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Stranger in our home: Rural families talk about the experience of having received in-home family services

Bean, Nadine Marie, Ph.D.
Case Western Reserve University, 1994

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STRANGER IN OUR HOME:
RURAL FAMILIES TALK ABOUT THE EXPERIENCE OF HAVING RECEIVED IN-HOME FAMILY SERVICES

by

NADINE MARIE BEAN

Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy

Thesis Adviser: Elizabeth Tracy, Ph.D.

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May, 1994
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We hereby approve the thesis of

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(signed) Elizabeth M. Tracy
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Kurt C. Stange, Ph.D.

Harold Ringel

date 1/7/94

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STRANGER IN OUR HOME:
RURAL FAMILIES TALK ABOUT THE EXPERIENCE OF HAVING RECEIVED IN-HOME FAMILY SERVICES

Abstract

by

NADINE MARIE BEAN

A qualitative investigation was undertaken to attempt to understand and then describe, from rural family members' perspectives, the experience of having received in-home, intensive family preservation services. Members of rural families who had been served by a north central Ohio family preservation program were invited to act as collaborators in the refinement and improvement of such services by telling their "stories" about their experiences.

The central question was: "What was it like to have had a worker coming to your home?". Semi-structured interviews were conducted in the families’ homes and all family members were invited to participate, including children. Interviews lasted approximately one and a half to two hours. Interview transcripts were coded from a concept indicator stance.

Two main findings or core categories emerged from interviews with members of six families who had received family preservation services. Mothers or female primary caregivers expressed a sense of deep attachment to their Home-Based workers. Mothers also strongly expressed their own and some of their children's profound grief upon termination of the services.

Though children participated in the interviews to only a limited extent, one theme did emerge from the children's responses to questions. Children perceive the services as focusing on the "whys" of their behaviors or feelings. The difference in themes expressed by primary caregivers and by children suggests
that future inquiry is indicated into children’s, parents’ or primary caregivers’, and other family members’ perceptions of family preservation services.

Implications for service design and delivery, especially termination of services, are discussed. Implications for family preservation educators, trainers, and theorists are also discussed with special emphasis on the dearth of literature concerning attachment theory and loss in family preservation.
DEDICATION

This work is dedicated to families everywhere who strive to stay together:
the families who agreed to be interviewed for this project,
my family (Gary, my husband; Natka, Cara, and Sonia, my daughters; my
mother and father; my mother-in-law and father-in-law; and my Shelties, Star
and Amber) who cheered me on even when they themselves were not very
cheery,

and to an honorary family member, Joanne, who inspired me to find a new
career in social work. Joanne made house calls long before the movement in
this country toward in-home family preservation services. The "anchor" she
provided for me and my family lives on in this work. She will be missed by many
families.
ACKNOWLEDGMENTS

I wish to acknowledge the support and enthusiasm of a number of people and groups of people for the development and implementation of this research endeavor. This collective enthusiasm is responsible, in large part, for the successful completion of the study.

Elizabeth Tracy, Ph.D., my dissertation committee chairperson, was unwavering in her support and interest in the project from its inception. Committee members, Wallace Gingerich, Ph.D., Kurt Stange, M.D., Ph.D., and Kathleen Wells, Ph.D., added immeasurably, via their constructive criticism, to the strengths in design and data analysis of the study.

Unofficial "committee members", Howard Goldstein, Ph.D. and Anselm Strauss, Ph.D. provided guidance, words of wisdom, and encouragement from afar. Their writings and conversations with me were invaluable.

The Ohio Association for Family Based Services Board members were supportive of the project from the moment I contacted them for assistance in approaching rural, Ohio family preservation program administrators. Selma Gwatkin, past president of the Ohio Association, was especially enthusiastic in her response.

Finally, the Portage County Children's Center, specifically the Home-Based Services staff members, are to be commended for their genuine interest in and assistance with carrying out the research project. Clare Butts, Executive Director of the Center, spearheaded the effort in rallying Home-Based workers to the research cause. Joanne Tercek, Treatment Coordinator for Home-Based services, was equally enthusiastic and committed to the cause. The frontline Home-Based workers who contacted families were wonderful in their efforts.
The Portage County families who agreed to participate, however, were the single most important ingredient in the successful completion of this research project. They are to be commended for their grace, interest, and candor. Their words will undoubtedly change and improve the ways in which family preservation services are carried out.
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Chapter One: Statement of the Problem

Yet, when practical, the preference should be for family. And a family is more than a group living together. A family differs from a group by its shared experience and memories. Each family is so complex as to be known and understood only in part even by its own members. And families struggle with contradictions more massive than Everest, as fluid and changing as the Mississippi, and through those struggles character can be built or defeated, and souls and intellects can be enlivened or crushed (Angelou, 1985, p. iii).

Statement of the Problem

Multi-problem families, perhaps at risk of having their children removed from their homes, need multi-faceted services. Over the past fifteen years in the United States, a movement has grown, in fact, explosively so, to develop what have become known as family preservation services. These services are designed to preserve and strengthen the family via in-home, intensive, and multi-faceted services thereby reducing the likelihood of placement of child(ren) into substitute care.

The purpose of the present study was to understand, from the rural family's perspective the experience of having received in-home, intensive family preservation services. Families who have been served via intensive family preservation services were invited to act as collaborators in the refinement and improvement of such services by telling their "stories" about their experiences. This narrative or qualitative approach to understanding the experiences of families has not been undertaken in the study of family preservation services, to date.

A plethora of investigators have examined the efficacy of such services using a variety of research designs ranging from pre-experimental to quasi-
experimental to experimental (Fraser & Haapala, 1987-88; Kinney, Madsen, Fleming, & Haapala, 1977; Nelson, 1991; Stephens & Busch, 1981, Szykula & Fleischman, 1985). Wells and Biegel, in a recent review of the literature concerning research on intensive family preservation services state "...because the literature contains not even one qualitative investigation, there are no systematically collected data on crucial issues such as...how families experience treatment. Qualitatively based empirical investigations would inform not only practice but also theory" (Wells & Biegel, 1992).

The present study focuses on rural families who have been served in their homes. Rural families face a number of barriers to traditional, agency-based family services, including geographic isolation due to great distances between social service agencies and families who may be in need of social services, lack of public transportation, cultural biases against help-seeking behavior, and lack of awareness of services (Ginsberg, 1971, Martinez-Brawley, 1990, O'Neill & Horner, 1982, Whittaker, 1986). Intensive (and, by definition, in-home) family preservation services may be more aligned with the rural family's modes of accepting help. A narrative or "folk" approach to gathering these families' perceptions or "stories" concerning the services they have received, may be a particularly salient mode of engaging these families.

**Historical Roots of Serving Families in Their Homes**

The treatment of families in their homes with an emphasis on strengthening the family unit, is certainly not a novel idea in social work, nor can social work be credited with the idea of in-home services. In fact the roots of home visitation can be found in Elizabethan England when ill paupers were provided
some home services. These services were referred to as outdoor relief, as the services were provided outside of institutions (Wasik, Bryant, & Lyons, 1990).

Since the time when colonial Americans arrived on this country's eastern seaboard in indentured servitude, there have been attempts to address social welfare needs in this country. Even in colonial America, as is true today, there existed conflicting sentiment toward providing social welfare services. An emphasis on individualism coexisted with a fear of centralized power and services. Thus, our history of providing welfare services to families has somewhat waivered between providing services to strengthen individual families and "rescuing" children from their families by transferring their care to governmental (and occasionally private) institutions. As Jansson points out, "The founding fathers fervently wanted a democratic republic, yet many of them were fearful of the common people, who they believed could be enticed to support demagogues" (Jansson, 1988, p. 227).

This individualistic tradition translated into a disdain for poor persons and their families as those who had "failed". Furthermore, the family was expected to be a self-contained and self-sufficient unit. Those families who were not self sufficient were considered to be defective and were rarely supported by public programs. More often, these families were served in their homes by religious charity groups.

Yet, even in colonial America, there existed some meager forms of public social welfare. There were regulations concerning the price of bread, for example, and regulations as to the level of wages. Some legal protections were designed for indentured servants. All in all, there was great carry-over from England's Poor Law Institutions (Jansson, 1988).
As early as the days of Jefferson and Hamilton, political battles over centralized versus decentralized government institutions, policies, and services reflected the dichotomy that existed between a punitive attitude toward the poor individual and poor law provisions. In the 1790's, Alexander Hamilton favored strong, centralized government with mercantile national policies. Thomas Jefferson favored a weak federal government, strong state governments, and unregulated capitalist economy ala Adam Smith (Jansson, 1988).

Jeffersonian federalism, of course, won out. Adam Smith and John Locke doctrine colored the provision of social services for much of the nineteenth century. More than ever, the pauper, the alcoholic, the mentally ill, even the homeless child was looked upon as having a defect of moral character. Largely punitive programs were designed to discourage the seeking of assistance (Jansson, 1988).

Assistance to the poor was thought to encourage idleness. This belief came from the English Poor Law doctrine which associated poverty with personal inadequacy and dictated relief to be below subsistence. As had happened in England, by the 1830's, many state legislatures had passed acts making it the duty of each county to support its dependents by erecting an almshouse. Institutional versus home relief had become firmly entrenched in American society (Leverington, 1978).

Industrialization in America brought with it growing populations of the impoverished and socially dislocated - especially children. Almshouses became filled not only with paupers, the sick, the old, the disabled, but with homeless children as well. Following the Civil War, "concerned individuals in a number of
American cities founded private agencies 'to seek out and to rescue' children who were neglected, exploited, or cruelly treated" (Anderson, 1989).

Child-care institutions began to spring up. Unfortunately, the facilities were often large and somber. Although aided by public funds, there was little governmental regulation.

There existed some opponents of institutional care for children, even at the height of the almshouse and childcare institution movement in the mid to late nineteenth century. Thus, a few states, New York in particular, provided in-home support to families (Wasik, Bryant, & Lyons, 1990).

The true beginnings of in-home care provided by trained home visitors probably lie in Florence Nightingale's home nursing programs in England in the 1860's (Wasik, Bryant, & Lyons, 1990). Nightingale was primarily concerned with the training of nurses for home care. She also rallied the cry for rural health missionaries, non-nursing persons to help rural mothers in matters such as hygiene instruction (Nightingale, 1894).

Also in England, at approximately the same time, The London Charity Organization Society, within which a small group of social reformers existed, began to consider "efforts to place distressed people above the need of relief and, in doing this, to study and release their latent possibilities" (Richmond, 1917, p. 29). Mary Richmond was profoundly influenced by the writings of one, Octavia Hill, prominent member of the London Charity Organization Society and the first to speak and write of the human being in his social environment and inquiry into that environment (Richmond, 1917). Mary Richmond attributes the development of "volunteer visiting" in Boston, around 1875, and her own ideas of
social diagnosis as being directly attributable to Octavia Hill’s various writings including, *Homes of the London Poor* (Richmond, 1917).

In Richmond’s landmark work, *Social Diagnosis*, Richmond carefully laid out what she considered a scientific approach to understanding the person in his environment. Of children and their families and the "rescue" of children from their families, she wrote:

> It is a commonplace of child-saving, of course, that a child placed away by one or both parents loses, in large degree, the sense of family solidarity.

> The mother’s attitude toward her children and theirs toward her are easily observed as they come and go in the home. A medical-social worker says that if, after the immediate purpose of her visit to a home is accomplished, she has occasion to wait to make a train and busies herself with a book or some work meanwhile, the members of the family, ceasing to react to her, begin to react to one another, and she gets an impression of the home that she might miss altogether otherwise. Have the parents good control over their children? Do the latter seem afraid of either parent? Are they punished in anger, or is self-control exercised?...

> ...Aside from the consultation of school records and possible court records, both of which are items to be covered outside the home, visits to the home itself should lead to inquiries as to the physical and mental condition of every child showing any variation of the temperament of each of the children. What are their aptitudes, their ambitions, their small achievements? The sleeping arrangements for the children, both with reference to their healthfulness and their decency, are an important point. So are their recreations. Are their small, individual possessions respected? Have they any? What opportunities have they for sharing pleasures and duties as a part of the family? Is there any indication that they are overworked at home duties? That they are doing sweatshop work at home? Are they sent to charity offices with messages which should be taken there by adults only? Are they sent out to beg? Are they illegally employed? It should be unnecessary to add that inquiries about the children, especially with regard to matters involving their conduct, should not be made in their presence (Richmond, 1917, pp. 153-154).

Opponents of unregulated child-care institutions finally found a collective voice in the early part of the twentieth century. Carl Carstens, a protege of Mary Richmond and Edward Devine, became secretary and general agent of the
Massachusetts Society for the Prevention of Cruelty to Children (Anderson, 1989). Carstens promoted the cooperation of "rescue" agents with other charitable organizations, both public and private. The MSPCC began to work directly with families to prevent the onset or recurrence of abuse, neglect, or exploitation. The shift in services was one to examining the causes, including environmental causes of child abuse. "Children will still need to be rescued from degrading surroundings for many years to come," acknowledged Carstens at the 1907 annual meeting, "but the society recognizes more definitely that it is a preventive agency": Annual report of the MSPCC (cited in Anderson, 1989, p. 224).

At the 1915 National Conference of Charities and Correction, Carl Carstens emphatically promoted two causes: public child welfare and cooperating among progressive children's agencies - both public and private. The Carstens proposals on child welfare at this 1915 conference, preceded by only a few years the 1919 White House Conference on Child Welfare Standards (Anderson, 1989). As Anderson states, "...the ultimate importance of both meetings lay not so much in their promotion of public services as in their insistence that the public, in its corporate capacity, concern itself with the welfare of all children, not just unfortunates. This broader outlook on child welfare served to democratize social work." (Anderson, 1989, p. 227).

The cooperation and exchange of information between child-helping organizations championed by Carstens led to the establishment of a Bureau for the Exchange of Information among Child-Helping Agencies with the aid of a start-up grant from the Russell Sage Foundation. In January 1921, the Bureau became the Child Welfare League of America (Anderson, 1989).
Carl Carstens became the first executive director of the Child Welfare League. He served from 1921 until near his death in 1939. Carstens considered the League a professional organization and demanded the development of qualifying standards for membership. The League had its share of controversy and disputes. The American Association for Organizing Family Social Work, which focused on casework with children in their own homes; and The American Humane Association, which oversaw agencies that served mistreated children, felt territorially threatened (Anderson, 1989).

Carstens, himself, was focused on child protection whereas most of the Child Welfare League constituents were child care agencies focused on placement. Though Carstens allowed for field services in the area of child placement, his individual focus on child protection made an indelible print on the Child Welfare League, which survives to this day.

Carstens, along with his mentor, Mary Richmond, felt strongly that child protection was a specialized form of casework (Anderson, 1989). Carstens and Richmond, together, led the movement toward having child protection become a child welfare service and form of social case work in the period of time between the two World Wars (Anderson, 1989).

Carstens further believed that social casework should be undertaken as a public rather than a private endeavor (Anderson, 1989). The true picture of social casework, child protection in particular, at the time, was one of more residual services funded by private philanthropic agencies (Anderson, 1989; Kadushin & Martin, 1988; Leverington, 1978). Public agencies were poorly organized and understaffed.
Not until the economic impact of the post World War I recession and the Great Depression of the 1930's did the U.S. Government truly address the ground swell for reform and expansion of welfare services, child welfare in particular. There were indeed social welfare reforms, albeit not sweeping nor radical despite the popular sentiment for expansion of child welfare services. President Roosevelt's address to the 73rd Congress in 1934 in which he espoused the need for social welfare reform, aptly describes the government rhetoric at the time:

"Security was attained in the earlier days through the interdependence of members of families upon each other and of the families within a small community upon each other. The complexities of great communities and of organized industry make less real these simples means of security. Therefore we are compelled to employ the active interest of the nation as a whole through government in order to encourage a greater security for each individual who composes it: Roosevelt's address (cited in Leverington, 1978).

Carsten's vision of public child welfare came to reality as the result of three factors in the late 1930's, according to Anderson (1989). First, the federal Fair Labor Standards Act of 1938 served to curtail child labor. Second, the rise of social group work which served to undercut "social detection" in work with juvenile delinquents. Third, the rise of discussion of the social application of authority among social workers.

By 1940, social workers were focusing on protective services to children both in and out of home (Anderson, 1989; Kadushin & Martin, 1988). Federal grants-in-aid for child welfare services through the Social Security Act, allowed county welfare departments in several states to do child protective work. Private agencies, however, also continued to do child protective work via corporate charter and professional sanction (Anderson, 1989).
The formation of the National Association of Social Workers in 1956 brought together the professional associations concerned with child welfare. Child protection then became a top priority (Anderson, 1989). With passage of the "Home Life Amendment" to the Social Security Act in 1956, followed by increasing appropriations to urban and rural child welfare agencies, the U.S. truly passed into an era of public child protection services (Anderson, 1989; Kadushin & Martin, 1988). By 1958, the American Public Welfare Association Policy Statement emphatically stated that preventive and protective services to children was a responsibility of the public welfare agency (Anderson, 1989).

Though there was a great increase in federal government expenditures in the period 1930 through the 1970's, child welfare work was one largely of placement of children out of the home (Kadushin & Martin, 1988; Leverington, 1978; Woods, 1988). Child welfare emerged as a system that took responsibility for children away from parents and the family. No doubt, this focus on placement of children stemmed in part from the embracing of the psychoanalytic school of thought by the social work profession during the same period in which federal expenditures for child welfare grew remarkably. The psychoanalytic school served to individualize and medicalize the problems of children needing protective services (Whittaker, Schinke, & Gilchrist, 1986; Woods, 1988).

Only recently has the family setting been reevaluated as the setting of choice in treating children in need (Fraser & Haapala, 1987-88; Hinckley & Ellis, 1985; Sudia, 1986; Woods, 1988). The trend toward family preservation services in the U.S., stems at least in part from public outcry at the large expenditures for institutional care (Fruchter, 1979; Janson, 1988; Kadushin & Martin, 1988; Mishra, 1984; Schorr, 1986).
Over the last decade or so, widespread concern about the increasing use of expensive out-of-home care and the emotional impact of long-term foster care on children led to public law mandating permanency planning. Perhaps Barbara Fruchter, Executive Director of the Juvenile Justice Center in Philadelphia, sums up public sentiment best in her response to a New York Times headline that read "Millions Found Wasted in Out-of-Home Care" in 1979:

Originally spawned by good intentions and a questionable paternalism, the industry with its institutions holds troubled youngsters for years segregated from home and community under the guise of safety, care, or rehabilitation...laws and system procedures reward the out-of-sight, out-of-mind practice of institutionalizing children, pretending that architecture solves problems, ignoring the potential for emotional damage. ...The enormous expense, the child's desperate feelings of bewilderment or abandonment, the powerlessness of poor families continue because the method is entrenched - in most states there are no incentives to change (Fruchter, 1979).

The incentive to change came in the form of Public Law 96-272, The Adoption Assistance and Child Welfare Act of 1980. Effective October 1, 1983, the law mandated that public child welfare agencies make every reasonable effort to prevent unnecessary placement of children into substitute care or to reunify families in a timely manner if placement did occur. Juvenile justices were given the power to determine if "reasonable efforts" to prevent placement had occurred. If a justice determined that reasonable efforts had not transpired, then federal payment for alternative residential care, could and can be denied.

The flurry of activity over the past fifteen years to develop family preservation services reflects the public policy mandate response to economic pressures on child welfare services in the 1980's and the availability of new theoretical perspectives and treatment techniques focused on the family. In 1990, alone, three bills were introduced in Congress concerning the mandating
of state-wide placement prevention programs and entitlement for these programs (Allen, 1990). The bills have undergone a number of revisions between 1990 and 1993.

As of August, 1993, House of Representatives Bill 2264, which contains wide-ranging child welfare and family preservation provisions amendments passed Congressional approval. The amendments provide for expanded resources for strengthening families and for preventing unnecessary placement of children in out-of-home care (Allen, 1991). The bill also mandates a new part for the Title IV-B Child Welfare Services Program. This new portion of the Child Welfare Services Program is a capped entitlement program for family preservation and family support services. A total allocation of $930 million dollars will be available over the next five years. The bill also provides for new entitlement authority for innovative family support services, including parental training, respite care, and after care services (Child Welfare League Of America, Inc., memorandum, August 9, 1993). Nearly 90 years after Mary Richmond called for a scientific approach to the social diagnosis of children in their homes, the U.S. government has drafted legislation to mandate this approach to child and family welfare services!

One additional note about the history of in home services to families. Just as the nursing profession led the way in England in the latter half of the nineteenth century regarding home care to rural families, so too did the nursing profession in this country lead the way in rural family outreach. The frontier nursing movement began in earnest in the latter half of the nineteenth century and exists today in the form of public health nursing and visiting nursing (R. Szymczak, personal communication, March 27, 1993). Social workers followed
suit at the turn of the century and today deliver a wide variety of family services in rural homes (Baker, 1992).

**Theoretical Perspective of Family Preservation Services**

Though encompassing a wide variety of programs under myriad titles, all programs of the genre of intensive family preservation services are committed to maintaining children in their own homes if at all possible. The focus is on entire families and the salient features of their environments rather than on individuals - an ecological or systems perspective.

Family preservation services refer to highly intense child welfare services, generally delivered in the family's home, for a relatively brief duration. Though family therapy is the central service provided by most intensive family preservation programs, a variety of other services serve to supplement the family therapy. These other services may include individual and/or couple counseling, parental education, or concrete services such as baby-sitting, food preparation, and budget management (Fraser & Haapala, 1987-88; Hinckley & Ellis, 1985; Nelson, Landsman, & Deutelbaum, 1990; Stein, 1985). The primary goals of intensive family preservation services are: "(1) to protect children, (2) to maintain and strengthen family bonds, (3) to stabilize the crisis situation, (4) to increase the family's skills and competencies, and (5) to facilitate the family's use of a variety of formal and informal helping resources" (Whittaker & Tracy, 1990).

The Child Welfare League of America has been a leading proponent of family preservation services. Thus, in 1987, the CWLA, as part of a two year grant from the Edna McConnell Clark Foundation, developed a range of public
policy, practice, and administration materials to assist in the promotion and expansion of family preservation services (Cole & Duva, 1990). In a handbook for administrators and practitioners of family preservation services, the following three goals are explicated by the Child Welfare League of America:

1) To keep the family safe,

2) To avoid unnecessary placement of children in substitute care and the consequent high human and fiscal cost, and

3) To improve family functioning so that the behavior that led to the crisis will be less likely to occur (Cole & Duva, 1990).

