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A QUALITATIVE INQUIRY ON THE IMPACT  
OF FAMILY PRESERVATION PROGRAMS

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Kimberly Ann Franze-Cox  
September 2003

A QUALITATIVE INQUIRY ON THE IMPACT  
OF FAMILY PRESERVATION PROGRAMS

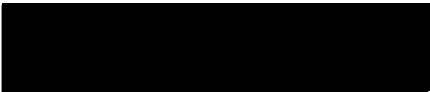
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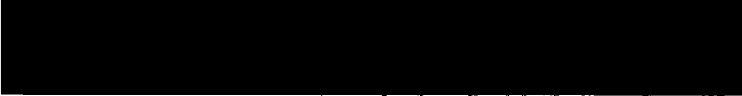
by  
Kimberly Ann Franze-Cox  
September 2003

Approved by:

  
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8-20-03  
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## ABSTRACT

This project focuses on the impact of family preservation programs on family functioning through a qualitative follow up study of the Child Abuse Prevention Intervention and Treatment (CAPIT) program at Pacific Clinics in Yucca Valley, CA. The interview participants consisted of 9 previous CAPIT clients who had completed the program within the last year. These participants were asked to provide their perceptions of the program and evaluate their current functioning. Following the interviews, qualitative analysis according to Strauss and Corbin's (1990) "grounded theory" was conducted. The results found that client/family functioning had improved since completion of the CAPIT program at Pacific Clinics. Improvement was correlated with the service content of the program and with counselor characteristics. Unfortunately, these findings lack generalizability due to a non-probability sample, thus further research in this area is recommended.

## ACKNOWLEDGMENTS

I would like to acknowledge Dr. Phillip Pannell, Corporate Director for Research and Training, and Ms. Claire Karp, Associate Regional Director for the Desert Region at Pacific Clinics for granting me permission to accomplish this project and for all of their continued support and to Mr. Harlan Bergum for all of his assistance during this study. I would also like to acknowledge San Bernardino County Department of Children's Services for their permission to conduct this study. Last, I would like to acknowledge and thank Dr. Teresa Morris for all of her support and guidance in writing this project. Completion of this study would not have been possible without her mentorship.

## DEDICATION

I would like to dedicate this project to my husband, Thomas Augustus Cox II for his dedication, sacrifice, patience, and support during this arduous journey for which this accomplishment would have not been possible without.

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## CHAPTER ONE

### INTRODUCTION

The contents of Chapter One present an overview of the project including the historical and theoretical perspectives guiding the study. The problem statement and its focus, the purpose of the study, and the significance of the project for social work are also presented within this chapter.

#### Problem Statement

On any given day throughout the past decade, approximately a half million children could have been found within the foster care system in the United States. According to the U.S. Department of Health and Human Services (2001), the current national estimate of children in out-of-home placements is 556,000; with 95,382 of these children in the State of California.

The controversial debate about family preservation services has always been an issue. On the one hand, children have the right to be protected from abuse and neglect. Conversely, they also have the right to be raised by their natural parents. Research suggests that placing a child in foster care can be traumatic for the child and disrupts the family system in addition to the parent-child

bond (Altstein & McRoy, 2000; Kaplan & Girard, 1994). Additionally, "the child may experience multiple placements and may be exposed to abuse" (Kaplan & Girard, 1994, p. 13). It has also been suggested that home-based services are more cost effective when compared to out-of-home placements (Altstein & McRoy, 2000).

Unless remaining in the home is absolutely detrimental to the child's safety and well-being, the parent has the right to raise their own child if possible. Furthermore, adequate support and interventions should be provided to the parent(s) if any problems arise or to prevent problems from arising so that they may effectively care for their children. Therefore, home-based, family-centered services are recommended.

Family-centered services run along a continuum "designed to overcome threats to family stability" (Altstein & McRoy, 2000, p. 16). Family-centered services include family support, family reunification, and family maintenance/family preservation programs. "The services represent a renewed commitment by child welfare administrators and agencies to keeping families together and are increasingly seen as an essential component in the service continuum for at-risk families" (Bath & Haapala, 1994, p. 386). For the purposes of this project however,

only family preservation services and programs will be addressed.

One particular intensive family preservation/family maintenance program is Child Abuse Prevention Intervention and Treatment (CAPIT). CAPIT services are an initiative of the Office of Child Abuse Prevention (OCAP) that encourages counties to assess their delivery of abuse prevention, intervention and treatment services. Unmet needs are then funded in order to ensure continuity of services to children. Through this initiative, over 400 programs throughout California are funded that are designed to strengthen, nurture and support families.

CAPIT, similar to the Homebuilders model addresses parenting skills, anger management, substance abuse, and self-sufficiency resources for families whose child(ren) are at imminent risk of out-of-home placement.

The short-term objectives of this secondary/tertiary prevention program are to reduce substance abuse, improve parenting, reduce domestic violence, increase self-sufficiency, and reduce anger. The long-term goals of this program are to reduce child maltreatment, increase child safety, increase family permanency, and to increase child-well being.

CAPIT grants are provided to the State of California and funds are then distributed to counties within the state. Each county's Department of Children's Services (DCS) can then contract the appropriate agencies to provide the services allocated through CAPIT funding. It should be noted here however that some counties have their own family preservation units within DCS and therefore do not need to contract outside agencies to provide these services.

One of the contract agencies providing CAPIT services in San Bernardino County is Pacific Clinics, a non-profit mental health organization. Pacific Clinics serves many areas within Southern California; one of these locations being the Morongo Basin, the rural lower desert region within San Bernardino County. For the purposes of this research project, CAPIT will only be examined from the Pacific Clinics Yucca Valley site which serves families within the Morongo Basin.

In providing a brief overview, the CAPIT program in the Pacific Clinics Yucca Valley office has been in existence for approximately two years. Intensive, home-based services are provided to at-risk families who have been referred from the San Bernardino County Department of Children's Services Yucca Valley office.

These families are eligible for CAPIT services during family maintenance and/or family reunification for approximately 36 sessions.

#### Purpose of the Study

The purpose of this study is to explore and assess the impact of intensive family preservation services (IFPS) on family functioning. CAPIT currently has several program evaluation and assessment tools in existence to measure outcomes of the short-term objectives. One pre-existing evaluation of this program involves a pre-test/post-test at the beginning and the completion of the program and uses a 7-point Likert scale. This data has previously been analyzed by California State University San Bernardino's Department of Social Work on behalf of San Bernardino County. Pacific Clinics also uses a client satisfaction scale developed to evaluate their delivery of services about five weeks into the program and again after completion of the program.

Unfortunately, these evaluations only measure the short-term program objectives using a quantitative methodology. Also, they do not measure long term objectives such as improvements in family functioning and/or child well being. Additionally, empirically based qualitative

research on CAPIT is non-existent to this writer's knowledge and few qualitative studies of family preservation programs in general have been published. Last, because CAPIT at Pacific Clinics is fairly new, no follow-up studies have yet been conducted.

