Journal of Family Strengths

Volume 3 | Issue 1 Article 6

1998

Intensive Family Preservation Services: A Short History but a Long Past

Kellie B. Reed

Raymond S. Kirk

Intensive Family Preservation Services: A Short History but a Long Past

Kellie B. Reed and Raymond S. Kirk

Intensive family preservation services (IFPS) is a program model that has been disseminated widely throughout the country, and has received federal recognition and monetary support since the early 1980s. Recently, IFPS has been criticized for seemingly being unable to prevent out-of-home placements. The authors contend that many evaluators and policy analysts have lost sight of the historical roots of IFPS, and are focusing only on recent fiscal and policy contexts when assessing IFPS program effectiveness. This article reviews the therapeutic and programmatic origins of IFPS including desired treatment outcomes, and suggests that evaluators and policy analysts redirect their focus accordingly.

Since the mid-1980s, large increases in the number of child abuse and neglect reports, rising foster care caseloads, and the increasing costs of out-of-home care (Government Accounting Office, 1995) have led to increased attention on programs and policies within the child welfare system designed to prevent out-of-home placement. Among the most well known and controversial of these programs is "intensive family preservation services" (IFPS). Policymakers, child welfare staff, child advocacy groups, evaluators, the media, and others debate whether or not IFPS is effective. "Effectiveness" most frequently is conceptualized as fewer out-of-home placements of maltreated children than traditional services (Feldman, 1991; Fraser, Pecora, & Haapala, 1991; Schuerman, Rzepnicki, Littell, & Chak, 1993; Szykula & Fleischman, 1985; Yuan, McDonald, Wheeler, Struckman-Johnson, & Rivest, 1990).

A focus on placement prevention is supported by the belief that IFPS is a recent innovation resulting from federal legislation. "The Child Welfare and Adoption Assistance Act of 1980," (Public Law 96-272) established broad guidelines in serving maltreated children and their families. The legislation set forth several mandates. First, "reasonable efforts" had to be made by child welfare agencies to prevent the removal of children from their families. Second, when it was necessary to remove children, the law required placement in the "least restrictive setting." Finally, attempting to reunify children with their families, or finding permanent, alternative families were necessary steps in establishing "permanency plans" for the children. These mandates often have been translated into "placement prevention"

initiatives designed to prevent the unnecessary removal of maltreated children from their families.

Although reducing placements is a legitimate goal to be pursued and evaluated, this focus under-emphasizes the importance of other measures, such as changes in child well-being and family functioning (Berry, 1992; Wells & Freer, 1994; Wells & Tracy, 1996). Furthermore, IFPS historically has emphasized both placement prevention and other goals. The IFPS program model can be traced to programs developed in the mid-1950s, and IFPS practice methods and philosophies date back to the early 1900s. The IFPS methods and program model represent advances in working with families and children that have evolved over time, and were derived from methods and models originally designed to enhance child and family functioning, not prevent placement.

The purpose of this article is to redirect attention to the origins of IFPS, and to examine IFPS from that perspective. To accomplish this, the history of family-centered services will be discussed. Second, advances in the development of family-based practice methods and research on those methods will be highlighted. Third, the relationship of IFPS to these advances will be acknowledged. Finally, the importance of focusing on child and family indicators, for which IFPS originally was designed, will be addressed.

History of Family-Centered Services

"Family preservation" is a fairly new term dating back to the 1970s. The term refers to a range of services which are provided to families in their homes, and are designed to preserve and support at-risk families. Although the term is new, the concepts and service principles of family preservation can be traced to the actions of early relief workers in the late 19th and early 20th centuries.

Charity Organization Societies

In the late 1800s, Charity Organization Societies (COS) arose throughout the United States to support poor and dependent children and families through the provision of concrete services (e.g., food, clothing) and financial relief (Henderson, 1904). By providing relief, families were able to meet their basic needs and focus on other concerns (Marcus, 1929). In turn, COS workers "gained" access to families, and identified areas that might be causing underlying problems of poverty and dependence. These problems included difficulties in family relationships, physical health issues, personality and behavior problems, and unemployment (p. 97). Investigation and treatment of the family as a unit were emphasized in some accounts of COS workers (Watson, 1922).