The CWLA handbook also explicates several program characteristics which should be common to all family preservation programs. These characteristics include, but are not limited to:

1) immediate response to referrals (within 24 hours),

2) assessment of imminent risk of unnecessary removal,

3) assessment and treatment which are family and solution-focused,

4) limited treatment objectives,

5) the clients’ home and community as the locus of all services,

6) a range of services,

7) availability of immediate crisis services,

8) intensive intervention (5 to 20 hours per week),

9) short term intervention (6 to 12 weeks), and

10) small case load size (2 to 4 families), (Cole & Duva, 1990).

Three main models of family preservation exist in the United States today (Nelson & Landsman, 1992). The Crisis Intervention Model prototype (and first widely known and respected model) is the Homebuilders program in Tacoma,
Washington. The Homebuilders model was begun in 1974 and was originally utilized as an intensive family crisis program to provide alternatives to foster care placement and/or psychiatric hospitalization of a child (Haapala & Kinney, 1979). The Homebuilders program is based on crisis intervention theory which holds that persons or systems of persons (i.e. families) are most open to change in the throes of a crisis (Barth, 1990; Nelson & Landsman, 1992). In keeping with the tenets of crisis intervention theory, the program strives to begin services to families within 24 hours of referral, to be available 24 hours a day, and to provide services for a very brief duration, usually 30 to 45 days (Kinney, Haapala, Booth, & Leavitt, 1988). Many of the interventions utilized by Homebuilders stem from social learning theory and thus utilizes such techniques as monitoring frequency of behaviors, developing schedules of reinforcement, and parent effectiveness training (Kinney, Haapala, Booth, & Leavitt, 1988). Many concrete services are also provided within the Homebuilders auspices such as budgeting assistance, homemaker services, day care, and transportation.

The Home-Based Model, began about the same time as the Crisis Intervention Model. The prototypical program is FAMILIES, in West Branch, Iowa. FAMILIES was originally designed to provide an alternative to the out-of-home placement of adolescents. This longer-term intervention is based on Family Systems Theory. Focus is on the family as the locus of change. The family is assessed as a whole system, as interconnected subsystems, and in relation to the community system (Lloyd & Bryce, 1984). The thought behind home services is to provide the opportunity for the modeling of behavior in the environment in which such behaviors must be utilized (Nelson & Landsman, 1992). In home services were also developed in Iowa to provide more
accessibility to services for rural families. In fact, workers are assigned to a county and work from their own homes (Nelson & Landsman, 1992).

The third main model of family preservation services is the Family Treatment Model (Nelson & Landsman, 1992). In this model there is an emphasis on therapeutic interventions almost to the exclusion of direct provision of concrete and supportive services (Tavantzis, Tavantzis, Brown, & Rohrbaugh, 1985). The Intensive Family Services Program of the State of Oregon's Children's Services Division was one of the first programs in the country to stress family treatment. The program was designed to provide an alternative to residential treatment for families with a child about to be removed from the home (Nelson & Landsman, 1992). The Intensive Family services program is also based on family systems theory.

The development of family preservation programming based on family systems theory is reflective of the trend in child welfare toward a general systems or ecosystems perspective over the last two decades. This trend toward an ecosystems perspective has even been referred to as an "ecological paradigm" (Whittaker, Schinke, & Gilchrist, 1986). Paradigm, in this case refers to a scientific revolution of thought (Kuhn, 1970). Urie Bronfenbrenner's conception of human development as the evolving interaction of person and environment is central to the ecological paradigm (Whittaker, Schinke, & Gilchrist, 1986).

Carel Germain in her pioneering book, Social Work Practice: People and Environments, was the one of the first to crystallize an ecological perspective in social work practice. She professed that the infusion of ideas from General Systems Theory in the late 1960's and early 1970's, especially the concepts of feedback processes, patterns and relationships between persons and
environment, boundaries and interfaces between boundaries, led directly to her conceptualization of an ecological perspective (Germain, 1979). The ecological perspective, she developed was less abstract than general systems theory in that its focus is on biological rather than physical entities. "It rests on an evolutionary, adaptive view of human beings (and all organisms) in continuous transactions with the environment. As a metaphor for practice, the ecological perspective provides insights into the nature and consequences of such transactions..." (Germain, 1979., p. 7). Germain believed firmly that services and programs need to be situated in the environment in which stress is experienced by the clients (Germain, 1979). In this vein, Germain is the founding mother of home-based services to families.

Harry J. Aponte, a family therapist and student of Germain, also promoted the ecological perspective of family treatment. He promoted the use of this perspective in diagnosis, especially. He states, "To diagnose in family therapy is to understand a module of human behavior the ecological context of which this behavior is a product. It is to see how all the forces in that context converge to produce a specific action at a particular moment in time" (Aponte, 1979, pp. 109-110).

Germain and Aponte were on the cutting edge of the development of Family Systems Theory central to the development of Intensive Family Preservation Services. Salvadore Minuchin was among the first to describe the family in treatment as that of "an open sociocultural system in transformation" (Minuchin, 1974).
Murray Bowen was the first to coin the term Family Systems Theory (Bowen, 1976). He borrowed the concepts of homeostasis, entropy, and open and closed systems from General Systems Theory (Papero, 1990).

At about the same time that Murray Bowen and Salvadore Minuchin were elucidating the systems approach to families, a team of psychiatrists, late to be known as the Milan Team, led by Dr. Selvini Palazzoli, began to read and think more systematically than their psychoanalytic training institute cohorts (Gelcer, McCabe, & Smith-Resnick, 1990). The systems approach of the team held the belief that, in order to understand and treat a symptom, it is first necessary to examine the system in which the individual exists. The problem or symptom, then, is viewed in the context in which one lives, works, and socializes (Gelcer, McCabe, & Smith-Resnick, 1990).

There are a number of common denominators in the various family services operating from a systems perspective. The following is a list of common denominators (adapted from Gelcer, McCabe, & Smith-Resnick, 1990):

1) The objective to define the systemic context of a problem of an individual or family.

2) The belief that to understand the problem it is necessary to look not only at the immediate context, but at extended family and at intergenerational patterns.

3) The recognition of the impact of ethnic, racial, gender, and class variables on the systemic operations of a family (Friedman, 1990).

4) Interventions often directed at the system of central players in the "game" of the problem, rather than at the individual identified as having a problem.
5) The belief that change must occur in all aspects of the system which impinge on the problem.

6) The structuring of sessions by the therapist to allow input from all family members.

7) The understanding that families can change (most often in non-linear ways), but in ways which may affect crisis and/or loss.

8) Ending the therapy when the system is understood by the family members.

One can see from the preceding list of common denominators of family systems services, that the values are remarkably similar to those explicated in intensive family preservation services. The values base of both family systems theory and family preservation services are in keeping with the values base which has been put forth by several writers as necessary for effective rural social work practice.

**Theoretical Perspective of Rural Social Work Practice**

There appears to be no consensus among theorists or practitioners of rural social work practice about what rural social work practice is, how or if it differs from urban practice, and from what value base it is derived. Several authors have reported that there are many obstacles unique to reaching out to rural persons. These obstacles include geographic isolation due to great distance between social service centers and families who may be in need of social services, lack of mass transportation, cultural barriers and idiosyncrasies of isolated rural communities, formal resources which are few and far between, and the high visibility of social service workers in delivering services (Bachrach, 1985;
Baker, 1992; Farley, Griffiths, Skidmore, & Thackeray, 1982; Ginsberg, 1971; Martinez-Brawley, 1990; O'Neill & Horner, 1982).

Nelson and Landsman in their recently published, *Alternative Models of Family Preservation: Family-Based Services in Context* write that several recent studies have proven inconclusive in demonstrating significant differences between rural social work and urban or suburban practice:

In the last decade, some of the assumptions about differences in social work and community mental health practice between urban and rural settings have been tested. Researchers have found either no or few differences in stressors, roles, or practice behaviors (Perlman, Hartman, & Bosak, 1984; Whittaker, 1986; York, et. al., 1989).

Although it seems that social work practice is similar across various localities, **important differences between urban and rural areas do affect the delivery of human services.** The most consistent differences are in the areas of financial, service, and staff resources (Nelson & Landsman, 1992, p. 105, emphasis added).

For the purpose of the present study, this author has chosen the definition of rural social work practice proposed by Farley, Griffiths, Skidmore, and Thackeray in their volume entitled, *Rural Social Work Practice*:

Rural social work practice is the practice of social work with individuals, families, communities, and organizations in communities of 10,000 or less which have geographic, professional personnel, and service isolation or limitations. The communities derive their economic base, in the main, from agricultural production or other occupations which connote a close relationship between man and nature. The community's sociocultural context has a preponderance of primary face-to-face relationships, informal decision-making processes, sense of community, and open communications systems (p. 11).

Farley, Griffiths, Skidmore, and Thackeray go on to say, "No other environment compares with rural practice in carrying out the dictum of the 'total individual' in the 'total environment'"(p. 11). This author feels very strongly
from personal practice and research experience, that the preceding statement is quite accurate in describing the nature of rural social work practice.

The author has been working as a social worker for the Bessie Benner Metzenbaum Center in Geauga County, Ohio for approximately two years in developing and implementing an information and support group for both parents of children with special needs and for the siblings of these children. Metzenbaum Center serves special needs children from birth through early adulthood with services provided to meet the needs of all stages of the family life cycle from infant stimulation programs to residential cottages for young adults. As the author became more and more involved with Metzenbaum Center, the mutually beneficial relationship between the center staff and Amish families which utilize the Center’s services emerged as central and unique aspect of the operation of the Center in the author’s eyes.

The author undertook a qualitative study to determine, from the Amish families’ perspective, what special elements went into the development of this relationship (Bean, in press). Amish families, had, at one time been reluctant to accept the Center’s services. The methodological aspects of this study will be addressed in more detail in the literature review. However, the author wishes to share her findings and thoughts on theoretical approaches to work with isolated, rural families.

The author found that two central themes emerged in the Amish families’ stories about their relationship with Metzenbaum Center. These themes were: 1) Repeated home visitations by a center early childhood teacher before formally engaging the family in services was very favorably received by families, and 2) Metzenbaum Center staff home visits were reinforced by home visits and/or
letter writing by other Amish mothers with special needs children. Thus, outreach occurred on two planes simultaneously - by center staff and by other Amish mothers - natural helpers in the Amish settlement (Bean, in press).

The implications for reaching out to isolated, rural populations are many. In-home visits (note the plural) seem to be essential in securing the trust of families who may be culturally isolated. Further, engaging a person within the culture needing to be reached to act as outreach liaison or natural helper seems to yield the best results (Bean, in press).

The use of natural helpers and in-home visits, truly an ecological perspective, has been cited in the literature on social work practice with rural families for many years (Davenport & Davenport, 1984; Findlay, 1980; Martinez-Brawley, 1990; O'Neill & Horner, 1982; Patterson, Germain, Brennan, & Memmot, 1988). The ecological perspective in family services, especially intensive family preservation services has been identified as a new paradigm concerning policy and practice, as mentioned earlier (Whittaker, Schinke, & Gilchrist, 1986).

Interestingly, seventy years ago, Josephine Brown, in her classic address to the 1922 National Conference on Social Work, entitled, "The Use of Volunteers in Rural Social Work" spoke of the importance of utilizing rural community volunteers in engaging clients and developing treatment plans. She stated:

the city worker today enters a field where case-work precedent is already established. Her work is carefully defined as she follows well-marked lines of procedure in selecting and putting to work volunteers whether on committees or in more personal kinds of service. With varying degrees of success the volunteer fits into the office of the case-working agency, gives certain hours to the work and receives a more or less definite course of instruction. The trained worker who has been accustomed to working with volunteers in this fashion will do well when she enters the rural field to dispossess her mind of all preconceived ideas on the
subject. If she does not know before she begins her country work she will soon learn that her status here is quite different from that of case workers in town. There the volunteer while desirable was optional. In the country the volunteer is a necessity. In town the volunteer is on trial. In the country it is the social worker who is in that equivocal position...She must realize that the case by right of long acquaintance and treatment belongs to the volunteer, not to her. She is welcomed as an advisor, not a dictator, and it is her privilege to sift the salient points...and later direct the discussion of the case to the point where the volunteer will herself make a reasonable diagnosis and possibly plan the very treatment the social worker has in mind: Brown’s address (cited in Davenport & Davenport, 1984).

The approach advocated by Brown seventy years ago is still applicable to rural social work today. Metzenbaum Center’s approach to engaging Amish families seems to epitomize Brown’s ideas about the volunteer sector.

This approach to engaging families via the use of an "insider" resident, to use Sheena Findlay’s term is an approach that takes some time and patience. This slow pace set by the tolerance of the "insider" volunteer, and, especially, by the tolerance of the client family seems to be a missing component in the trend toward developing intensive family preservation services for rural families. Intensive family preservation services usually have a time constraint, yet time should be taken out (perhaps more than once thought necessary) to develop trust at a leisurely pace. The present study concerns understanding the experience of receiving family preservation services from the rural family member’s or insider’s perspective.
Chapter Two: Review of the Literature

Foxes could talk if you know how to listen,
Pa said so.
Owls have big eyes that sparkle and glisten,
Pa said so.
And bears can turn flipflops and climb big elm trees
and steal all the honey away from your bees
and they don't mind the winter because
they never freeze,
Pa said so.
Girls is scared of a snake, boys ain't,
Pa said so.
Girls run and holler and sometimes they think,
Pa said so.
A boy'd be ashamed to be frightened that way when
all a snake wants to do is play,
You've got to believe every word that I say,
Pa said so.
They're as fond of a game as they are of a fight,
Pa said so.
Most all the animals found in the woods ain't
all time fierce, most time they're good.
The trouble is mostly they're misunderstood because,
Pa said so.

(Author unknown, from Martin, 1983, "Decorating the Appalachian House")

One of the main goals of evaluation of any social service program is to understand the needs of the clients served and to understand if those needs are being met with the program as designed (Fraser, 1990; Jones, 1991; Rzepnicki, Schuerman, & Littell, 1991; Whittaker, 1992). Thus, one could conclude that a logical place to begin to assess whether or not services are meeting client need is by asking clients to define their needs and to share their perspective on what is helpful in receiving services.

Most evaluation studies, however, define client need and program effectiveness from the perspective of the program workers and administrators or even from the perspective of the funding sources. Most of the evaluative
research concerning family preservation services is framed in the perspective of
workers and/or funding sources, as well. This chapter is an attempt to critically
review the evaluative research literature in the areas of family preservation
services, a few related and select family therapy services, and services to rural
families.

Evaluation of Family Preservation Services to Date

Evaluation of family preservation services has gone on almost as long as
these services have existed (Kinney, Madsen, Fleming, & Haapala, 1977).
Unfortunately, many early evaluation studies were narrow in scope and unevenly
executed and/or analyzed, thus yielding disappointing or marginal information.
Within the last eight to ten years, investigators have become more rigorous in
their investigations of the efficacy of family preservation services. A number of
empirical studies can be found in the literature ranging from quasi-experimental
and experimental designs to survey designs. Purely qualitative investigations
have not yet been published, but this point will be addressed in more detail at
the close of this literature review.

Many early studies were of a pre-experimental nature and focused merely on
the proportion of children who remained with their families after receiving
intensive family preservation services. The underlying assumption, without
empirical evidence, was that all children would have been placed outside the
home if their families had not received intensive family preservation services.
These "first generation" studies (Nelson & Landsman, 1992; Wells & Biegel,
1992) were, upon initial inspection, demonstrating spectacular "success" in
keeping families together. One well known investigation of placement
prevention rates of the Homebuilders program demonstrated a 90 percent rate for placement prevention (i.e., children remaining with their families) during treatment and an amazing 97 percent rate for children remaining with their families at a three month follow-up (Kinney, Madsen, Fleming, & Haapala, 1977).

First generation studies of other models of intensive family preservation services have demonstrated similar success rates concerning placement prevention. In a 1978 study of FAMILIES, INC., Bryce reported that of 150 cases seen during three years, 97 percent of families were intact at the time of follow-up (Bryce, 1978). In another study concerning a multi-faceted home-based service in Nebraska, 86 percent of the families were intact or reunited at the end of five months of service (Leeds, 1984). Showell (1985) investigated 261 families who had been identified as having a child at imminent risk of placement in Oregon. Of these 261 families, 88 percent remained together during the three months they were in treatment as part of the State of Oregon's Intensive Family Service program and 66 percent remained with their families one year after termination of services.

There are many design problems in these first generation studies which cloud the interpretation of results. Interpreting these placement prevention results as being directly attributable to program effects is fraught with difficulty. Most of these studies did not use control or comparison groups, so one does not know for sure how many of these children identified as being at risk of placement actually would have ended up in placement without home-based or intensive family services (Wells & Biegel, 1992). Also, the criteria for what is identified as imminent risk of placement are not at all clearly articulated.
(Nelson & Landsman, 1992; Tracy, 1991). There are even differing definitions of what "counts" as placement. In some studies placements with friends or relatives were not counted as placement outside the family whereas in other studies any out-of-home placement was counted as program failure (Nelson & Landsman, 1992).

The "second generation" of investigations into the efficacy of intensive family preservation services saw the introduction of some quasi-experimental designs (Nelson & Landsman, 1992; Wells & Biegel, 1992). In one investigation of the Homebuilders program, prevention rates for juvenile status offenders was 73 percent for the treatment group versus 28 percent for the comparison group which was composed of those who could not be seen because of full caseloads (Kinney, Haapala, Booth, & Leavitt, 1988). In this same study, prevention rates were 80 percent for mental health cases and 0 percent for the comparison group.

A cross state comparison of Homebuilders in Washington and a similar program in Utah reported a 94 percent placement prevention rate for the Washington program at treatment termination and a 91 percent prevention rate for the Utah program (Fraser, Pecora, & Haapala, 1989). A total of 581 children were followed during treatment in this study. At a twelve month follow-up assessment, 342 were located and of this group, 70 percent remained with their families in Washington and 59 percent remained with their families in Utah. This study is unique in that there was a matched comparison group sub-study comparing outcomes for children in a treatment group to those in an overflow group in Utah. The children were matched according to race, gender, previous inpatient placements, substance abuse history, and school attendance. Family characteristics such as income, structure, and size were also matching
criteria. The overflow group experienced an astounding 85 percent out-of-home placement rate compared to 44 percent for the treatment group (Fraser, Pecora, & Haapala, 1989).

In another quasi-experimental investigation in Maryland, 80 families who received intensive family services were compared to 180 families who received traditional child protective services (Pearson & King, 1987). Placement prevention rates for the intensive family services group were 82 percent versus 67 percent for the traditional child protective services group. This study also reported that the intensive family services group improved in the areas of employment status of parents, housing standards, and protection of the child from the perpetrator of abuse (Pearson & King, 1987). This study and the study by Fraser, Pecora, and Haapala are among the first to examine multiple outcomes of treatment and among the first to examine some family and child characteristics and their correlation to treatment success.

Experimental designs have only very recently come upon the scene of evaluative research of intensive family preservation programs. These "third generation" studies feature random assignment to either treatment or control groups. They seem to hold much promise for teasing out the various correlates of "success" in treatment and for predicting which types of families are best served by intensive family preservation programs. Despite the design and ethical challenges in experimental investigation of human services programs, the rigor of these experiments is essential in the accumulation of useful knowledge about the efficacy of these programs.

Szykula and Fleischman (1985) divided a sample of families who were had been investigated for child abuse in Oregon into two levels of "difficulty". The
less difficult case criteria were: having less than three reports of abuse, no serious problems with housing or transportation, and child conduct as the major problem. Twenty-six families were identified as meeting the criteria of the less difficult group. Twenty-two families were identified as having more serious and multiple problems. Families in both groups were randomly assigned to either a treatment or control group. In the group of twenty-six less difficult cases, there were significant differences found in placement prevention rates for the treatment (92%) versus control group (62%). Interestingly, among the groups of twenty-two, multi-problem families, no significant differences in placement prevention rates were found.

Using a risk protocol to assess placement likelihood, Feldman (1991) randomly assigned 183 New Jersey families who had one or more children at risk to either an intensive family preservation services group or to a traditional child protective services group. Measures were taken concerning family demographic characteristics, problem characteristics, functioning levels according to the Child Well-Being Scales, and the use of out-of-home placements. Improvement for the experimental group, only, was reported as significant on the composite and parental disposition subscales of the Child Well Being Scales. Upon termination of services, the experimental group also fared better concerning placement prevention rates. At service termination, only 6.0 percent of children in the experimental group had been placed, while 16.5 percent of children in the control group had been placed. Feldman also reported a statistically significantly slower rate of entering placement for the experimental group versus the control group from one to twelve months after termination of services.
However, the difference between the two groups’ rates of entry into placement decreased over time.

In Hennepin County, Minnesota, Schwartz, AuClaire, & Harris, undertook a study to answer the questions:

1. To what extent is the new intensive home-based service unit (of Hennepin County) successful in serving as an alternative to out-of-home placement?

2. Are there particular kinds of cases that the unit is more effective with than others? (Schwartz, AuClaire, & Harris, 1991, p. 34).

Children who were identified as at risk of imminent placement by the county child welfare division, who were between 12 and 17 years of age, who were not wards of the state already, and who were not under court order for placement were eligible for the study. Children were assigned to either an experimental group which received the county intensive home-based services or to a control group which received traditional county child protective services. The Hennepin County child welfare division policy specifically states that no services shall be denied or delayed for any child referred to the county. Thus, a strictly experimental, random assignment procedure was impossible for this study. However, within the county guidelines for safety and services to children, the investigators strove to assign cases to the experimental or control groups in a randomized manner.

The researchers followed both groups of children for twelve months from the time of entry into either group. There were 58 cases in each group. Data were collected on rate of placement, number of placements, and nature of placements. Data analysis yielded no significant difference in the total number of placements between the experimental and control groups. However, children in the experimental group did experience significantly fewer days in placement
than did the children in the control group. Also the nature of the placements was different for the two groups. In the experimental group, nearly half of placement days were in shelter placement rather than in foster or institutional care. In the control group, only five percent of placement days were in shelter care, the other placements were in foster or institutional care. (Schwartz, AuClaire, & Harris, 1991). Thus, the researchers concluded that the Hennepin County intensive home-based services program was an effective alternative to placement for children identified at risk of placement but only in terms of reducing the number of placements and in avoiding placement into substitute care, i.e. outside the care of their parents.

