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The Role of Consistency and Diversity in Building Knowledge in Family Preservation

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Family preservation has been criticized for implementing programs that are not theoretically founded. One result of this circumstance is a lack of information regarding processes and outcomes of family preservation services. The knowledge base of family preservation is thus rather limited at present and will remain limited unless theory is consistently integrated within individual programs. A model for conceptualizing how theoretical consistency may be implemented within programs is presented and applied to family preservation. It is also necessary for programs to establish theoretical consistency before theoretical diversity, both within individual and across multiple programs, in order to advance the field in meaningful ways. A developmental cycle of knowledge generation is presented and applied to family preservation.

Family preservation has been criticized for implementing programs that do not have a clear theoretical foundation (e.g., Heneghan, Horwitz, & Leventhal, 1996; Rossi, 1992; Wells, 1994). While early family preservationists developed programs based on theories such as crisis intervention or social learning, recent programs appear to have been implemented without clear linkages to established or developing (i.e., grounded) theory. This reality exists for a number of bona fide reasons. For example, programs have been established fairly rapidly over the last decade, leaving little time for conceptual development. It has simply been more critical to concentrate effort and resources into getting a program operational rather than assuring that it is a theoretically logical program, particularly as funding has been relatively lucrative. Family preservation's philosophical emphasis on individualized service provision has also allowed, perhaps even encouraged, program developers to be less attentive to the theoretical aspects of programs. Many program components have been instituted without even minimal parameters such that programs are practically indefinable (Warsh, Pine, & Maluccio, 1995). Thus, many program components have been put in place that are philosophically sound but theoretically compromised.

While these actions have been essential to the expansion of the field, family preservation is nevertheless in a difficult position at present. First, without reports of sufficient detail regarding program process and specific program components in existing programs, successful programs are not replicable. Moreover, family preservation programs and studies of family preservation programs to date have not produced results that are largely conclusive regarding impact, effectiveness, or outcomes of family preservation services. Programs are mostly incomparable and results are not reliable, comprehensive, or

generalizable. Results that do exist are helpful only to the program evaluated for the most part. To be fair, family preservation is not necessarily any more remiss than other human service fields in assuring the theoretical integrity of its programs. However, because family preservation has been touted as a major costs saver and as "the" solution to today's family problems, its inability to show conclusive findings (much less conclusive positive findings) is a glaring problem for the field as a whole.

Lack of conclusive information has stunted the development of the knowledge base of family preservation. Knowledge regarding "what works" is limited to findings from early studies and from the few experimental and quasi-experimental studies (e.g., Feldman, 1991; Kinney, Haapala, & Booth, 1991; Kinney, Madsen, Fleming, & Haapala, 1977; Pecora, Fraser, & Haapala, 1991; Schwartz, AuClaire, & Harris, 1991) that have been conducted thus far. It is the premise of this paper that family preservation's knowledge base will remain limited unless theory is consistently integrated within individual programs. Knowledge development is a fluid phenomenon that may be achieved through both quantitative and qualitative methods, but theory—developing or established—is the key requirement. Further, it is necessary for programs to establish theoretical consistency individually before theoretical diversity, both within individual and across multiple programs, will be beneficial to the field.

Theoretical Consistency Within Programs

Theoretical consistency within individual programs is essential for the immediate goal of program integrity; in other words, it is necessary for all the parts of a program to logically fit together so that the program itself makes sense. The role of theory in program development is to guide the establishment and continual improvement of the elements of the program. Theoretical consistency within a program can be achieved by assuring that the program components are consistent not only with the overall theoretical foundation of the program, but also that each component is consistent with each other component. A model for conceptualizing how theoretical consistency can be implemented within programs is presented below.

Family preservation programs can be viewed as being composed of three essential elements: goals, a service delivery model, and expected outcomes (see Figure 1). The tie that binds these three elements together is theory. The theoretical perspective adopted by program developers will guide the selection of program goals, determine how services will be provided, and define the outcomes that the program expects to achieve. For example, if the problem a program chooses to address is child abuse, and a theory about child abuse is that improved parental self-esteem decreases the occurrence of child abusive behavior, the goal of the program should be to reduce the occurrence of child abuse; the service delivery model involves the means (e.g., providing counseling three times a week in the client's home) by

which the occurrence of child abuse will be reduced; and the expected outcome is reduced occurrences of child abuse. In this example, all three elements are logically linked to a perspective about human behavior and behavior change, and each element naturally leads to the next element. To reiterate, consistency within programs is achieved when these elements of a program are derived from and are consistent with a theoretical perspective and with each other element. The usefulness of this model for family preservation is explored below.
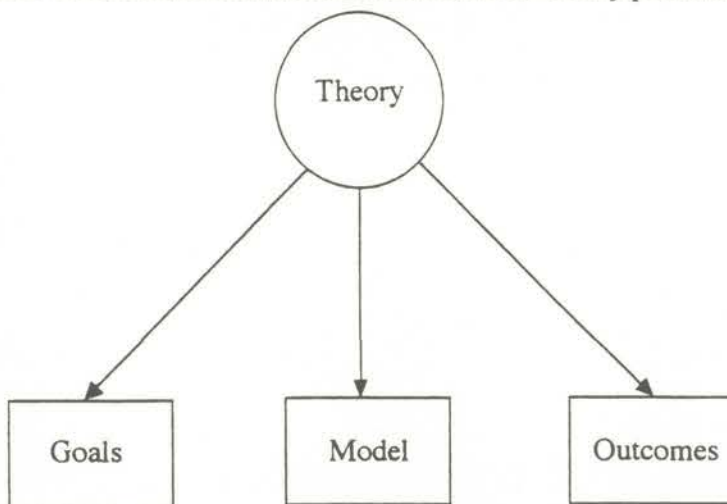

