

Support Networks of Primary Caregivers Receiving Family Preservation Services: An Exploratory Study

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ABSTRACT: *The authors describe network characteristics and support resources from a clinical sample of 40 families. Data were obtained by family workers during the first two weeks of intervention. Case vignettes illustrate the multiple uses to which this information was put. Implications for future research and practice are discussed.*

FAMILY PRESERVATION PROGRAMS provide a combination of concrete and clinical services designed to defuse crisis situations, enhance family functioning, and maintain children safely in their homes (Cole & Duva, 1990; Child Welfare League of America, 1989). Most family preservation programs work from a strengths perspective and include use of extended family, community, and neighborhood resources. These efforts are intended to build a strong support system that allows the family to maintain change and handle future crises that might arise.

Who are the support providers for urban families served by family preservation programs? What types of support do they offer? How does the informal support offered by friends and family members mesh with professional helping? These questions were at the heart of an agency-based research and demonstration project designed to develop and refine practice techniques in order to improve informal supports for primary caregivers in families served by intensive family preservation programs run by a large metropolitan organization (Whittaker & Tracy, 1990; Whittaker, Tracy, Overstreet, Mooradian, & Kapp, in press). The work of the Social Networks Project at Boysville of Michigan contin-

ues an earlier project with Behavioral Sciences Institute (Homebuilders) of Federal Way, Washington, which produced the social network map—a tool for rapidly assessing struc-

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tural network characteristics, support resources, and challenges for primary caregivers in families judged at imminent risk of out-of-home placement (Tracy & Whittaker, 1990).

Various studies show that social networks and social support can influence parents in positive ways (Cochran & Brassard, 1979; Dunst, Trivette, & Cross, 1986). A review of the research literature indicates that parenting attitudes, parent-child interaction, and child behavior are influenced by the availability of social networks and social support (Tracy & Whittaker, 1987). Social support has a mediating role for parents at risk for child maltreatment (Polansky & Gaudin, 1983). The overall findings suggest differential impacts from various types and sources of support. For example, concrete assistance with child-rearing and housing tasks has been associated with increased responsiveness of parents to their children (Unger & Powell, 1980). Likewise, the stress-buffering effects of emotional support, especially from close relationships, has been consistently related to emotional well-being (Belle, 1982). Although much of the research literature is correlational in nature, and the definition and measurement of social support is far from consistent, social and community resources can play a key role in intervention success and maintenance of success (Jenson & Whittaker, 1987). In terms of family preservation services, social support has been proposed as being important in helping families avert placement, shorten the duration of placement, or facilitate the child's return to the family and community (Maluccio & Whittaker, 1988).

This article provides information on network characteristics and support resources from a clinical sample of 40 families seen by family preservation services workers. Data were obtained by family workers during the first two weeks of intervention. Case vignettes illustrate the multiple uses to which this information was put. Implications for future research and practice are discussed.

Method

The Agency Context

Boysville of Michigan, that state's largest youth-serving agency, served as host site for the project and, in conjunction with the Skillman

Foundation, funded the applied research effort.¹ Long a pioneer in residential services for troubled and delinquent youth, Boysville has recently developed an impressive spectrum of services, including therapeutic foster care, intensive family preservation services, reunification services, and other community-based programs from inner-city Detroit to the more rural counties of Michigan and Ohio. An innovative family work program initiated in the early 1980s for youth in residence exemplifies a trend toward community-based, family-centered services.

In addition, Boysville has made a large investment in implementing a computerized information system designed to improve data-based decision making at all levels of management and practice (Grasso & Epstein, 1987, 1989). Information about children and families and about the service they receive is collected at regular intervals during intervention and follow-up. The system is capable of providing individual and aggregate data across a wide range of variables and has been the source of considerable research within the agency.²

Within the context of our social networks project, we were keenly interested in the integration of social network and social support assessment within the overall information system. Boysville, in addition to providing a stimulating environment for family practice and research, offered a special opportunity to learn about culturally specific patterns of social support given the rich racial and ethnic mix represented in the client population. The original purpose of this research and development project was to learn about the clinical utility of social network mapping in this practice setting. As part of the project, social network data were collected from 40 families during the first two weeks of intensive family preservation services.