Studies of the effectiveness of COS focused on research questions remarkably similar to questions that permeate the literature of IFPS today. Marcus (1929) conducted a case study of the COS of New York. Like IFPS evaluations, the research questions focused on the effectiveness of the COS, both in terms of methods and costs. They included

- Is the use of relief as a tool of casework economical, well-directed, and effective?
- Are the casework practices used providing the best return for the money spent?
- Is the distribution of funds and services maximizing the time, money, and skill spent on individual cases?
- What other factors promote or prevent the goal of restoring families to economic independence (p. 12)?

The evaluation of this project was a case study. Because of the limitations of a case study design, only descriptive findings and generalizations were reported. First, Marcus (1929) suggested that some families receiving relief might not understand the concept of casework. This lack of understanding might inhibit the effectiveness of caseworkers. Second, he did not find any indications that relief was being distributed for purposes that could considered ". . . frivolous, unnecessary, or unrelated to the fundamental casework plans of rehabilitation" (p. 20). Finally, he suggested that relief services could better be directed and distributed through enhanced assessment and understanding of family relationships (pp. 98-101). This last finding foreshadowed family-based projects and treatments that would later be developed.

Another programmatic effort aimed at families was settlement houses. Begun in the early 1900s, they were designed primarily to support immigrant and poor families in local communities (Richmond, 1922). Like the COS workers, settlement house staff assisted families with domestic difficulties, personality problems, child care, health problems, truancy, legal problems, and citizenship (Kennedy & Farra, 1935). Services were mainly provided in the settlement house, but some services were provided in the homes of families.

Movement Away from Families

Even though the COS and settlement houses emphasized family-based service, an underlying belief was frequently espoused by workers—that problems of poverty and dependence are individually based. At the same time, individual dysfunction was becoming the focus of psychiatry and mental health, most notably symbolized by Freud's development of the psychoanalytic model of conscious and unconscious drives (Freud, 1935). Freud believed that unresolved conflicts between competing forces in the unconscious resulted in mental disorder and difficulties for a person. Freud developed the thesis of his work in

Europe. He was the first to discuss psychoanalysis in the United States and was the leader of the psychoanalytic movement in the U.S. (Brill, 1938). As a result, even among social workers in the burgeoning field of social work, a focus on deficits within individuals replaced the previous focus on charitable work with families. This new focus continued for a number of years, "fueled" in part by a need to legitimize the profession of social work.

Re-emergence of Family-Centered Services

A half century after the development of Charity Organization Societies and the settlement houses, which focused on at-risk families and children, other family-based programs were implemented. These programs did not diminish the psychoanalytic movement. Rather, they were implemented concomitantly. Some of these programs strongly resembled intensive family preservation programs of the 1990s. Among the first of these projects was the St. Paul Family Centered Project, developed in the 1950s.

St. Paul Project

A hallmark of this project was a focus on strengths rather than deficits, which also is a major underpinning of modern IFPS. The focus on strengths is evident in the Family Unit Report Study published in 1948 by Buell (1952). This study identified a number of families with multiple needs. The researchers found that 6,600 (6%) of the families in St. Paul used over one half of the community's resources from human service agencies (p. 9). Taking a nontraditional approach to respond to this group of families, the St. Paul project was created with an explicit emphasis on strengths. Prior efforts had emphasized the deficits of family members. Supporting this new approach, the director of the St. Paul project stated, "Probably in an effort to defend themselves against their own feelings of inadequacy at being unable to help such families, caseworkers have tended to put the responsibility for failure upon the family and to say they are not motivated to treatment" (Geismar & Ayres, 1959, p. 5). In contrast, St. Paul Project workers were directed to work with families on a long-term basis, to focus on their strengths, and to meet their specific needs, even if their first attempts did not succeed.

In addition, the project was viewed as a community organization effort rather than casework treatment. Project staff visited at-risk families to offer services, provide home visits, conduct diagnostic assessments, and coordinate other services (Geismar & Ayres, 1959). The staff and other resources voluntarily were contributed by agencies within St. Paul. Target families had children under 18 who were at-risk of delinquency, neglect, or severe health or economic problems (Overton & Tinker, 1957).