In a very thorough and large scale study of eight home-based programs in California, Yuan, McDonald, Wheeler, Struckman-Johnson, & Rivest (1990) followed 675 families for eight months. Cases were randomly assigned to either a home-based services group or to a comparison group of children receiving more traditional child welfare services. The researchers found no significant differences between the two groups in placement rates. The children in the experimental group did, however, as in the Hennepin County study, experience a delay in entering placement as compared with the children in the control group. The children in the experimental group also used significantly fewer placement days than the children in the control group and a higher proportion of these days were in shelter care. These findings corroborate the Hennepin County findings concerning intensive family preservation services being effective in reducing or preventing placement.

Neither the Hennepin County nor the California studies thoroughly explicated client characteristics nor program characteristic correlates to
treatment outcome. Fraser and Haapala (1987-88) sought to identify the relative helpfulness of various components of the Homebuilders model in a study combining both qualitative and quantitative research methods. The focus of the research was the process of treatment and was limited to those families who stayed intact during the standard length of treatment.

Forty-one single or two-parent families were selected through the state social service offices where they had been identified as being at risk of placement of their children for "child maltreatment, severe psychiatric impairment, chronic disruptive behavior, or some other form of family disturbance" (Fraser & Haapala, 1987-88, p. 8). Clients and therapists alike were interviewed within 24 hours of a treatment session and were asked to describe as many discrete incidents as they could remember which positively or negatively influenced the helpfulness of the treatment session.

Through this interviewing of mothers, children, and therapists, 1,200 "critical incidents" from therapy sessions were identified. The incidents ranged from moments of conflict, joy or insight to the charting of behaviors or the practicing of new skills. Each incident, after being identified by the interviewee, was then rated by the interviewee on a seven-point Likert scale of helpfulness (extremely helpful to extremely unhelpful). The incidents were coded and analyzed by independent raters using the constant comparative method of Glazer and Strauss (1967).

Eight core dimensions of treatment were identified using the constant comparison method. They were: 1) interruptions or disruptions to the sessions, 2) training, teaching, or support given by the therapist, 3) concrete assistance provided by the therapist, 4) clinical assessment by the therapist (only identified
by therapists), 5) influential interactions with a member of the client's natural helping network, 6) discussions of incidents that occurred between sessions, 7) events that were reported as simultaneously helpful and not helpful, and 8) conflicts during treatment (Fraser & Haapala, 1987-88, p. 10). As might be expected, mothers and children rated the helpfulness of events somewhat differently than therapists. The children reported 33 percent of all events as extremely helpful. Mothers rated nearly half of all events as extremely helpful. Therapists, however, rated only 23 percent of events in this manner.

The investigators found no correlation between proportion of ratings of events as extremely helpful and treatment outcome. "Regardless of whether children were subsequently removed from the home...or remained in the home..., participants rated critical events in therapy remarkably alike. Global reports of helpfulness appear to have no predictive validity regarding treatment outcome" (Fraser & Haapala, 1987-88, p. 14).

Interestingly, one dimension of home-based treatment was consistently rated as unhelpful by clients and therapists alike and yet, this dimension did distinguish between successful and unsuccessful outcomes. Interruptions or disruptions of treatment accounted for about 10 percent of all critical incidents reported. Mothers of children who remained in the home reported more interruptions and reported these interruptions to be more "unhelpful" than mothers whose children were placed out-of-home. Fraser and Haapala speculate that in-home family therapists are trained to take advantage of life's natural disruptions and use them as teaching opportunities for problem solving skills. Perhaps the therapists who found themselves helping their clients traverse
life's unexpected challenges were more helpful than ever imagined by the developers of in-home services for families.

The preceding study, though utilizing some qualitative techniques, actually took on the form of a survey study as the data from the interviews was boiled down to a questionnaire with Lickert scale ratings for eight categories. Perhaps if the original interview transcripts are looked at once again and the original words and stories of the mothers and children interviewed are analyzed and coded from a concept indicator stance (Strauss, 1987), then some useful descriptions, perhaps building blocks of theory, about what is helpful and what is not helpful to clients may emerge. Theory grounded in qualitative data is the goal Strauss stresses in his, *Qualitative Analysis for Social Scientists*.

A few, very recent studies have attempted to quantitatively analyze family, child, and service characteristics and outcome correlates in intensive family preservation services. Berry examined the characteristics of families and services contributing to the preservation of the family including the "match of services to resource deficits" in the family (Berry, 1992, p. 315). The sampling frame of this study was from the cases opened and closed in the San Francisco and Oakland In-Home Family Care Program between January 1, 1985 and December 31, 1987. A total of 367 cases with known outcomes were analyzed for the following information: case outcomes, client characteristics, and service characteristics. This information had been gathered in the In-Home Family Care program since 1983 on a number of standardized forms.

The family demographic information examined did not vary significantly across families in the sample. The only two demographic correlates to treatment outcome appeared to be economic resources and age of mother. Those families
who remained intact during the service period had greater economic resources and mothers of significantly older age than those families who experienced placement of children into out-of-home care. Overall, placement prevention rates were reported as 96 percent during treatment, 94 percent within six months of treatment, and 88 percent at one year follow-up (Berry, 1992).

There were service components that seemed to make a difference in placement prevention. Families with the highest proportion of in-home hours fared significantly better than families who did not experience as many in-home service hours. Also, families who proportionately received more concrete services such as teaching of family care, medical care, and the securing of food and financial services stayed together in significantly greater numbers than those families who received proportionately less concrete services (Berry, 1992). Though this study is pre-experimental in nature, some interesting service characteristic and outcome correlates emerge.

Bath, Richey, and Haapala (1992) also recently sought to investigate client characteristics and outcome correlates in the Homebuilders program. A sample of 1506 children’s records representing 1,112 families serviced by Homebuilders between September 1985 and May 1988 was analyzed for various demographic and referral information. Information was collected on age, sex, race, reported problem areas, reasons for referral, placement history, previous counseling, and school functioning. The outcome correlate was out-of-home placement.

A strong, non-linear relationship between child age and post-intervention placement emerged in this study. Infants and older children (ages 10 and up) seem to have a significantly greater chance of being placed within one year of treatment than do children ages three to nine years (Bath, Richey, & Haapala,
1992, p. 394). The investigators, then, separately analyzed the three age groups for family characteristics.

In the Age 0 - 2 Years Cohort, three parent/family variables were significantly associated with post-intervention placement. These variables were parent mental health problems, single parenthood, and public income sources. In the Age 3 - 9 Years Cohort, neglect status was most significantly associated with placement. Interestingly, abuse cases were more associated with placement avoidance. Several other studies have found neglect cases to be associated with poorer intensive family preservation services outcomes (Berry, 1991; Nelson & Landsman, 1992; Yuan & Struckman-Johnson, 1991). In the age 10 - 17 year age cohort, family income (extremes of very low or over $20,000 per year) were found to correlate positively with placement. Delinquency, poor school adjustment, physical violence, and runaway behaviors also correlated positively with placement. A history of prior placement correlated positively with placement. Boys were significantly more likely to end up in placement than girls (Bath, Richey, & Haapala, 1992).

The authors acknowledge that the findings on placement correlates are to be interpreted with caution. Many external issues may confound the use of out-of-home placements such as the availability of placement options and alternative services, local placement policies, the age of the child, and public sentiment influenced by such things as the death of a child in the home of abusive parents (Bath, Richey, & Haapala, 1992). Thus the authors warn of looking at placement prevention rates as the only outcome correlate as being fraught with difficulty. They suggest studying other measures of family functioning.
The Consumer View of Intensive Family Preservation Services

Intensive family preservation services have professed a client-centered focus. However, there appears to be a dearth of client-centered or consumer focused research concerning intensive family preservation services. This dearth in consumer focused research may, in part, be due to the relative youth of the field of family preservation (Pecora, Bartlome, Magana, & Sperry, 1991). Another reason for the small number of investigations from the consumers' perspective, is that consumer focused research, especially that attempting to assess the helpfulness of services have, to date, yielded precious little information on outcome correlates.

The views of clients seem to be biased by social desirability, concerns about cuts in services, or worry about confidentiality (Fraser, 1988; Giordano, 1977; Schnelle, 1974; ). Recently, Cheetam commented on the consumer’s view of social work effectiveness in general:

Almost as if some hidden law was operating, about two thirds of consumers regularly report their satisfaction with the services they have...The research challenge here is to be wary of complacency and to construct at least some studies that involve exploration in depth of ambivalence and uncertainty and that allow clients to impart the subtle wisdom that flows from their experience of suffering and of seeking help or having it thrust upon them (Cheetam, 1992, p. 278).

As stated earlier, there have been a few attempts recently to assess client satisfaction and perspectives on intensive family preservation services. Hayes and Joseph (1985) used mail and telephone surveys to assess client satisfaction. In keeping with most studies concerning client satisfaction, Hayes and Joseph found that the majority of clients were quite positive about services.

Parents and therapists were asked to rate 34 problem areas at the close of intensive family preservation services in a study by Kinney and Haapala (1984).
A very high proportion (approximately 81.5%) of the problem areas rated were seen as having improved by both parents and therapists.

A similar study conducted by the Child Welfare League of America sought ratings on 11 problem areas at the end of treatment. Parents were asked to report the degree of change between the beginning and ending of intensive family preservation services. A five-point Likert scale was used with a 1 indicating the problem was "a lot better" and a 5 indicating "a lot worse". Clients' ratings of improvement varied widely by problem area. Children's symptomatic behavior was rated as "a lot better" in only 15 percent of cases. Children's school adjustment was rated as "a lot better" by 36 percent of respondents. Sexual abuse was rated as "a lot better" by approximately 60 percent of respondents (Magura & Moses, 1984).

In an attempt to gather more specific information from consumer's than global reports of satisfaction, Pecora, Bartlome, Magana, and Sperry (1991) interviewed, at length, the primary caretakers in families who had undergone intensive family preservation services. The interviews were conducted by phone or in person within two weeks of terminating services. The interviewee had received a letter explaining the purpose of the interview and a checklist of problem areas to assist them in responding to questions during the interview. The primary caretakers of 290 families in Washington and 106 families in Utah were interviewed (total N = 396).

The interviews did not consist of many open-ended questions, but rather were assisted attempts at filling out the Consumer Satisfaction Survey that was developed for this study. The survey focused on treatment goals (according to what clients identified as important treatment goals), what was most helpful
about the service, comparisons of family functioning at the beginning and end of treatment, and satisfaction with specific aspects of the therapist's behaviors. Content analysis by two groups of the project staff was used to identify common response categories for more open-ended questions (Pecora, Bartlome, Magana, & Sperry, 1991).

Primary caretakers had difficulty identifying treatment goals in response to the open-ended question concerning goals. No sample list of goals had been provided in the letter or during the interview. A wide variety of treatment goals were identified by the caretakers. Goals relating to increasing communication skills, improving the child's behavior, and more compliance with house rules were identified by the highest number of respondents. One difference between the states was that the Washington group identified anger management and conflict resolution skills as more important than improving a child's behavior or increasing compliance with house rules. Primary caretakers rated the degree of goal attainment as positive in most cases. The goals were rated on a five point scale with 1 indicating the goal was not attained at all and 5 indicating that the goal was attained to a great degree. The researchers caution that because of the small numbers of respondents who were able to clearly articulate goals, the ratings should be interpreted with care.

Specific aspects of the services were also rated as generally helpful by the majority of caretakers. Interestingly, in response to the open-ended question concerning listing aspects of the service that "did not help, or that you disliked about the counseling?" (Pecora, Bartlome, Magana, & Sperry, 1991, p. 284), most clients could not articulate what aspects of the service they did not like. The majority of respondents answered "nothing". A few mentioned that the
service was not long enough (12.3 percent). Even fewer mentioned that they had not agreed with the treatment strategy utilized by the therapist (3.9 percent). Even in families whose children were placed, the services were rated as generally helpful.

This survey/interview study did attempt to carefully articulate what specific aspects about service and therapist behavior were helpful to caretakers. The limitations in this study may stem from the mixed approach to the gathering of information. Caretakers were sent a two-page list of categories to be rated during the subsequent phone or in person interview. Interviewees seemed to have difficulty articulating treatment goals and also aspects of the service which they did not like. Perhaps these interviewees had difficulty switching back and forth from highly structured questions with response categories laid out before them to open-ended questions in which they were asked to "create" their own categories. These interviewees may have felt intimidated by the polished articulation of categories in the survey guide that they had received by mail before the actual interview. They may have felt that their own words could not measure up. To date, not one purely qualitative endeavor concerning how clients experience treatment and utilizing the "unchallenged narrative" of the clients (Goldstein, 1991a) has been published.

Recently, the final report for an enormous evaluative research project concerning the Illinois Family First Placement Prevention Program was released (Schuerman, Rzepnicki, Littell, & Chak, 1993). The evaluative research project was designed to test the effects of the Family First program on rate of out-of-home placement of children, rate of child maltreatment subsequent to services, length of time families remain in the public child welfare system, and a number
of measures of child and family well-being. The design included the use of randomized experimental and control treatment groups and, in fact, is the largest randomized investigation into the efficacy of family preservation services to date. Both quantitative and qualitative data were gathered from many different sources such as family preservation workers, program administrators, and parents in order to get a comprehensive description of the program, types and amounts of services provided, types of families served, and case outcomes. About 1,600 families participated in the randomized investigation.

Results have been equivocal, if not disappointing, considering the name of the program evaluated - Family First Placement Prevention (emphasis added). Overall, the investigators report that the Family First program results in a slight increase in placement rates when the data from all six experimental sites are combined. There were no sites which demonstrated a reduction in the rate of placement for Families First clients versus control group clients who had received traditional public child welfare services (Schuerman, Rzepnicki, Littell, & Chak, 1993, p. iii). The authors point out, however, that only seven percent of families in the control group experienced out-of-home placement of children within one month of starting services. Since the design was one of randomized assignment to either experimental or control groups, one can conclude that the risk of placement for the Family First group was also about seven percent. Thus, with such a low rate for risk of imminent placement, the likelihood of the Family First program producing a reduction of the rate of placement is low.

The investigators also report that there was no effect on rates of confirmed reports of child abuse in the experimental versus control group. However, there
does appear to be a reduction in the rates of both medical neglect and chronic neglect (Schuerman, Rzepnicki, Littell, & Chak, 1993).

Interestingly, though the investigation of Family First found no or little difference in many objective measures of treatment outcomes between the two groups, there were some definite differences between parents’ perceptions of improvements in several areas. A sample of parents in three experimental sites from both the experimental and control groups were interviewed at several month intervals. At the time of the initial interview (approximately seven months after treatment referral), parents in the Family First treatment group were significantly more likely to report improvement in housing, economic conditions, physical child care, and children’s conduct. There were no differences found in perceptions of improvement in discipline and emotional care of children, children’s academic adjustment, children’s symptomatic behavior, victimization of children, or parental coping. There seem to be some preliminary indications that differences in perceptions of improvement in physical child care, children’s academic adjustment, and parental coping skills develop over time, with one experimental site in particular demonstrating more positive perceptions by the experimental group parents (Schuerman, Rzepnicki, Littell, and Chak, 1993). The investigators suggest that there do, indeed, appear to be some beneficial effects on some aspects of child and family well-being, but that longer term outcomes may be affected by societal conditions and adequate treatment follow-up. The investigators report that follow-up in Family First programs appears haphazard and plagued by backlog in the public child welfare system. The limitations in this study lie in the fact that though ostensibly operating from the same theoretical and practical guidelines, the six sites
included in the investigation varied widely in the actual implementation of services.

In discussing the mixed and sometimes disappointing results of research focusing on such objective measures of treatment outcome as prevention of placement, Elizabeth Tracy calls for more research into "the exact nature of family preservation services practice and the context in which these services are delivered" (Tracy, in press). Perhaps further open ended interviewing of clients served can provide some illumination into the "exact nature" of family preservation practice. Studies which have included some open-ended interviewing of parents such as the Fraser and Haapala investigation (1987-88), the Pecora, Bartlome, Magana, and Sperry investigation (1991), and the Family First evaluation (Schuerman, Rzepnicki, Littell, & Chak, 1993) have focused more on structural or outcome measures in their line of questioning rather than feeling or meaning types of questions.

These same three studies, with the exception of the Fraser and Haapala investigation, are limited, also, by having interviewed only a small proportion of the members of the families served. Children were not interviewed in these studies. If the primary goal of family preservation services is to keep children safely at home, then, perhaps children should be included in evaluating services and offering their suggestions for improvement of services. In fact, Fraser and Haapala (1987-88) do note that the children who responded to the telephone survey in their study, rated many less events which occurred during services as helpful than their mothers did.
The Consumer View of Family Therapy in General

Recently, in England, a purely qualitative research project was undertaken to assess the consumer's view of traditional family therapy (Howe, 1989). Howe interviewed 32 families concerning their experiences of the family therapy practiced by six social workers in a social services area department team. The team's professed theoretical approach was of family systems. Interestingly, the six social workers engaged Howe to conduct the study with the goal of improving their practice skills.

Howe explains that the families were not representative nor was the claim of the study for representation nor the purpose of the study representation. Further, Howe explained, that he was not attempting to speculate on causal relationships between the worker behavior and the behavior of the client family. "I am exploring the meanings that a group of participants gave to a particular experience. I wish to understand this experience rather than explain individual behaviours" (Howe, 1989, p. ix).

The families were approached by one of the senior managers in the social services area department asking if they might be interested in participating in the study. The families were assured that the researcher was independent of the social services agency and that future services would not be imperiled. Anonymity in forthcoming reports was guaranteed. A small fee was offered in recognition of the time given to the research project. A total of 34 families were written to. Of these, only two declined to be part of the research project.

The interviews took place between four and seven weeks after termination of services. All family members who cared to participate, were invited to participate. The interview was open-ended with only a few, main themes. These themes included "the families 'story' of how they perceived their problem, how
they got in touch with the social services, and how they experienced family therapy" (Howe, 1989, p. 34). The interviews took between 60 and 100 minutes.

Howe also had access to case records. Howe combined the data from case records and the audio-taped interviews. He then coded the data from a concept indicator stance (Strauss, 1987).

Only three families reported feeling comfortable from the start of family therapy and reported that, on the whole, family therapy had helped. These families reported that the friendly nature of the social workers (different in each case) and the care with which the workers used in explaining the procedures helped put them at ease (Howe, 1989, p. 44).

Most families were ambivalent or felt "over a barrel" (Howe, 1989, p. 45). These families reported the failure they felt as a parent and the reluctance to put themselves in the hands of "the welfare". One particularly poignant account of the ambivalence can be found in the words of a single mother with two children:

My boy beat me up. He's sixteen. He beat me up and smash [sic] my home up. Things were really bad. I needed a lot of help. I didn't know what to think or do. I just wanted to see someone 'cos he's been nothing but trouble since I been on my own...I wanted them just to take him away just for a little while to cool him down, but at the social they said try this family therapy thing where you take your children. When they didn't agree to take Dean then, I felt terrible, I felt no one is going to help me. After they told me that I just walked round and round the city for hours. I just didn't want to go home...Well, in the end I did go to see them, I had to really, the whole family. We were in a room with this woman, Susan was her name, with an ear thing and she could hear the others and there was a camera. I felt terrible. I couldn't tell my problems. No way. Not like that. No, you can't. All I wanted was just to get out. Couldn't wait for it to finish. But we went back again. I had to. There was nowhere else. We better keep going, I said, didn't I Dean? It might help but I couldn't see how (Howe, 1989, p. 45).

Families expressed two types of expectations of family therapy and neither expectation seemed to be satisfied in the experience of family therapy. One was
that someone would offer practical or verbal advice on how to deal with the problems they were encountering at home. The other hope was that someone would "listen and that they would understand" (Howe, 1989, p. 80).

Over and over, interestingly, families expressed the desire that the family therapists come to their homes. "I wanted them to come round, sit down, have a nice cup of tea and a chat" (Howe, 1989, p. 80). A theme commonly expressed was that of "distance" felt between the family and the family therapist.

This study, perhaps more than any other, illustrates the complex, colorful, and in-depth information that can emanate from unchallenged narratives. The therapists and the agency administrators in Howe's study learned that the very techniques they had deemed desirable in helping a family such as collaborating with a team of family therapists via an in-ear speaker and a one way mirror, were dreadfully alienating to the families. Further, the client families were begging to be "understood" by having therapists visit their homes. In-home family therapy is practically unheard of in England (Howe, 1989). The families felt great freedom in telling an outsider, not on staff at the social services department, about their feelings. Howe does not elaborate on his own talent in putting persons and families at ease, but the portions of transcripts of interviews shared in this study speak volumes for his ability to have engaged families and to have had them tell their stories in an uninhibited fashion. This study is in dramatic contrast to the client satisfaction studies which were reviewed earlier in this chapter.
Work with Rural Families

Much of the literature on social work with rural families is and has been anecdotal. An impressive array of literature exists concerning practice wisdom with rural families (Bachrach, 1985; Davenport & Davenport, 1984; Farley, Griffiths, Skidmore, & Thackeray, 1982; Ginsberg, 1971; Martinez-Brawley, 1981; Martinez-Brawley, 1990; Whittaker, 1986). These studies have basically gathered the perceptions of rural social work practitioners concerning the aspects of rural social work practice that the practitioners consider unique to the realm. These aspects include a widely held belief that the rural practitioner must be much more of a generalist than her or his urban counterpart due to the scarcity of social services. Rural social work practitioners have also often reported that their clients have an inherent cultural bias against help-seeking behavior.

What little empirical research exists has tended to focus on the difference between rural and urban practice and these results have been equivocal as was articulated in the introductory chapter of this work. Very little research—either quantitative or qualitative has been done concerning family services to rural clientele.