Measurement

A social network mapping tool was used to gather information of network size, compo-

1. Some staff from a Detroit agency, The Ennis Center for Children, participated as part of the research team.

2. For an up-to-date bibliography of Boysville research projects, contact Edward Overstreet, Associate Executive Director, Boysville of Michigan, 17117 W. 9 Mile Road, Suite 445, Southfield, MI 48075.

sition, structure, and functioning (Tracy & Whittaker, 1990). Primary caregivers (mostly mothers, but in a few cases aunts or grandmothers) were asked about each of three types of support available to them (emotional, concrete, and informational) and the nature of network relationships in terms of closeness, direction of help (reciprocity), and degree of criticism of life-style.

Sample Characteristics

Thirty families (75%) were African American, 9 (22.5%) white, and 1 (2.5%) Hispanic. Family composition was varied: 40% (n = 16) single-parent families, 32.5% (n = 13) nuclear two-parent families, 20% (n = 8) blended families, and 7.5% (n = 3) extended families. The majority of the parents (72.5%, n = 29) were unemployed. Of those 10 who were employed, 7 were employed part time. The reason for referral was equally divided between child abuse and neglect (17 cases each), with an additional 5 cases referred due to delinquency. In one instance, the reason for referral was unidentified.

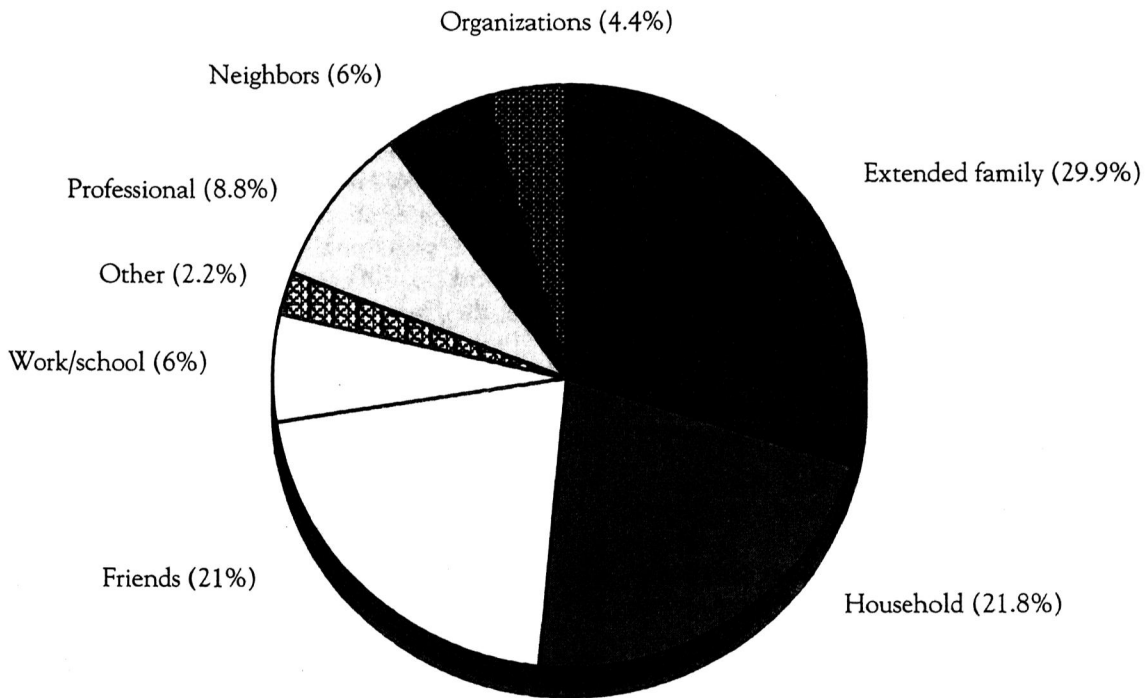
Other family problems included adjudicated physical or sexual abuse (35%, n = 14); felonies against either people or property (17.5%, n = 7), and status offenses (10%, n = 4). Thirty-five families in the sample were served by programs modeled after Homebuilders (Kinney, Haapala, & Booth, 1991), and the remainder were served by an eco-structural treatment approach (Tavantzis, Tavantzis, Brown, & Rohrbaugh, 1985; AuClaire & Schwartz, 1986).

Findings

Network Size and Composition

Caregivers in the 40 families in this sample reported a combined total of 502 network members. On average, respondents named 12.5 people in their social network. Network size ranged from 4 to 17 members, with a modal size of 15. Aggregating across all network members reported by the 40 families, 51.7% (or 259 individuals) were either household members or extended family members. Friends constituted

Fig. 1. Social network composition (n = 502 network members).