In addition to providing services, the project was noteworthy for research (Greater St. Paul Community Chest and Councils, 1958). Between 1956 to 1959, a study of 150 families was conducted. Families who received treatment for nine or more months, and whose cases were closed by the end of 1958 comprised the study sample (Geismar & Ayres, 1959). The researchers developed the Family Profile to measure change in family functioning from intake to case closure. Change was measured in the following areas: child care and training, individual behavior and adjustment, family relationships and unity, social activities, relationship with the worker, use of community resources, economic practices, health problems and practices, and home and household practices. Combining these categories, the researchers found that 65.3% of the families demonstrated positive change, 18.7% did not change, and 16% deteriorated (p. 5).

Much like IFPS today, the researchers attempted to analyze costs. They focused upon public assistance costs associated with General Assistance and Aid to Dependent Children (Geismar & Ayres, 1959). They reported increased expenditures in both programs for Project families between 1953 to 1959, and noted that the greatest cost increases occurred in the first year of service for families. They hypothesized that this was due to caseworkers providing the highest level of assistance during the first year. The researchers cautioned interpreting the findings of increased costs negatively, because overall public assistance expenditures for all St. Paul families increased 48% during the same period (p. 12).

Cambridge-Somerville Study

Unfortunately, the findings from the St. Paul Project were not widely disseminated. Despite this problem, other family-based programs emerged. Some of the newly-developed programs dispensed "visiting" professionals such as teachers, nurses, and social workers to the homes of families who required their services (Wasik, Bryant & Lyons, 1990). One such program, the Cambridge Somerville Youth Project, served boys at-risk for delinquency by sending "home visitors" or counselors to their homes and schools (Powers & Witmer, 1951).

Like the St. Paul project, this project included an evaluation and an elaborate assessment process for potential recipients. A controlled field study comprised the evaluation. All six- to seven-year-old boys and their families in Cambridge and Somerville were eligible for participation. Schools were asked to submit the names of eligible boys. A series of tests, including psychological tests, teacher interviews and records, physical exams, court records, and school and social service records were collected for each child (pp. 45- 48). In addition, social workers visited the homes of 839 boys, and completed a Home Visitor Schedule through interviews with the principal caregivers. The Schedule assessed the child's developmental history, personality, interests, attitudes towards school and religion, parental

education and employment, parental personality, and methods of discipline. Other domains, such as relationships with siblings, conditions in the home, and conditions in the neighborhood, also were assessed (p. 38). After gathering this information, a three-judge panel matched pairs of boys, and flipped a coin to determine treatment or control group participation.

Treatment and control groups were of equal size ($n = 325$). The treatment group boys were matched with a "friendly home visitor" who encouraged and guided the boys. The visitors had the use of other community resources at their disposal. However, the visitors were discouraged from providing financial assistance, or attempting to alter the socioeconomic context of the family. Control group boys received no treatment.

Fourteen assessment tools were administered to boys in both groups. Eight tools were used for the first survey and included the Vineland Social Maturity Scale, Furfey's Test for Developmental Age, The California Test of Personality (one section), The Haggerty-Olson-Wickman Schedules, the Altruism Scale, school records, police records, and official court records (p. 296). The second survey included six tools: the Fels Parent-Behavior Ratings, the Boys' Activities Schedule, the Boys' Interest Schedule, the Boys Vocational Future Ratings, the California Test of Personality, and the School schedule A (p. 296).

During the first survey period, the researchers found that scores on six of the eight measures favored boys in the treatment group, although no statistically significant differences were found (p. 303). During the second survey period, the scores on four of the six measures favored the treatment group. Again, no statistically significant differences were found for the total scores on the measures, although statistically significant differences were found between the treatment and control group on a number of individual items (pp. 304-305).

The researchers concluded that the degree and nature of emotional maladjustment was a key factor in determining outcomes. Also important was the quality of the parent-child relationship, and the home situation. Finally, the researchers suggested that a "friendly relationship" was not enough to prevent delinquency, stating that prevention services were required that focused on the specific needs and problems of each boy and his family (p. 547).

New York City Youth Board and Department of Welfare

Other projects developed simultaneously in other parts of the country. The New York City Youth Board and the New York Department of Welfare established a joint service project focusing on families who required support to address the problem behaviors of their

children (Overton, 1953). The project was based on philosophies that are the foundation of family-based services. Overton wrote, "the family as a unit had a cohesive power; the interaction between family members created a mutually supportive quality that made the unit stronger than the sum of the individual members" (p. 305). Thus, Overton supported both the notion of family strengths and the focus on the family as the unit of analysis. Furthermore, Overton (1953) described project services as moving away from psychoanalysis to focus "more on social relationships and reality problems than on intra-psychic conflicts" (p. 309).