This study was a follow up study with Pacific Clinics clients conducted in a face-to-face interview assessing short-term and long-term objectives using a qualitative-narrative methodology. This exploratory study addressed overall client/family functioning since participating in the CAPIT program at Pacific Clinics within 4 main target areas: parenting skills including parent-child relationships, self-sufficiency, substance abuse, and anger management/conflict resolution.

This research also addressed client satisfaction concerns: how they felt after receiving services, how they perceived the effectiveness of the services provided to them, which service component was most beneficial, did they find any aspects of the program unnecessary, and what additional CAPIT services, if any, do they think could have better assisted them.

It is very important to understand the outcomes of a program to evaluate its effectiveness on the participants. Additionally, it is crucial to obtain the client's

perception of the agency's efforts to assist them in their goals. Further evaluation may supplement previous and current quantitative research findings or contradict those findings, both outcomes resulting in practice implications for the agency providing services. From a cost-effectiveness perspective, it is also important to understand the outcome measures for county funding purposes in future fiscal years. It is hypothesized that the research outcomes will be beneficial for Pacific Clinics to provide more comprehensive services in the future.

#### Significance of the Project to the Social Work Profession

It is believed that this research might have direct implications for service provision including increased funding to provide more support services within the CAPIT program at Pacific Clinics. If more at-risk families are provided with intensive, home-based services, it is possible that the risk of future child abuse and neglect would be decreased in those homes after receiving the necessary services. Currently, research on family preservation services and family functioning is quite limited, as is qualitative methodology. This study therefore provides opportunities to further research in



this area, advancing the knowledge base of social work and contributing to the array of literature on family preservation.

Within this study, the following general research question was addressed: "How well are families who have completed CAPIT functioning at follow-up?" It is believed by the author that family functioning will improve after receiving CAPIT services. Therefore, if CAPIT can improve and maintain client functioning, it may increase the probability of a future reduction of child abuse and neglect; an asset not only to the profession of social work, but to society in general.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

Chapter Two consists of a discussion of the relevant literature and includes a brief historical overview and clarification of the definition of family preservation. Specifically, outcome and evaluation studies of intensive family preservation programs have been reviewed and divided into two main subsections based on the study's dependent variable. Finally, the theories guiding conceptualization of family preservation services will be discussed.

#### Historical Overview and Policy Context

In order to better understand the origin of family preservation, it is important to know the historical context of child welfare in general. The practice and policy of child removal has fluctuated throughout time. For instance, during the 18<sup>th</sup> and 19<sup>th</sup> centuries poverty was seen as a crime and children as "small adults" who were considered the "unworthy poor." Thus, poor children were looked upon as criminals and were punished as adults in reformatories, almshouses, and prisons. Additionally, during the time of the "child saving movement," children

who were seen as "potential paupers" living in urban areas, could be sent away on trains to suburban and rural areas to prevent the future occurrence of pauperism and ultimately, "criminality" (Day, 2000).

However, once the first Juvenile Court was established in 1899, instead of "potential paupers," the juvenile court proposed that juveniles be thought of as dependent or neglected youth. The original concept of "parens patriae," was utilized within the courts, meaning the court would take on the responsibility of the child as a parent. This philosophy emphasized control, supervision, and treatment rather than the traditional punitive responses in prior centuries (Day, 2000; Kassebaum, 1974).

The family preservation movement grew out of a number of later efforts that basically advocated for children to remain with their biological families and not be removed despite poverty or parens patriae, empowered parents to advocate for themselves, and emphasized the importance of environment and community (Altstein & McRoy, 2000; Kaplan & Girard, 1994). Some of these forerunners specifically included: the Settlement House movement, "friendly visitors," social work pioneers such as Mary Richmond and Jane Addams, research and treatment projects on multi-problem families within the 1950s, family-based

services including the Family Centered Project of St. Paul, Head Start, and federal and state legislation (Kaplan & Girard, 1994).

By the late 1980s, a dramatic rise in child abuse and neglect rates occurred due to increases in substance use, poverty and homelessness. This obviously affected foster care and out-of-home placement rates as well, which began to skyrocket, and states began to rethink their system of service delivery. Rather than waiting for a family to be in crisis and then intervene (removal of child from home), child welfare began to focus on earlier interventions and primary prevention. From a strengths-based perspective, the idea was to provide families with resources and support to empower and strengthen them (Chaffin, Bonner, & Hill, 2001; Altstein & McRoy, 2000).

In focusing on some of the most significant legislation it is critical to note that family preservation evolved with the Child Abuse Prevention and Treatment Act (CAPTA) of 1974 and was confirmed with the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). This law required states to make "reasonable efforts" to prevent children from entering foster care and to return children who are in foster care to their families. Part of the response of the states to

that Act was the development of "family preservation" through "permanency planning" (Altstein & McRoy, 2000; Fraser, Pecora, & Haapala, 1991; Kaplan & Girard, 1994).

The emphasis on family preservation was further codified in the 1993 Omnibus Budget Reconciliation Act, which established a 5-year capped entitlement program to encourage the development of family preservation and family support programs with the Family Preservation and Support Initiative (P.L. 103-66). This initiative gave funds to the states for family preservation and support planning and services. The aim is to help communities build a system of family support services to assist vulnerable children and families prior to maltreatment, and family preservation services to help families suffering crises that may lead to the placement of their children in foster care (Kaplan & Girard, 1994).

This initiative was recently revised and extended in 1997 with the Adoption and Safe Families Act. The Adoption and Safe Families Act (P.L. 105-89) reauthorizes and increases funding for the Family Preservation and Support Initiative, while changing its name to "Promoting Safe and Stable Families" (PSSF). This law also requires states to move children in foster care more rapidly into permanent

homes, by terminating parental rights more quickly and by encouraging adoptions (Altstein & McRoy, 2000).

### Clarifying Family Preservation Services

Another reason for the controversy surrounding family preservation services has to do with the term being used loosely and misinterpretation of the concept. For that reason it is important to explore and clarify the meaning of the term. Initially, the term "family preservation" was applied to "Homebuilders," a foster care placement prevention program developed in 1974 in Tacoma, Washington. Specifically known as an "intensive family preservation program" (IFPP), the development of the Homebuilders model represented a paradigmatic shift of thinking within child welfare and still remains a prototype for many existing IFPPs. Caseloads are usually small and services can be available on an emergency 24-hour basis. Services include crisis intervention and counseling, substance abuse education and relapse prevention, skill building, and "concrete" services such as childcare or transportation. Some of the goals of the program include improvements in parenting skills, family functioning, social support, school and job attendance and improvement, the client's ability to be self directed/self-sufficient, and to decrease family violence through

the use of resolution skills (Fraser, Pecora, & Haapala, 1991; Nelson, Landsman, & Deutelbaum, 1990; Kaplan & Girard, 1994; Altstein & McRoy, 2000; Nelson, 1994).