Note: Valid percentages are reported. Data are missing on one case.

the next largest portion (21%, $n = 105$) of the network members. Fewer connections were reported with people or groups further removed from the immediate network of family and friends. Professional service providers, including social workers and other helping professionals from formal agencies, constituted 8.8% ($n = 44$) of total network members. Neighbors and people from work or school each constituted 6% ($n = 30$) and people from organizations, clubs, or religious groups 4.4% ($n = 22$). A small number (2.25, $n = 11$) of network members fell into an "other" category. Figure 1 summarizes the distribution of network membership across all families.

In the current project, no respondent was able to list network members in all eight categories. Gaps suggest areas of isolation or uninvolvement. For example, organizations, clubs, and religious groups were not perceived as a large source for network members; 72.5% ($n = 29$) of the families reported "no one" from that category. Reflecting their unemployment status, 67.5% ($n = 24$) of the respondents did not list network members from work or school. Sixty percent of respondents ($n = 24$) were not able to identify neighbors as part of their network. Of particular interest is that professional network members were not identified by 42.5% ($n = 17$) of respondents.

Nature of Network Relationships

On average, respondents reported daily contact with 44.2% ($n = 222$) of their network members, weekly contact with 32.7% ($n = 164$), and monthly contact with 12.2% ($n = 62$). The majority of relationships were reported as long-standing and well established, with 62% ($n = 304$) of all network members being known by the respondents for more than five years, 18.4% ($n = 90$) for one to five years, and 19.6% ($n = 96$) for less than one year. Again, on the average, 57.9% ($n = 287$) of network relationships were rated as "very close," 27.8% ($n = 138$) as "sort of close," and 14.3% ($n = 71$) as "not very close." The majority (64.1%, $n = 314$) of network relationships were perceived as being reciprocal, with an equal amount of give and take. Of the remaining unbalanced relationships, respondents reported giving help on the average to 21.8% ($n = 107$) of network

members, whereas only an average of 14.1% ($n = 69$) of the network members provided help to them. Overall, half of the respondents indicated that some portion of their network was perceived as almost always critical of them or their life-style: 12.4% ($n = 61$) of network members were viewed as almost always critical, 24.9% ($n = 123$) as sometimes critical, and 62.7% ($n = 309$) as hardly ever critical.

Perceived Availability of Social Support

In addition to network structure and functioning, the perceived availability of social support and the nature and function of relationships within the network were examined. All three types of support—concrete assistance, emotional support, and information or advice—were perceived as being available from network members. However, not all individual network members provided all three types of support. Emotional support was perceived to be almost always or sometimes available from 85.4% ($n = 379$) of the network members, information or advice from 75.9% ($n = 380$), and concrete assistance from 75.4% ($n = 379$). On average, 56.2% ($n = 275$) of the network members were perceived as almost always available to provide emotional support, 48.2% ($n = 236$) as available for concrete aid, and 48.6% ($n = 237$) for informational support. Nearly all respondents reported at least one supportive person almost always available to them. Table 1 shows the type and perceived availability of support for each network domain across all network members.

Professionals. Of the 40 family respondents, 23 indicated that at least one member of their network was a formal service provider. Professionals appeared to constitute new additions to the respondents' social networks; the duration of their relationships on average was less than one year for 76.7% ($n = 34$). Nearly half of professionals had weekly (18.2%, $n = 8$) or daily (31.8%, $n = 14$) contact with the family. Approximately one-third (33.3%, $n = 15$) of relationships with professionals were perceived by respondents as being "very close," an additional 40.5% ($n = 18$) as "sort of close," and 26% ($n = 11$) as "not very close." Professionals were seen as very accepting, with 81.4% ($n = 36$) identified as "hardly ever" crit-

TABLE 1. Perceived availability of social support by network domain.