Several features were evident in these projects that were adopted in later family-based initiatives. First, the efforts were directed toward the entire family rather than individuals. Second, problems were not considered to be deficits of the individual or the family, but instead were considered to be situational (i.e., poor housing, poverty). Third, services were delivered in the home and community of the family. Finally, the impact of the project upon the family was evaluated.

Family-Based Practice Methods and Research

Overton's observations paralleled the emergence of family therapy as an innovative treatment strategy during the 1950s and 1960s. Pioneers in family therapy and family systems research (Bowen, 1978; Haley, 1963; Minuchin, Montalvo, Guerney, Rosman, & Schumer, 1967; Satir, 1983) experimented with treatments addressing the family as a unit within various clinical settings.

Murray Bowen

Murray Bowen (1978) is considered a key contributor to family systems therapy based on his applied clinical efforts working with families who had a member diagnosed with schizophrenia. In 1957, he and his colleagues conducted a family therapy research project on a hospital ward with schizophrenic patients. They observed that patients appeared to progress in their treatment until they were visited by family members (such as their mothers). Following these visits, many patients deteriorated or regressed. To respond to this phenomenon, the therapists asked mothers of the patients to live on the hospital ward and participate in treatment. Based on this experience, other family members later were included. Bowen's efforts influenced the conceptualization of mental disorders: they no longer focused exclusively on understanding the individual, but also included understanding family dynamics.

Jay Haley

Haley (1963) also was a well-known contributor to the family therapy movement. He believed that the psychopathology of a person was the result of relationships with his or her family members. Although families have complex relational and communication patterns, Haley recognized that families sought a form of balance or homeostasis (p. 160). He suggested that family members attempted to control or influence other members in a struggle for power (pp. 161). Haley's methods often were referred to as strategic family therapy.

Salvador Minuchin

Another group of therapists who worked with troubled families was that of Minuchin, Montalvo, Guerney, Rosman, and Schumer (1967). This group was interested in treating delinquent boys and their families, and studying the effects of treatment. They believed that existing service efforts with families attempted to "remake the family's influence without first carefully studying those influences" (p. 5).

The therapists selected 12 boys and their families for the study, and matched them to a control group of nondelinquent boys and their families. All of the families were tested with a pictorial projective technique, the Family Interaction Apperception Technique (FIAT). The treatment boys and their families participated in 30 weekly sessions at the Wiltwyk Residential Treatment Center. All family members above the age of six participated in the sessions. General treatment goals included restoring parents to the head of the family, increasing communication between parents and children, and modifying the behaviors of the sibling group (p. 11). The treatment modality became known as structured family therapy.

Although not an experimental design (the sample was not selected randomly, and post-test data were not collected for the comparison group), the researchers suggested that 7 out of 12 of the treated families were judged clinically to be improved. Families that improved were reported as having expanded their range of coping strategies, and having experienced a greater range of emotions. The parents appeared to accept their parental roles more often, and exercised more effective control. The spousal subsystem appeared stronger, and the siblings became differentiated as a subsystem (p. 350). The researchers recognized that the findings were limited due to the research design. Nonetheless, the findings provided support for the treatment methods.

Virginia Satir

Another well-known family therapist, Virginia Satir (1983), published her first text on conjoint family therapy in 1964. Like the other family therapists, she believed that treatment should be directed toward the family as a whole, not toward individual members. Satir began treatment with a 1 to 1 ½ hour intake interview of the entire family. During this interview, she focused on family rules, roles, relationships, and interaction patterns. Frequently, she used a Family Life Chronology. Information from the Chronology was gathered from the family, and provided insight into three families: the parents and their families when they were children; the parents as "architects" of their current family; and the "third family" — the families that the current children would create with their future spouses (p. 145). Satir emphasized building self-esteem and enhancing communication as key goals.

All of the therapists provided numerous contributions that are evident today in intensive family preservation services. First, the family unit is the focus of assessment and treatment. An individual's problems are assessed, but the problems are viewed within the context of family; specifically, how the problems affect family relationships and interactions. Treatment is then directed toward the individual, other family members, and the family group. Second, family members influence one another in an attempt to achieve a balance within the family. To treat an individual member means altering the current balance in the family, and this alteration must be assessed and addressed. Third, families have inherent strengths. These strengths are relevant to assessment and treatment.