Figure 1. Theoretical Linkages of Program Components

Program Goals

Recent discussions in the family preservation literature have been presented regarding whether family preservation should maintain goals other than the prevention of placement (Bath & Haapala, 1994; Blythe, Salley, & Jayaratne, 1994; Rossi, 1992; Wells & Biegel, 1992). For example, should family preservation maintain the goal of improved family and/or child functioning? As Wells and Biegel (1990) note, "The question is whether it is legitimate for family preservation services to take on more than limited goals" (p. 23). Yet, if family preservation programs are considered capable of maintaining several types of goals *simultaneously,* this debate would not exist. In other words, it may not be so much of a question of which is the right goal, but rather, which is the right goal for the question being asked and for the audience asking?

For example, the issue of whether a program has been implemented in the manner that the program was designed is a *process question* of most interest to administrators; family functioning is a *treatment question* of most interest to workers; and placement prevention is a *policy question* of most interest to administrators, legislators, and funders. All three

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types of goals can be established concurrently in family preservation programs, provided the goals are consistent with and derived from the theoretical foundation upon which the program is based (see Figure 2).
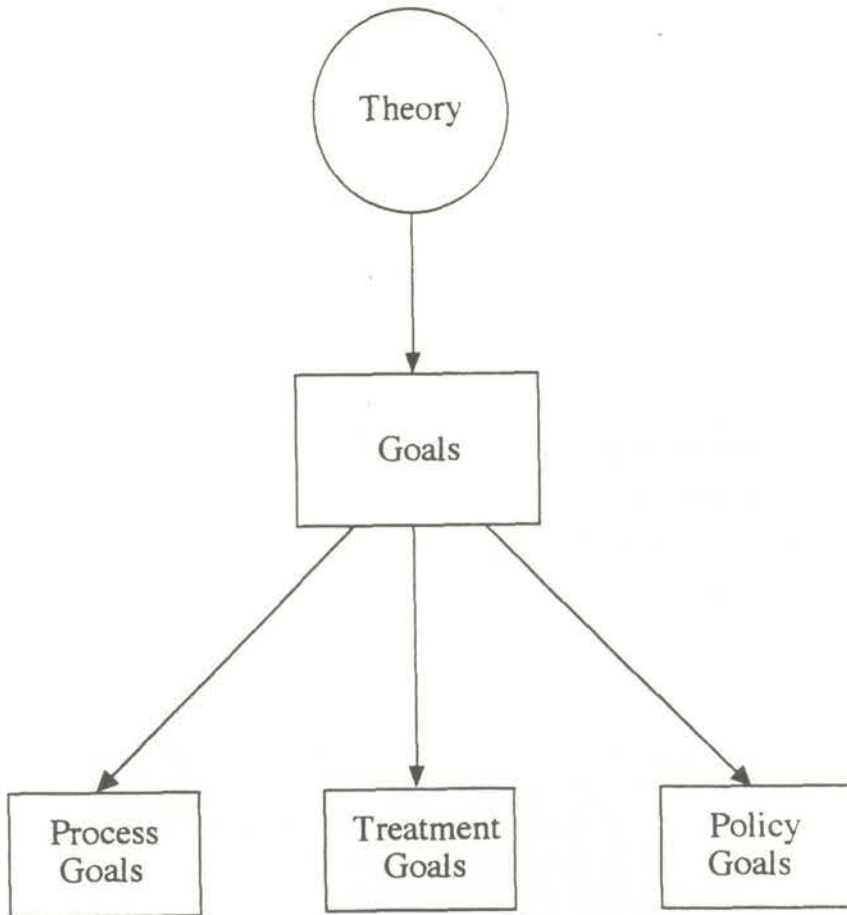

Figure 2. Theoretically Consistent Goals

Process Goals

The family preservation literature has begun to emphasize the need for process information from family preservation programs (Bath & Haapala, 1994; Berry & Cavazos-Dylla, in press; Wells & Biegel, 1992). This need reflects the dearth of information that currently exists regarding program service delivery models in family preservation programs. Process goals that must be examined and established include issues such as whether a program has

been implemented as it was planned, whether service delivery elements are theoretically consistent, whether the program is administered as it was planned, and descriptive information regarding the served population (Rossi & Freeman, 1993). Programs founded on different theoretical bases will not necessarily maintain identical process goals; however, the broad areas of concern should be similar across programs. For example, short-term services provided in the home may be more appropriate for a program based on crisis intervention theory (e.g., as practiced in Homebuilders [Kinney, Haapala, & Booth, 1991]), while long-term services provided in the office may be more consistent with family treatment theory (e.g., as practiced in Oregon's public Intensive Family Services program [Showell, Hartley, & Allen, 1987]).

Process goals are important for establishing internal validity and ultimately external validity (i.e., as replication studies of additional programs continue to reveal internal validity) (Bath & Haapala, 1994), and the assessment of these goals will contribute to and further the knowledge base of family preservation. Multiple studies of process information will likely reveal "what levels of intensity, lengths of intervention, and specific service components produce the best results with [which] populations" (Bath & Haapala, 1994, p. 399).