	Household (%, n)	Extended family (%, n)	Other friends (%, n)	Professionals (%, n)	Neighbor (%, n)	Organization (%, n)	Work/ school (%, n)
<i>Concrete</i>							
Hardly ever	20.4 21	15.8 23	22.9 24	20.9 9	43.3 13	9.5 2	43.3 13
Sometimes	27.2 28	32.9 48	34.3 36	14.0 6	13.3 4	28.6 6	43.3 13
Always	52.4 54	51.4 75	42.9 45	65.1 29	43.3 13	61.9 13	13.3 4
<i>Emotional</i>							
Hardly ever	14.7 15	13.6 20	16.2 17	16.3 7	23.3 7	9.5 2	6.9 2
Sometimes	22.5 23	26.5 39	32.4 34	23.3 10	26.7 8	14.3 3	65.5 19
Always	62.7 64	59.9 88	51.4 54	60.5 27	50.0 15	76.2 16	27.6 8
<i>Advice</i>							
Hardly ever	33.3 34	15.1 22	20.0 21	14.0 6	30.0 9	28.6 6	24.1 7
Sometimes	22.5 23	27.4 40	37.1 39	16.3 7	33.3 10	19.0 4	41.4 12
Always	44.1 45	57.5 84	42.9 45	69.8 31	36.7 11	52.4 11	34.5 10

Note: Valid percentages are reported to account for cases of missing data.

ical. For the group of professionals as a whole, the type of support available was reported to be evenly distributed. Approximately two-thirds of professional relationships were perceived as almost always available for advice or information (69.8%), concrete assistance (65.1%), or emotional support (60.5%). The direction of support for the most part was either from the professional to the respondent (50%, $n = 22$) or reciprocal (40.5%, $n = 18$).

Household members. Household relationships were long-standing, with 70.8% ($n = 75$) of household members identified as known for five years and 84.1% ($n = 90$) rated as "very close." Virtually all household members were reported as being in daily contact with the family caregiver (96.3%, $n = 105$). More than half of household members (58.7%, $n = 61$) were perceived as hardly ever critical, and reciprocal relationships were reported as constituting more than half of this domain (59.6%, $n = 62$). Household members were reported as more likely to receive help (36.5%, $n = 38$) than to give help (3.8%, $n = 4$). When household members were reported as giving help, the type of help provided was most frequently described as emotional in nature (62.7%, $n = 64$), followed by concrete assistance (52.4%, $n = 54$), and informational support (44.1%, $n = 45$).

Extended-family members. Ties among extended-family members constituted the longest relationships of any group, with 95.3% ($n = 141$) of the extended-family members reported as known for five years or longer. Extended-family members were considered very close (71.1%, $n = 106$) and were hardly ever perceived as critical of the respondent's lifestyle (56.4%, $n = 84$). Two-thirds (66%, $n = 99$) of the extended-family members were reported as having weekly or more frequent contact with the respondent. These relationships were considered reciprocal by respondents, with the direction of help for the most part being described as going both ways (70.5%, $n = 103$). As with household members, however, extended-family members were reported to be more likely to receive help (19.9%, $n = 29$) than to give help (9.6%, $n = 14$). Extended-family members were reported by respondents as being sources of all three types of support: emotional (59.9%, $n = 88$), advice (57.5%, $n = 84$), and concrete (51.4%, $n = 75$).

Friends. Not surprisingly, respondents reported friendships as reciprocal and long-standing. More than half (55.2%, $n = 58$) of friends were reported as known longer than five years, 24.8% ($n = 26$) for one to five years, and 20% ($n = 21$) less than one year. Approximately two-thirds (68.6%, $n = 72$) of these re-

relationships were described as reciprocal and nearly three-fourths (73.4%, $n = 87$) of friends were reported as being seen weekly or daily. Friends were considered very close (43.8%, $n = 46$) and as being hardly ever critical (60.6%, $n = 63$) of the families' life-style. More than half (51.4%, $n = 54$) were perceived as almost always providing emotional support.

Neighbors. The vast majority of neighbors (81.4%, $n = 36$) were perceived as hardly ever critical, and most (50%, $n = 15$) were reported as being seen daily or weekly (43.3%, $n = 13$). Half of the neighbors were reported to be almost always available to give emotional support (50%, $n = 15$), with somewhat fewer being described as available for concrete support (43.3%, $n = 13$) and informational support (36.7%, $n = 11$). Reciprocal relationships predominated in this domain (73.3%, $n = 22$); 16.7% ($n = 5$) of neighbors were reported as more likely to receive help and 10% ($n = 3$) to give help. These relationships were described as long-standing, with 40% ($n = 12$) known for longer than five years and 36.7% ($n = 11$) between one and five years. Forty-three percent ($n = 13$) of neighbors were seen as being very close to the family, 30% ($n = 9$) "sort of close," and 26.7% ($n = 8$) not very close.