Expansion of Family-Centered Services

Following the development of the family therapy methods, other family-based projects were initiated. These projects benefitted from the previous family-based projects, and family therapy movement. However, unlike the previous projects, the services were more delineated, and evaluations were conducted with increasing frequency and rigor. One such project was supported by the federal Social Security Administration. This demonstration project focused on social and family behavior in Chemung County, New York (Warren & Smith, 1963). The project utilized trained public assistance workers to provide intensive casework services, assess the family, and terminate services based on family progress (Wallace, 1967, p. 381). The goal of treatment was improved family functioning, rather than resolution of economic issues. To achieve this goal, treatment caseworkers had reduced caseloads (25 instead of 60), and linkages with different agencies.

Chemung County Project

An experimental design was employed to test the model. Twenty-five families were randomly assigned to the reduced caseload/enhanced service linkage condition (experimental group), and twenty-five families were randomly assigned to the large caseload/traditional services condition (control group). The researchers used the family assessment tool developed for the St. Paul Project and a second tool to measure improvements in both groups. No significant differences in individual and family functioning were found between the experimental and control conditions (Wallace, 1967, p. 389). The researchers attributed the lack of research findings to the fact that the treatment conditions differed little in service characteristics.

The Family Life Improvement Project

Other family-focused projects were developed with a prevention orientation, maintaining many of the same service principles of the previous projects. The Family Life Improvement Project in Newark, New Jersey, begun in 1964, was one of these well-developed programs (Geismar, Lagay, Wolock, Gerhart & Fink, 1972). It was designed to provide support to young, urban families before problems arose. It was a preventive, home-based effort that served 272 young, urban families through marriage counseling, child care guidance, job finding, referral to resources, and worker advocacy with health or public assistance agencies. A control group ($n = 283$) did not receive any of these services.

Again, the St. Paul Scale of family functioning was used to assess change. Both groups were followed for a five-year period, and researchers found that treatment families experienced greater overall positive movement in three areas of family functioning: care and training of children; home and household practices; and health conditions and practices. They did not find differences between the groups in the areas of family relationships and unity, individual behavior and adjustment, social activities, economic practices, or use of community resources (Geismar, Lagay, et al. 1972). From the findings, the researchers provided suggestions for future prevention initiatives with young, urban families (Geismar & Krisberg, 1966).

Tensions Within the Foster Care System

Paralleling the development of family-based projects and therapies during the 1970s was another phenomenon. Foster care, the predominant out-of-home social service provided to abused and neglected children by child welfare agencies, was receiving increasing criticism for leaving children "adrift" away from their families within the service system (Shapiro,

1976). A number of projects were designed and implemented to address this issue. The Child Welfare League of America (Sherman, Phillips, Haring, & Shyne, 1973) conducted numerous demonstration projects. One of these projects identified children already in foster care who were most likely to return home, and the speed of that return. This project was specifically designed to identify and counteract "foster care drift."

For this demonstration project, the researchers (Sherman et al., 1973) found that out of 312 children in foster care, the case plan for only 29 percent was return to the biological parents. At the end of the 10 month study period, only 16 percent had been returned (p. 572-573). The researchers also found that permanent foster care was considered the plan for a large number of children in the foster care system. These findings raised questions regarding the appropriateness of permanency plans for foster care children. The researchers also believed that the findings provided support for the need to develop alternative services for these children.

Alternative projects were developed to serve families at risk for child abuse within the public child welfare system. The Lower East Side Family Union in New York (Weissman, 1978), and the Iowa Family-Based Services Project (Jones, 1985) targeted the unnecessary placement of abused and neglected children from their families. Like the previously developed projects, these projects focused on the family unit, and provided intensive services within the home and community. These projects and others that followed, also represent the first formal link between these types of services, and the policy goal of preventing out-of-home placement and foster care drift.

Emergence of Intensive Family Preservation Services (IFPS)

The best-known and most frequently cited IFPS program is the Homebuilders Program of Catholic Social Services in Tacoma, Washington, although the Family-Based Services Project (Jones, 1985) was similarly structured. Developed in 1974, the Homebuilders program provided staff who worked with families in crisis to help prevent the removal of family members (usually children at risk for abuse or neglect) to alternative living situations (Kinney, Madsen, Fleming & Haapala, 1977). The staff were "on call" 24 hours a day, 7 days a week, in order to respond quickly to the families. Intensive individual, marriage, and family counseling; anger management; skills training; teaching; and provision of concrete services were the types of services provided during a four- to six-week period to help resolve the immediate crisis, and to help prevent future crises (p. 668).