Treatment Goals

The stated treatment goals of family preservation programs vary, sometimes dramatically. For example, some family preservation experts claim that the goals of programs are to improve or enhance functioning (Bath & Haapala, 1994; Fraser, 1990; D. Nelson, 1990; Tracy, 1991), or to teach families the skills necessary to keep them together (Fraser, 1990; Wells & Biegel, 1990, 1992). Others contend that the treatment goals are to restore the family to adequate functioning (D. Nelson, 1990; Wells & Biegel, 1992), or to resolve, stabilize, or reduce the crisis that led to the need for a referral to services in the first place (Fraser, 1990; Wells & Biegel, 1990, 1992; Tracy, 1991). Still others contend that the goal is to "augment families' tangible resources" (e.g., Fraser, 1990, p. 1). These different goals are reflective of different theoretical bases (e.g., crisis intervention, social learning, ecological) upon which programs are founded; all of these goals are valid, viable, and appropriate and should be measured and reported. It is not necessary for each program to maintain the same treatment goals because all programs do not embrace the same theoretical base. However, learning whether and how these different goals have been achieved is vitally important (in conjunction with process goals information), and necessary for the development of the family preservation knowledge base.

Policy Goals

The one goal where there is unanimous consensus among family preservation programs is the goal of preventing the out-of-home placement of children, even though the articulations

of placement prevention are numerous. For example, the goal is often one of prevention, although the intention of what is to be prevented varies: to avert "the *need* for the removal of children" (D. Nelson, 1990, p. 14); to "prevent [the] *removal* of children from their own homes" (Wells & Biegel, 1990, p. 1); to prevent "the *inappropriate* out-of-home placement" of children (Rossi, 1992, p. 90); or to prevent "the *unnecessary* placement of children in out-of-home care" (Bath & Haapala, 1994, p. 388) [italics ours]. Occasionally, a broad, systemic goal is stated; for example, to "reduce the *proportion* of children in placement who could be served at home" (Wells & Biegel, 1992, p. 25) [italics ours]. Other times, it is a fairly vague goal; for example, "*reaching* children at imminent risk of being removed from their families" (Blythe, Salley, & Jayaratne, 1994, p. 215) [italics ours]. Some experts (e.g., Rossi, 1992; Tracy, 1991) and critics (e.g., Gelles, 1996) contend that family preservation programs should also maintain the policy goal of "the prevention or mitigation of any additional abuse and neglect" (Rossi, 1992, p. 90).

Although the words are different (and this is an issue that must eventually be addressed), the bottom line is that the placement of children out of the home is expected to be prevented in families where the risk of placement is imminent. This is a *policy goal,* a goal that is expected to be accomplished at a somewhat distant time after programs have been in operation for a period of time. It is a goal that can be achieved only if and after the process goals and the treatment goals have been achieved. It is a logical progression of events that if a program is implemented as designed and is consistent with the program's theoretical base, and if the treatment goals have been achieved, then the policy goals should also be achieved. Without the process and treatment goals having been accomplished, the achievement or lack thereof of policy goals is rather meaningless, because it will not be known why or how these goals have or have not been achieved.

All three types of goals are of primary importance to family preservation programs and to the development of the knowledge base. Rather than debating which goals are most important for the field at the current time, it may be more productive to define the types of goals being set, measure their achievement or lack thereof, and report the findings. Family preservation is a field that is too young for prescriptive practices; at this point in time, a lot of information needs to be collected in a lot of different areas from a number of different programs in order to begin to state with conviction what is known and what is of greatest importance.

Service Delivery Models

Service delivery models are composed of all the elements that enable workers to provide services to clients. These elements include, for example, the length of service delivery; how, when, and by whom services are initiated and delivered; the number of cases per worker; worker structure (e.g., single worker or teams of workers); the types of services provided;

the location of service delivery; and hours of operation. Service delivery models also involve staff qualifications, required staff training, and supervision arrangements (Nelson, Landsman, & Deutelbaum, 1990; Weissbourd, 1991). While it is not necessary for every program to implement identical service delivery models (Dore & Alexander, 1996), the service delivery model chosen must be consistent not only with the program's goals, but also the theoretical base of the program. For example, if the theory upon which a child abuse program is based dictates that counseling should be provided as it is requested and that people can be in need of counseling 24 hours a day (i.e., on weekends and in the evenings), it would be theoretically inconsistent for the program to operate only in the morning hours and not at all on weekends.

Nelson, Landsman, and Deutelbaum (1990) note that programs differ considerably in the following service delivery elements: (1) theoretical orientation (e.g., behavioral or systemic); (2) auspice (e.g., public or private); (3) target population; (4) identified problem; (5) primary location of service (e.g., home or office); (6) program intensity (i.e., hours per week of contact); (7) duration of services (i.e., short term to long term); (8) worker caseloads; and (9) teaming arrangements (e.g., single vs. multiple and professional vs. paraprofessional). Programs also tend to differ in client focus (i.e., child or family), availability of services, initiation of services, and types of services provided. Further, because many family preservation programs are new, service delivery models are not usually immediately stable. Often, particularly when a program is new, program elements are adapted in ways that better fit clients' needs or agency policies or other variables (Rossi & Freeman, 1993). This is a necessary part of program development. However, these changes and adaptations must be in accordance with the theoretical base of the program. It is recognized that operating a program serving clients with variable needs and problems often calls for pragmatic changes to program elements. Nevertheless, program developers and administrators cannot be in such a hurry to get programs operating that they change program elements without consideration of the program's theoretical assumptions (Weissbourd, 1991; Nelson, Landsman, & Deutelbaum, 1990). To do so renders the information gained from the program's efforts relatively meaningless.