The only study concerning intensive family preservation services and rural families that has been published is part of Nelson and Landsman’s work, *Alternative Models of Family Preservation: Family-Based Services in Context*. Even this work is not an empirical investigation of what is unique to the experiences of rural family members who have received family preservation services versus their urban or suburban counterparts, but is yet another diatribe on the fact that rural social workers practice in ways qualitatively different than their urban counterparts. The authors conclude that rural social workers need to be more
generalist in their approaches and creative in their problem solving due to the
dearth of supportive and alternative community services (Nelson & Landsman,

This author has found in her qualitative investigation of reaching out to
Ohio Amish families in their homes, that the clients are wonderfully articulate in
explicating their experiences and feelings concerning in-home services. As was
stated in the introductory chapter concerning theoretical underpinnings of rural
social work practice, this author discovered that in-home workers need to be
aware of their "outsider" status and to be patient in gaining the trust and
confidence of their rural clients. Further, engaging the assistance of an "insider"
(i.e., a non-professional community resident) may enhance the engagement
process (Bean, in press). As was so eloquently put by one Amish mother
concerning social services professional outreach into Amish homes, "sometimes
they just don’t understand". The Amish study is limited, somewhat, by the fact
that not only were services delivered to rural families, but these families were of
a culture quite separate from other U.S. rural residents. Thus, the importance of
utilizing an "insider" or someone with an insider's perspective to enhance the
building of a trusting relationship between worker and client, is not directly
attributable to the fact that these families resided in a rural area. The need for
the use of an insider’s perspective may also be due to challenges in crossing
Amish cultural barriers. The present research project is a genuine attempt at
understanding the experiences of rural families, in general, when working with
them in their homes.
Questions Which Remain Unanswered

A number of questions remain unanswered in the present literature concerning intensive family preservation services for rural families. The following is a brief (and therefore not exhaustive) list of issues which will be addressed in the present study and in other future research endeavors:

1) What is the experience of receiving intensive family preservation services like for participating family members? Many survey research projects and interview portions of research projects have tended to focus on outcome measures such as reduction in the rate of placement of children, improved quality of child care, reduction in the rate of abuse or neglect incidents, improvements in housing conditions, and other concrete variables. No study, to date, has attempted to understand, in the clients' own words, the actual experience of receiving family preservation services. Describing, from the clients' perspective, what the experience of receiving family preservation services is like may shed some light on which families are best served with which aspects of family preservation services (Tracy, in press).

2) Do participating family members attribute their responses to intensive family preservation services, at least in part, to characteristics of their environment, i.e. rural versus suburban or urban settings? Or do family members identify themselves as having faced special challenges because of limitations in their environment such as cultural or geographical barriers, social isolation, or accessibility of social services? In the comprehensive Family First randomized study, the investigators conclude that environment factors such as poverty, crime, drugs, and availability of services probably play a role in the long term positive effects of family preservation services (Schuerman, Rzepnicki, Littell, & Chak, 1993). If family members do mention environmental factors as
affecting their experiences with receiving family preservation services, then future program design and implementation will most certainly need to assess and address these environmental factors.

3) Will family members mention, in their own words, family preservation services characteristics, such as those set forth by the Child Welfare League of America, as being important to them in the attractiveness or effectiveness of services? Those characteristics include immediate response to referrals, assessment of imminent risk of placement of children, assessment and treatment which are family and solution-focused, limited treatment objectives, the clients' home and community as the locus of all services, a range of services, availability of immediate crisis services, intensive and short term intervention, and small case load size for workers (Cole & Duva, 1990). If, in fact, families do not mention these program values as important or meaningful to them, then what are the implications for program design and implementation?

4) What are the themes expressed by parents and the themes expressed by children in their descriptions of the experience of receiving intensive family preservation services? Do these themes reflect program characteristics or values which have been identified in previous evaluative research as central to program "success"? If themes emerge in the parents' and in the children's descriptions of characteristics of program experiences which are very different than those characteristics of program intended by design, then what are the implications for future program development and delivery?
Chapter Three: Methodology

In effect, this mode of research may enable us to do, to engage in practice, more knowledgeably. But its special character also enables us to know in a more profound way. The talent of social work is not solely technical: it is, as well, artistic and philosophic. Entry into the complexity of the human situation may be eased a bit by what we do know; at the same time, we quickly learn that the peculiar dilemmas and moral questions we encounter call for fresh and creative ways of understanding (Goldstein, 1991b, p. 104).

Research Objectives

The objectives of the present study were deceptively simple. As stated in the introduction, the main research objectives were to attempt to understand and then describe, from the clients' perspective, the experience of having received intensive family preservation services. Members of rural families who had been served via intensive family preservation services were invited to act as collaborators in the refinement and improvement of services by encouraging them to tell their "stories" about their experiences.

The central question was: "What was it like to have had a worker coming to your home?". The details of the structure of the interviews will be explicated in the following sections. The stories or "unchallenged narratives" (Goldstein, 1991a) or qualitative treatises that were recorded and analyzed provide a great depth of knowledge about the experiences and perceptions of families served.
Design

Design of a qualitative investigation is really an oxymoron. In contrast to the quantitative approach to research design in which there is rigorous hypothesis testing, the qualitative endeavor is an extremely fluid process. Of necessity, design in qualitative investigations remains flexible and open to "permit exploration of whatever the phenomenon under study offers for inquiry. Qualitative designs continue to be emergent even after data collection begins" (Patton, 1990, p. 196).

The elicitation of unchallenged narrative has been likened to a "folk social science": Bruner (as cited in Goldstein, 1991a). The investigator (I prefer to use the term, co-investigator because of the collaborative nature of the relationship between investigator and those who are "investigated") immerses her- or himself in the milieu of the group being studied in an attempt to understand the "meaning of behaviors and attitudes" (Goldstein, 1991b, p. 106).

In the present study, I interviewed rural family members who had undergone intensive family preservation services (and who had terminated those services within the six months preceding my recruiting them for the study), concerning their experiences with receiving such services. As one of the main objectives in family preservation services is to help maintain children safely in their homes, children were invited to take part in the interview. The strengths and limitations of utilizing the entire family as the interview subject will be addressed in more detail in The Whole Family Versus the Individual Perspective section in this chapter and in the final chapter on discussion and implications. Including the children in the interview process does, however, represent a unique contribution to the evaluative literature on family services of all modalities, not just family preservation services.
I conducted the interviews in the families' homes in one extended session. I tape-recorded the interviews and also took field notes concerning my impressions of the families, their homes, and their communities.

The interview transcripts and field notes were then coded and analyzed for emergent themes concerning the family members' experiences. Though the main objective of the research project was to attempt to understand and describe the experiences, the analysis of data collected provided the beginnings of building blocks of theory to explain the phenomenon of family members' experiences with intensive family preservation services.

**Sampling**

Just as design evolves throughout a qualitative investigation, so too does the selection of informants. The prototypical sample in a qualitative endeavor is rich in information and perspectives. Representativeness of the sample is generally not the priority of the qualitative researcher, rather purposeful sampling, if possible, is the norm (Patton, 1990).

Qualitative inquiry generally involves in depth analysis of small samples, sometimes a single case study, which, as stated earlier are selected purposefully, if possible. This approach is in contrast to the randomly selected larger samples found in well-designed quantitative investigations.

The sampling strategy in the present study was, by necessity, a survey approach. As theoretical constructs which describe the experiences of family members who have undergone intensive family preservation services have not yet been defined in the literature, the possibility of selecting "information-rich cases" (Patton, 1990) illustrative of pre-selected constructs was nil. Thus, I
sought to contact all families who had terminated intensive family preservation services from one program within the six months prior to recruitment for the study. The sampling approach yielded a small sample of voluntary interviewees from the program. Though the sampling approach was more a convenience sampling approach than any of the purposeful sampling approaches described by Patton in his *Qualitative Evaluation and Research Methods* (1990), every attempt was made to glean an array of experiences of family members for the study.

*All* families who had terminated services, even those families who had terminated before the standard treatment time was complete, were contacted concerning participation in the study. Families were not selected on the basis of "success" or any other outcome measure of services. Neither I nor any program administrators or workers were imposing any type of standard concerning which families would be included in the study. By attempting to include families who had had an array of experiences with intensive family preservation services, I was striving to both carefully describe the variation among the cases and elucidate core themes or shared experiences or meanings.

The size of the sample in qualitative research is not a rigidly explicated process, just as design and analysis are not rigidly explicated. Patton (1990) suggests that many times the sample size is increased to the point of "redundancy". In other words, when no new information seems to be emanating from the data collection process.

In my experience with carrying out two qualitative studies, I have found the information emanating from only five or six sources to be almost overwhelming for purposes of data analysis (Bean, 1992-93; Bean, in press). In the present study, the number of families who would agree to be interviewed was not known
at the outset. The population size was nineteen families. The hope was that at least four families would agree to be interviewed. Ultimately, six of the nineteen families agreed to participate in the study.

Recruitment

In the present study, I appealed to administrators of rural, intensive family-based programs in Ohio to consider allowing me to interview families who had undergone services from their program. I was introduced to these administrators at the annual meeting of the Ohio Family-Based Services Association in June, 1992. I gave a brief explanation of my proposed research objectives and techniques. I asked them to contact me at break times if they were interested in having their agency participate in the study. I received the names and addresses of five intensive family preservation program administrators and some enthusiastic interest from these administrators. I shared my working definition of rural social work practice as being practice with individuals, families, or organizations in communities with a population of 10,000 or less and who have limited access to services because of geographic barriers or personnel limitations (Farley, Griffiths, Skidmore, & Thackeray, 1982). All administrators said that their agency practice fit the criteria.

Due to the potential difficulty I may have had in integrating respondents answers across more than one program, I narrowed the field to only one north central Ohio program. As noted in the literature review, even programs professing to be of the same theoretical base, in all likelihood, operate quite differently. The investigators of the Illinois Family First program found that six different service sites in the state of Illinois, ostensibly operating from the same
theoretical and practical base, were in actuality very different in several respects including how quickly clients were served, how imminent risk was or was not assessed, and what type of follow-up, if any, was available (Schuerman, Rzepnicki, Littell, & Chak, 1993).

The program selected for drawing a sample of interviewees was the Home-Based Treatment Program of Portage (County) Children’s Center. The Home-Based Treatment Program provides both intensive, in-home psychotherapy or counseling services and case management services as needed to families which have one or more children with severe behavioral or psychological problems. The program provides at least five hours per week of counseling by a master's level therapist and case management services as indicated in the families home. The program description in the policies and procedures manual of the center professes the program to be of a "more systemic" nature than traditional, outpatient counseling or case management services. The manual goes on to state that the focus of treatment "will be to integrate the individuals of the family into a healthy unit that operates in a successful manner among themselves and within the community" (Butts, C.N., 1991).

The Home-Based Treatment Program lasts for twelve weeks with monthly follow-up for three months. The manual states that at the end of twelve weeks it is hoped that the family "will be successfully using traditional community services and will no longer need the intensive in-home services provided by the Home-Based Treatment" (Butts, C.N., 1991).

In the Fall of 1992, I wrote the program administrator describing the research project in more detail, providing a detailed outline of my research proposal, providing a form for families to read describing the research project,
and also enclosing an informed consent form for families to sign. The proposal also underwent the scrutiny of the Case Western Reserve University Review Committee for Human Studies to insure the protection of the rights of the family members. A sample letter to program administrators, a sample form explaining the research project to potential families, and a sample informed consent form can be found in Appendices A through C.

In the present study, as stated earlier, the goal was to contact all families who had terminated intensive family preservation services within the six months prior to recruitment for the study. The workers at the agency suggested, in a meeting with me to discuss the details of the research project, that they be the ones to contact their families regarding participation in the study. They felt that families might be more likely to agree to be interviewed if they were first contacted by a worker familiar to them. Workers agreed to try to contact all families whose cases they had closed between September 30, 1992 and March 30, 1993. They agreed to contact even those cases which closed before the standard twelve week period of Home-Based services.

As a result of workers agreeing to contact even those families who had terminated early, an array of experiences did, indeed, emerge in the interviewing process. In fact, this sampling technique yielded one family from which a child who had been living with his grandparents, returned to live with his biological mother, necessitating early termination of services.

Home-Based workers from the agency all took copies of the explanatory letter for families and copies of the consent form. They then either phoned families directly and used the letter to explain the research project or made personal visits to families who did not have a phone or were no longer engaged
in services at the center. Families who agreed to participate during phone contact or during visits were then sent the explanatory letter and consent form and asked to send the consent form to the center in a pre-addressed, stamped envelope. Workers attempted to follow up mailings to families with a personal contact either through a case manager that might be continuing to see the family, by phone, or by stopping by the family’s home.

A letter and consent form were mailed to the entire population of 19 families. No family directly refused to consider participating when initially contacted.

Of the six families who agreed to be interviewed, four had case managers who personally followed up the explanatory letter. The other two families simply mailed in their consent forms upon receiving the letter. There were some families eligible for the study and who were personally contacted by a case manager that chose not to be interviewed.

Response was somewhat slow at first. As stated earlier, nineteen families were eligible for the study, though neither I nor agency administrators can verify that all eligible families were indeed contacted a second time after mailing of the forms. Three forms trickled in the first month after contact. When I asked the program administrator to ask if workers had, indeed, contacted all families who might be eligible for the study, three more forms came forth in the next few weeks. The sum total of families who agreed to be and were interviewed is six. Interestingly, these were not at all limited to families who had remained together or who favorably viewed the experience of having had Home-Based services.

The characteristics of families interviewed will be discussed in greater detail in the following chapter on findings. One might wonder if the families who
agreed to participate in the study differed in characteristics from those families who were eligible for the study but who chose not to participate. When the executive director of the agency and the Home-Based treatment coordinator were asked questions concerning characteristics of the families, the following information was shared:

...next issue I will address relates to the characteristics of families who chose not to participate. Generally, there does not appear to be any significant differences from those who participated. One might argue what is a significant difference and how did we define this.

We considered only the general characteristics of the families in terms of all families (served at the agency during the designated time slot) who were experiencing a youth with a DSM III-R diagnosis, who were at risk of removal of the child from the home, for whom less intensive services had not been successful or were not tried given the need, and who were experiencing a "system wide" problem (C.N. Butts, personal communication, January 6, 1994).

Further discussion on the differences, "significant" or not, between those families who agreed to participate in the study and those who did not will be discussed in the following chapters on Findings and Discussion and Implications. Specific information on diagnoses and treatment outcomes were not shared by the program administrators.

**Measures**

The interview format was semi-structured, that is, the interviews followed a basic "interview guide" (Patton, 1990), but allowed for great freedom of expression by those being interviewed. My goal was to aim for an exchange between myself and the family members in a way which has been described by Massacre as "characterized by maximal mutuality of trust, attaining a genuine and deeply experienced caring between interviewer and interviewee, and a
commitment to joint search for shared understanding...The relationship involves fundamental equality and concurring commitment to the quest at hand" (Massarik, 1981, p. 203).

An interview guide was prepared to ensure that families were presented with a common set of topics to discuss. I invited agency workers to study the list of questions I had developed and to then contact me by phone or letter if they had any concerns about any of the questions or any ideas about additional questions. I did, indeed, receive constructive written feedback on the proposed research protocol.

The interviews opened with a review of the purpose of the study and then moved into my asking part of a set of demographic questions to help me in organizing some descriptive details of the family. This ensured that I had that demographic information in a readily accessible form at the time of the analysis of the interview transcripts and field notes (McCracken, 1988). The basic biographical questions were conducted in a non-threatening, conversational manner. Workers suggested that I not open my interviews by using any sort of name game or any other gimmick in gleaning some basic demographic information. I agreed to be straightforward in attaining name and relationship information.

Home-Based workers also pointed out that I had not, originally, provided for much space on the Preliminary Questions form for multiple parents, step-parents, and grandparents raising children. I added another section on "Other Family Members or Residents of Household".

Thus, I opened the interviews by asking permission to write down name and relationship information so that I might remember names easily. I then told the
family members who were present that we would save the details of the demographic form for the close of our time together.

I had thought that I might occasionally run into a family who requested that their former Home-Based therapist or former or present case manager be present at the interview. I had provided for noting "Other Professional Present" on the Preliminary Questions form. The agency workers vehemently objected to this in striving to protect their families from more than one person being involved in the interview. In fact, no families requested the presence of any former or present worker. The Preliminary Questions form used in eliciting demographic information at the beginning and close of the interview can be found in Appendix D.

The Preliminary Questions form is based on guidelines found in Grant McCracken’s monograph, The Long Interview (1988). In determining which types of questions to use beyond the preliminary questions, McCracken reminds those undertaking in-depth, qualitative inquiry of a general principle regarding question construction in interviews.

...the first objective of the qualitative interview is to allow respondents to tell their own story in their own terms. The investigator seeks to keep as "low" and unobtrusive a profile as possible. In the case of question formulation, it is crucially important that questions be phrased in a general and nondirective manner. The objective here is to "spring" respondents, to move them to talk without overspecifying the substance or the perspective of this talk. In no instance may a question supply the terms of the answer it solicits. These opening, nondirective questions have been aptly named "grand tour" questions (McCracken, 1988, p. 34).

I started each interview with the same question, in order to "spring" the family into a conversational mode. The question I started with was:
"Would you please share with me what it is like to live in the area where you do?"

This question allowed me to begin to understand whether or not the family described their surroundings as rural according to my working definition and also whether or not the family mentioned their environment as a significant factor in how they experienced having a worker in their home.

Once the family was "sprung" into talking, I asked the following "grand tour" questions. By design, the "grand tour" list provided for meaning types of questions rather than for service-oriented or structure-oriented questions. The number of questions asked was carefully balanced with the research objective of understanding from the rural families' perspectives and "in their own words" the experience of having received in-home family services. The following is a list of the "grand tour" questions:

"Grand Tour" Questions

1) What led to having a worker come to your home?

2) What did you understand about this type of service before the worker came to your home?

3) Do you (each family member) remember the first visit? Is it what you expected (from how the service was described)? What were you thinking or feeling?

4) What were you thinking or feeling, then, the next few days after the first visit?

5) What was it like to have had a worker coming to your home over the next several weeks?
6) What types of things happened in these sessions?

7) Were you surprised by anything that happened?

8) Were you disappointed or disturbed by anything that happened?

9) Were any of your hopes for the sessions not met?

10) What kind of plans were made for the time after the services ended?

How did you feel about those plans?

11) How have things been going for you since the services ended?

12) How would you reflect on the whole process now?

13) What did or could have made a difference in how things are for you now?

14) How would you compare this experience with other family services you may have had?

15) If you were to design in-home family services, what types of things would you include?

The agency workers also provided insight and input into the development of the "Grand Tour" questions. The workers pointed out that the family members would not know the term "family preservation" and so, I agreed to only use the term "Home-Based" in asking about their experiences with worker or program. The workers also suggested questions along the lines of what were the family members' expectations of Home-Based services before they started and how those expectations were met, not met, or changed as a result of the services. These types of questions were incorporated into the final list of questions.

The fluidity of design or process central to any qualitative investigation is especially evident in the throes of an interview. The investigator must allow the interviewees to express their stories in their own words and, in some ways, in
their own order. The investigator needs to balance this freedom allowed the interviewees with being able to cover basically the same topics in all interviews so that cross case comparison in data analysis is possible (McCracken, 1988; Patton, 1990; Marshall & Rossman, 1989; Strauss, 1987).

Sustaining the interview flow once testimony begins is also a challenge for the interviewer. McCracken suggests several techniques once the "grand tour" questions have been determined (McCracken, 1988). The first technique he suggests is that of "floating prompts" (McCracken, 1988, p. 35). Floating prompts are those verbal and non-verbal cues to the interviewee to expand or explain or continue a point. They might include simply raising an eyebrow in an inquisitive manner or simply repeating a key term that an interviewee has used in the form of a question (McCracken, 1988). For example, several of the family members who were interviewed for this project said something like, "It (the Home-Based services) need to be longer." I followed with the floating prompt, "longer?" Then family members would elaborate as to if they meant longer individual in-home sessions or a longer number of weeks of service. In this way I would inobtrusively and non-directively be asking for clarification and expansion.

Unlike quantitative investigations in which some sort of mechanical measuring instrument (ranging from an electrode to a questionnaire) is used, in qualitative investigations, the investigator is the instrument (Bannister, 1981; Goldstein, 1991b; Guba & Lincoln, 1981; Marshall, 1981; McCracken, 1988). Goldstein writes, "...the principal medium for analysis and interpretation is the reflective mind of the researcher" (1991b, p. 104).

I might add that the principle medium for sustaining a satisfying exchange in interviewing for all involved, is the reflective mind of the researcher. The mind
of the researcher is the source of what types of questions to ask, of what types of verbal and non-verbal prompts to use, and the source of conveying genuine interest in what the co-investigators or interviewees have to say. This reflectiveness, I believe, from experience with interviewing rural, Ohio Amish families, should be an unhurried process (Bean, in press). Thus, I allowed for up to two hours for each interview. The average interview length was actually about one hour and forty-five minutes.

The Whole Family Versus the Individual Perspective

One issue which I struggled with more than any other issue in the design and implementation of this research protocol, was that of deciding to interview family members together rather than separately concerning their experiences with family preservation services. The central reason for my deciding to include children and any other household members who wished to be included in the interview process is directly derived from the central values of family preservation services. Nelson and Landsman in their recent work, *Alternative Models of Family Preservation: Family-Based Services in Context*, write that family preservation programs share the following set of values and assumptions:
1. The family has a powerful influence on children and should be maintained and supported whenever possible.

2. Children need continuity and stability in their lives, and most children are better off with their own families than in substitute care.

3. Separation has detrimental effects on both parents and children.

4. The first and greatest investment should be in preplacement services, and society should be willing to spend at least as much on attempting to keep families together as it does on placement.

5. Time limited, intensive and comprehensive services should be provided in accordance with the needs and priorities of each family.

(Nelson & Landsman, 1992, p.5)

In keeping with the values concerning the belief that separation has detrimental effects on both parents and children and in keeping with the central service delivery feature of serving whole families in their homes, I made the decision to conduct my interviews with families in a manner similar to how services were delivered in their homes. I truly wished to convey a message to all family members that each one of their opinions was important to me and to Home-Based workers.

I did not wish to convey in any way, that I felt that parental opinions were more or less valuable than children's opinions in how families experienced treatment. I did not intentionally ever separate parents from children in laying out my questions nor in listening to responses in order not to create any air of secrecy. There were three households in which children chose not to participate or asked to be excused before the close of the interview. In one instance, I suggested that obviously distracted and bored children join their friends outside. Some children were too young to be able to respond to my questions.
The risk I took was that of realizing from the outset that the responses I received to my questions were those responses which had, at least to some degree, possessed a degree of social desirability. The responses by parents and children alike were those responses that each was willing to share in front of the other.

In planning for each interview, one of my goals was to be flexible during the interview process in moving from the whole family to the individual's perspective as the situation warranted. As stated earlier, I did not set out to separate family members and interview them apart from one another. I was also ever vigilant of the need to provide some "protectiveness" for those not speaking or seemingly not heard. At one point in an interview, a boy came bounding in to the interview fold after at first declining to be interviewed. He proceeded to turn off the tape recorder and I allowed him to speak "off the record". He later consented to my putting the tape recorder back on and joining in the interview.