The Homebuilders IFPS model was a further improvement on previous family-based service projects. It was guided by several theories (Kinney, Haapala, & Booth, 1991; Whittaker,

Kinney, Tracy, & Booth, 1990). For example, ecological theory was particularly evident in assessment in areas such as work, school, and extrafamilial relationships. Maslow's Hierarchy of Needs (Maslow, 1954), in which families' basic needs (i.e., food, housing) are met was an integral component that IFPS workers would pursue with families. Caplan's Crisis theory (Caplan, 1964) provided the foundation for the length of service (i.e., four to six weeks) provided during IFPS. Caplan believed that normative crises (including removal of a family member) lasts four to six weeks. During that timeframe, individuals and families are more likely to accept outside help in order to alleviate the crises. Finally, family systems and social learning theories also were present in IFPS. Techniques and strategies which recognize the interrelationship of family members, and which are directed towards the teaching of new parenting skills are derived from family systems and social learning.

In addition to an articulated theoretical base, the Homebuilders project included a non-experimental evaluation (Kinney, Madsen, Fleming & Haapala, 1977). Evaluation data revealed that 97 percent of families who participated in the program remained together in the home for at least three months after completing the service. Data regarding the cost savings from the diverted placements also were reported (p. 671). Unfortunately, information was not reported regarding the functioning of the children or families after having participated in IFPS.

Relationship of IFPS to Prior Service Efforts and Practice Methods

The Homebuilders IFPS model draws heavily from components of prior service efforts and therapeutic advances cited previously. These components include

- Focus on the family unit
- Emphasis on multiple services, both clinical and concrete
- Provision of treatment in the home and community
- Intervening in family subsystems
- Recognizing and utilizing family strengths

All of these components represent contributions from the earlier work. Although some previous efforts included information on cost effectiveness, the emphasis on prior efforts remained on the functioning of the participant children and families.

Influence of Federal Policy

The problems of the foster care system, and the methods of IFPS became integrated with the assistance of federal policy in the early 1980s. A number of initiatives received limited federal recognition and support through the enactment of Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980. The law provided regulatory incentives and a small amount of funding for the development of placement (foster care) prevention programs. IFPS began to be viewed as a placement prevention program to access this funding and respond to the policy mandate. The law required that state child welfare agencies make "reasonable efforts" to prevent the removal of children from their homes. Foster care and other out-of-home services were to be employed only if preventive efforts within the home were not successful (Congressional Record, 1980).

Ironically, Public Law 96-272 redirected states' child welfare efforts in ways that were compatible with IFPS philosophies. Unfortunately, avoidance of placement and the resulting cost savings became the focal point of this federal policy and other cost containment strategies (e.g., state block grants) in the 1980s. Thus, when IFPS is viewed from the perspective of this short "history" of federal recognition and support, it is not surprising that IFPS sometimes has been viewed as an ineffective program dedicated to saving money through placement prevention at the expense of child safety. However, IFPS also may be viewed from the perspective of its "long past."

Redirecting the Focus

The longer term view of IFPS reveals roots dating back to charitable, family-based work of the 1920s. This period was followed by the emergence (and distraction) of the individually focused, pathology-oriented theoretical developments in the 1930s and 1940s. Despite this focus on the individual, the concept of strength-based assessments emerged in the 1950s and was accompanied by the development of family-based projects and therapies during the 1950s and 1960s (e.g., family systems theory, conjoint family therapy, structured family therapy, strategic family therapy). Most recently, these projects and therapeutic methods have been integrated formally into today's well-known IFPS models by modern pioneers, such as the Iowa Family-Based Services Project, and the Homebuilders of Tacoma.

It is important to note that this "long past" of IFPS included landmark programs like the St. Paul Project (Geismar & Ayers, 1959), the Cambridge-Somerville Youth Project (Powers & Witmer, 1951), the New York City Youth Board and Department of Welfare Project (Overton, 1953), the Wiltwyk Residential Treatment Center Project (Minuchin, et al. 1967), the Chemung County Project (Warren & Smith, 1963; Wallace, 1967), and the Family Life

Improvement Project of Newark (Geismar, et al. 1972). All of these projects employed evaluation strategies that attempted to measure improvements in child and family well-being and functioning. Although evaluation designs often were inadequate, and data collection and analysis primitive by today's standards, issues frequently measured included: basic needs, poverty reduction, physical health, economic independence, child care, truancy, family relationships and unity, family functioning, use of community resources, home management practices, child development, disciplinary methods and sibling relationships, and others.