In addition to being defined as a practice model such as Homebuilders, family preservation services may also be defined as a philosophical concept guided by values and principles which "represents a continuum of services that may include family reunification and placement prevention, but may also include foster care, residential care, termination of parental rights, or open adoption, all of which include contact with the family of origin" (Altstein & McRoy, 2000, p. 14-15).

According to the California Welfare and Institutions Code section 16500.5, family preservation services (FPS) are defined as: "intensive services for families whose children, without these services, would be subject to any of the following: 1) at imminent risk of out-of-home placement, 2) remain in existing out-of-home placement for longer periods of time, and 3) be placed in a more restrictive out-of-home placement."

#### Family Preservation Programs and Out-of-Home Placement

The vast amount of literature support the effectiveness of comprehensive family preservation

compared to regular family services. Several studies report that intensive family preservation programs have highly beneficial outcomes for their recipients (Berry 1992; Cole & Duva, 1990; Feldman, 1990; Fraser, Pecora, & Haapala, 1991; Fraser, Nelson, & Rivard, 1997). Family preservation programs in general have been found to be successful in preventing out-of-home placement in 40% to 95% of the cases referred to them (Haapala & Kinney, 1988; Scannapieco, 1993; Hinckley & Ellis, 1985). In particular, the Homebuilders model discussed earlier claimed that between 1974 and 1987, of 3,497 cases served, 97% avoided out-of-home placements for at least 3 months after treatment (Kinney, Haapala, & Booth, 1990; Nelson, Landsman, & Deutelbaum, 1990).

Some reasons for these results are derived from the fact that home-based services eliminate many of the obstacles (transportation or child care) that might limit family participation. Services delivered in the home also provide an opportunity to thoroughly assess the family's living situation as well as potential risks to children (Hodges & Blythe, 1992). This type of service delivery system also increases opportunities to provide a broad base of services (counseling, parent education, substance abuse education, advocacy, resource linkage and other



intangible services) tailored to what the family needs when the family needs it (Azzi-Lessing & Olsen, 1996). Additionally, family preservation programs are difficult to report as "effective" when using prevention of out-of-home placements as the dependent variable. This is due to the fact that from a clinical perspective some out-of-home placements are positive outcomes.

One example of an outcome evaluation is on Family First, an intensive home-based family preservation program administered by the Illinois Department of Children and Family Services [DCFS] (Rzepnicki et al., 1994). Similar to CAPIT, Family First provides multiple services to families through contract agencies after a finding of child maltreatment. These services include various forms of counseling, resource linkage, advocacy, and parenting skills training.

In this study, eligible families were randomly assigned by computer to the Family First program, the experimental group, or to regular services provided directly by DCFS staff, the control group. Random assignment continued for two years and involved a total of 1,677 families from 20 agencies providing Family First services. In a longitudinal design, structured interviews and other parent surveys were conducted in both groups to

obtain parental concerns on several issues. These variables included: housing, economic conditions, physical child care, discipline and emotional care of children, children's conduct, children's academic adjustment, children's symptomatic behavior, victimization of children, and parental coping.

This evaluation was conducted to determine whether the Family First program was more effective than services families would normally receive in reducing further child maltreatment and out-of-home placement rates. The preliminary findings of this study suggested that Family First had no significant effects on placement rates or subsequent child maltreatment. However, compared with regular service clients, Family First clients reported more satisfaction with the services received and improvements in housing, economic conditions, and other basic needs. These respondents attributed their improvements to the services they received in the Family First program.

Heneghan and Horwitz (1996) conducted a study to determine the adequacy of family preservation services evaluations and to assess the effectiveness of family preservation programs at reducing out-of-home placements for children. From a convenience sample of 802 references

identified, the authors reviewed 46 program evaluations and found that 10 of the studies met their inclusion criteria. In 8 out of the 10 program evaluations being analyzed, this study found that outcome evaluations of family preservation services showed no benefit in reducing the rates of out-of-home placements.

Chaffin, Bonner, and Hill (2001) examined family preservation program outcomes using subsequent child maltreatment as the dependent variable. 1601 participants were assessed and followed over time for future child maltreatment events as reported to Child Protective Services as their major benchmark goal. Methodology involved pre/post testing using the Child Abuse Potential Inventory (CAP) Abuse Scale. Pre/post test changes of the CAP Abuse Scale score were analyzed using a within-subjects ANOVA. The results disappointingly concluded that family preservation services for high-risk populations were ineffective in meeting the benchmark goal of preventing future maltreatment.

#### Family Preservation Programs and Family Functioning

Blythe, Salley, and Jayaratne (1994) report that often in family preservation effectiveness research, "the sole measure considered is out-of-home placement, which

does not tell about family functioning" (p. 215). A review of the literature confirmed this statement as significant research on outcomes of intensive family preservation programs were based on their impact on out-of-home placement rates and subsequent child maltreatment. However, there is little research that examines the relationship between family preservation services and parent/client/child/family functioning.

Wells and Whittington (1993) focused on child and family functioning outcomes "rather than on child placement because of the inadequacy of child placement as an indicator of clinical status" (p. 59). This study examined 42 families in an intensive family preservation program 1-week after admission, 1-week prior to discharge, and 1-year follow-up post-discharge of the program. Family functioning was conceptualized as multidimensional and addressed areas such as health, family connectedness, parent-child relationships, and child "beleaguerment" through the use of several standardized measurements.

Research methods also included the use of face-to-face interviews with both the children and the parent(s) separately and were conducted in the parent's home. The research showed that the functioning of the children and families improved between admission and

discharge from the program and did not decline between discharge and follow-up. "However, study data also show that at follow-up, families were functioning at a lower level than non-clinical families, as assessed by standardized measures" (p. 76), suggesting that families who participate in intensive family preservation programs "are still vulnerable at follow-up" (p. 76).

Another study was conducted on family characteristics and services received by types of maltreatment (Nelson, 1994). The purpose of this study was to obtain descriptive information and analyze factors that contribute to the success or failure in preventing further placement. This two-year explorative study compared nine family-based child welfare programs in six states through case record reviews, interviews and surveys. The discussion of this study suggested that lack of positive change in family functioning, lower functioning of caregivers, and poor relationships with the children were consistently related to higher out-of home placement rates.

Furthermore, one study focused on consumer views of an intensive family preservation program (Pecora et al., 1991). Primary caretakers from 396 families within Washington (290) and Utah (106) were interviewed with a mixture of open and closed-ended questions and the

Consumer Satisfaction Survey. This research focused on the consumers of the program and their perceptions. Some of the areas addressed in this study included: what the clients thought was most helpful about the service, satisfaction with the service provider's behavior and the service itself, what the clients perceived as the most important treatment goal, and a comparison of family functioning between admission to and discharge from the program. Overall, the results of the study suggested that the intensive family preservation program being evaluated was helpful and effective from the client's view.