Network members from work or school. Relationships with this network domain were reported to be more recent, 63.3% ($n = 19$) having been known for less than one year. There appeared to be more balanced relationships between families and network members from work or school because reciprocal relationships predominated in this domain (72.4%, $n = 21$). These relationships were perceived as hardly ever critical (62.1%, $n = 18$) and most were reported to be in either daily (46.7%, $n = 14$) or weekly (43.3%, $n = 13$) contact with respondents. School and organization network members were perceived as being a greater regular source of advice (34.5%, $n = 10$) and emotional support (27.6%, $n = 8$) than they were of concrete support (13.3%, $n = 4$).

Network members from organizations, clubs, and religious groups. These relationships tended to be described as newer, with the majority (72.7%, $n = 16$) of members of this domain known for less than five years. Whereas 81.8% ($n = 18$) were reported as being seen

weekly or daily, only 40.9% ($n = 9$) were perceived as being very close, 27.3% ($n = 6$) "sort of close," and 31.8% ($n = 7$) not very close. The vast majority of organizational members (90.9%, $n = 20$) were perceived as "hardly ever" critical of the families' life-style. The majority (63.6%, $n = 14$) of these relationships were reciprocal, with 61.9% ($n = 13$) of these network members identified as almost always available for concrete support, 76.2% ($n = 16$) for emotional support, and 52.4% ($n = 11$) for informational support.

Practice Illustrations

In the process of gathering social network data for this project, workers began to discover the utility of conducting social network assessments. The following case vignettes illustrate the ways in which social network assessments can contribute to the overall focus of family preservation services.

M is a 29-year-old African American single mother with five children, ages 2 months to 11 years. She is an alleged crack/cocaine user who leaves the children unsupervised and sells her food stamps to support her crack habit. At first contact, M admitted to smoking crack two days earlier but stated that she wanted to stop using. She has four sisters and a brother, all of whom are in prison. She is not trustful of her own mother, who is described as almost "always critical" of her and who made the initial report to protective services. Five friends are listed on the network map, but on closer examination these friends provide little, if any, support. M lives with two friends, both of whom are suspected crack users. Review of the social network map information clearly showed the limitations she faced in getting or accepting help from her existing network. The worker reported that the network map was used as a tool initially to engage M in the helping process and address the issue of substance abuse. For example, the worker was able to initiate in a nonthreatening way a discussion about the members of M's network and how she spent time with them. Out of this discussion grew an awareness of the role substance abuse played in her relationships. For this mother, the primary treatment goals were

to locate her own housing away from drug-using network members, to enroll in drug-treatment services, and to begin to develop new nonusing social network contacts.

C is a 26-year-old African American single mother with a 20-year-old male partner and a 2-year-old son. The mother was reported for neglect, leaving her son unsupervised for two to three hours at a time, and also for spanking the child excessively with a belt. Review of the social network map showed that she received insufficient support from the extended family, even though one sister was viewed as supportive. Some friends, as well as several doctors, were perceived as supportive. Her partner's social network was smaller in size; he also had a difficult time talking about support systems. The goals for this family were to teach basic child-care skills and to capitalize on the support system that was in place. Family meetings were held to strengthen family relationships. The parents were encouraged to contact family or friends when they needed help. Consistent with a skills-building approach, the mother was taught skills, such as use of "I statements," in order to be able to ask for specific types of help from others in her network.

D is a 21-year-old white mother of four children. The presenting problem was concern about her 7-week-old infant son, who weighed 4.3 pounds and was seen in the hospital emergency room for breathing difficulties and failure to thrive. The 24-year-old father had been out of town for two months at truck-driving school, having left one week after the baby was born. The three other children in the family were healthy and viewed as not at risk. Review of their social network maps showed that the mother and father depended primarily on each other for support. Even though D had a large extended family nearby, she received and sought little support from them. In completing the map, D stated that her own mother had died when she was 15 years old and that she was left to raise her four younger siblings. Consistent with the ecostructural approach employed by the family worker, the social network goal for this family was for them to assume a greater executive role within their network by asking for help, developing reciprocal relationships with mutual give and take,

and appropriately utilizing all network members in order to prevent burnout. In addition, they were helped to expand their network to include domains other than family; this would result in more alternatives and options for support. A key feature of the intervention was the use of network meetings.

J is a white, single parent in his twenties who assumed full child-care responsibilities while his partner was in drug treatment. J was not aware of resources to help with child care, nor did he actively use social network resources. After completing the map, names of people who might be supportive to him were circled, and then the map was left with him, as a prompt, to keep by his phone. In this way, he had access to the names of people who could help out when he needed respite or support. The map and its use were reviewed weekly.