The issues reflected in these measures are the same issues that IFPS workers today are concerned about when they interact with families. All of these items may relate to whether or not a child or family has improved. They also may relate to the decision about whether or not to place a child in out-of-home care. Unfortunately, however, the only evaluation datum frequently recorded is the placement decision itself.

The focus on placement prevention, driven by cost containment concerns, has not served practitioners or families well. The placement prevention emphasis has taken much of the attention away from the development of effective, family-focused, strength-based interventions that historically have been the substance of IFPS, and the programs from which IFPS evolved. It is time for researchers and policymakers to rejoin the practice community in the endeavor of improving interventions. Evaluators of IFPS should refocus their efforts to accomplish the following tasks:

- Examine the variety of treatment strategies and modalities employed by different IFPS programs to serve different types of families. In addition, it is important to identify the aspects of individual child and family functioning that are influenced by the different strategies.
- Develop new ways of assessing families and measuring family functioning that support case practice, in addition to providing good research and evaluation data.
- Employ more nonexperimental and quasi-experimental designs that focus on treatment outcomes, differentiating what types of services and strategies are most effective with different types of families.
- Recognize and address the shortcomings of conducting experimental evaluations of IFPS. When conducting experimental evaluations, clearly define the independent (treatment) and dependent (outcome) variables so that the results of the evaluations do not suffer from methodological and implementation limitations.

It is incumbent upon the practice community, evaluators, program administrators, and policymakers alike to reflect upon the long past of IFPS, not just the documented, short-term history of IFPS, and to take a comprehensive and informed view of what IFPS can

accomplish, and for whom. By understanding the roots of IFPS, and refocusing current attention on the many components of IFPS, all of these groups can return to the business of determining the most effective interventions for families receiving services from IFPS programs. Focusing on the most effective services will result in the prevention of otherwise unnecessary placements, and placement prevention will become subordinate to the outcomes of improved family and child functioning and child safety.

References

Berry, M. (1992). "An evaluation of family preservation services: Fitting agency services to needs." *Social Work*, 37 (4), 314-321.

Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.

Brill, A.A. (Ed.) (1938). *The basic writings of Sigmund Freud*. New York: Random House.

Buell, B. (1952). *Community planning for human services*. New York: Columbia University.

Caplan, G. (1964). *Principles of preventive psychiatry*. New York: Basic Books, Inc.

Congressional Record. (1980, June 13). 96th Congress, 2nd Session, 126 (11), 14642-14646, 14761-14770.

Feldman, L.H. (1991, December). *Assessing the effectiveness of intensive family preservation services within an ecological context*. NJ: Department of Human Services, New Jersey, Division of Youth and Family Services, Bureau of Research, Evaluation, and Quality Assurance.

Fraser, M., Pecora, P., & Haapala, D. (1991). *Families in crisis: the impact of intensive family preservation services*. Hawthorne, NY: Aldine de Gruyter.

Freud, S. (1935). *The ego and the id*. London, England: Hogarth.

Geismar, L.L., & Ayres, B. (1959). *Patterns of change in problem families: A study of the social functioning and movement of 150 families served by the Family Centered Project*. St. Paul, MN: Greater St. Paul Community Chest and Councils.

Geismar, L.L., & Krisberg, J. (1966). "The Family Life Improvement Project: An experiment in preventive intervention. Part 1." *Social Casework, 47*, (6), 563-570.

Geismar, L.L., Lagay, B., Wolock, I., Gerhart, U.C., & Fink, H. (1972). *Early supports for family life: a social work experiment*. New York: Scarecrow Press.

Greater St. Paul Community Chest and Councils (1958). *Families in trouble*. St. Paul, MN: Greater St. Paul Community Chest and Councils.

Haley, J. (1963). *Strategies of psychotherapy*. New York: Grune & Stratton.

Henderson, C.H. (1904). *Modern methods of charity*. Syracuse, New York: Macmillan.