#### Theories Guiding Conceptualization

Interestingly, family preservation has been associated with several theoretical frameworks to guide its philosophy and practice. First, crisis intervention theory is a major focus of intensive family preservation services and is specifically what the Homebuilders model is based upon. This theory posits that "families are most open to change during a period of crisis when typical coping patterns can no longer maintain family stability and independence" (Nelson, Landsman, & Deutelbaum, 1990, p. 6). Families are most often willing to try new and hopefully more adaptive coping behaviors during a crisis

in an attempt to regain homeostasis or equilibrium (Barth, 1990).

Bandura's social learning theory may also be utilized as a theoretical base for family preservation. Family preservation programs using this theoretical framework focus on "the importance of expectations and cognition, and the ways in which they influence behavior and change" (Altstein & McRoy, 2000, p. 17). Just a few examples of the specific techniques and interventions of the social learning theory framework include: behavior modification, modeling, parent effectiveness training, cognitive restructuring, communication and problem-solving training, role-playing, and skill development (Barth, 1990; Nelson, Landsman, & Deutelbaum, 1990).

Family systems theory has also been significantly associated to family preservation as a theoretical underpinning. This theory "focuses attention on the family as a whole, on subsystems within the family, and on the family's interaction with its community" (Nelson, Landsman, & Deutelbaum, 1990, p. 8). Within this perspective, also known as person-in-environment (PIE), families are seen as a whole and as a product of their environment. Thus, PIE suggests that individuals cannot be understood alone, but only in relation to their

surrounding environment. This is a strengths-based empowerment model upon which the concept of family preservation was originally based. Families are encouraged to actively participate in the assessment process and assist in formulating their own treatment goals. Within Salvador Minuchin's structural family therapy "family systems are examined in terms of boundaries, alignments, and power" (Altstein & McRoy, 2000, p. 17).

#### Summary

The current state of knowledge on this topic suggests that there is a lack of research of family preservation programs using child/family functioning as the dependent variable. In addition, qualitative studies on family preservation programs have been sparse. Based on the literature review, it appears that qualitative studies focusing on family functioning would not only contribute to the current literature, but may provide opportunities for more comprehensive research in the future. Family centered services based on social learning theory, crisis intervention, and family systems-based approaches have shown to be effective (Barth, 1990). Finally, the theories guiding conceptualization would perhaps be most effective



if aspects from each of them can be synthesized and used  
in a more eclectic approach.

## CHAPTER THREE

### RESEARCH DESIGN AND METHODS

#### Introduction

Chapter Three documents the methods used in obtaining and analyzing the data for this study. Specifically, this chapter consists of the study's design, the sampling methods utilized, the data collection methods and instruments used for the project, the procedures for gathering the data, and a description of how the data analysis was accomplished. Furthermore, this chapter addresses the confidentiality of participants and overall protection of human subjects.

#### Study Design

The purpose of this study was to explore and assess the impact of intensive family preservation services (IFPS) on family functioning. This study employed a qualitative-narrative methodology as a follow-up study of clients approximately 6-12 months after completing the CAPIT program at Pacific Clinics. This client population had previously been studied quantitatively by California State University San Bernardino on behalf of San Bernardino County.

This study used a qualitative methodology to explore and assess client's overall client/family functioning, since participating in the CAPIT program at Pacific Clinics, within 4 main target areas: parenting, self-sufficiency, substance abuse, and anger management. Questions addressed in the above four areas included the following: How did the clients perceive their functioning since completion of CAPIT? What is it about their behavior that is different? How has their life changed if at all?

This research project also addressed client satisfaction with the program: how they felt after receiving services, how they perceived the effectiveness of the services provided to them, which service component was most beneficial, what were some problems that they felt may have challenged or hindered their progress, did they find any aspects of the program unnecessary, and what additional CAPIT services did they think could have better assisted them.

#### Sampling

The sample for this study was nine former agency clients who obtained CAPIT services under program guidelines at Pacific Clinics. Pacific Clinics in Yucca Valley, CA. is one of six agencies providing CAPIT services

in San Bernardino County. Since 2002, approximately 40 individuals have participated in the Pacific Clinics' CAPIT program. These former clients were primarily women (mothers) but also included the significant other if he received services. However, out of the 40 people who attended the CAPIT program at Pacific Clinics, many did not complete the program in its entirety. Thus, the sampling frame consisted of 25 clients who were defined as individuals who completed the CAPIT program at Pacific Clinics, Yucca Valley. From this sampling frame, a non-probability sample of nine volunteers, 6 females and 3 males, was selected. Low participation rates were due primarily to the fact that many previous CAPIT clients resided among the Marine Corps Air Ground Combat Center in Twentynine Palms and had relocated since the time that they received services, thus, they could not be contacted.

#### Data Collection and Instruments

This study-collected data on the following variables addressed within the follow-up study: parenting, self-sufficiency, substance abuse, and anger management. These four variables make up the study's operational definition of family/client functioning. Data have already been collected on a quantitative level regarding these

four areas with a pre/post test. However, the interview guide (APPENDIX A) was the first attempt at a more open-ended qualitative approach to exploring these issues from the client's perspective.

Approximately 25 questions addressing the above mentioned variables were revised from the pre/post test closed-ended Likert type choices (see Appendix A) to more narrative open-ended questions. In the section on parenting, participants were asked questions in the following areas: parent-child relationships, child discipline methods, parenting skills, and overall child well-being to include: child development, behavior, education, and health. In the section on self-sufficiency, participants were asked questions on, housing issues, food, and other basic necessities were addressed. In the section on substance abuse, participants were asked questions on previous and current attendance in treatment programs, specifically 12-Step programs and maintenance of sobriety from drugs and/or alcohol. Last, the anger management section asked participants about various techniques used to control their feelings of anger.

## Procedures

Face-to-face in-depth interviews were conducted in the participant's home and took approximately 45 minutes to complete. Interviews were audio recorded to ensure accurate reporting of the participant's responses and to enable verbatim transcription after interviews were completed. Questions participants were asked included: What parenting skills or ideas do you attribute to CAPIT? In what ways do you feel your family has changed since completing CAPIT? How did you perceive the effectiveness of the services provided and has that perception changed since completing CAPIT?

Approximately one month prior to the study, Pacific Clinics and the researcher sent members of the original sampling frame (25 previous CAPIT clients) a packet including a cover letter explaining the follow-up study, and the informed consent form (see Appendix B). This packet also included a self-addressed stamped envelope for respondents to conveniently return their consent forms to Pacific Clinics. Upon receipt of the consent forms, the researcher contacted the clients individually and arranged interview dates and times during June 2003. The cover letter and informed consent forms also explained that monetary compensation would be provided to respondents for

their time and to improve the rate of participation. The researcher provided each participant with \$10.00 to compensate them for their time and participation. Compensation was provided in-person to respondents immediately after completion of the interview.

#### Protection of Human Subjects

The confidentiality of the study participants was a primary concern of this researcher and the staff at Pacific Clinics. Study participants were asked to sign informed consent forms before they participated in this study. They were notified on both the cover letter and the informed consent form that their participation was voluntary, that they could refuse to answer any of the questions, and could withdraw from the study at any time without repercussions.