Field Notes

I recorded field notes or impressions of the field immediately after completing the interview. I did not take notes, other than filling out the Preliminary Questions Form (Appendix D) during the interviews. In this way I hoped to convey my sincerest interest in all that was said by all family members (including children) during the interviews.

Once I had driven away from the family's home and was able to park somewhere comfortably out of their sight, I recorded my impressions of their home and surroundings, i.e. the "field". I drew a small diagram of what the home looked like inside and out and how family members seated themselves during
the interview. I also took note of the comings and goings and "interruptions" by family members, other persons, and other "forces" - animal or mineral. These other forces included pets or farm animals, storms or power outages, or loud noises of any sort. I recorded my impressions of the size, condition, and decor of the home and surroundings. I made note of the nearest neighbors and nearest town centers. These notes helped to flesh out my understanding of the role that the family's rural environment might have played in their experiences of family preservation services.

The field notes were also a vehicle to express my own personal feelings about the interviewing experiences. As qualitative research is an intensely personal experience for the researcher, I recorded and reported my own reactions and experiences during the process of hearing and analyzing families' stories. The types of reactions I had ranged from sadness at seeing the impoverished living conditions of one woman to wonder at the depth of attachment some persons expressed about their workers.

A sample diagram of a family's home and my own field impressions may be found in Appendix E.
Data Analysis

In qualitative research, data analysis is a reflexive process, just as design and data gathering are. Reflexivity in data analysis means that the analysis is an illustration of a continually evolving, ever criss-crossing process of moving from data collection to sampling to data analysis and back again (Miles and Hubermán, 1984; Strauss, 1987). In this study, as noted earlier, sampling was not part of the iterative process of moving from sampling to data collection to analysis and then, to sampling again.

The analysis for the present study was of a content analysis approach via coding from a concept indicator stance as set forth by Strauss (1987) in his *Qualitative Analysis for Social Scientists*. This approach to analyzing data involves coding interview transcripts and field memos via increasingly abstract concept indicators. Constant comparisons (verification) among all sources of data and a coding paradigm from more concrete concepts to more abstract or theoretical concepts evolve during and after data collection.

The coding paradigm suggested by Strauss (1987) has as its central, identifying feature coding data (that is, data concerning behaviors and meaning) for:

...relevance to whatever phenomena are referenced by a given category, for the following:

- condition
- interaction among the actors
- strategies and tactics

In this research endeavor, an example of a *condition* might be a cluttered home environment. *Interaction* might include either interaction between family members within the interview or a family member’s alluding to earlier interactions. *Strategies* or tactics might
include my field notes on a child's attempts to draw attention to her or himself or to disrupt the interview process. Another example of strategies or tactics might include a mother relaying how she has coped in the time since the Home Based services were ended. *Consequences* might refer to a family member's comments that since receiving Home Based services a child's academic performance is better or conversely since receiving Home Based services a child seems depressed. In moving from more concrete coding to more abstract or theoretical coding, codes with like conditions, interactions, strategies or tactics, and consequences are collapsed together.

The first type of coding done is what is called "open coding" (Strauss, 1987). These codes are quite unrestricted and fairly concrete concepts which simply "fit" or describe the data. The researcher at this point, carefully combs the data from interview transcripts, field notes, and other documents, item by item and develops a list of concepts which describe the data in a provisional manner. The idea is to have the researcher develop a set of questions pertaining to conditions for, strategies of, interactions between, and consequences of these open categories describing behaviors and meanings of persons. Thus, these initial, concrete categories are seemingly simplistic and shallow but a necessary, organizing step in developing the next levels of coding categories and eventually, in developing grounded theory induced from the data (Goldstein, 1991b; Strauss, 1987). In the present study, the raw data were analyzed questionnaire item by questionnaire item.

The next step in coding involves what Strauss (1987) has labeled "axial coding". In this step, the open coding categories are looked at one at a time and treated as the axis of analysis for the coding paradigm described earlier
concerning conditions, strategies, interactions, and consequences. The relationships between open coding categories and the conditions under which the categories emerge are being examined and explicated.

The next level of coding involves "selective coding" (Strauss, 1987). During this level of coding, the research analyst becomes more aware of the eventual goal to develop "parsimonious" theory or causal processes (Goldstein, 1991b, Strauss, 1987). Thus, the axial codes are collapsed further and grouped according to similar conditions, strategies, interactions, and consequences. The researcher is beginning to think about the last level of abstraction or "core categories" (Strauss, 1987).

A core category or a few (i.e., usually four or less) core categories emerge in the final level of coding data and are the building blocks of theory about the conditions, strategies, interactions, and consequences of behaviors, or sets of behaviors (Strauss, 1987). Core categories unify seemingly mystifying seas of data. They are the essence of understanding complex phenomenon.

Though the present study did not employ the theoretical sampling techniques which Strauss (1987) details in his *Qualitative Analysis for Social Scientists*, Strauss does not feel that other types of sampling techniques preclude utilizing parts of his grounded theory approach to data analysis (Strauss, personal communication, April 23, 1993). Strauss has recently modified his thinking on the importance of the iterative sampling technique that he has proposed for grounded theory analysis. He has come to realize that in especially sensitive areas of investigation such as interviewing sexual abuse victims or families with multiple problems who may be at risk of having their children removed from the home, that the painstaking process of theoretical sampling
may not be possible (Strauss, personal communication, April 23, 1993). The grounded theory approach to data analysis involves the development of explanatory or causal processes which are *grounded* in the data (Strauss, 1987). The development of causal process theory evolves from the process of constant comparison between cases and coding the cases, individually and collectively, from more concrete indicators of concepts to ever more theoretical concepts.

In the present study, though theoretical sampling is not undertaken, the use of Strauss' coding paradigm may allow for beginning speculation on the building blocks of theory to explain the experience of intensive family preservation services from the client perspective.

**Validity**

In qualitative endeavors, researchers recognize (and do not apologize for) the fact that interviewers become intimately involved with interviewees via the interviewers' attempts to thoroughly understand the meaning of real persons in their real environments. This "intimacy" between interviewer and interviewee makes for undeniable bias of the researcher in interpreting and analyzing data to "fit" pre-conceived notions (Goldstein, 1991a).

Patton (1990) points out eloquently that subjectivity and researcher bias exist within all research paradigms, positivistic and phenomenological. He states:
The ideals of absolute objectivity and value-free science are impossible to attain in practice and of questionable desirability in the first place because they ignore the intrinsically social nature and human purposes of research...

Any credible research strategy requires that the investigator adopt a stance of neutrality with regard to the phenomenon under study. This simply means that the investigator does not set out to prove a particular perspective or manipulate the data to arrive at predisposed truths. Rather, the investigator's commitment is to understand the world as it is, to be true to complexities and multiple perspectives as they emerge, and to be balanced in reporting both confirming and disconfirming evidence (Patton, 1990, p. 55).

I strove to be ever vigilant in the present study during the processes of gathering information and reporting information to be balanced, fair, and credible. I had no vested interest in reporting either confirming evidence or disconfirming evidence as to the effectiveness of family preservation services for rural families. I did and do, indeed, possess a strong feeling that the theory and values base in intensive family preservation services seem congruent with the theory and values base many workers have explicated in working with rural individuals and families. I did and do recognize that this feeling about congruence between family preservation services values and rural social work practice values does not mean that rural families served in such a manner will be uniformly positive in reporting their experiences family preservation services. I strove to remain neutral and fluid in my gathering of stories.

In view of the fluid nature of design and sampling, threats to validity loom large in this and all qualitative endeavors. Validity can be viewed as the ability of a research endeavor to provide understanding of the phenomenon being investigated while controlling for potential sources of bias. Though difficult to assess in qualitative studies, some writers have suggested avenues for exploring the validity of a qualitative study.
Miles and Huberman (1984) suggest that validity may be enhanced by obtaining confirmation from other data sources (1984). In the present study, I took field notes on my impressions of the family and salient features of their homes and communities. Though this information may not provide direct confirmation of a family's perceptions of the services they have undergone, the field information did serve to provide me with a deeper understanding of how the family operates and under what conditions.

Reliability

Issues of reliability are, again, difficult to address in qualitative endeavors. Though few, if any, researchers seem inclined to attempt to replicate their own or others’ qualitative endeavors (I have not found a single example of replication in the qualitative literature on families), I feel that the present study could, indeed be replicated. I have carefully described the procedures I used for the interviews and these procedures are methodically based on several widely available sources (Goldstein, 1991b; McCracken, 1988; Miles & Huberman, 1984; Patton, 1990; Strauss, 1987).

The use of a second coder has been set forth by Miles & Huberman (1984) as a technique to enhance reliability of data analysis. In the present study, graduate students in three university departments were approached concerning the possibility of earning research experience and independent study credit through being a second coder for the study. Unfortunately, a second coder was not secured. Thus, the only avenue for enhancing reliability of this study is replication.
Protection of Human Subjects

The protection of the human rights of the participants in this study were of paramount concern in developing the research protocol. The decision to participate in the interviewing process was entirely voluntary. In fact, participants were informed that they could refuse to answer any question and that they could, in fact, stop the interview if they so desired. I reviewed the explanatory letter (Appendix B) with them at the start of the interview making sure that all participants, adult and minor children alike, understood that their participation was voluntary.

Participants were informed of my intention to tape-record the interviews, but I assured them in writing and again, verbally, at the time of the interviews that the tapes would only be used by me for the purposes of reporting my findings in an accurate manner. I assured the participants that the tapes would be destroyed once the research project was completed.

I further assured participants, in writing and verbally, that their names would be changed to protect their identities in any reportings of the research findings. I also assured them that any sort of identifying information such as street or town names would be changed.

Both parents or other caregivers and children were invited to sign the consent form (Appendix C) at the opening of the interview session. Children were given the option of participating in the interview or not and were given the freedom to leave the interviewing room at any time.

The study posed no intentional risks either physical or psychological to participants. Participants were given the option of receiving a follow-up report on the findings of the research project. The primary caregivers in all six families chose to receive a follow-up report. The project was deemed fully acceptable by
the Case Western Reserve University Review Committee for Human Studies and by The Portage Children's center administrative staff.
Chapter Four: Findings

"It needs to be longer...I don't know. I guess maybe close to a year, you know...When they first start coming out...slowly, you know...doors and feelings of...it's starting to open...By the time your three months rolls around, I mean you're almost...your just going full swing...I mean all these doors are just starting to open up, you know...it's like...what's this? You know, I've got...some things going on in here and you have all these emotions and stuff running around in your...I can't put a name on it. I don't understand it because it hasn't fell into place quite yet. So that there called the depression is...you don't have nothing to grab on to... ("Suzanne", 1993)

Two main findings or core categories emerged from interviews with members of six families who had received family preservation services. Mothers or female primary caregivers expressed a sense of deep attachment to their Home-Based workers. Mothers also repeatedly spoke of their own and some of their children's profound grief upon termination of the Home-Based Services. Many directly or indirectly attributed the attachment and subsequent grief to their feelings of isolation, emotionally and physically, from other people in the community.

Before sharing portions of each family's story and the coding paradigm, a discussion of some of the barriers and challenges to reaching families to interview is in order. A discussion of the support of the agency administrators and workers for the project is also included.

Barriers and Challenges to Reaching Families

When I first conceptualized the present study during the Summer and Fall of 1992, I did not anticipate some of the difficulties that lay ahead in being able to reach families who had undergone family preservation services in a rural area. Though at the outset, a number of agencies expressed interest in supporting the
research project, enthusiasm of program administrators dwindled over the several months spent in refining the research protocol and with the realization that the work involved in contacting families via agency workers would be substantial.

When Portage Children's Center emerged as the agency best able to support the project and most willing to contact their families, I mistakenly thought that the challenges to reaching families were over. The challenges next encountered were some apprehension on the part of the workers that "their families" identity would be adequately protected and that these families would not be exploited in any way.

In a lengthy meeting with the executive director of the agency, the Home-Based program administrator, and the Home-Based workers, I strategized with the group on how best to protect the confidentiality of families. As noted earlier, I agreed to add a passage on destroying the tape recordings of the interviews once my analysis and writing was complete. I reassured the workers that names would be changed to protect the family members' identities in any forthcoming reports or presentations. I agreed to review the letter to families and to have all household members present, including children, sign the consent form if they had not already done so, at the beginning of the interviewing session. I carefully considered and incorporated into the final research protocol many suggestions made by the Home-Based workers.

The final challenges to reaching families were for me to reach, schedule, and find families who had agreed to be interviewed. Phones were sometimes disconnected for a period, families were sometimes not at home when an interview had been scheduled, and directions to their homes were often difficult
albeit interesting to follow. Consistently, families seemed not to be able to conceive of someone traveling south to their homes from nearer Cleveland, rather than north to their homes from nearer Ravenna, Ohio which is the county seat and is a town with a population of under 20,000. Thus, in almost all cases I was told to turn right instead of left or vice versa. I was often given interesting landmarks such as "go right on down til ya'll see Ben's Service Station and then ya'll keep goin' to another light and across a bridge" or "if you come to the little grocery store...then you've gone too far". I was rarely given street names or route numbers. I truly did get a flavor, however, of how accessible or not stores and services were for these families. Once I had found families, the interview experiences were invariably rich and profound.

**Support of the Agency Staff**

The Portage Children's Center staff members were consistently enthusiastic and supportive of the project as demonstrated by their help in the development of the research protocol, in volunteering to personally contact all eligible families, and in carefully considering how the research questions might be improved. Many expressed interest in learning the responses of the family members and hope that the family members' sharings of their experiences would help to improve program design and service delivery. The treatment coordinator for Home-Based services and the executive director of the agency both expressed a desire to receive a copy of the completed research report.

When I appealed to administrators for additional help via the workers in securing more families, a call went out to make sure that families had been contacted personally. Neither center administrators nor Home-Based workers expressed any fear about the possibility of learning that families were dissatisfied
with certain aspects of service. I went forth to interview families with the agency staff all solidly behind me.

The Families Interviewed

As stated earlier, six families agreed to be interviewed for this research project. The families had had one of two Home-Based workers and one of three case managers. The families represented an array of configurations and experiences. Yet, shared themes did emerge in their interviews. Modified genograms of each of the Families One through Six interviewed are included in Appendix F. Those members of a household participating in the interview are noted with double circles or squares. Their pseudonyms (for purposes of this report) and ages are also included. A dotted line encircles members of the household.

Family One and Family Two involved grandparents raising a grandson due to the inability of the grandson’s mother to do so. Both had legal custody of the children and both were raising only this one grandchild from the family. Both grandmothers took part in the interview and both grandsons took part in the interview for at least a portion of the time. The grandfather in Family One took part in the interview. The grandfather in Family Two chose not to be interviewed. However, an aunt in Family Two did join in the interview. The grandsons in both of these families took part in at least a portion of the interview.

In three families, there were single mothers raising one or two children. In Family Three and in Family Six the mothers were divorced. In Family Five the mother was widowed. This widowed mother had just recently lost custody of her only son when I interviewed her. Even though all children were invited to
participate, children chose to participate in only one of the two single-mother households in which children were available for interview.

In Family Four a couple was raising two children together. The couple was not legally married, but had had the younger of the two children together. The older child had only recently learned that her biological father was a different man than the one she had been calling dad. This child stayed for a brief portion of the interview. The younger child was sleeping during the interview.

In all of the families, parents or primary caregivers shared that a child's severe behavioral and emotional difficulties had been identified either through previous mental health professionals who had worked with the family, through school officials, or through child protective services officials. All but one of the families were advised to receive Home-Based Services by these referral sources. They had not known of nor sought Home-Based services. In the one exception, grandparents raising their grandson had known of the concept of in-home services from their daughter's experiences with these types of services in Pennsylvania. The story of their struggle to secure these types of services is unique.

All of the families resided in townships with populations under 10,000 people. Though some of the families were in small neighborhood settings, the surrounding areas were invariably farmlands. Schools and services were at least five miles away from their homes.

The following are summary figures concerning the configurations of families and referral sources for having received Home-Based services. Some families had more than one referral source.
Figure 1: Family Configurations

Figure 2: Referral Sources to Home-Based
(Some families had more than one referral source.)
Coding and the Coding Paradigm

The volume of transcribed interview material and field notes that this investigation produced was substantial. The average length of interview transcription was nearly 50 pages. Field notes added another dozen pages or so to the total for data analysis.

The first step I undertook in data analysis was to do open coding for each interview transcript, questionnaire item by questionnaire item, as the interview was completed. Data analysis, in actuality, had started much earlier as I had made memos to myself concerning the experiences I had had in each interview immediately after the interview in the form of field notes.

Open codes are by definition quite unrestricted and fairly concrete descriptors of the data. I would carefully comb the data, questionnaire item by questionnaire item, and develop a provisional list of concepts which described the preliminary questions form, the interview transcript, and the field notes. I would also keep a list of the dimension of behavior that the code might indicate such as a condition, an interaction, a strategy, or a consequence.

As I was developing this provisional descriptor list, I was also keeping a notebook of memos to myself concerning questions I might have or speculative linkages I might see on the conditions for, the strategies of, the interactions between, and the consequences of these open categories describing behaviors and meanings of the persons interviewed.

Thus, the first interview transcript yielded area or community open codes or descriptors such as: "quiet", "no neighbors to the back", "nothing much in that way", and "always lived here" - all examples of the dimension of condition regarding area or community codes. Concerning the factors that led to having a worker come to the home and/or open codes about a child's behavior, the
following list was generated: history of difficulty with biological mother, history of violent outbursts (an example of an interaction), history of police intervention (a consequence), "...out of control" (an interaction), "to keep them from taking him to juvenile (detention center)" (a strategy or tactic), and history of psychiatric hospitalization (a condition and a consequence). Concerning memories of the first visit, the open codes included: "I guess we were so stressed" (condition), "Just tell me how I can cope" (interaction), "so good at understanding" (condition and interaction), "easy to talk to her" (condition and interaction), and "assured there was hope" (condition and strategy). Concerning the types of things that happened in the sessions, the material yielded the following open codes: "I really appreciated her" (consequence), "a couple of times we called her late on a Friday or Saturday" (interaction and strategy), "she worked out a compromise with the situation" (strategy), helped make charts (strategy), helped keep a calm (strategy and interaction), role games (strategy and interaction), and "mostly just talked" (interaction).

My field notes on this interview generated an open code list which included, among others: remote trailer park (condition), aroma of fresh baked bread (condition), cluttered but inviting (condition), welcoming (interaction), fetal alcohol effects (condition), major depression (condition), he "hated" Home-Based (consequence and strategy), "you (workers) better think some more!" (interaction and strategy), unexpected shut off of recorder by child (condition and strategy), child starts shooting rubber darts (strategy), dog barking (condition), and child demonstrated technical prowess via demonstrating to me how to operate my new tape recorder (interaction and consequence).
The final list of open codes for this interview and field notes was well over 100 different codes for the various dimensions of behavior, environment, and meanings of the persons interviewed.

The next step in the coding process involved axial coding. In this step, I examined, minutely, the open coding categories one at a time and treated each as the axis of analysis for the dimensions of conditions, strategies, interactions, and consequences. The relationships between open coding categories and the conditions under which these categories emerged were examined and, again, provisionally, explicated.

The reason I say provisionally here, is that the process of coding is an ever criss-crossing process from one source of data to another. Thus, as I worked my way from one interview transcript to another, I was always returning to previously coded material and making constant cross comparisons. The final coding list is a product which evolved continually with each new source of data.

The axial codes which emerged from examination of the first set of open codes included such dimensions as: quiet or not, no neighbors or some, availability of services, always lived here or not, child died history or not, mother unable to care for child or not, sought help or had help offered, law involvement or not, worker "listened", how to cope, worker "understanding", was what was expected, called worker in emergency or not, worker introduced structure or not, plans for aftercare or not, and child disruptive of interview or not.

During both the process of open coding and axial coding, I made many memos to myself about my impressions about the possible relationships between codes and my impressions of the interview experience. My memos on the first interview transcript included such observations as:
1) Immediate response to my questions about describing life in the area is "quiet!". This seems to have both positive (peaceful) and negative connotations (isolated or no neighbors).

2) Grandparents raising their grandchild due to inability of their daughter to do so - grandparents seem very pained by the "failings" of daughter, and by grandson's difficulties.

3) Grandparents sought, unsuccessfully for a long time, to secure in home help.

4) Grandfather reacts to depths of grandmother's frustration on securing services by saying "calm down".

5) Grandmother seems to really know, understand diagnosis, the brain damage, the behavioral consequences of fetal alcohol effects.

6) Grandmother repeatedly refers to how understanding, how easy to talk to, worker was.

7) Grandparents surprised by how child listened to worker in times of great conflict, stress.

8) No plans were really made for follow-up.

9) I hadn't anticipated how I would react if a child or anyone turned off the tape recorder or otherwise tried to disrupt the interview.

I even began, at the point of provisionally finishing the open and axial coding, to speculate on some possible core categories. In this first interview case, I speculated about the difficulty in securing services, the feeling that the worker was extraordinarily understanding and devoted to the family, the assistance the worker gave in introducing more structure into their child rearing
attempts, and the lack of follow-up plans. These core categories evolved, much later, into two central themes which seemed to be demonstrated in each case.

The next step in the data analysis process involved moving to the next interview transcript and field notes. The process of open coding, memoing, axial coding, and more memoing began anew. This time, however, the process also involved constant cross comparison between the open and axial coding emerging in this second interview analysis and the first interview analysis. Memoing also reflected my ever evolving integration of the data. I speculated further about possible core categories having something to do with the closeness that the mother or grandmother, again in this case, felt with the worker, the caregiver's hope for a "miracle", and disappointment in follow-up. Interestingly, though the two grandmothers and two grandsons had remarkably similar answers to some questions, they had had different Home-Based workers and case managers.

I then proceeded with similar examination and coding of the remaining interview data sources, each time comparing the coding with the previous lists of provisional codes. After completing open and axial coding with constant comparisons between all of the interview material and memos, I then moved into the final levels of coding known as selective coding.

In the selective coding process, I became ever more aware of the eventual goal to be able to parsimoniously describe linkages between the open and axial coding. Thus, the axial codes were collapsed further and grouped according to similar dimensions of behavior and meaning of persons interviewed.

Once selective coding was completed utilizing all previous data analysis and memoing, two core categories emerged remarkably unifying the data. These two categories were deep attachment to the Home-Based worker by the primary
caretaker and some children and profound grief upon termination of the services.