Each of the parents in these case vignettes learned about their social network in the process of completing a social network map. In some cases, they learned that their network would not be supportive of the changes needed to keep the family intact; in these instances, they needed to extricate themselves from the existing network and enlist new resources. For some families, it became painfully clear that friends were drug users and that contact with these people would undermine their efforts toward recovery. In other cases, the process of completing the map yielded important sources of support that had been untapped or could be revitalized in some way. In these situations, reconnecting with previously lost supporters was a key intervention. For the clients, the map provided an initial baseline measure early in treatment as well as an end goal and a visual measure of successive steps toward that goal. For example, some clients were able to track changes in their networks via the map.

Summary and Discussion

This article reports quantitative and qualitative data descriptive of social networks of a sample of families enrolled in a family preservation program. The quantitative data gathered from social network mapping show the variety of supports available and typical gaps in support needs. It seems clear that service

providers are not operating in a vacuum; the social context in which the family functions, or does not function, is extremely relevant to service delivery. The qualitative data from the case vignettes illustrate the challenges facing families and the manner in which social network involvement and intervention can relate to overall goals and service provision. The relationships among social network data collection, intervention, and relationship building in working with families are intriguing.

We view network interventions in the context of personal empowerment: helping primary caregivers in high-risk families gain more insight about and control over their lives.

For the workers, the gathering of social network data was often a critical step in joining with and engaging the family in treatment. The worker learned of resources that would help ensure safety for the child and provide support for the parents. The worker found resources that could support and reinforce goal attainment and could then coach families in making better use of resources. Typically, as Rueveni (1979) points out, families delay mobilizing their network until the situation reaches crisis proportions. Early exploration of network resources, strengths, and limitations may lead to more timely network mobilization. As clients learn to ask others for help, their base of support widens, thus decreasing their dependency on the worker as their sole source of support.

The current study is exploratory and cross-sectional in design, and the data should be interpreted within these limitations. The reliability and validity of the data are not known as well. Previous use of the social network mapping tool with a similar client population indicated that respondents identified 70% of network members when the map was administered a second time and that their rating of network members was 76% reliable. Evidence suggested, however, that some relational aspects of social networks, such as criticalness, were less stable than were others (Tracy, Cata-

lano, Whittaker, & Fine, 1990). Determining validity of network data can be even more troublesome. The data reported here represent the respondents' *perceptions* of social network resources and relationships. From a clinical point of view, it often became clear to both the worker and family that particular relationships were not as supportive or positive as they were reported to be (e.g., a friend who was not providing positive companionship or a spousal partner who was contributing to stressful household relationships). For these reasons, we believe the one-to-one personal administration of the network map is essential. The case studies were included to illustrate the importance of interpreting social network data within the context of the family's total situation. Our preliminary experience with social network assessment and intervention to date suggests its applicability within distinctly different theoretical models of family preservation services. In this project, those workers using a skills-building and crisis-intervention approach, as well as those working from family systems theory, found social network assessment and intervention congruent with and complementary to their overall work with the family. Unfortunately, there were too few families treated from the point of view of the system theory model to permit more meaningful comparisons. An understanding of social networks and other larger systems that affect families (Imber-Black, 1988) is essential to understanding the family in context. The next step in this regard is to delineate the specific ways in which social network assessments and intervention might be carried out differently within distinct family preservation program models.

Future research in this area might include experimental studies of social network interventions in combination with family treatment services. Such studies would need to incorporate valid and reliable measures of social support and social networks, longitudinal designs, and adequate control over the implementation of the intervention by different workers and different program models.

We are particularly interested in the potential for network interventions in a service context that is not as strictly time limited as is the present one. We think it reasonable that

provision be made for continued network assessment and consultation with families as involved as those described here. In addition, we need to know more about the role of network consultation as a full-fledged professional activity. Although we remain convinced of the saliency of network interventions, they offer no panacea, particularly with the paucity of income supports, employment, drug- and alcohol-treatment resources, housing, and educational opportunities available to these families.

We view network interventions in the context of personal empowerment: helping primary caregivers in high-risk families gain more insight about and control over their lives. A logical extension of such interventions is social empowerment, wherein groups of caregivers in similar circumstances join together to address common needs. An active, vital consumer movement and the social empowerment that underpins it are primary stimuli to our continuing work.

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