Kennedy, A.J., & Farra, K. (1935). *Social settlements in New York City: their activities, policies, and administration*. New York: Columbia University.

Kinney, J., Haapala, D., & Booth, C. (1991). *Keeping families together. The Homebuilders model*. New York: Aldine de Gruyter.

Kinney, J.M., Madsen, B., Fleming, T., & Haapala, D.A. (1977). "Homebuilders: Keeping families together." *Journal of Consulting and Clinical Psychology*, 667-673.

Jones, M.A. (1985). *A second chance for families. Five years later*. Washington, DC: Child Welfare League of America.

Marcus, G. F. (1929). *Some aspects of relief in family casework. An evaluation of practice-based on a study made for the Charity Organization Society of New York*. New York: Charity Organization Society of New York.

Maslow, A.H. (1954). *Motivation and personality*. New York: Harper & Brothers.

Minuchin, S., Montalvo, B., Guerney Jr., B.G., Rosman, B.L., & Schumer, F. (1967). *Families of the slums*. New York: Basic Books.

Overton, A. (1953). "Serving families who 'don't want help.' " *Social Casework, 34*, 304-309.

Overton, A., & Tinker, K.H. (1957). *Casework notebook*. St. Paul, MN: Family Centered Project.

Powers, E., & Witmer, H. (1951). *An experiment in the prevention of delinquency. the Cambridge-Somerville youth study*. New York: Columbia University.

Richmond, M. (1922). *What is social case work? An introductory description*. New York: Russell Sage.

Satir, V. (1983). *Conjoint family therapy*. Palo Alto, CA: Science and Behavior Books.

Schuerman, J. R., Rzepnicki, T. L, Littell, J. R., & Chak, A. (1993). *Evaluation of the Illinois family first placement prevention program: Final report*. Chicago, IL: Illinois Department of Children and Family Services.

Shapiro, D. (1976). *Agencies and foster care children*. New York: Columbia University.

Sherman, E.A., Phillips. M.H., Haring, B.L., & Shyne, A.W. (1973). *Service to children in their own homes: Its nature and outcome*. Washington, DC: Research Center, Child Welfare League of America.

Szykula, S.A., & Fleischman, M.J. (1985). "Reducing out-of-home placements of abuse children: Two controlled field studies." *Child Abuse & Neglect, 9*, 277-283.

United States Government Accounting Office (1995). *Child welfare. Complex needs strain capacity to provide service*. Washington, DC: Government Accounting Office. Health, Education, and Human Services Division.

Wallace, D. (1967). "The Chemung county evaluation of casework service to dependent, multi-problem families." *Social Service Review, 41*, (4), 378-389.

Warren, R.L., & Smith, J. (1963). "Casework service to chronically dependent multiproblem families: A research demonstration." *Social Service Review, 37*, 33-40.

Wasik, B.H., Bryant, D.M., & Lyons, C.M. (1990). *Home visiting. Procedures for helping families*. Newbury Park, CA: Sage.

Watson, F.D. (1922). *The charity organization movement in the United States*. New York: Macmillan.

Wells, K. & Freer, R. (1994). "Reading between the lines. The case for qualitative research in intensive family preservation services." *Children and Youth Services Review, 16*, (5/6), 399-415.

Wells, K., & Tracy, E. (1996). "Reorienting intensive family preservation services in relation to child welfare practice." *Child Welfare, 75* (6), 667-692.

Whittaker, J.K., Kinney, J., Tracy, E.M., & Booth, C. (1990). *Reaching high risk families. Intensive family preservation in human services*. New York: Aldine de Gruyter.

Yuan, Y.Y., McDonald, W.R., Wheeler, C.E., Struckman-Johnson, D. & Rivest, M. (1990). *Evaluation of AB 1562 in-home care demonstration projects, volume 1: Final report*. Sacramento, CA: Walter R. McDonald and Associates.

Kellie B. Reed, MSW, is a Lecturer at Appalachian State University, Department of Sociology and Social Work, Chapell Wilson Hall, Boone, North Carolina, 28608, Phone: 704/262-2293.

Raymond S. Kirk, Ph.D., is a Clinical Associate Professor at the University of North Carolina-Chapel Hill, Jordan Institute for Families, School of Social Work, 301 S. Pittsboro, CB #3550, Chapel Hill, North Carolina 27599-3550, Phone: 919-962-6510.