For reader clarification, I shall describe the process and my reasoning in the linkages I made from raw data through coding to one of the two core categories, attachment. In examining the raw data, the sheer number of responses which, in some way, described or referred to the worker was staggering. The total number of questionnaire response items, in raw data form, for all of the transcripts was approximately 2400 items. The number of raw data items which referred to the worker was in the range of 800 plus. Though no questions directly asked the family members to describe the worker, questions such as "Do you remember the first visit?" or "What was it like to have had a worker coming to your home over the next several weeks?", resulted in responses which described the worker or the relationship with the worker in great numbers. Examples are "...she just...was like so good at understanding and it just made it easy to talk to her", "...she was just one of those people you could talk to about everything", and "She was just very supportive, very understanding". Thus the number of open codes which emanated from the raw data and described the worker or worker relationship in a concrete way was over 200 out of the total number of 500 open codes for all raw data.

Each of the open codes which described the worker in some way, was then used as the axis of analysis along the dimensions of conditions, strategies, interactions, and consequences, as stated earlier. In examining the dimensions of the open codes describing the worker, words or phrases describing the worker as "supportive" or "understanding" in some or many contexts came up over and over. The interactions, especially, described by family members concerning the
worker, all focused on how the family members felt supported, felt understood, and how they looked forward to the visits.

In grouping the axial codes concerning the worker according to similar dimensions of behavior and meaning of the interviewees, what became clear to me, was that the worker and/or the relationship with the worker was being described as special or unique, unlike any other worker relationship that the family members had experienced. Thus, the selective code, worker special, emerged.

Finally, the inevitable link of the worker codes to the core category, attachment, emerged via sheer volume of questionnaire response items and codes referring in some way to the special relationship family members described with their workers, how they looked forward to in-home visits, and how they counted on the visits. A similar process in moving from raw data through coding to core category resulted in the second core category, grief.

The following table summarizes the Coding Paradigm for the data in total. The large number of open codes precludes listing them all here, and thus, only general groupings of the open codes are listed.
<table>
<thead>
<tr>
<th>Open Coding</th>
<th>Axial Coding</th>
<th>Selective Coding</th>
<th>Core Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>area description</td>
<td>quiet or not neighbors or not &quot;country&quot; or not not much around</td>
<td>characteristics</td>
<td></td>
</tr>
<tr>
<td>child description</td>
<td>couldn't control violence law involvement protective services psychiatric history</td>
<td>severity of child's behavior</td>
<td>family investigated</td>
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<td>mother's feelings</td>
<td>felt couldn't cope felt needed help felt alone</td>
<td>needed help</td>
<td></td>
</tr>
<tr>
<td>Home-Based start</td>
<td>offered or sought felt unsure felt nervous</td>
<td>felt concerned</td>
<td></td>
</tr>
<tr>
<td>worker</td>
<td>supportive understanding could really talk to looked forward visits counted on visits</td>
<td>worker special</td>
<td>attached</td>
</tr>
<tr>
<td>services</td>
<td>helped with feelings family assistance helped with child beh. utilized on call helped find other help need more workers depressed when cancelled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home-Based end</td>
<td>plans made terminated plans depressed after end suicidal after end need longer service</td>
<td>termination feelings</td>
<td>grief</td>
</tr>
<tr>
<td>overall</td>
<td>glad to have tried mention need for longer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1 - Coding Paradigm
The actual words and stories speak volumes about the families' experiences with having received Home-Based services. I have chosen to share at least some passages from each interview which illustrate the core categories that emerged in the data analysis and which address some issues that previous literature has not addressed.

**The Core Categories: The Development of Attachment to the Worker and Grief Over Termination**

There have been no studies, to date, which have explored the development of a relationship between the family members, especially the primary caregiver, and the family preservation worker. The three studies which have included somewhat open ended interviewing of parents as to their perceptions of the helpfulness of service characteristics did not explore the specific characteristics of the relationship with the worker that parents found helpful (Fraser & Haapala, 1987-88; Pecora, Bartlome, Magana, & Sperry, 1991; Schuerman, Rzepnicki, Littell, and Chak, 1993).

The present investigation did not specifically set out to explore the relationship that evolved between the worker and primary caregiver in the family, either. However, when asked meaning or feeling types of open-ended questions rather than service outcome types of questions such as "Do you remember the first visit?...What were you thinking or feeling?" and "What were you thinking or feeling, then, the next few days after the first visit?" or "What was it like to have had a worker coming to your home...?", the responses were overwhelmingly focused on the developing attachment, the looking forward to future visits, the disappointment when appointments were broken, and the
profound grief when services ended. Many families mentioned "giving up" since services ended.

My first interview (Family One) was with a grandmother and grandfather raising their twelve year old grandson. They had just taken custody of the grandson about six months before our interview, when after child protective services and family preservation services for their daughter and her family in Pennsylvania had not succeeded in keeping their grandson in his mother's home. The grandson's mother (grandparent's biological daughter) had been an alcohol and drug abuser and was still having difficulty in recovery. The grandson suffered from fetal alcohol effects and had had a history of psychiatric hospitalizations for major depression and oppositional defiant disorder.

I came upon their little white house trailer in a remote, country trailer park and was greeted with two conflicting signals. Samuel, the grandson, greeted me at the door with "What do you want?". When I explained I was there for the interview, he shouted, "We don't want any interview!" and ran off. His grandmother came to the door and begged me in. I entered the cluttered but pleasant little trailer and was immediately hit with the aroma of several loaves of freshly baked bread cooling on the kitchen counter tops. Both she and her husband warmly invited me to sit down.

Samuel stayed away for the better part of an hour. He returned later only to triumphantly turn off my tape recorder. Though he agreed to be interviewed on tape for a short while, I will save his sharings with me for discussion later.

Grandmother Williams recalled her feelings when the worker first came to her home. "She just introduced herself and...it was...she's so nice...I mean like,
'I'm here to help and, well...Just tell me how I can cope and how...if there's something I can do for him.'

She went on to say, "And. uh, she just...was just like so good at understanding and it just made it easy to talk to her...I really appreciated her an awful lot...and a couple of times I think we called her late on a Friday or Saturday about something and she talked with Samuel and he quieted down."

Toward the end of the interview, Mr. Williams joined in with his wife in describing how special the relationship is with a Home-Based worker. Mrs. Williams had said, "Well, when they come here, they're here...in view of somewhere else, you're just waiting on somebody until they have time to see you...so you feel like here...it's really nice, it's your turn." Mr. Williams added, "And it's a lot better turn."

The next family (Family Two) I interviewed was remarkably similar to the Williams’ household in configuration. This was also a case of grandparents raising a grandson. However, in this case they had had custody of their grandson for most of his fourteen years. His mother (his grandparent's daughter-in-law) had given him up in his infancy, shortly after his father was killed in a motorcycle accident. The boy has been diagnosed with Attention Deficit Disorder with Hyperactivity according to the grandmother. He has a history of behavioral problems at home, at school, and in the community. He has a juvenile court record for vandalism and recently was hospitalized for inhaling gasoline.

This family lived in a modest ranch home in a wooded setting with an adjacent paddock which contained two horses. The home was in an area of small family farms. In this interview, grandfather remained outside working in the yard while I was in the house interviewing the rest of the family members.
Grandmother Carter kept commenting that her husband might join us at any
time, but he never chose to do so. Those participating in the interview were
Grandmother Carter, her adult daughter, Kathy, and her grandson, Billy. We
also enjoyed the company of two eaves-dropping, black, Labrador Retrievers
who languished lazily at our feet.

Billy stayed for the entire interview, though at times, when he grew bored,
he performed some interesting feats. At one point he put on his roller skates
when his grandmother was discussing his roller skating talent and began roller
skating around the house which caused both of the dogs to begin barking
excitedly. At another point he jumped up and out the door, only to return
seconds later riding one of the horses bareback and practically into my lap in the
living room just after mention was made of his interest in horses.

Grandmother Carter spoke about her thoughts and feelings as the worker
began Home-Based services. "I think we were looking for a miracle at that
point, you know...Yeah, well, what I liked about it was that coming into the home
like that it kind of made me want to try a little harder instead of give up...it's
almost like we, you know, someone special is calling so you better be on your
best behavior."

The next interview (Family Three) was very poignant in the feelings shared
about how attached both mom and the children seemed to get to the worker,
how they looked forward to visits, and how disappointed they were when sessions
were cancelled.

This family consisted of a single, divorced mother with two children, an eight
year old girl and a ten year old boy. They resided in a tiny ranch home among a
couple of streets of like tiny, little ranch homes clustered together in the midst of
surrounding hay-covered hillsides and large dairy farms. This little cluster of homes was quite isolated from the nearest town center, perhaps by five to seven miles. The family’s home was modest but quite pleasant and clean.

The family had been referred for Home-Based services because the mother had been quite overwhelmed in raising her children on her own after her divorce. Her son was also having some severe behavioral problems in school and at home.

When I arrived, neighbor children were over and seemed prepared to stay for the interview until I asked Sally to have them wait outside. This proved very distracting for Sally’s two children, as the door was open (it was a very hot day), and the neighbor children frequently came up to the door giggling and pressing their noses against it. After several minutes, I thanked Sally’s children for participating and asked them if they’d like to play outside while I finished talking with their mother. Sally became more talkative, focused, and frank after the children were outside. Her talkativeness after the children left may either be due to having been distracted herself by the neighbor children at the door or by feeling more at ease with her own children gone. Either possibility or a combination of the two conditions may have contributed to the change in her demeanor.

Sally recalled that at first, "I felt real skeptical about it...I didn’t know if that’s the person she was...were we going to get along...you know." Very early on in the interview, Sally mentions for the first time how difficult it was for her if the worker did not show up due to inclement weather. "One time (she didn’t get out here because of the weather) which was rough because I’m trying to keep it together..."
As services continued, Sally shared, "I, I just...I looked forward to her coming every week...She was just very supportive, very understanding...We really missed her when she'd call and say she wasn't coming...So, in a way...I have mixed feelings about Home-Based."

Sally shared that both she and the kids "gave up" after a while, after a couple of cancellations. Also, she shared that "We knew she was going to leave." Sally felt so strongly about how disappointed she was when the worker would cancel and how difficult things have been for her since the services ended, that she said she would not choose to have Home-Based services again. "It just hurts too much." Sally intimated that she has been very depressed since the services ended and that the "hurt" remains. She even alluded to feeling suicidal with her talk of "giving up".

The fourth interview (Family Four) was also quite poignant in the sharings of the mother about her attachment to her worker. This family consisted of a mother, a father (to mother's younger child), and two children. The oldest was nine and a girl. The younger was three and a boy.

The family lived in a huge, ramshackle old farmhouse that is now on a major highway on the edge of a township with a population of about 8,000. Though not originally designed as a multi-family dwelling, the house now has three families and many assorted animals living in it. The family interviewed lived on part of the first floor.

The house was probably built at the beginning of the century, probably was part of a large farm and now is standing alongside a fairly busy highway. There are no other houses within site. The nearest town center or store is probably about three miles away.
Both mother, Suzanne, and father, Norm, participated in the interview. Their nine year old daughter, Julie, had thought she might want to stay for the interview and had signed the consent form in her young scrawl, but grew soon bored and asked to go out to play with the kittens residing under and around the porch.

The family was referred for Home-Based services by an outpatient child therapist who had been working with their older child, Julie. Julie had also been having severe academic and behavioral problems in school. Suzanne recalls, "It had just got to the point where, you know, we sat and looked at each other and it's like...we need some help, you know. We cannot control this child. We was ready to bounce her off the walls." She went on to recall what she was told about Home-Based services, "...that they would come out and spend more time. They need two to three hours maybe twice a week."

"Well, at first I wasn't too sure...that someone would be coming and sitting in our home," continued Suzanne.

Norm added "I wasn't thrilled about the idea..."

Suzanne went on. "...it turned out she was more like here for me and him than she was here for the kid...Because Julie had (her outpatient therapist) and we was having some problems like communication...so she was working on us to get our communications done...I didn't expect all these feelings to be coming out like they were."

Suzanne described early on in the interview a depression that she can't seem to pull herself out of since the Home-Based services ended. "When the three months is up...you...they...they kind of break up, you know...They still keep in touch with you, and stuff...but, slowly..."
Norm interjected at this point, "It's like weaning you off the bottle."

Over and over Suzanne mentioned that the worker had become more of a friend to her than a worker. She looked forward to her visits and has been lost without them. Though she now continues in outpatient, individual counseling and has a case manager, she commented, "Going into someone's office - you're not as open as you are when someone's coming to your home. I find that out when I go to see ______. I don't...I'm not completely honest with him or open up like I was with (the Home-Based worker)...the desk, you know. The little phone, the chairs. Everything is just in it's proper place, you know. It doesn't have that comfortable, relaxed feeling to it. Makes you kind of tense."

Suzanne intimated that she was not being completely honest in how depressed she was since the Home-Based services ended with her present therapist. She commented that she felt that the services needed to be longer, "maybe close to a year."

The next interviewee (Family Five) was, perhaps, not as eloquent in her expressions of how she came to like and look forward to Home-Based services, but hers is probably the story most filled with description of difficult living conditions and experiences. Lucy lives in an extremely dilapidated, tiny lean-to house next to an auto wrecking yard and a railroad track. There was a tiny little fenced-in yard with a few flowers and two cats who greeted me when I arrived.

Lucy was quite late for our appointment. (She had missed our first appointment.) Just as she had the first time, a neighbor came across the street with a small child on her hip who was obviously suffering from the chicken pox and let me know that Lucy had gone out. "She’s just up the road a piece and around the corner." She even offered me a can of soda pop.
Lucy showed up about twenty minutes later with a little shrug and giggle and asked, "Have you been waitin' long?" She had gone to pick up some free wood someone had told her about. We entered a ramshackle kitchen cluttered with every imaginable item and the two cats followed. Lucy had gotten wood for her stove. She has no inside running water and no heat for her place, except that which she can generate with her wood burning stove.

Though probably less than two miles from the center of the county seat, the little hamlet of homes where Lucy resided may as well have been in some isolated, Appalachian mountain town. There certainly was an Appalachian-like drawl in the conversations of neighborhood folk and Appalachian-like hospitality.

Lucy is a forty-four year old widow who looks worn beyond her years. Her husband passed away about two years ago. He had had heart problems, lung problems, and cirrhosis of the liver. He was twenty-five years Lucy's senior.

Their son, Jonathan, now seven, has had severe learning and behavior problems for a number of years. He has attended a special county school for learning and severely behaviorally handicapped children. He and his mother were probably referred to Home-Based services by the school workers, though Lucy is unclear about the details of how she was referred for services.

At the time of our interview, Jonathan had been placed into therapeutic foster care after setting some fires at and near his home. This fire setting behavior began after Home-Based services ended, though apparently Home-Based workers had talked to Lucy about possible therapeutic placements for Jonathan before. At about the same time that the fire setting started and the Home-Based services ended, Lucy was diagnosed with uterine cancer and had
had surgery. Jonathan was placed shortly after she returned home from the hospital.

At the beginning of the interview, I commented on Lucy’s friendly cats and she launched into a long story about how she had carefully nursed them back to health when they were young, stray kittens. She boasted that people had warned her not to waste her time with the kittens, but she had said "Don’t underes-mate (sic) me!"

It was as if Lucy were concentrating on her ability to care well for her cats before I had a chance to ask about the whereabouts of her son. I had not known at the outset of our interview that her son had been placed in therapeutic foster care.

Though Lucy could not remember the circumstances of how she was referred for Home-Based services, she did recall how the services were explained to her. "Well, they thought it would be a good idea, you know...She would try to help me and Jonathan, you know, 'cuz, like I say, I got problems with him. He’s got a hyper problem. And he wouldn’t listen to me."

"Well, on the first visit, we just more or less talked about what she was gonna do...and, how the program worked...Well, for word for word...I can’t remember all of...I’m not too good with words."

Lucy recalled how she felt when the Home-Based workers first started coming to her home. "Well, it was kind of strange...for awhile...You just couldn’t get the words out like you...more or less nervous, or...It’s just like if you gotta go to court."

Though Lucy said that she felt as if she had had to go to court at the beginning of services, soon she said she grew to like it and to look forward to the
Home-Based worker's visits. She said she felt supported by the Home-Based worker and relied on her to help intervene with her son. "(She) was here one day when he came in from school. The minute he got in the door he started in on me. Hollerin' at me, you know...and all this. He didn't have to do this and he didn't have to do that..." Lucy relays that the Home-Based worker calmly asked her son to listen to his mother and she was amazed that he did.

Since services ended, Lucy states emphatically, "It's been rough!" Though she feels that the Home-Based workers tried "about, you know, all the plans that they could...", she still wishes she had the extra support of the Home-Based worker. Or, she wishes, "I'd like to change my luck...I told my aunt, if it weren't for all the bad luck, I wouldn't know what to do. If I could change all the bad luck I've had into good...geez, I'd be sittin' pretty. You know, I had this letter from some lady who says she has powers...like ta' read your mind more or less or see into the future. She writes me that she knowed I had lots of problems and she could help me. Like...told me what numbers to play in the lottery...yeah, right! I wrote her and asked her for the numbers, but she ain't never wrote back. I think she's waitin' on the money. There's always a catch. No...there ain't no help for families like mine, 'cept a change of luck."

In the final interview with a single, divorced mother (Family Six), she shared the story of her son's grief shortly after the termination of Home-Based services. This mother claims that after services ended, her ten year old son, suffering a number of personal losses at once, tried to commit suicide and ended up in a children's psychiatric hospital. She also expressed deep-seated grief over the ending of Home-Based services.
This mother lived in a tiny, two bedroom home in the township just outside the county seat. The street looked like a scene from the fictional "Mayberry RFD". The house was clad in yellow shingles and had a little, covered porch on the front.

A white, shepherd-like puppy was tied outside and greeted me as I approached the door. I came into a darkened living room, "soaps" were on the television, and an angelic-looking three year old boy was asleep on the couch. Mom, smoking and watching the soaps, greeted me with a hand-shake and soon turned off the television. Her younger son, asleep on the couch, didn’t stir until near the end of the interview.

Her older son, Nathan, was not at home. His mother, Sarah, explained, "Nathan ran off. I asked him if he wanted to participate, but he said "no" and ran off. So, I figured I'd better not force him."

Nathan has had severe academic and behavioral difficulties in school. He has been diagnosed with Attention Deficit Disorder and is on medication and under the care of a child psychiatrist according to his mother. A child protective services investigation which occurred as a result of some bruises on Nathan's face being noticed by his classroom teacher, culminated in referral to the Home-Based program.

Nathan’s mother claims that the referral came because, "Nathan’s had a problem with abuse from since he turned about five...physically...and emotionally...And, he...this one day, I mean he busted my mouth and he was still coming at me." I did not understand, for a moment, that Sarah had meant that Nathan had been physically and emotionally abusing her rather than vice versa.
when she said that Nathan had had a problem with abuse. That is, indeed, what she meant.

The child, in fact, according to mother has a juvenile court record for shoplifting and domestic violence. She said that she did not have a record at 33 years of age, but that he did have a record at 10 years of age.

She recalled the first visit by the Home-Based worker and how she was feeling. "Yeah, well, it was...to me it was nice just to get an adult to talk to...Someone that understood that, hey, I'm not a bad mother, it's just that I've got a kid with problems."

As the services continued, Sarah said that she felt, "kind of relieved because I could get it all off my chest...because my family they don't want to hear..." She continued, "It was such a break for me...because, you know, if he got violent, I wasn't going to have to deal with it myself."

In referring to her son's reaction to the services she shared, "...but they helped with his self-esteem a little bit...But I think it kind of broke his heart when it was over". Sarah shared further that she thought Nathan enjoyed the Home-Based services more than he enjoys the outpatient counseling he now receives.

She talked of his having been referred to Portage Children's Center for follow-up care, but that they had to wait three months for an available therapist. During this waiting time, after the services ended, Nathan's friend died of muscular dystrophy and leukemia, Children's Protective Services workers threatened to place Nathan because of the ill treatment he was receiving from his younger brother's father (his mother's boyfriend), and Nathan felt "abandoned" according to his mother by the Home-Based worker. "That's when
he tried to commit suicide," Sarah shared. Apparently, Sarah contacted the former Home-Based worker and this worker took Nathan to the children's psychiatric ward. He was hospitalized for seven days and was released on anti-depressant medication. He still takes the medication today.

Though Nathan had suffered a number of tragic losses at the time of his suicide attempt, his mother did share that he felt abandoned by his Home-Based worker. This story and the other powerful sharings about depression after Home-Based services ended hold important implications for planning for termination and follow-up care in family preservation services.

**Themes of Responses to Grand Tour Questions**

Though other findings in this study are not quite as profound, there were a number of service characteristics that families mentioned over and over in describing the types of things that happened in sessions. All adult family members reported understanding the concept of Home-Based work before the services formally began. In fact, the questions, "What led to having a worker come to your home?", and "What did you know about this type of service before the worker came to your home?" elicited responses (primarily from mothers or other female primary caregivers) that held descriptions which could have come directly from most procedures manuals.

Some commonly shared thoughts were:

"That somebody would come into the home once a week or at least once a week and stay for approximately two hours and sit and talk about family issues. Issues at hand that were really problem areas that we could really zero in on,".
"That they would come out and spend more time. They need two to three hours...maybe twice a week. And they would get to know the whole family, you know. They'd spend a lot of time here getting to know you...how the routine is...and stuff, and talk with you, you know, with...and which...that's what they did."

"Oh, that they come in your house and counsel you and try to help you come up with ideas on how to keep...how to make things better...between us. And, how to handle him better."

When asked, "Do you remember the first visit? Is it what you expected (from how the service was described)? What were you thinking or feeling?", primary caregivers expressed a mixture of apprehension over having a worker in the home and relief or hope. Some of the responses were:

"I think we were looking for a miracle at that point, you know?"

"Kind of uncomfortable...I didn't know if that's the person she was...were we going to get along...you know, all that good stuff...but we got along together very well."

"Well, at first I wasn't too sure...that someone would be coming and sitting in our home...Yeah, just act like yourself, you know? She said just go ahead and do as you normally would."

"...well, to me it was just nice to get an adult to talk to"

"...And she just introduced herself, and...it was...she's so nice...I mean like, I'm her to help..."

Almost all primary caregivers expressed relief and a developing attachment to the worker in response to the questions, "What were you thinking or feeling then, the next few days after that first visit?" and "What was it like to have had a
worker coming to your home over the next several weeks?". Some of their responses included:

"...an appreciation for what she was doing, it just kind of helped, kind of to keep a calm."