Wells and Biegel (1990) contend that family preservation programs and research studies of family preservation programs are not grounded in theory:

> Families and children are not conceptualized in ways that are tied to theoretical assumptions underlying programs; the theoretical assumptions regarding what works and why are not well tested; and outcomes that are related logically to assumptions underlying intensive family preservation service programs have not been evaluated. The failure to conceptualize research in more theoretical terms makes it difficult to understand the way in which programs work, and ultimately, to enhance the effectiveness of programs and to allocate resources wisely (p. 19).

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In essence, Wells and Biegel (1990) and others (e.g., Heneghan, Horwitz, & Leventhal, 1996; Warsh, Pine, & Maluccio, 1995) maintain that the evaluation of programs, particularly of service delivery models, have not been theoretically conceptualized. Yet, a theoretical conceptualization of research and evaluation *studies* of family preservation programs has not or cannot be accomplished without the establishment of a theoretical conceptualization of family preservation *programs* first. In other words, consistency in programs must exist before consistency in evaluation may exist.

There are many clues in the current literature that suggest that family preservation programs are not theoretically consistent in service delivery models implemented. First, many research studies do not report the theoretical orientation of programs. Neglect of this information prevents an understanding of whether the service delivery model in place is even related to the goals, outcomes, or population served. Second, if theory is mentioned, many programs claim to use multiple theoretical bases (Nelson, Landsman, & Deutelbaum, 1990). This practice prevents the ability to show, with any certainty, whether program elements of a particular service delivery model are related to a specific theory. Third, there are wide variations in specific service delivery elements in programs that claim to or appear to use the same theoretical base as other programs (Heneghan, Horwitz, & Leventhal, 1996; Nelson, Landsman, & Deutelbaum, 1990). For example, it is not conceivable for a program claiming to be based on crisis intervention theory to offer services that are anything but immediately initiated if the program is truly based on crisis intervention theory. Fourth, program administrators occasionally appear to pick and choose certain program elements according to convenience rather than because of their appropriateness to a specific theoretical perspective. Although many times these are pragmatic decisions, as mentioned previously, the danger in this kind of practice is that the knowledge base remains undeveloped, and services begin to be provided without any rhyme or reason. Fifth, many programs, if the service delivery model is described, are very nonspecific regarding the elements of service delivery (Bath & Haapala, 1994; Blythe, Salley, & Jayaratne, 1994; Heneghan, Horwitz, & Leventhal, 1996; D. Nelson, 1990; Wells & Biegel, 1990). These problems reveal a clear and overwhelming lack of understanding of the essential role that theory plays in program development, implementation, and operation.

A related area of concern is the lack of consistency between goals and service delivery models. Program developers often overpromise on the goals that a program can achieve. This typically occurs concurrently with the implementation of program elements that are insufficient for achieving those goals. Sometimes agency and policy constraints restrict a program's ability to provide service delivery that is consistent with the program's theoretical base. For example, if a child abuse program's theoretical base contends that abusive parents are embarrassed about behaving abusively to their children, and thus, receiving counseling in their homes will be more dignified than if they have to travel to a specific agency, then program administrators must contend with issues such as worker

safety, worker transportation (to clients' homes), and worker compensation. Because these can be difficult issues and often costly to the agency as a whole, program elements are often compromised. To continue with the above example, if the child abuse program administrators do not compensate workers for traveling to client homes or do not meet the needs of worker safety (e.g., providing car phones, allowing teams to work in the field together), service delivery has been compromised, and the chances of achieving program goals are diminished. Although policy and fiscal concerns are real, the problems that they present must be resolved in ways that will address client and worker needs and also allow a program to maintain theoretical integrity and fidelity. Otherwise, outcomes, the results of a program's efforts, will be irrelevant.

To reiterate, while it is not necessary for all family preservation programs to implement identical service delivery models, it *is* necessary for individual programs to implement theoretically consistent service delivery models. It is not likely that every family preservation program is employing a different theoretical base although the current literature seems to suggest as much; no two programs are alike enough in program service delivery model to be compared. (Whether this is a problem of simply not reporting this information is unknown.) Logically, programs claiming to use the same theoretical foundation should implement the same or very similar service delivery elements. Logically as well, programs using different theoretical bases should institute at least some dramatically different service delivery elements.

These problems of clearly articulated and theoretically consistent service delivery models prevent not only the comprehensive assessment of program processes but also the knowledge of effective program variables, as well as the replication of effective programs (Bath & Haapala, 1994; Blythe, Salley, & Jayaratne, 1994; D. Nelson, 1990; Wells & Biegel, 1990). The lack of a demonstrated link between program service delivery model and theoretical foundation prevents an understanding of whether certain program elements, put in place due to the tenets of a particular theory, actually produce the benefits they are expected to produce. These are issues that must be addressed if the knowledge base of family preservation is to develop.