Debriefing comments included the contact information for this researcher's faculty advisor, Dr. Sondra SeungJa Doe if they have any questions or concerns regarding the study or wished to receive the results of the study in September 2003. Additionally, the researcher provided the contact information for several social service agencies including Pacific Clinics in the event that respondents were feeling uncomfortable or distressed. All data and

audio recordings from this study were destroyed following completion of data extraction and analysis.

#### Data Analysis

After the interviews, audio recordings were transcribed and data was extracted using qualitative data analysis techniques, which were used to analyze the 32 pages of transcribed narrative from the nine interviews. This technique employed the use of "open coding," followed by the development of "categories," and then "axial coding". This is the technique recommended by Strauss and Corbin (1990) in their book on Grounded Theory.

#### Summary

This chapter reviewed the research methodology that was used in order to assess the impact of the family preservation program CAPIT within the Pacific Clinics' Yucca Valley site. Steps were taken to ensure the confidentiality of the subjects in the study as well as to augment the reliability and validity of the data obtained within the study.



## CHAPTER FOUR

### RESULTS

#### Introduction

Included in Chapter Four is a presentation of the study results. Qualitative data analysis extracted codes that represented participant's responses. These codes were grouped into categories. Categories were then linked into theoretical statements about the links between categories (or variables). This Chapter concludes with a summary.

#### Presentation of the Findings

In obtaining the results, audio recordings were transcribed verbatim by the researcher. This led to approximately 4-6 pages of narrative per respondent and approximately 32 pages of combined narrative. Transcribed data was then reviewed and organized by data segments that were considered most meaningful. These segments were then assigned codes which best reflected what the respondent meant by the statements (see Table 1).

Table 1. Codes

Listening	Parenting programs (1-2-3)
Identifying Feelings	Judgment
Respect for Others	Confidence
Expressive Language	Substance Abuse Issues
Values	Environmental distractions
Insight	Marital difficulties
Tolerance	Family rules
Awareness	Rewards and Consequences
Time-Outs	Ability to control temper
Lack of Childcare	Increased Self-Esteem
Open-minded	Patience
Sociable	Overwhelmed New Parent
Flexible	Persistence
Strong Rapport	Individually Tailors Program
Structure	Taking Away Privileges

The data found in Table 1 displays thirty codes, which were extracted from the transcribed interviews with the use of "open coding" techniques. For example, one of the participants discussing the program stated,

for me it was a lot of the feelings part of the program, being able to express how I was feeling, because I never was allowed to express them when I was little. So that did help a lot, and I'm still working on it, being able to say what's on my mind. Thinking of how I'm feeling also improved communication.

From this statement, the code of identifying feelings was extracted. In this one statement, the client explained that having the ability to identify and express feelings although important in itself, also helped with communication. The identification of feelings code was

also mentioned in several other responses and eventually grouped into the category of communication. Following the initial coding process, all of the above 30 codes were compared in the same manner and grouped into overall categories based on their meanings as depicted in Table 2.

Table 2. Overall Categories

Categories	Codes
Communication	Listening Awareness Identifying Feelings Expressive language
Content of Program	Rewards/Consequences Family Rules Time-Outs Taking Away Privileges Persistence Tools/Programs (1-2-3) Structure
Interpersonal Skills	Tolerance Respect for others Values Insight Patience Ability to control temper Self-Esteem Confidence Judgment
Characteristics of the Counselor	Open-minded Sociable Flexible Strong Rapport Individually tailor to needs
Mediating Factors	Lack of Childcare Environmental Distractions Marital Difficulties Overwhelmed New Parent Substance Abuse Issues

As displayed in Table 2, results of the coding were grouped into five major categories: Communication, Interpersonal Skills, Content of the Program, Characteristics of Counselor, and Mediating Factors. These categories were chosen based on the researcher's interpretation of the meaning of the codes. For instance, the category "communication" was chosen not only because the majority of respondents reported communication had improved in their families since completion of CAPIT, but included specific aspects of communication that were evident throughout responses such as enhanced listening skills, awareness of how their children were feeling, identification of their own feelings, and expressive language or being able to express how one is feeling. Some of the comments leading to the category of communication included:

We have much better communication with the children and as a family. They talk to us now about the little things. I used to have to constantly have to repeat the same things like a broken record, and my first response was always anger. Now, they will come and talk with me about their problems and ask for assistance.

We got closer. We talk more. They come to me now with their problems. I think we grew a lot.

Before all this, it felt like I was distant from the family, they never came up to me and talked to me about anything. But now they can and they do.

In addressing the category, "interpersonal skills," several of the respondents reported greater insight, judgment, and tolerance of themselves and their children. One respondent stated that they learned "not to take it personally" when the children become upset. In addition, interpersonal skills included codes such as tolerance, patience, awareness, and judgment which also assisted several respondents in controlling their tempers. Participants claimed that they were now able to "stop and think" and "do not over-react as much" since completing CAPIT. One participant discussed the respect each family member now had for the other and that the program had given them an opportunity to learn new values. A few respondents also reported increased confidence in their parenting and had overall enhanced self-esteem:

I feel really good. I feel really confident that I can take care of my children now, it totally changed me. Even my kids noticed that, they said 'mom, you changed' and I'm like 'ohh cool.' They say, 'we've got a cool mom now.'

After I started the program I became more independent, and I have more control over my life and my kids.

The "content of the program" category primarily consisted of the parenting component of CAPIT which all 9 respondents reported as being the most useful. In this area, several participants specifically commended the

1-2-3 Magic! program as a parenting tool, while others discussed the use of structured timeouts, and the taking away of privileges. Additionally, some of the respondents praised the use of rewards and consequences and other behavior management technique. Yet other families found that they had to tailor these various tools to their children and sometimes, even if consistent, they were not successful. These families reported that they continued to try new techniques and tools with their children, demonstrating persistence as presented in the following comments:

I got a lot out of it, but after a year of it on my own, it's like it helped me some in the way he did it, but I had to figure it out on my own. A lot of the stuff didn't work with my kids, especially because of the age differences. I had to do it my own way.

I had to stick with it. I forgot some of the tools since then, so I have to keep it up. If you don't practice it, you lose it. I wish I could have it all the time, it was so useful. I loved it, just loved it!

As a whole, all of the respondents reported that they used to spank their children before, but now after completing CAPIT, they use non-punitive discipline methods in their homes. Some of the comments describing the use on non-punitive discipline and leading to the category of "program content" include:

Before they used to get spanked for everything, that was just our way of dealing with it... because that was the way we were raised when we were little. But after this, we don't spank them for everything anymore. They know that there are consequences and we scold them, they get sent to their room instead of a spanking, and that's what we have been trying to work on.

We used to spank, now we do more time-out, grounding, the kids sat down and made up a list of the rules they wanted to see and the consequences that they expected from breaking them.

I don't hit them anymore. Some of the tools didn't work with my older ones, so I would take away their privileges or a toy. The younger ones though I use time-outs and that works well with them.