"Yeah, well, what I liked about it was that coming into the home like that it kind of made me want to try a little harder instead of giving up. That was one of the things I wanted to remember to tell you and I was hoping I wouldn't forget...it's almost like we, you know, someone special is calling so you better be on your best behavior."

"...I looked forward to her coming every week."

"While (Home-Based worker) was still here...it didn't scare me too much, you know. I was...she was very good to help me through it. To understand why I was having these feelings and I was able to turn to her, you know, pick up the phone, call her...whatever....Well, when she stopped coming. I was kind of hanging there...it's like why am I feeling this way and I wasn't able to really pull myself out of it."

"...but, I mean. I like it."

"I was hoping that it would work...I looked forward to it...Because, you know, if he got violent, I wasn't going to have to deal with it myself."

In response to "What types of things happened in these sessions"?, four parents mentioned some sort of behavioral child management techniques. Some of the responses of parents along these lines were:

"...she...worked out a compromise with the situation, and it, and it, and he listened to her...she finally helped us make up a chart with things for him to do."
"We started that where he had to sign a contract, you know, and, he’s marked it up where, you know, certain days."

"We had trouble getting him to stop doing something. He’d be tearing something up, you know...and she’d be trying to talk to us. And we’d be...Gary, stop it! Gary, stop it! You know, we’d get up...we’d smack his butt...he’d still got ahead and do it...Well, then finally she caught hold of him...she brought him in...she says you’re going to sit for two minutes... He is not like that...but he did it...So we kind of took that over. You’re going to sit for two minutes."

"And, uh, uhm...how’d she do that? X’s if he got up - on time and O’s if he didn’t."

"We tried the stars and stuff and he would...he could earn like, uh, special time alone with me...or me playing a game with him or reading a story."

Only two of the families mentioned talking about feelings as being a central feature of their services. In these two families, in fact, marital strife was an issue and services focused more on helping the family cope with divorce or helping a couple work on their relationship.

Only two of the families mentioned that they utilized the "on call" aspect of the services in emergencies. Those two families were more than enthusiastic about this aspect of services, however. "I think we called her late on a Friday or Saturday night about something and she talked with Samuel and he quieted down."

"There were a couple of times I’d turned to (Home-Based case manager) and she came flying out here to my...to my rescue!"

None of the respondents mentioned concrete services such as securing childcare, budgeting assistance, or household management assistance in
response to the question, "What types of things happened in the sessions?" Concrete services are often mentioned in survey studies of family preservation services as being rated as very helpful by clients served (Fraser & Haapala, 1987-88, Kinney, Haapala, Booth, & Leavitt, 1988, and Pecora, Bartlome, Magana, & Sperry, 1991).

In response to the question, "Were you surprised by anything that happened in the sessions or disturbed by anything, pleasant "surprises" in the sessions were rarely acknowledged. One woman spoke of the surprise at the depth of the feelings she was able to express in the Home-Based work. One woman spoke of the surprise of being taken out to dinner with her two children by the worker at the end of Home-Based services.

Disappointments were more readily shared about the services. Four of the six respondents called for longer services both in terms of length of sessions and in terms of number of weeks. Suzanne's estimate of how long services should last, "maybe close to a year", was typical of the responses by the four mothers calling for longer sessions. These four women, by the way, were the same four who were depressed upon termination of services. Two women shared great disappointment when the workers cancelled appointments due to inclement weather or emergencies with other clients.

The same four women who expressed the need for longer services, also called for better plans for follow-up care in response to the question, "What kind of plans were made for the time after the services ended?" Four of the six mothers or caretakers interviewed could not recall any specific plans for follow-up care. Sarah, as stated earlier, said that they were referred for follow-up outpatient therapy, but the waiting list was three months long.
Over and over in response to the questions, "How would you reflect on the whole process now?", "What did or could have made a difference in how things are for you now?", and "If you were to design in-home family services, what types of things would you include?", mothers and primary caretakers responded that the services needed to be longer. The more depressed the respondents appeared to be over the loss of services, the more they called for longer services.

Interestingly, though all of the respondents expressed some sadness or depression over missed appointments and over termination, all of the respondents who had experienced other types of family services felt more comfortable, in retrospect, with Home-Based services than with traditional outpatient family or individual services. Some of the responses to the question, "How would you compare this experience with other family services?", included:

"Well, when they come here, they're here...somewhere else, you're just waiting on somebody until they have time to see you."

"I like the 'in' (home) better, because I felt more at ease...I did. I felt...I mean 'cuz...and it was better for Nathan because he'd be more apt to be...they'd be more apt to see him in action."

Responses to the Opening Question on Community Characteristics

Though the majority of adult respondents described the area that they lived in as "quiet" or as "country" or as "not much of anything" around in response to the opening question, "Would you please be willing to share with me what it is like to live in the area where you do?", only two mothers mentioned barriers to traditional services such as distance or transportation as being a problem for them. However, most primary caregivers did mention a dearth of follow-up services either planned for or available.
Mothers or primary caregivers consistently mentioned feeling "alone" and thus, "relieved" by or "supported" by the Home-Based workers. What is not clear in the present study, is how that feeling of "alone"-ness might be linked to living in a rural area. Though it is unlikely that urban or suburban residents would describe the communities they live in as "quiet" or "country" or as "not much of anything" around, the feeling of being "alone" can occur regardless of setting.

What does seem very clear is that all of these rural residents preferred having someone come to their home rather than to go to an outpatient facility for family or individual outpatient mental health services. Most of them, as noted in the previous sections, also expressed some concern, nervousness, or skepticism initially about professionals coming to their home. This last point may hold great implications for serving rural families in their homes. Though slow to warm to the idea, these family members develop fervent attachments to their workers and are thus emotionally traumatized by their perceptions of an abrupt ending of services. Further implications for service design and delivery will be discussed in the next chapter.

Children's Response Themes

In two of the six families interviewed, children did not participate in the interview. One child "ran off" when his mother mentioned my coming. Another child had been placed into foster care. In three of the households, children participated for only a brief period of time either at the beginning of the interviewing session or at the very end of the session. In only one instance did a child stay throughout the interviewing process and attempt to answer all questions. This child was the oldest of the children interviewed at 14 years of age. Even his 14 year-old attention span was challenged in the length of the
interviewing process. Though he sincerely made every effort to stay within the room of his home where the interview took place, he sought some physical diversion through roller-skating around the house at one point and jumping up, out the door, and onto his horse at another point in the interview.

In coding and integrating the data, I found that children had not participated in the interviews very much at all. Only the one 14 year old boy truly tried to respond to all of the questions. The other children were more curious, it seemed, than adamant about participating, and would soon loose interest in the process. The children's responses to the few questions they answered were remarkably similar in one respect, they all mentioned that their experience of having a Home-Based worker was that of feeling like they were constantly being questioned as to why they did the things they did.

This feeling of being targeted with "whys" was especially evident in the children's responses to the question, "What types of things happened in these sessions?" Their responses included:

"They always had these stupid questions. Why did you do that? Yeah. Why do you act so dumb?...We just sat around and talked. I'm the only one they really talked to...Probably talked about why I was bad.", and

"Talked. That's all we did!" This child agreed with his mother's assessment that much of the "talking" centered on his behavior at home, in school, and in getting along with other children. He agreed with his mother that he felt on the "hot seat" much of the time.

Even the one girl who participated in the interviewing process and who was not identified as having significant behavioral problems by her mother, talked about her recollection of the sessions as always being asked about "feelings". She
went on to describe, however, sessions in which she was always asked "why" she felt the way she did or "why" she did the things she did. This girl is the sister to the boy who reported that he felt on the "hot seat".

Thus, from the limited number of children’s responses in this study, a theme does emerge about children’s perceptions of Home-Based services and that perception seems to be quite different from their mothers’ or other caregivers’ perceptions. The children seem to come away from the services feeling that they were almost relentlessly questioned. No children expressed memories of any special therapeutic interventions such as play therapy or role playing, though a couple of mothers did mention these aspects of service delivery. No mothers, interestingly, mentioned feeling that they were questioned a great deal by workers as to "why" they did the things they did.

The Responses of the Men

Only two men participated in the interviewing process. There were, after all, only three households who had men residing in them at the time of the interviews. The two men that did participate, seemed to echo the sentiment of their partners, that Home-Based services acted to personally support the women of the household.

Many times over, the two men would agree by nodding emphatically or by paraphrasing what their wives had just described about their experiences concerning various aspects of Home-Based services. In response to the question on comparing Home-Based with other family services, Mrs. Williams (Family One) shared, "Well, when they come here, they're here...somewhere else, you're just waiting on somebody until they have time to see you...so you feel like...it's
really nice...it's your turn." Mr. Williams followed quickly on the heels of her response with, "And, it's a lot better turn."

Norm (Family Two) supported his partner Suzanne's attempts at describing the despair she felt upon termination of services, the feeling that though the workers still occasionally keep in touch, they "slowly, you know...they kind of drift away". Norm interspersed his concurring remarks among pauses and phrases of Suzanne's with, "It's like weaning...you off the bottle...Uh, and for her...she gets...well, she's lost."

Both men conceded that they were not at home for many of the sessions. Yet, both of the men sincerely supported their partner's perceptions of the services.

In Family Two, the Carter household, in which Mr. Carter chose not to come in from his yardwork during the interview, an adult aunt joined in the interview. She, interestingly, had her own ideas on the experience of Home-Based services. She was, indeed, present at some of the in-home sessions, but her opinion was that neither Mrs. Carter nor the Home-Based worker knew how to handle her nephew. "His problem is that he just won't listen." She felt that what was missing was trying a "butt smacked" approach and letting the child know that "he can't pull any crap on us". Mrs. Carter quickly added, "See they don't want you to do that." Though they disagreed on child management techniques. Mrs. Carter and her adult daughter did agree that the services needed to be longer in order to really understand the child's and family's "ways" or that the services needed to start when a child was much younger in order to truly affect behavior changes.
Field Notes on and Personal Reactions to Families and Their Living Conditions

The field notes from this study, helped to flesh out the family members' descriptions of the communities they lived in and the conditions under which they lived. Via comparing my diagrams of and notes about conditions of living, I was able to confirm the descriptions of conditions which the family members gave. I incorporated my recordings of the conditions of living into the coding paradigm concerning the family members' descriptions of their living conditions. In no instance, did I find that I had recorded impressions of the field which were contradictory to that information included in the interview transcripts.

A word about my personal reaction to the family members, their living conditions, and their "stories" is in keeping with the fact that qualitative inquiry is an intensely personal endeavor. I was very moved by the willingness of parents and children alike in sharing with me their experiences with having received Home-Based services. I found that by immersing myself in these family's communities and homes, that I truly began to understand the living conditions and occurrences which contributed to these mother's feelings of being alone and their development of strong attachments to the Home-Based workers. As I mentioned earlier, I noted in my field impressions the distances to shopping areas, schools, and other services. In my driving around the area, I experienced, first-hand, what might go into taking children to a special school or center for services.

I also made recordings on my personal reactions to the homes of these families. I noted such things as the condition of the homes, for example the amount of clutter within or without or whether the house seemed inviting or not to me. My impressions of the degree of disrepair of the home and the availability of resources to manage the home, seemed to match the intensity of
the expression of feeling "alone" or "lost" by the primary caretaker. Homes which were more isolated and in greatest need of repair, seemed to house the women who expressed a great sense of loss upon termination of Home-Based services.

I was careful not to let my personal reaction to the living conditions or stories of the family members interfere with my covering all of the topics that I set out by design to cover with the interview guide. I allowed for great freedom of expression with all of those interviewed, but I did cover all of the questions with all respondents. The strengths and limitations of including my personal impressions of the field, will be discussed further in the concluding chapter. Suffice to say, I am much more aware of the potential emotional bond that may develop between a primary caregiver (usually a mother) and myself when I deliver in-home family services.
Chapter Five: Discussion and Implications

For me, personally, I wouldn’t do it again. I wouldn’t get involved again. For others it might have worked great. It might have been a big help. Uhm, I'm glad I did it....I know...what it's about...I, uh...I can say I participated in it and...I may not have gotten anything out of it, but...while I had (her) here she was a great support which was important to me...At a time when I really needed it bad, I had it...And...I forget that it helped me...Yeah, it still hurts. I won't lie about that. ('Sally', 1993)

Summary of Findings Concerning Major Research Questions

As stated earlier, a number of questions concerning the efficacy and the salience of family preservation services for services consumers (i.e. family members) have not been answered in the research literature to date. Most experimental, survey, and mixed methodology research projects have focused on outcome measures such as reduction in the rate of placement of children, improved quality of child care, reduction in the rate of abuse or neglect incidents, improvements in housing conditions, and other concrete variables (Bath, Richey, & Haapala, 1992; Berry, 1992; Feldman, 1991; Fraser & Haapala, 1987-88; Fraser, Pecora, & Haapala, 1989; Schuerman, Rzeplnicki, Littell, & Chak, 1993; Yuan & Struckman-Johnson, 1991). Even those investigations which included some open-ended interviewing of parents or primary caregivers have focused more on structural or outcome measures in their line of questioning rather than feeling or meaning types of questions (Fraser & Haapala, 187-88; Pecora, Bartlome, Magana, & Sperry, 1991; Schuerman, Rzeplnicki, Littell, & Chak. 1993). To date, no research projects have focused on the experiences of rural family members with family preservation services.

The present investigation focused on addressing a number of issues concerning the experiences of receiving family preservation services for rural
family members which had not been addressed by previous investigators. As would be expected with any investigation into unchartered research territory, the present investigation also generated a number of questions concerning implications for program design and service delivery in rural and other areas.

**What is the experience of receiving intensive family preservation services like for participating family members?**

The two core categories which emerged from the interviews with members of six rural family members who had received family preservation services were the development of a strong attachment to the worker by the primary caregiver (and some children) and the experiencing of grief over the termination of services. Though the interview guide questions did not include any specific questions about the relationship between worker and family members, responses to open-ended questions such as "Do you remember the first visit?...What were you thinking or feeling?" or "What were you thinking or feeling, then, the next few days after the first visit?" or "What was it like to have had a worker coming to your home...?", were almost exclusively focused on the developing relationship between worker and family members. Family members, especially primary caregivers, talked of their developing attachment, the disappointment over missed appointments, and the sense of depression or grief when the worker no longer came to the home. Though these expressions of attachment and grief over loss of contact were expressed by the primary caregivers in this study, two mothers alluded that their children were also keenly disappointed when the worker was unable to keep an appointment. One mother, "Sally", shared, "They (her children) were really eager to have her come out and they were eager to sit down and listen to her and talk with her and then, after she called off a couple of
times in a row...they just kind of lost interest...like, well...here's another one who's going to leave us again. And we knew she was going to leave."

The children in the families interviewed participated only to a limited extent. However, there was a theme among the children's responses that emerged in the three households in which children did answer some questions. The children seemed to perceive of the services as ones in which they were frequently questioned as to the "whys" of their behaviors or feelings. This is in contrast to the primary caregivers' focus on the relationship between the family members and the worker.

Do participating family members attribute their responses to family preservation services, at least in part, to characteristics of their environment, i.e. rural versus urban or suburban settings?

Without exception, participating family members in this investigation described their communities or the areas in which they lived as "quiet" or "not much of anything around" or "country". Though, as stated earlier, it is unlikely that suburban or urban family members would describe their communities as "quiet" or "country", it is unclear from this investigation whether or not family members felt they had faced special challenges due to their environment.

Several primary caregivers mentioned that they felt it was easier to receive Home-Based services than it was to take the children to an outpatient center. These caregivers focused on the fact that they felt, after an initial period of anxiety about having a worker come into their homes, that they were more comfortable in their own homes than in an out-patient therapist's office. Whether or not that feeling of being more comfortable in the home versus an office is directly attributable to the fact that these were families residing in rural areas is not clear.
A number of mothers or primary caregivers mentioned feeling "alone" or isolated. Again, whether or not these feelings of isolation are directly attributable to living in a rural environment is not clear. Multi-problem families are often chaotic families with poor social supports. The primary caregivers in these families often feel isolated and overwhelmed (Tracy, in press). A comparative study of urban and/or suburban family members is in order, to determine whether primary caregivers in these families also mention that they feel isolated or alone.

The only environmental factor consistently mentioned was the difficulty of traveling in the cold, sometimes severe winter conditions of Northern Ohio. One mother, "Sarah", shared, "...it was so much better for him and for me when it was here because then I wouldn't have to worry about getting to the Children's Center and...yeah...like mostly when it was cold outside and stuff..." This mother was also a mother who did not have a car.

This study did not, then, definitively demonstrate that rural family members considered themselves as facing special challenges due to their environment such as distance, social isolation, accessibility of services, or the high visibility of social service workers in rural areas. These environmental challenges have been mentioned by a number of authors who have written about the special qualities of rural social work practice (Bachrach, 1985; Baker, 1992; Farley, Griffiths, Skidmore, & Thackeray, 1982; Ginsberg, 1971; Martinez-Brawley, 1990; O'Neill & Horner, 1982). Whether urban or suburban family members would mention any environmental factors in accessing services could be explored via a comparative study.
Will family members mention, in their own words, family preservation characteristics, such as those set forth by the Child Welfare League of America, as being important to them in the attractiveness or effectiveness of services?

The characteristics unique to intensive family preservation services as set forth by The Child Welfare League of America include immediate response to referrals, assessment of imminent risk of placement of children, assessment and treatment which is family and solution-focused, limited treatment objectives, the clients’ home and community as the locus of all services, a range of services, availability of immediate crisis services, intensive and short term intervention, and small case load for workers (Cole & Duva, 1990). The only characteristic of family preservation services consistently mentioned by respondents in this investigation was the availability of immediate crisis services. Three of the six primary caregivers mentioned that they had utilized the emergency or "on-call" aspect of the services. "Suzanne" recalled, "There were a couple of times I'd turned to (her) and she came flying out here to my...to my rescue." "Sarah" mentioned that even after services terminated, that it was her former Home-Based worker whom she called when her ten year old son attempted suicide. In fact, this worker was the one to take the child to the psychiatric hospital.

Family members did not mention whether or not there was immediate response to their referrals, limited or manageable treatment goals which were family focused, the availability of a range of services, or the advantage of a small case load for workers. In fact, though the Home-Based workers do, indeed, have small caseloads averaging about four families at any given time, two families mentioned their frustration with cancellations due to emergencies with other clients.

Thus, it appears that most of the characteristics which The Child Welfare League of America considers unique to family preservation services are not
mentioned by family members, especially primary caregivers, when asked about their experiences with the services. Family members interviewed focused on their feelings about their relationship with the worker and not on structural characteristics of the services.

Primary caregivers in this study did, indirectly, address the service characteristics of home as the locus of services and the intensive and short term nature of intervention when they were asked to compare Home-Based services to traditional family services. All of the primary caregivers stated that they preferred in-home and intensive family services to outpatient family services. Yet, they all emphatically called for a longer period of treatment and mourned the absence of the services following termination.

**What are the themes expressed by parents and the themes expressed by children in their descriptions of the experience of receiving intensive family preservation services?**

Again, the two core categories which emerged from primary caregivers responses in this investigation, were the development of a strong attachment to the worker and the experience of grief over the termination of services or really, the "loss" of the worker. In sum, the experience of receiving intensive family preservation services appears to be an intensely emotional experience for the primary caregiver. The experience seems akin to the caregiver finding an anchor in the storm of difficulties she may encounter within her family and within her environment.

The core categories that emerged from this investigation are quite unlike any reported in the previous literature. Though by design family preservation services focus on cultivating the relationship between worker and family and enhancing engagement by intensity of services (Kinney, Haapala, Booth, &
Leavitt, 1988; Tracy, in press), the goal of most programs is to quickly and effectively return the family to functioning with the aid of only informal support networks or traditional community resources. Heretofore, the emotional impact upon the primary caregiver (and some children, according to the mothers in this study), of delivering in-home services in an intensive, time-limited manner and then terminating those services, has not been addressed. Implications for program design and service delivery are many.

The theme which emerged from children’s responses (though their participation was limited) was that of a perception by the children that services were focused on questioning them as to the "whys" of their behavior or feelings. The difference in themes expressed by primary caregivers and by children suggests that future inquiry is indicated into children's, parents' or primary caregivers', and other family members' perceptions of family preservation services.

**Strengths and Limitations of the Present Investigation**

The present study yielded a depth of understanding of the experiences of rural family members who had received family preservation services which was not available in the literature to date. Allowing the respondents to proceed with virtually "unchallenged narrative" (Goldstein, 1991a), provided the opportunity for the respondents to express the emotional impact the services had upon them. The focus of the shared experiences of the primary caregivers was overwhelmingly on the developing relationship with the Home-Based worker. The qualities of the relationship with the family preservation worker have not been explored in the literature before this investigation.
Interviewing the family members in only one session may have hindered some respondents from sharing their experiences candidly. As noted in my previous research with Amish families, repeated visits by an in-home service provider seem indicated to secure the trust of the rural family (Bean, in press). A future study might take the form of a number of interview sessions over time, allowing for the respondents to develop trust in the interviewer. How this trust may or may not emerge or if the emergent trust differs between parents and children is unclear in this study.

There were definite limitations in the use of the whole family in the interview process. One limitation is that responses shared were those which individuals were willing to share within a family setting. Thus, social desirability probably played a role in shaping responses. However, my perception was that parents and children, alike, were very candid in their responses concerning the factors which led to their having Home-Based services, their feelings and experiences during the service period, and their feelings since services ended. In only one instance did a grandmother cautiously share with me a discharge summary from a psychiatric hospital concerning her grandson. She first checked to see if her grandson were within earshot or eyeshot. He had chosen not to sit in on the interview for the first forty-five minutes or so.

With the exception of this grandmother, parents talked candidly about struggles they had had in parenting, children's difficult behaviors, marital strife, developing attachment to the worker, and depression since services ended. Those children who participated in at least part of the interview seemed not to have any qualms about sharing their dislike of being questioned in the sessions.
Though I did not systematically compare responses of parents or primary caregivers who were interviewed with their child or children present versus those interviewed without their child or children present, I only observed the one instance in which a primary caregiver seemed to worry about something which she shared with me being heard by a child. In "Sally's" family interview, Sally did seem to become more focused or relaxed after her two children left to play outside with the neighbor children, but unfortunately I did not ask her if she was relieved that the neighbor children were no longer hovering at the screen door or if she was relieved that her own children had left the room or a combination of both factors. I did not share my observation that Sally seemed more relaxed when the children left with her at all. A systematic comparison of interviews in which parent(s) and children are interviewed together and then apart is indicated in future research. In this investigation, I chose to include the children in the interviews, if at all possible.