Theoretical consistency within program service delivery models will lead to the identification of the characteristics of high quality, successful programs, and importantly, will add to and clarify the theoretical knowledge base of " 'what works' for whom, under what circumstances, and through what program elements" (Weissbourd, 1991, p.81), as well as "how a program functions, whether the program format is effective, and what aspects of the program work best for which families in which cultural [and other] groups" (Unger & Powell, 1991, p. 11).

Expected Outcomes

Finally, outcomes expected from a program must be theoretically consistent with program goals and program service delivery models. Expected outcomes should naturally emerge from the goals of the program (Rossi & Freeman, 1993), and they should not involve more than what the goals outline. For example, if the goal of the child abuse program is to reduce child abuse, the outcome expected is reduced child abuse; a result of reduced child abuse indicates that the goal has been achieved. It would be theoretically inconsistent to expect that the program has reduced poverty, for example. If the program is held to the standard of reducing poverty, it would be deemed a failure, and its success in achieving its theoretically expected outcome (of reduced child abuse) would be woefully ignored.

Because outcomes expected should be consistent with program goals, three types of outcomes can be established and measured (see Figure 3). First, *process outcomes* should be measured by examining whether the service delivery model is faithful to the theoretical base, or whether the program was implemented the way it was designed (Rossi & Freeman, 1993). For example, if the design was for clients to receive services when requested, did clients receive timely services? Second, *treatment outcomes,* or proximal outcomes (Fraser, 1990), examining whether clients benefitted from the program in theoretically expected ways should be measured. For example, if the theory holds that clients who receive services when requested are more motivated to change, was motivation higher for clients who received this program, and did they change more than clients who received the services of a different program?
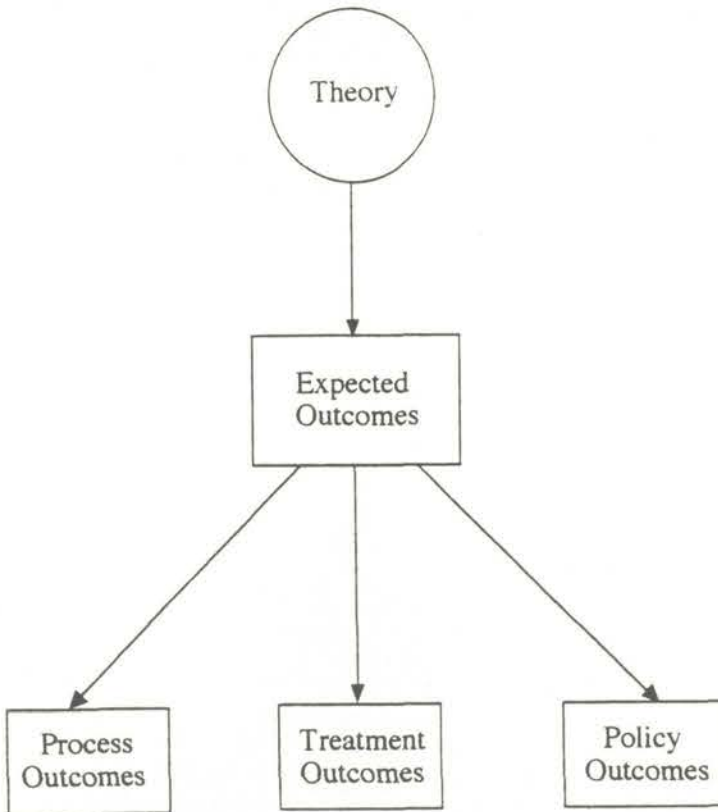
Figure 3. Theoretically Consistent Expected Outcomes

Third, *policy outcomes,* or distal outcomes (Fraser, 1990), those that are more political in nature but dependent on the successful achievement of process and treatment outcomes, should be measured. It is important to recognize that the levels of success of policy outcomes may be small initially, but increase over time. For example, in the child abuse program, a policy outcome may be better academic performance; reducing child abuse in a population may eventually lead to better educational outcomes, but it is likely that this result will emerge over an extended period of time that the program is in existence; it will likely not be an immediate outcome. Importantly, policy outcomes, like process and treatment outcomes, must be theoretically consistent.

There has been much discussion in the family preservation literature regarding the appropriateness of placement prevention for family preservation programs. Some contend that it is a poor measurement of outcome because placement may be a positive outcome for

some families (Bath & Haapala, 1994; Berry & Cavazos-Dylla, in press; Rossi, 1992); because of the indeterminacy and lack of definition of the population of families at risk of imminent placement (Bath & Haapala, 1994; Berry & Cavazos-Dylla, in press; Wells & Biegel, 1990, 1992); because placement figures may actually increase due to greater attention to families in trouble (Bath & Haapala, 1994; Wells & Biegel, 1990); because contextual factors (e.g., placement resources available, differing policies across sites) may be more influential than treatment in determining placement (Bath & Haapala, 1994; Rossi, 1992; Wells & Biegel, 1990); because there is not a universal definition of placement prevention or the experience of placement (Bath & Haapala, 1994; Blythe, Salley, & Jayaratne, 1994; Rossi, 1992; Wells & Biegel, 1990). Most importantly, the use of placement prevention as the only or the most important outcome of family preservation programs disregards the value and significance of process and treatment outcomes.