Well, we know now that spanking doesn't work and we learned new methods, like the time outs.

In addition to the content of the program, the overall CAPIT program was personally evaluated by respondents. Within the four service components of the CAPIT program; parenting, anger management, substance abuse, and self-sufficiency, most participants reported that not every component was needed for their family. However, all of the components were perceived to be necessary for the program to be successful for most families in the respondent's opinion. A few comments regarding the client perceptions of the program components include:

They were all relevant. For us personally, the parenting helped out the most. But for other families, the substance abuse and anger management may be more needed.

I love the program, I think it's a great program! Personally, I didn't need the self-sufficiency and the substance abuse counseling. But for a family where those things are necessary it's really an incredible program.

All of them, I needed the substance abuse, anger management and the parenting. They were all helpful to me and probably to other families as well.

Another category is termed "counselor characteristics" due to the many participant comments made regarding the counselor. Although an unintended category, the majority of respondents praised the counselor for "changing their life." One participant noted that, if the family was having a bad day the counselor would be flexible enough to throw out the whole day's plans and start where the family was at. The counselor was also reported to have individually tailored the program based on the family's needs. For instance, a family needing primarily parenting and anger management but not substance abuse education and counseling would likely receive more hours of the parenting and anger management component than spending excess hours on substance abuse issues. In addition, comments were also geared towards the strong rapport between the counselor and the families, and how



the counselor was perceived mostly as a friend. Some participants suggested that they missed the counselor after completion of the program. Comments geared toward the counselor included the following:

He seemed to solve all of our problems, I felt lost without him at first though, sometimes I still want to call him.

We really felt that he was a friend and he'll still call once in a while to check in on us.

He (names the counselor) is an angel. He is...he's great. He will pick you up! If you're having the worst day in the world, he will pick you up. He is such a great guy, I can't say enough about him. We need to have a website dedicated to him so he can see how wonderful he is and how he touches people's lives. I don't think the program would be as good without him. He is the necessary component.

We were glad that it was done and we could get on with our lives, but we missed him

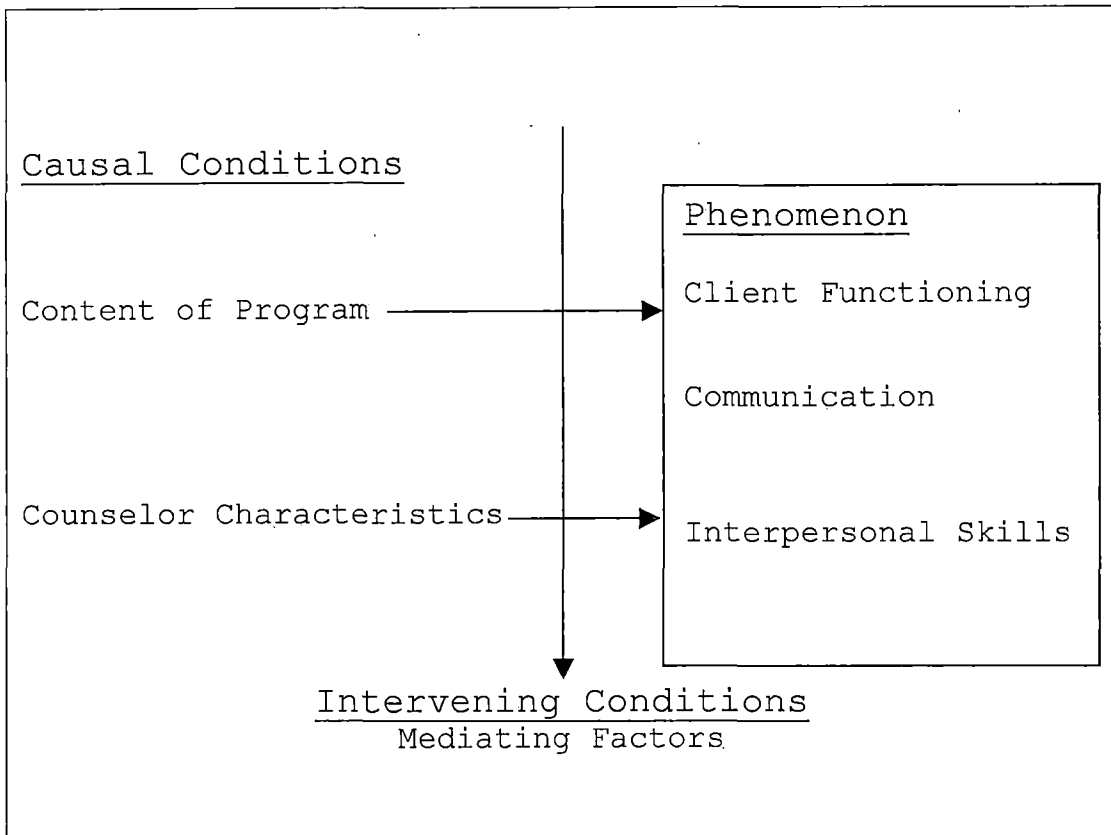
The last category that codes were grouped into was labeled "mediating factors." This was a category that included any outside influences that may have affected the client's ability to succeed in the program. Several clients addressed intervening variables that interfered with their ability to be as successful in the program as they desired. One respondent discussed the difficulties in being a new parent during the program duration, while yet another explained that substance abuse was difficult to address due to a lack of adequate childcare. One

participant conducted business at home and explained that distractions often interrupted the program. Finally, several respondents perceived marital strife as a key factor in their degrees of success with the program.

The technique of "axial coding" (Strauss & Corbin, 1990) was used to organize categories through the use of a "coding paradigm" to create coherent connections between categories. These connections involved "phenomenon," "conditions," and "interactional strategies." The procedure of "axial coding" enabled the researcher to identify and consider the phenomenon by asking, a) what is all this data referring to? b) what is the action/interaction of the categories? c) what are the causal conditions or the events/incidents that led to the phenomenon?, and d) what are the intervening conditions that inhibit or promote the phenomenon? The answers to the above questions are displayed in Table 3.

As displayed in Table 3 categories have been further analyzed through the use of "axial coding" to discover the connections and links between categories and make a theoretical statement about those connections. The phenomenon was based on the data found to be client functioning. The subcategories of functioning were defined as the categories, "interpersonal skills" and

Table 3. Axial Coding



"communication." The casual conditions were the categories, "counselor characteristics" and "content of program" while the intervening condition was the category "mediating factors."

The interactions between categories show that the content of program and the counselor characteristics led to enhanced communication and greater interpersonal skills, thus improved client functioning. Whereas the variables that may have challenged the success in client functioning lies in the category of "mediating factors."

Therefore, it is theorized that the CAPIT program at Pacific Clinics, Yucca Valley has indeed contributed to the improved functioning of the respondents involved in this study.