The validity of this study, like all qualitative investigations is, undoubtedly, threatened by researcher bias. In qualitative endeavors, the interviewee becomes intimately involved with interviewees via the interviewer's attempts to thoroughly understand the meaning of real persons in their real environments (Goldstein, 1991a; Patton, 1990).

I had virtually no preconceived notions concerning the types of information I might glean from the interviews. I had some expectation, as a result of my previous research with Amish families receiving in-home services, that I might hear that family members were a bit skeptical of services at first. In recognizing this one preconceived idea, I carefully constructed open-ended questions regarding the information that family members might have had about Home-
Based services before services began and about their thoughts and feelings during and shortly after the first visit.

I also attempted to guard against biasing respondents toward focusing on any one topic by making sure that I covered all of the "grand tour" questions with all families. In coding the interview transcripts, I carefully double-checked that I had presented all participating family members with the same set of topics to discuss. I had, without exception.

When I realized that most primary caregivers responses focused on the relationship they had had with the Home-Based worker, I then, again, carefully combed the interview transcripts to determine if I had perhaps, somehow influenced the respondents to speak of the relationship at length. None of the "grand tour" questions specifically called for the interviewees to address their relationship with their worker. In fact, in no instance, did I go beyond the interview guide to pursue this concept of the developing relationship between primary caregiver, some children, and the worker. I did, however, use floating prompts repeatedly, in encouraging respondents to expand or clarify their answers. For example, when one mother, "Sally", said that she would not agree to having a Home-Based worker again, because termination "...still hurts", I responded with her answer mirrored in the form of a question. I asked, "It still hurts?" She then went on to speak of almost "giving up" since services ended.

Validity can be viewed, as stated in Chapter Three, as the ability of a research endeavor to provide understanding of the phenomenon being investigated while controlling for potential sources of bias. Miles and Huberman (1984) have suggested that representativeness of data is one way to enhance the validity of research findings. Though representativeness of the data through a
random selection process was not possible in this research project, the sample was perceived to be characteristic of the population of families served by the agency in the opinion of the agency administrators as shared earlier. The only difference which the agency administrators observed between the six families who did agree to be interviewed and the thirteen families who did not agree to be interviewed, is that a slightly higher proportion of families who agreed to be interviewed did not complete the program as designed compared to those who did not agree to be interviewed. Of the six families who participated in the study, one family terminated in the intensive phase of service by sending their grandchild back to live with his mother and one family did not have complete follow-up services because their worker left the agency. Of the thirteen families who did not agree to be interviewed, eleven families completed the program as designed. More purposeful sampling along a range of experiences with the worker in future studies is indicated.

Another aspect of the study's purpose not clearly answered was if the range of experiences reported was unique in some way or ways to rural family members' experiences. As articulated in the section on "Summary of Findings According to Major Research Questions", respondents did not express that they had faced any challenges nor had any special needs as a result of their rural environment. The only environmental element consistently mentioned was the difficulty of traveling to secure services at an outpatient clinic during the harsh, winter months of northern Ohio.

Respondents did mention feeling "alone" or isolated a number of times. The link between this reported feeling of isolation and living in a rural environment is not clear. Comparative studies between rural and urban or suburban family
members are in order. Reliability of the results might be enhanced via these comparative studies.

Reliability in this investigation is limited by the lack of a second coder (Miles & Huberman, 1984). This second coder would have been able to peruse the interview transcripts not only for purposes of coding, but also to check for potentially biasing questions or comments by me in the interview sessions. Though a second coder was not found for this project, I did carefully check and recheck the interview transcripts for instances in which I might have biased family members’ answers. The reliability of this study can be checked via replication. The methodology has been carefully laid out for ease of replication.

Limitation in this study also stems from the fact that though generalizability of findings is not the focus of qualitative endeavors, researchers and readers of qualitative research reports will, undoubtedly, try to generalize the findings to many different types of populations and programs. Though the family members’ reported experiences relating to attachment to the worker and grief upon termination of services are provocative, these shared experiences did arise in a very particular context. The families interviewed were a self-selected group talking about their experiences with a family preservation program from weeks to months after termination from the program. The families were not interviewed about their experiences during the receiving of the services. The services provided were not described in great detail. The families who participated may, in fact, be a select sub-group of families who wanted to maintain some contact with the agency via the research interviewer, though this is not the qualitative impression of the administrators of the program.
The focus of the study was to try to understand the experience of receiving intensive family preservation services from the perspective and in the words of the family members served. The study's purpose was not to reach any conclusions about the quality or nature of the services provided by the agency nor to make any inferences about the impact of services on targeted outcomes of service such as improved family functioning or prevention of placement of children. Rather than generalize to myriad populations of families served by intensive family preservation programs, I hope to continue my qualitative investigations and perhaps, inspire other researchers to investigate the experiences of members of many types of families with family preservation services.

Implications for Program Design and Service Delivery

The findings of the present investigation hold many implications for program design and delivery of intensive family preservation services. Perhaps the most far reaching implication for several aspects of program design and service delivery lies in the recognition of the potentially powerful attachment that develops between primary caregivers and some children and the family preservation worker. This potential for deep attachment between family members and worker will be examined in relation to a number of program design and service elements.

Planning for Follow-up Care and Termination

Over and over in this investigation, respondents spoke of both their frustration over the lack of a clear follow-up plan and their feelings of despair or depression upon termination of services. Whether the perceived lack of follow-
up plans caused or aggravated the despair family members felt upon termination or the despair caused family members to be unable to take full advantage of follow-up plans is not clear.

What is clear is that program developers and workers need to more carefully articulate a follow-up plan and prepare family members, especially primary caregivers, for termination of in-home services and transition into other types of services. A number of investigators have addressed the problem of inadequate follow-up in family preservation programs either due to waiting lists at outpatient facilities or due to uneven implementation of follow-up procedures from one service site to another (Feldman, 1991; Schuerman, Rzepnicki, Littell, & Chak, 1993; Yuan & Struckman-Johnson; 1991; Wells & Whittington, 1993). Perhaps program developers, administrators, and direct service workers ought to work in concert to focus on the process of planning for follow-up with family members and preparing them for the possible emotional impact of moving on to other types of services after termination.

The one aspect of family preservation services which seemed to be missing in the experiences of the family members that took part in this investigation was the worker addressing the potentially difficult emotional impact of transition and termination. Only two mothers recalled being told at the outset or reminded during the services of the time-limited nature of the services. All primary caregivers agreed that they were not prepared for the feelings of despair or "giving up" or "hurt" that occurred once services ended. Only one primary caregiver could clearly articulate the follow-up plan that her family was advised to pursue. Over and over, primary caregivers stated that they could not really
recall what plans were made for follow-up. This lack of recall may, in part, be due to the grief that these women may have had over termination.

Formal grief work may be indicated in helping family members cope with transition to other services and termination of family preservation services. As of this writing, not one work in the literature on family preservation services addresses the possibility that grief work may be necessary to prepare family members adequately for transition and termination.

Length of Sessions and Service Delivery

Primary caregivers in this study repeatedly called for longer sessions and for a longer period of service delivery. Yet, one of the centrally identifying characteristics of family preservation programs as articulated by the Child Welfare League of America, is that intervention is short term (Cole & Duva, 1990).

The idea of short term intervention in family preservation services arose from a belief that family members are thought to be more motivated to work to attain goals and to make changes when the end date of services is known at the outset of services (Kinney, Haapala, Booth, & Leavitt, 1988; Nelson & Landsman, 1992; Tracy, in press). None of the family members who participated in this study reported that knowing the time line of the services encouraged them to make changes. In fact, a couple of primary caregivers reported feeling worried or concerned during services about the fact that services would soon be over. "Suzanne" shared, "She told me at the time, you know...well, I got six weeks left of it, or six days left...". However, "Suzanne" and all other primary caregivers mentioned feeling that the services should be longer. A typical response was to
intimate that individual sessions should be longer or at least more consistent and that the length of service delivery should be about one year.

Perhaps the issue of time-limited intervention is one that needs to be re-examined in program design and service delivery. One question which program developers, researchers, and administrators might ask is, "Who benefits (family members, workers, administrators, agencies) and in what way(s) from the time-limited nature of family preservation services?"

A number of primary caregivers mentioned that sessions should be longer. Upon expansion and clarification of these responses, there was also a theme expressed of frustration over missed appointments or shortened appointments due to emergencies with other clients or inclement weather. Thus, the issue was really more one of consistency of appointments rather than longer sessions. Another question program developers and administrators might ask is, "Are workers consistently able to keep appointments and stay with a family, once entering their home, for a reasonable length of time?" Another question might be, "Are some client demands for crisis intervention interfering with consistent service delivery to other families?" In any event, the clamor by primary caregivers for longer services was loud and clear in this investigation.

Children's Perceptions of Service Delivery

The children from three families in this investigation participated in the interviewing process, albeit to a limited extent. One theme expressed by these children was that they perceived the services as focused on determining the "whys" of their behaviors or feelings. This difference in perceptions of services between children and parents or primary caregivers in this study triggers some interesting questions for program developers and direct service workers.
Many, many program developers, researchers, and theorists have reported that the family preservation movement in this country has as its central, underlying value the view that the whole family is looked at as an equal partner in the helping process (Barth, 1990; Kinney, Haapala, Booth, & Leavitt, 1988; Nelson & Landsman, 1992; Nelson, Landsman, & Deutelbaum, 1990; Tracy, in press; Whittaker, 1992; Woods, 1988). However, a couple of investigators have reported that children seem to perceive services differently than their primary caregivers (Fraser & Haapala, 1987-88; Wells & Whittington, 1993).

Questions this and other investigations trigger about the differences between children's and caregivers' perceptions of family preservation service include:

1) If services are designed to maintain children safely within their homes, then are children’s needs and perceptions being adequately addressed with present service designs?

2) How can workers more effectively engage children?

3) Is the power differential between parents and children in most families responsible, in part, for children feeling disenfranchised regardless of the model of family intervention used?

4) Is the effect of family preservation services to empower all family members, adult and child alike or mainly, to empower primary caregivers? How does one simultaneously empower both children and parents within a family?

5) Can children with severe behavioral or emotional problems form an attachment to a family preservation worker?

These questions and others raised as a result of the present study suggest a number of avenues for future inquiry.
Implications for Family Preservation Educators and Trainers

As stated earlier, formal grief work may be indicated in preparing family members for the emotional impact of termination of family preservation services and transition to other services. To date, education in family preservation services and worker training has not included theory and/or practice techniques concerning attachment or grief work.

Most child welfare educators, especially in the area of child protective services, do explore attachment and loss issues with students. Most basic social work texts also include a chapter on termination and the concomitant attachment and loss issues. The exploration of attachment and loss issues is conspicuous by its absence in the literature on family preservation services.

A core assumption in family preservation services literature, as stated earlier, is that time-limited, intensive services serve to motivate family members to make changes. Perhaps, an unfortunate, implied caveat of this aforementioned assumption is that deep attachment by family members to worker will not occur in the short time-frame of family preservation services.

This study has shown that primary caregivers and some children, do, indeed, form deep attachments to their workers. These attachments may, in fact, be the only or one of only a few strong human attachments that these isolated, primary caregivers have been able to form. The potential for powerful emotional repercussion upon termination is high for these primary caregivers.

Family preservation education and worker training may need to expand to incorporate information on preparing family members for the emotional impact of termination and transition. Training might also prepare workers to recognize the warning signals that indicate that primary caregivers or children are
becoming so attached to the worker that transition to other services will be difficult, if not impossible.

**Implications for Family Preservation Theorists**

A number of theories have served as the basis for the development of family preservation services. These theories include crisis intervention theory, family systems theory, ecosystems or ecological theory, and behavioral or social learning theory (Barth, 1990; Nelson & Landsman, 1992). The development of family preservation services based in part or in total on family systems or ecosystems theory is reflective, as stated in Chapter One, of the trend in child welfare toward a general systems or ecosystems perspective over the last two decades. This trend toward an ecosystems perspective has been referred to as an "ecological paradigm" (Whittaker, Schinke, & Gilchrist, 1986).

Though this theoretical paradigm has been widely acclaimed in the movement to strengthen and preserve families, there has been little, if any research which has yielded theory or building blocks of theory grounded in a descriptive base (Wells & Whittington, 1993).

The present study has called into question some of the theoretical assumptions which have guided family preservation services development to date. Most notably, the assumption that time-limited, intensive services in a family’s home environment (a combination of crisis theory and ecosystems or family systems theory tenets) serve to motivate family members to make changes has been called into question. This study gives preliminary evidence that these basic theoretical assumptions may be flawed.
Recently, Grigsby (1993) suggested that Attachment Theory may be applicable to family preservation services. The present study preliminarily supports Grigsby's conceptualization.

Further grounded theory research is indicated. This type of research may allow for a more thorough understanding of the complex phenomena of family experience, family functioning, and family preservation.

Suggestions for Future Inquiry

This study has demonstrated that the recipients of family preservation services, especially primary caregivers, experience deep attachment to and subsequently, grief over the loss of their family preservation worker. Further inquiry into how family members experience treatment is indicated.

The first order of future inquiry is replication of the current study with other rural families. A few more questions concerning the rural environment in which these families live and whether or not family members perceive there to be special challenges to accessing or utilizing family services because of their rural environments is indicated.

The difficulty of attaining family level data was demonstrated in this study. Yet, family preservation program design is ostensibly, family-level. Perhaps a comparative study of parents' and children's perceptions of family preservation services might lead to explicating avenues for attaining family level data. Perhaps, this is an unattainable goal.

Comparative studies between family members' and workers' or administrators' perceptions of the delivery of family preservation services is also indicated. One recent study on sources of job satisfaction and job stress for
family preservation workers found that in the open-ended question portion of
the survey, workers called for a longer intervention period due to feelings of
pressure to accomplish a number of goals with multi-problem families (Tracy,
Bean, Gwatkin, & Hill, 1992). Perhaps the time-limited nature of services
should be revisited from many different perspectives, family members', workers',
administrators', and theorists'.

A comparative study of rural versus urban and/or suburban family members
served by a family preservation program might help to answer questions about
which types of environmental factors seem to influence perceptions of family
preservation services and in which ways. For example, is the theme of feeling
isolated expressed by the primary caregivers in this study unique to rural primary
caregivers?

The primary caregivers of this study overwhelmingly called for a longer
period of service delivery. Whether that call emanates from the deep
attachment the caregivers had for their workers or from other aspects of service
delivery is not clear. Future inquiry might investigate the perceptions of family
members served by varying lengths or models of family preservation services.
What is quite clear in this investigation of a Home-Based program, is that
primary caregivers were indelibly and deeply emotionally attached to their
workers (their "anchors") and that they miss them.

Postscript

The results of this study were shared with the administrators of the Home-
Based program and they have kindly shared some preliminary reactions of the
Home-Based staff. A weekend retreat concerning the program is planned soon
and passages of the written report of this study will be discussed in more detail at that retreat.

The preliminary reactions of the administrators of the program concerning the study are as follows:

1. Four of the six cases were of one therapist who tended to develop very "motherly" relationships with families, but expressions of attachment did cut across workers.

2. The services delivered and outcomes are not described in the study, this may over-emphasize the importance of attachment and grief.

3. Current information on the outcomes of the families involved in the research project are viewed as "OK" given that they remain connected to the agency or there is feedback from other providers.

4. More information about the children's reports of "why" questions being asked of them by the therapist is indicated.

5. Staff have been aware of termination issues for sometime. Though considerable emphasis, discussion, and preparation is devoted to these issues, families didn't seem to remember this.

6. A rural culture may lead these people to attach more strongly.

7. We are looking at the service design of this program. The study supports providing increased focus on follow-up and connecting the families to other community resources, not just the agency provider for support in identifying grief/loss issues. The program may need to be more flexible in design.

8. The study needs to be replicated! (C.N. Butts, personal communications, December 29, 1993 and January 6, 1994). The investigator could not have stated these concerns better.
LITERATURE CITED


APPENDIX A: LETTER TO ADMINISTRATOR

October, 1992

Dear ____________________:

I am writing to you as a follow-up to our meeting at the Fifth Annual Institute for Home-Based Intervention in June, 1992. To refresh your memory, I am a doctoral candidate at the Mandel School of Applied Social Sciences of Case Western Reserve University. My doctoral dissertation research is a qualitative investigation of the family's perspective (their "story") on the experience of having received in-home, family preservation services. I would like to conduct in-depth, ethnographic interviews with several rural families in Ohio who have received such services. I believe that the interviews will take approximately two hours.

I understand that your agency provides this type of service. I would be most indebted to you and your agency if you could, perhaps, contact...families who have, in the past six months...been the recipients of your in-home, family preservation service. The families you contact do not, necessarily, need to be considered "successful" in the eyes of the worker or your agency. In fact, I would like to talk to one family, if possible, who may have had difficulties in benefitting from the service. I plan to allow the family members great freedom and latitude in telling me their stories on the experiences of having had a family worker in their home. Ethnographic research is really a "folk" approach to gathering information. I would like to gather first-person perspectives from family members on what aspects of the family preservation service worked and what did not work for them. I would like them to be my collaborators in helping to assess present family-based services and in helping to improve future services.

I have enclosed an outline of my dissertation prospectus, which I hope to have approved by my dissertation committee ... I have also enclosed a form which describes the study, for workers to use in explaining the study to potential family interviewees. I would suggest that the in-home family worker who actually worked with the family be the person to contact the family concerning participation in the study. I will be bringing to my interviews consent forms for family members to sign, pending the approval of my prospectus by the University Committee for Human Studies.

If you have questions concerning the study, please do not hesitate to write to me or call me at my home...In any event, I will be calling you, shortly, to learn of your, your agency's, your worker's, and your client families' responses to my requests. I look forward to discussing the research project with you and, hopefully, meeting you soon.
APPENDIX B: LETTER TO FAMILIES

Families' Thoughts on Having Received In-Home Family Services...

I am asking you (by you, I mean all family members who care to) to be part of a project in which families who have received in-home family services, are going to be asked about their feelings and their opinions concerning how it was to have had services in their homes. I plan to ask you some questions and to talk with you for about one and a half to two hours. I will tape record the interview, but will not use your name(s) or other information that will identify you in any up-coming reports. The only person who will have access to the tapes is me. The information will be used in my up-coming doctoral dissertation and, perhaps, published in article or book form. The tapes will be destroyed after I write the dissertation.

You are free to decide whether you want to talk to me or not. You are free to refuse to answer any question at any time. You are free to end the interview at any time. Your decision one way or the other will not change the services you get today or in the future.

I am interested in hearing your feelings and opinions and in having those feelings and opinions contribute to improved services for families in their homes. You will be my collaborators in learning what works and what does not work in serving families in their homes.

I have asked the worker who worked with you in your home to contact you about this study. In the near future, I will be contacting you to set up an interview time, at your convenience. When I do call, you will have the opportunity to ask me any questions you may have about the study. I look forward to talking with you and meeting with you. Thank-you for your time.
APPENDIX C: CONSENT FORM

Permission for Participating in Family Interview

I have been informed of the purposes of Nadine Bean's doctoral dissertation study concerning learning the family's perspective on having received in-home, family preservation services. I understand that I may speak freely and frankly during my interview with Ms. Bean concerning my views and opinions on having received such services. I understand that I may refuse to answer any question at any time and I may stop the interview at any time. I further understand that my identity will remain anonymous in any forthcoming reports or articles describing this study. I have also been informed of the intent of Ms. Bean to tape-record these interviews and of her intent to use the tape-recordings only for purposes of writing her dissertation in an accurate manner. No other person will have access to these tape-recordings.

Signed


Date

I wish to receive a report on the results of this research project (circle one):

Yes  No

Address for sending research report:


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APPENDIX D: PRELIMINARY QUESTIONS FORM

Preliminary Questions for Family Interviews

Today's Date: ___________________________
Place (Town, Population): ___________________________
Time: ___________________________

Family Members Present

Mother (If Present, note why, if not)
Birth (Maiden) Name: ___________________________
Birth Date: ___________________________
Age: ___________________________
Birth Place: ___________________________
Marital Status: ___________________________
Place of employment: ___________________________

Father (If Present, note why, if not)
Birth Name: ___________________________
Birth Date: ___________________________
Age: ___________________________
Birth Place: ___________________________
Marital Status: ___________________________
Place of employment: ___________________________

Birth Order of Children
1st ___________________________ 2nd ___________________________ 3rd ___________________________ 4th ___________________________

Sisters:
first name: ___________________________ present age: _______ lives with: ___________________________
first name: ___________________________ present age: _______ lives with: ___________________________
first name: ___________________________ present age: _______ lives with: ___________________________

Brothers:
first name: ___________________________ present age: _______ lives with: ___________________________
first name: ___________________________ present age: _______ lives with: ___________________________
first name: ___________________________ present age: _______ lives with: ___________________________

Other Family Members or Residents of Household:
name: ___________________________ age: _______ relationship
name: ___________________________ age: _______ relationship
name: ___________________________ age: _______ relationship

Ethnic background of family:
Mother ___________________________ Father ___________________________

Religion (if any): ___________________________
APPENDIX E: SAMPLE FIELD NOTES AND DIAGRAM

PHYSICAL ENVIRONMENT

Description of physical environment - Portage County Family #2

Modest Ranch on 2(+) acres in very rural area near Kent (Franklin Township) This house was in a wooded setting with an adjacent paddock and a pool. Condition was somewhat rumble-tumble, but pleasant.

Two black labs accompanied our interview - laying at our feet.

Father (biological grandfather) worked outside - would not come in and was abrupt in saying good-bye when I left.

Diagram:

[Diagram of a house layout showing a garage, deck, bedrooms, bathroom, kitchen, and other rooms, with annotations indicating a barn, paddock, and pool.]
Appendix F: Modified Genograms of Families Interviewed

Family One

Family Two

Key:
- Double lines, □ or ○: Family members interviewed
- Dotted line, --- : encircles family members who reside in home where interview took place
- "Names" (pseudonyms) and ages have been included for family members who reside in home where interview took place.
Family Three

Family Four
Family Five

Jonathan, 7
(in foster care at time of interview)

Lucy, 44

d. 92

Family Six

Sarah, 33

Nathan, 9

Aaron, 3