However, if all three types of outcomes are used and recognized to have equal weight and importance in the long run, the above debate becomes less relevant. The strengths and limitations and developmental appropriateness of each type of outcome should be recognized in order for each type of outcome to serve its purpose effectively. At certain critical periods over the course of a program's development, one type of outcome may be more important than the others, but over the long run, the weight and importance of each outcome should be distributed evenly. For example, when family preservation services began, the policy outcome of placement prevention drove the family preservation movement; it prompted strong support from key decision and policy makers, and an entire generation of family preservation programs were initiated. Today, however, the family preservation movement is in a different stage, and it is becoming more and more pressing to uncover the "black box" (Staff & Fein, 1994) of treatment by examining process and treatment outcomes as well.

Finally, all three types of outcomes are interdependent. Treatment outcomes are reliant on the achievement of process outcomes, and policy outcomes are reliant on the successful accomplishment of process and treatment outcomes. For example, the treatment outcome of higher motivation to change is reliant on the process outcome that services were delivered when clients requested them. The policy outcome of prevented placement is reliant on the successful achievement of the process outcome that services were delivered when clients requested them, and the treatment outcome that motivation to change was higher. The three types of outcomes are so intertwined and dependent on each other that to elevate the importance of one over the others is to disregard the systemic nature of family preservation, its philosophy and its practice.

Consistency within programs produces a program with theoretically consistent program components; all components are linked to the theoretical base; and all components are

linked to each other (see Figure 4). Goals can be accomplished because the appropriate service delivery model is in place, and outcomes can be measured that are consistent with both goals that have been established and the service delivery model that exists. In this way, theory guides the entire process of a program, and all of the parts logically fit together in a cohesive, fluid manner.

The Consistency-Diversity Cycle

The importance of theoretical consistency within programs should not be disregarded as merely an academic exercise. Achieving theoretical consistency may in fact be essential to the survival of the field of family preservation. Establishing theoretical consistency within individual programs will help achieve the more global aim of developing the knowledge base of family preservation. First, it will help family preservation as a practice define itself. There will likely be multiple definitions, which is particularly appropriate for work with clients as varied as families. The importance of achieving definitions, however, is that once defined, programs can be replicated; once replicated, programs can be compared; once compared, knowledge will be generated. Information gained from multiple comparisons about what works as well as what does not work with whom over what time period in what location with what methods and techniques with which workers will be learned, and this information will help family preservation develop its base of knowledge.

