSION

PRESENTING PROBLEM

GOALS

PROGRESS/INTERVENTIONS

Supervisor's Signature:_____

FAMILY ASSESSMENT (completed by crisis intervention worker)

I. The family was referred by _____of_____ Date Service Started:_____
on_____ The family consists of the members listed below: Date of Report:_____

NAME	RELATIONSHIP	DOB	EDUCATION	OCCUPATION

II. Reasons for Referral:

-Should refer to referral source goals and family's goals (both perceptions of problem)

-Should point out areas of conflict or mutual agreement

III. Family Assessment:

-Systematic assessment related to reasons for referral

-Assessment should describe the map of the family and utilize behavioral examples

-Assessment should identify strengths to include motivation

IV. Treatment Plan:

-This should include specific goals related to specific reasons for referral

-Should include strategies to be used for each goal

-Goals that are too broad may need to be broken down into smaller objectives

V. Summary and Recommendations:

-Measurement of progress as objective as possible on each goal

-What other goals need to be addressed either by yourself or another person

-Plan for future goals, etc.

-Termination surveys can be used to assist with this

Appendix H

QUESTIONNAIRE FOR INTERVIEWING CRISIS INTERVENTION WORKER ON BACKGROUND

Tell me a little about yourself.

How did you become involved as a crisis intervention worker?

Educational background

Professional certification

Professional experience

Ethnicity

Age

Marital Status

Children? How Many? Ages?

Crisis Program

What do you like about being a crisis worker?

What do you dislike?

How long have you worked in the crisis program?

What seems to be the most common problem(s) (crisis) within the families you see?

Is there any particular case type with which you prefer to work and why?

What interventions/therapy styles do you use in those cases?

Is there any particular case type with which you would rather not work and why?

What particular therapy style or styles do you use in those cases?

Appendix I

QUESTIONNAIRE FOR INTERVIEWING CRISIS INTERVENTION WORKER AT TERMINATION OF CASE

Presenting problem

Assessment of problem

Intervention(s) used

Reasons for using particular intervention(s)

How effective was the intervention?

What did you do that was helpful?

What would you have done differently and why?

THE CENTER FOR PARENTS AND CHILDREN
FAMILY PRESERVATION SERVICES

THE village
FAMILY SERVICE CENTER

Appendix J

October 19, 1994

Consent Letter for Magura Family Risk Scales

Child Welfare League of America, Inc.
440 First Street, NW
Washington, DC 20001-2085

To Whom It May Concern:

I am writing for permission to use the Family Risk Scales and Child Well-Being Scales by Stephen Magura and Beth Silverman Moses. I understand that the scales are subject to copyright laws.

I am the supervisor of a family based crisis intervention program for The Village Family Services Center. We are interested in having our crisis workers use the scales as part of their assessment of the family.

Please inform me as to the cost of using the scales and how to order them.

I have enclosed agency brochures. Thank you for your consideration.

Sincerely,

Sandra Zaleski

Sandra Zaleski, M.S.
Supervisor of Family Based Crisis Services

Encl.

You may purchase the scale by ordering - 908-225-1900. Price $10.00. It is reproducible. See the attachment.

Bismarck
415 East Av
Bismarck, ND 58
701 255-1165/2
Fax# 701 255-

Brainer
8th & Laur
P.O. Box 4
Brainerd, MN
218 829-26
1 800 450-4

Devils La
P.O. Box 1
Devils Lake, ND
701 662-67

Elk Rive
P.O. Box 2
Elk River, MN
612 441-39

Fargo
1201 25th St
P.O. Box 98
Fargo, ND 5810
701 235-6433/23
Fax# 701 235-

Fergus Fa
1005 Pebble La
Suite 108
Fergus Falls, MN
218 739-52

Grand For
Riverview Ce
215 N 3rd St., Su
Grand Forks, ND
701 746-45
Fax# 701 746-

Jamestow
206 2nd Ave.
Jamestown, ND
1 800 627-82

Minot
306 2nd Ave.
Minot, ND 58
701 852-33
Fax# 701 838-

Moorhea
The Center
Parents & Chil
FSCCC
715 N 11th S
Suite 204
Moorhead, MN
218 233-615

St. Clou
St. Cloud Business
14 7th Ave.
St. Cloud, MN 5
612 259-401
Fax# 612 259-

A United Way Agency

Moorhea
The Center
Parents & Chil
FSCCC
715 N 11th S
Suite 204
Moorhead, MN
218 233-615

PRICE REDUCED!

Agency Self-Improvement Checklist

If you've been looking for a systematic, objective method to evaluate the overall effectiveness of your agency, ***Agency Self-Improvement Checklist*** was written with your needs in mind! The checklist is keyed to the 10 requirements for membership in CWLA. It covers intraagency and community involvement, cultural competency, board relations, fiscal responsibilities, service quality and delivery, staff education and training, and more. Upon completion, you can send it back to the CWLA Institute for analysis and recommendations.

1990/0-87868-529-4/#5294 $8.95

Helping Others Through Teamwork

Howard G. Garner

Written to help practitioners who work on interdisciplinary teams understand the team approach so that behavior resulting in real teamwork produces effective services. In a light, non-jargon, plain-but-professional style, the author addresses all helping fields—child care, education, social work, physical therapy, counseling, specialized therapies, religious service—as well as the varied professionals within these fields who deal with clients, patients, or students. A definite teamwork enthusiast, Garner tells us the difference between team and departmental structure, why teamwork is the preferred system, and how to practice it.

1988/0-87868-305-4/#3054 $16.95

Outcome Measures for Child Welfare Services

Stephen Magura and Beth Silverman Moses

In response to the demand for accountability, the authors devised two instruments—the "Child Well-Being Scales" and the "Parent Outcome Interview." This book presents these measures, examines their statistical validity in detail, and serves as a manual for their use.

State-of-the-art and prepared with comprehensive thoughtfulness and skill, you get practical applicability for the day-to-day work of agencies.

1986/0-87868-224-4/#2244 $34.95

Child Well-Being Scales and Rating Form

Stephen Magura and Beth Silverman Moses

Useful reproducible tools for actual field use by child care workers. Taken from the book ***Outcome Measures for Child Welfare Services: Theory and Application*** by the same authors.

1987/0-87868-306-2/#3062 $10.00

RELATED RESOURCES

See Family Preservation for
Family Preservation: An Orientation for Administrators and Practitioners

Rating Form for Family Risk Scales

Family Identifier: _____ Date Case Opened: _____

Person Completing: _____ Date Case Closed: _____

Date Completed: _____

Family

1. Habitability of Residence
2. Suitability of Living Cond.
3. Financial Problems
4. Adult Relationships
5. Family's Social Support

Caretakers

Primary *Secondary*

6. Parent's Physical Health
7. Parent's Mental Health
8. Knowledge of Child Care
9. Parent's Substance Abuse
10. Parent's Motivation
11. Attitude to Placement
12a. Parental Cooperation
13a. Prep. for Parenthood (Adult)

Children

1 *2* *3* *4* *5* *6*

14. Supervision Under Age 10
15. Parenting Age 10 and Up
16. Physical Punishment
17. Verbal Discipline
18. Emotional Care Under Age 2
19. Emotional Care Age 2 and Up
20. Physical Needs of Child
21. Sexual Abuse
22. Child's Physical Health
23. Child's Mental Health
24. School Adjustment
25. Delinquent Behavior
26. Home-Related Behavior
12b. Child's Cooperation
13b. Prep. for Parenthood (Child)

(Write comments on reverse)