#### Summary

Chapter Four reviewed the results extracted from the project. Data was transcribed and extracted into codes. These codes were then placed into various categories based on their similarities in order to produce a theoretical statement about the connections between the categories based on Strauss and Corbin's (1990) grounded theory techniques and procedures. This study's results were found to have improved client functioning based on the CAPIT program services provided and the counselor providing the services.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

Chapter Five includes a presentation of the conclusions gleaned as a result of completing the project. Furthermore, the limitations of the study and the implications for social work policy and practice extracted from the project are presented. Lastly, the Chapter concludes with a summary.

#### Discussion

The aim of this exploratory study was to gain a greater awareness of the impact of one family preservation programs on its clients' family functioning. It was hypothesized that clients who received CAPIT services would improve family functioning. This study found that client functioning did improve as a result of CAPIT services. The counselor characteristics and content of the CAPIT program are believed to have contributed to the improved functioning of participants specifically in the areas of interpersonal skills and communication. Without interpersonal skills and communication, effective parenting and positive peer relationships are unlikely to exist.

The following categories; communication, interpersonal skills, content of program, counselor characteristics, and mediating factors interacted with each other as discussed in Table 3. Presented here is a discussion of these categories and their interdependence on each other. However, unanticipated categories of data also emerged in the results that may possibly be related to the improvement in client functioning. Furthermore, this section discusses not only what was found in this study, but what was surprisingly not found.

#### Communication

It was quite interesting to find that the majority of respondents learned how to effectively communicate with their children and significant others and credited that skill to the CAPIT program at Pacific Clinics.

Communication was the underlying component in most families' improvement in functioning. Most of the families reported that their children come and talk to them now. Clients take the time to sit and listen, and understand that their children also have feelings. It may be possible that there is a connection between clients being aware and understanding of their children's feelings only because now they are aware of and understand their own.

### Interpersonal Skills

Additionally, most of the codes and categories built on each other. For example, from the category of interpersonal skills, the codes of awareness and insight led to an awareness and identification of feelings, which in turn promoted communication. One example is that most families could not express their anger in a healthy manner prior to learning how to identify that the emotion was anger and examine why they were angry. Once they were able to do that, families communicated their feelings with their children or significant others effectively rather than getting hostile. By learning this approach was successful through positive reinforcement, the client's confidence in their parenting and overall self-esteem was improved.

### Counselor Characteristics

Another interesting finding was that many of the respondents credited their success in the program to the counselor who provided services. Some respondents suggested the counselor was the necessary component of a successful program depending on his/her characteristics, while others had a strong rapport with the specific counselor and felt that he was a friend to their family. Ackerman and Hilsenroth (2003) found that several personal

characteristics of a counselor were required for a therapeutic alliance with clients. These attributes included some of the characteristics found within this study such as open-mindedness and flexibility. Other traits included confidence, respect, honesty, warmth, and empathy. Research has shown that a strong therapeutic alliance leads to more positive treatment outcomes (Martin, Garske, & Davis, 2000).

#### Content of Program

Although the most relevant component in this category was related to parenting, unexpected findings were also discovered. These included the minimal use of the program's substance abuse and self-sufficiency components. Although all 9 respondents reported that they knew where to access resources and help if it became necessary, only 5 of those participants had past and present substance abuse issues. Among the 5 however, only 3 participants were active in 12-Step programs and/or support groups. The other 2 respondents had refrained from drugs and/or alcohol for several years despite non-participation in a 12-Step program and reported that they knew where to access help and resources if ever needed.

Last, because of the rural location where the study was conducted, childcare and transportation are commonly



the largest problems. However, of the 9 respondents, only 1 family had problems accessing childcare and 2 families had difficulties with transportation. Additionally, it was interesting to find that while addressing housing, food, and medical concerns, none of the 9 respondents had any difficulties with these issues. However, all 9 respondents reported to know where to go for assistance in accessing resources for food, shelter, and medical issues if needed.

#### Mediating Factors

In this area there were several variables that may have challenged the success of CAPIT participants. Conversely, there may also have been variables that promoted the success of CAPIT clients. It has been found that successful family functioning and well-being is promoted by the existence of a social support network (Meyers, Varkey, & Aquirre, 2002). All 9 respondents had reported a previously established support system made up primarily of neighbors, friends, and family. Some of the participants also reported that they had several friends through their church that they could rely on for support and assistance, including childcare and transportation. Additionally, one respondent explained that the county GAIN worker and other community resources were most helpful in providing support to their family.

Although it is impressive that these nine families had some social support system available, the majority of CAPIT clients at Pacific Clinics do not. Those families usually require the use of concrete services and case management resources to maintain self-sufficiency. It is possible perhaps that the overall functioning of the nine participants was stable prior to receiving CAPIT services. Thus, their basic needs were being met to the extent that CAPIT services were able to focus on higher level needs such as parenting, communication, and anger management. Indeed it would be quite difficult to address those types of issues if the families in question were homeless for example and needed more concrete services and crisis intervention counseling.

#### Limitations

The results of this data were intended to assist Pacific Clinics in service delivery as well as their own evaluation and outcome measures. However, the study had several limitations including a minimal sample size (n=9), which prevents Pacific Clinics from relying solely on this data without further research. This sample was a localized, convenience sample, generated in a lower-socioeconomic community within the rural desert

region of Southern California. The sample was also limited to a predominantly Caucasian population. Although the sample was representative of the clientele at Pacific Clinics, Yucca Valley, the results were not generalizable to Pacific Clinics or other agencies providing CAPIT services due to the small non-probability sample. Unfortunately due to time constraints, follow-up telephone calls could not be conducted, but it is believed that they were not necessary. However, this factor is a limitation of the study considering the fact that more data could have possibly been gathered from respondents if calls had been made.

#### Recommendations for Social Work Practice, Policy, and Research

Overall, this research suggests findings consistent with the literature. Specifically however, family preservation workers should consider families on an individualized, case-by-case basis. Although the services were deemed useful for some families by the respondents and a necessary part of the CAPIT program, not all families benefit from every service offered. Thus, because of the limited time duration in IFPS, more time can be spent on services that the family needs.

On an agency level, it would be important for agencies to be aware of client perceptions and employ workers who exhibited the characteristics deemed critical for a therapeutic alliance with clients. At the very least, counselors should be warm, flexible, open minded, non-judgmental, individually tailor program services to client needs, and start where the client is at. These counselors should also continuously monitor feedback and be willing to follow up with families after services are completed. Kilpatrick and Holland (1999) suggest that services should be evaluated by the helper on a family by family basis through the use of single-systems designs rather than theory-based research.

It is recommended that further qualitative research in the area of family preservation be conducted. It is further recommended that Pacific Clinics enhance their research base with continued qualitative studies on the CAPIT program in Yucca Valley, CA in order to assess client needs more effectively. Further qualitative research involving comparison or control groups to examine the differences between other CAPIT programs from Pacific Clinics as well as other contract agencies providing CAPIT services is highly recommended. A larger scale study would also have greater significance due to a more diverse

sample involved. Specifically, more studies focusing on family functioning or child well-being as the dependent variable rather than out-of-home-placements are likely to be more accurate in determining the success of intensive family preservation programs.