One way of realizing the importance of achieving theoretical consistency within programs is to envision it as a stage in a developmental cycle of knowledge generation in a human service field (see Figure 5). This cycle begins with consistency among programs and ends with diversity within programs. Consistency among programs represents the establishment of a philosophical values and beliefs foundation of a field; this stage is completed when multiple programs adopt the same philosophy regarding human behavior and behavior change. Consistency within programs reflects the importance of establishing theoretical integrity in individual programs. Diversity among programs represents the existence of philosophically consistent but theoretically diverse perspectives across programs. Finally, diversity within programs reflects the idea that once knowledge is gained from the previous three stages, individual programs will be developmentally ready to experiment with theoretically different program elements. Importantly, this cycle is developmental in that the next stage is reliant upon the previous stage having been completed. The cycle is repetitive in the sense that once the stage of diversity within is entered, new questions regarding the founding philosophical assumptions, values, and beliefs will arise. Knowledge gained will present new questions and the cycle will begin anew.
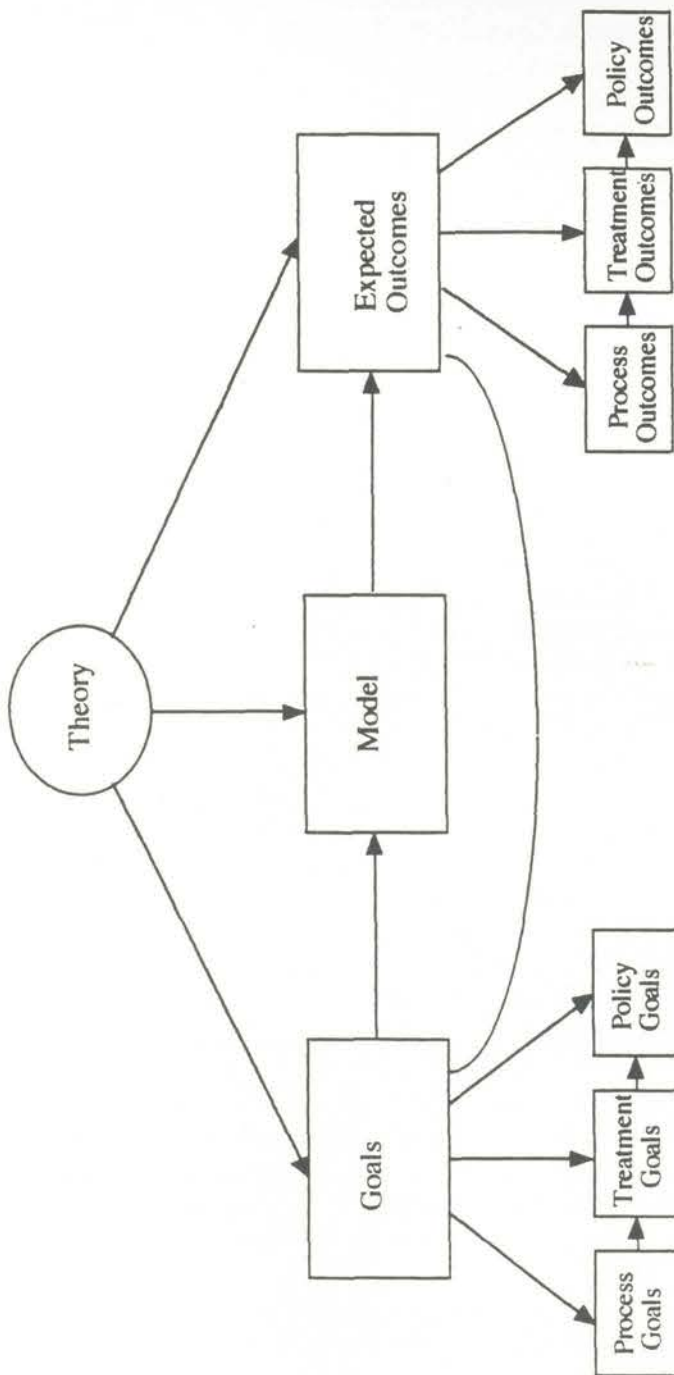
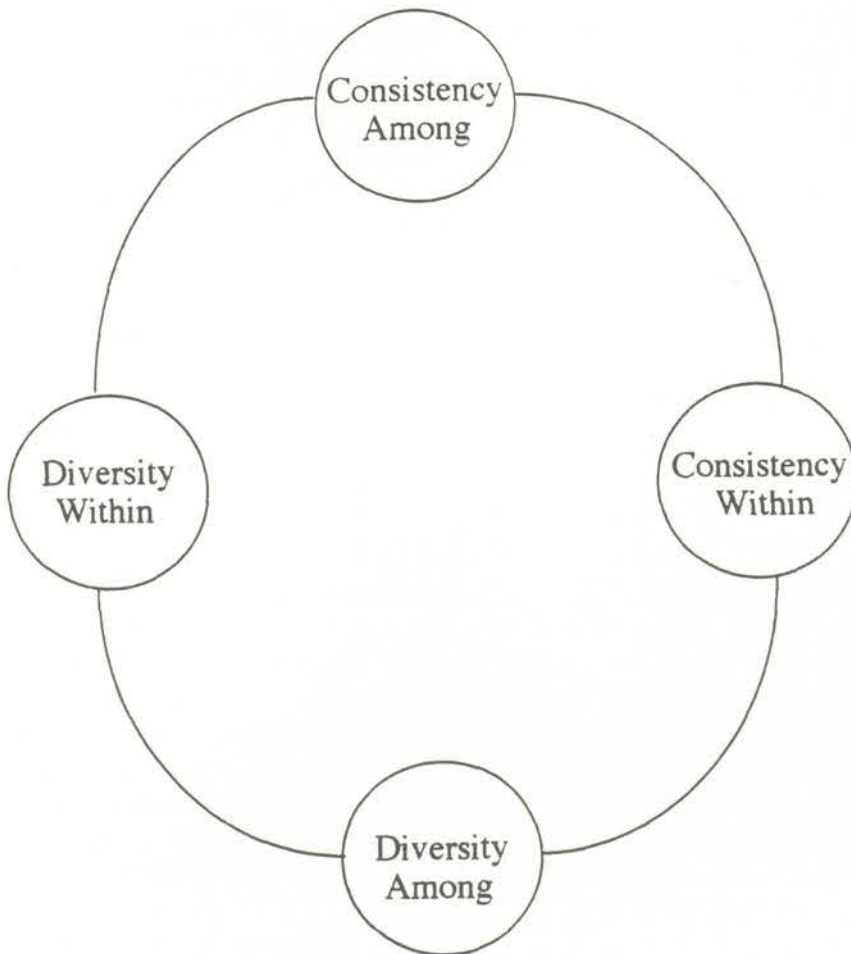Figure 4. Theoretical Consistency within a Program

Figure 5. Consistency-Diversity Cycle

The Consistency-Diversity Cycle and Family Preservation

Viewing consistency and diversity as a developmental cycle is only one way of conceptualizing program and knowledge development in family preservation; there are of course alternative conceptualizations. For example, consistency and diversity could be viewed as a continuum, a bi-directional phenomenon where the key characteristics of effective family preservation practice are deduced from diversity. Or consistency and diversity could be disregarded completely as factors in the generation of knowledge. However, it is our view that consistency and diversity are developmental stages; consistency

must precede diversity and there must exist some base (of consistency) from which to diversify. Kinney, Haapala, and Booth (1991), founders of the Homebuilders program, express this developmental perspective and the importance of establishing consistency among programs before establishing diversification:

We urge others considering replication of Homebuilders to try the whole package first and tailor it to their communities *if they encounter difficulties.* [italics ours] If they eliminate one aspect, such as the short time frame or the low caseload, they are likely to decrease the power of the overall intervention far more than they can realize without first attempting the whole model (p. 53). In other words, Kinney and colleagues (1991) assert that the Homebuilders model, if replicated, should be replicated *faithfully,* that is, *consistently* and with integrity, before experimentation with and diversification of the model.