### Conclusions

This research appears to be consistent with previous findings as discussed throughout the literature review section that family preservation programs have been found to be successful and have highly beneficial outcomes for their clients. Overall, agencies should be selective in assigning a worker to provide family preservation services. Furthermore, services should continue to be individualized to meet the client's needs. Follow-up with clients preferably by the worker should be a component of every program offering family preservation services as it is with Pacific Clinics CAPIT. Theoretically however, if time and resources were not limited, follow-up could take place 1 month, 3 months, 6 months, 12 months, and 18 months after completion of the CAPIT program. This would assist the agency in gaining greater insight into client perceptions and how to continually improve the program and services offered.

For the families interviewed, the CAPIT program at Pacific Clinics Yucca Valley and the CAPIT counselor providing services has definitely changed their lives. In fact, one client stated "it is impossible to go through something like this without it changing your life!" The creation of further CAPIT programs or similar IFPS services within contract agencies would greatly benefit families who are at-risk. Additionally, an influx of these programs could possibly benefit counties from increased caseloads by diverting at-risk families and giving them the tools and resources necessary to improve their functioning so that out-of-home-placements do not occur in their families. Although child maltreatment may never be abolished, it is the researcher's opinion that the greater resources available to prevent its occurrence, the less likelihood it will occur. That would not only benefit children and their families, but society in general.

APPENDIX A  
INTERVIEW GUIDE

## INTERVIEW GUIDE

PARTICIPANT'S NUMBER \_\_\_\_\_

The following questions will be used as guidelines for the interview. The researcher will retain the questions and ask them according to the qualitative research approach.

In what ways do you feel your family has changed since completing CAPIT?

What is it about your overall functioning or behavior that is different since completion of CAPIT?

Please explain your current living situation and any concerns you may have regarding adequate housing, lack of housing availability, financial difficulties, and landlord-tenant relations.

The lack of dependable transportation and adequate child care are serious issues in this area. Please describe your concerns about transportation and child care, if any.

What types of concerns do you have regarding nutrition and food quantity/quality?

Please describe any current medical or dental concerns you may have for you and your family including health care providers, insurance, illnesses, etc.

What parenting skills or ideas do you attribute to CAPIT?

Describe your current relationship with your child(ren). Explain how your relationship with your child(ren) has changed since completing CAPIT.

What kinds of child discipline methods are used in your home?

If child is school-aged, what grade is he/she in? Does your child appear to have any academic and/or behavioral difficulties in school? What would you like to see happen with your child in school? Can you explain child's after school activities, if any.

If child is non-school age, please describe child's developmental abilities (crawls, walks, runs, talks, puts clothes on, ties shoes, toilet-trained etc.). In your opinion, is the child developmentally appropriate for his/her age? Explain.

How would you describe your relationships with significant others and other adults in the home since completing CAPIT?

Everyone gets frustrated or angry at times. When you get angry, what calms you down? Explain any concerns you may have regarding anger and conflict within your family.



If applicable, explain any concerns you may have regarding marital discord or domestic violence.

Do you currently use any illicit drugs and/or alcohol? Please explain any substance abuse issues you may be concerned with and if you feel you have access to appropriate care and support.

Describe your social support network within your family and within your community.

How did you feel after receiving CAPIT services?

How did you perceive the effectiveness of the services provided and has that perception changed since completing CAPIT?

Which service component was most beneficial in your opinion?

In your opinion, were any aspects of the program unnecessary?

What were some problems that you felt may have challenged or hindered your progress?

What additional CAPIT services, if any, do you think could have been of more assistance?

APPENDIX B  
INFORMED CONSENT

## **INFORMED CONSENT**

The study in which you are about to participate in is an exploratory follow-up study of the Child Abuse Prevention Intervention and Treatment (CAPIT) program through Pacific Clinics, Yucca Valley. The information obtained will be recorded and analyzed to illustrate overall family functioning and client perspectives of CAPIT service provision. This study is being conducted by Kimberly Franze-Cox, MSW Candidate, California State University San Bernardino, Department of Social Work. This study has been approved by the Institutional Review Board within the Department of Social Work at California State University San Bernardino. The academic advisor is Dr. Sondra SeungJa Doe, Assistant Professor of Social Work, California State University San Bernardino. (909)-880-5497.

This study will consist of a series of two interviews with the researcher: one face-to-face interview at a location of your choice lasting approximately 45-60 minutes, and a subsequent telephone interview lasting approximately 10-15 minutes. This study will ask open-ended questions related to your experiences, perceptions, and understanding of Pacific Clinics CAPIT. Questions specifically in the area of service needs; parenting skills, child discipline, and family relationships; self-sufficiency including housing, food, and transportation issues; substance use/abuse; and anger management will be addressed. Due to the nature of the questions, it is assumed that as you reflect on issues and needs, your perceptions are likely to change. Thus, the telephone contact following the first interview is an adequate time for any clarification or additional comments. Upon completion of the first interview you will be compensated with \$10.00 cash for your time and opinions.

Please be reassured that your name will not be used in this study at any time. All data will be recorded only by a number coding system and your responses will remain confidential. Audio recordings will be made during the first interview as a back up for clarification and accuracy of responses and will be destroyed immediately after review. Please be advised that participation in this study is completely voluntary. You have the right to withdraw from this study at any time without penalty.

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By placing an "X" on the line below, you acknowledge that you have been informed of, and understand the nature and purpose of this study. You freely consent to participate and agree to have your responses tape recorded for clarification purposes. You also acknowledge that you are at least 18 years of age.

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**"X" indicates agreement**

---

**Date**

APPENDIX C  
DEBRIEFING STATEMENT

## DEBRIEFING STATEMENT

### “A Qualitative Inquiry on the Impact of Family Preservation Programs”

The study you have just completed was designed to investigate client perceptions of the Pacific Clinics CAPIT program and its impact on their everyday functioning. In this study, four general areas of functioning were addressed: self-sufficiency, parenting, anger management, and substance abuse. The researcher is particularly interested in the relationship between these four areas of functioning before and after completion of the CAPIT program at Pacific Clinics Yucca Valley office and to assess overall consumer satisfaction with the program.

Thank you for your participation in this follow-up study. If any emotional distress occurred as a result of this study you may attend further sessions at Pacific Clinics, Yucca Valley at no cost to you. However, if you do not wish to return to Pacific Clinics some additional care providers in the area are listed below for your convenience. If you have any questions about the study, or if you would like to obtain a copy of the group results of this study, please feel free to please contact **Sondra SeungJa Doe**, Assistant Professor of Social Work at **(909)-880-5497** at the end of September, 2003.

<b>Pacific Clinics</b>	<b>760-228-0026</b>
<b>Morongo Basin Counseling and Recovery</b>	<b>760-365-3022</b>
<b>Lutheran Social Services</b>	<b>760-366-1180</b>
<b>Village Counseling (Desert Hot Springs)</b>	<b>760-288-3123</b>

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