Many theories of human development postulate that the earliest stages of life are the most critical, particularly as they influence the achievement of the later stages of life (e.g., Jensen, 1985; Yussen & Santrock, 1982). In much the same way, successful program development relies on the completion of the stages of consistency, that is, the early stages of the consistency-diversity cycle. Consistency achieved before diversity brings clarity in the definition of programs and the components of effective practice, as well as clarity in defining the foundation of the knowledge base. From this clarity of "what is" (i.e., consistency), experimentation with "what if" (i.e., diversity) will be beneficial to furthering the knowledge base. Defining the consistency-diversity cycle developmentally, and establishing consistency first also brings consensus among the key players in the family preservation field. Consensus among practitioners, researchers, policy makers, and program developers about specific and effective practice components is necessary in order to develop a unifying knowledge base. The stages of the consistency-diversity cycle of knowledge development is applied to family preservation below.

Consistency Among Programs

Consistency among programs, the first stage in the cycle appears to have been completed; family preservation programs seem to embrace the same philosophy about the concept of family preservation. The values of family preservation which guide the practice of family preservation include the following:

1) The definition of "family" is varied and each family should be approached as a unique system;
2) People of all ages can best develop, with few exceptions, by remaining with their family or relying on them as an important resource;
3) Families have the potential to change, and most troubled families want to do so;

4) The dignity and right to privacy of all family members should be respected;

5) The family members themselves are crucial partners in the helping process;

6) Family members should be empowered to resolve their own problems and avoid dependence upon the social service system;

7) The family members' ethnic, cultural, religious background, values, and community ties are important resources to be used in the helping process;

8) Policies at the program, community, state, and national levels should be formulated to strengthen, empower, and support families (Lloyd & Sallee, 1994, p. 4).

These guiding values were developed in a national Delphi study of experts in family preservation in the early 1990s (Ronnau & Sallee, 1993) and exemplify that a consistent value base from which programs have developed exists.

Consistency Within Programs

This is the stage where family preservation needs to focus its efforts at the present time. Attending to the theoretical integrity of individual programs will move the field closer to significant knowledge development.

Diversity Among Programs

Diversity among programs can be completed as different programs adopt different theoretical perspectives, as long as chosen theoretical perspectives are consistent with the overall philosophy of family preservation. It is not necessary, nor feasible, for all family preservation programs to use the same theoretical base. It is expected that different programs serve different populations with different problems, strengths, and needs. The expected policy outcome for clients in these different programs may be the same, that is, preserved families. However, the different populations and the different problems, strengths, and needs these populations present may necessitate entirely different theoretical bases. Different theoretical bases will likely result in different goals, different service delivery models, and different expected outcomes. This is completely acceptable, provided that the theoretical bases chosen are consistent with and reflective of the philosophical base of family preservation.

The successful completion of the diversity among programs stage will be based on the successful establishment of the earlier stages of consistency, i.e., faithfulness of multiple programs to one philosophical base and, simultaneously, program integrity within each program. Diversity among programs is a developmental stage that logically follows consistency.

Diversity Within Programs

Family preservation appears to be in the diversity within programs stage at the present time. Yet, as mentioned, without having the previous stages established, it has proven to be difficult to advance the knowledge base of family preservation. Essentially, each family preservation program is its own model, using not only differing but often multiple theoretical bases, program goals, service delivery models, and expected outcomes. This would be appropriate for this stage except that the knowledge base of family preservation is not developed enough at this time for studies of these diverse individual programs to be fully meaningful.

For example, it has not been established yet which theoretical perspectives are most appropriate for family preservation clients; who family preservation clients are (Heneghan, Horwitz & Leventhal, 1996; Wells & Biegel, 1990); which program elements work best with which family preservation clients; whether clients are achieving treatment outcomes, that is, benefitting from services in theoretically defined ways (Besharov & Baehler, 1992; Heneghan, Horwitz, & Leventhal, 1996; Nugent, Carpenter, & Parks, 1993). It is not known whether clients in a crisis intervention theory based program are more motivated to change than clients in a social learning theory based program. It is not known whether clients benefit more from short-term or long-term services, or whether clients benefit more from a single worker or a team of workers (Wells & Biegel, 1990). If the knowledge base were more developed and some of these unknowns were known, studies of programs that are diverse within would be meaningful from a comparative standpoint. In other words, programs experimenting with program elements (i.e., goals, service delivery models, expected outcomes) could be compared to programs with established effective elements. However, it is only reasonable to mix the variables once it is known what the variables are and what they achieve. Diversity within programs is beneficial only when a knowledge base has been developed. Family preservation is not yet ready to be involved in this stage of the consistency-diversity cycle.

Building the Knowledge Base

While studies and evaluations of family preservation programs have revealed some very important pieces of information thus far, it is consistency in theory that will build the knowledge base. The development of a new knowledge base is, thus, dependent upon theoretical integrity in both philosophy and practice. Consistency in theory will guide program developers and administrators in selecting, modifying, and improving the components of developing and existing programs. In this way, program goals, service delivery models, and expected outcomes will logically and naturally fit with one another

and as a whole. Ongoing evaluations of programs that are clear in their theoretical approach to family preservation, then, will be helpful not only to the individual program being evaluated, but also to development of the knowledge base.

The consistency-diversity cycle presented in this paper is a developmental model for conceptualizing how knowledge can be generated within a field. It has been offered in order to emphasize the grave importance of establishing consistency in family preservation at the present time. It is a model that not only embraces the complexity of family preservation as both a philosophy and a practice, but also addresses simultaneously research, theoretical, and practice issues. Developmentally, the family preservation field is at the stage where consistency within programs is essential. It is crucial not only for the development of the knowledge base but also for the future of family preservation that this stage be completed.

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