

1998

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Recommended Citation

Berry, Marianne (1998) "Getting to Know You: Psychoeducational Groups to Counter Social Isolation of Neglectful Mothers," *Journal of Family Strengths*: Vol. 3: Iss. 2, Article 4.

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Getting to Know You: Psychoeducational Groups to Counter Social Isolation of Neglectful Mothers

Marianne Berry

This research indicates a uniformly positive use of psychoeducational groups to counter social isolation of neglectful mothers. This research was supported by a National Child Welfare Fellowship from the U.S. Children's Bureau to the author. The author thanks Nancy Dickinson, Sherrill Clark, and the staff of the California Social Work Education Center at the University of California for their oversight and guidance during this fellowship. The author is also grateful to her fellow fellows for their input and guidance during this research effort. Special thanks to Rose Benham, Anna Bowen, Judith Brewington, Caron Byington, Scottye Cash, Dottie Dixon, and Verna Rickard for their support of this project.

Public child welfare agencies are charged with the prevention and treatment of child maltreatment, with the priority of preserving families while keeping children safe (Barth and Berry, 1994). Achieving such a complex objective requires a sound knowledge base of risks associated with child abuse and neglect *and* the resources and skills associated with family wellbeing, and a strong knowledge base of the techniques and programs that are effective in a variety of circumstances, cultures, and populations.

Certainly, parents and families need to possess particular skills and resources in order to sustain and nurture their members. Child abuse and neglect are related to many deficits: poor parenting skills, parental depression, family stress, economic hardship, and other characteristics and conditions (Garbarino and Gilliam, 1980; McDonald and Marks, 1991). Many studies have also identified social isolation as a key correlate of child maltreatment (Belle, 1982; Berry, 1992; Brunk, Henggeler, and Whelan, 1987; Crittenden, 1985; Darmstadt, 1990; Leifer, Shapiro, and Kassem, 1993; Strauss, 1980; Zuravin and Greif, 1989).

On the other hand, not all families have the same combination or configuration of risks and service needs. Equally important, all families have strengths, including hopes and dreams. Sound programs must pay attention to the goals and aspirations of their clients, as well as the social environment's ability to support those goals. Attending to client-identified goals is not only a simple step in "starting where the client is," it is a critical step in engaging clients in the helping partnership.

Programs that address the social environment and social support of clients are often based on an ecological paradigm of practice (Whittaker, Schinke, and Gilchrist, 1986). Whittaker and colleagues posit that effective interventions that are based on an ecological or systems view of human behavior typically attend to two aspects of human life: improving life skills of the client and enhancing socially supportive relationships in the environment.

This study examined the use and effectiveness of psychoeducational support groups in a local public child welfare agency in achieving positive case outcomes by increasing the social relationship skills and social networks of neglectful mothers. Many have posited that without attention to the social relationship needs and skills of parents, advice and training around parenting or other family care strategies will not be effective or lasting (Cochran, 1991; Lovell, Reid, and Richey, 1991; Lovell and Richey, 1997; Miller and Whittaker, 1991; Whittaker and Tracy, 1988). Indeed, Patterson, Chamberlain, and Reid (1982) have found that parent training “enhanced” by attention to social relationship skills results in bigger and more durable gains in parenting skills. Griest and colleagues (1982) have also found “enhanced” parent training to produce improvements in parenting, longer lasting effects, and greater generalizability to other social skills.

Lovell and colleagues (Lovell, Reid, and Richey, 1991) evaluated a program to enhance socially supportive networks for low-income abusive mothers. The program followed an agency-based parenting group, so was a form of “enhanced” parenting education, teaching, and rehearsing skills basic to friendship and self-assertion in relationships. The program was developed in reaction to the finding that the parenting group alone, while providing opportunities for friendship and ongoing relationships, did not result in increases in social networks over time. Group leaders found that members did not know how to give and receive support to each other in the group; that skills in supportiveness had to be taught first for the group to serve as a support group. An evaluation of the enhanced social support training found significant increases in social network size as well as improved quality and quantity of social interactions. Associated reductions in child maltreatment were not addressed, however.

A repeated evaluation of this intervention with nonrandom assignment to a treatment and a comparison group (Lovell and Richey, 1997) found few statistically significant differences between groups after a seventeen-week intervention. The authors noted consistent patterns in “the social ecology of [clients’] daily lives” (pg. 240), including interactions with family and friends, that were relatively unaffected by the skills and knowledge addressed in the intervention.

Cochran’s (1991) study of the Family Matters program in New York found that a community-based program to 160 families of three-year olds was successful in enlarging social networks,

compared to a control group who did not receive the program. Participation in the program was associated with greater linkages to supports and higher perceptions of self as parent for both unmarried and married mothers. However, there were key cultural differences, corroborated by other research highlighting differences in social support across cultures (Timberlake and Chipungu, 1992). For white mothers, growth largely took place with nonrelated social network members, and this growth was associated with enhanced parental identity and the child's improved performance in school. For Black mothers, however, the majority of increases in the social network were confined to relatives. Among Black unmarried mothers, growth in the social network of relatives was associated with increases in parent-child activities, while growth in the social network of nonrelatives was associated with the child's improved academic performance.

The importance of social support and supportive networks in the community is made very clear in Fred Wulczyn's (1991) report, "The Community Dimension of Permanency Planning." Wulczyn examined a variety of indicators of family well-being for New York City on a household-by-household basis, and using census tract mapping, found that high percentages of families experiencing poverty, teen pregnancies, infant mortality, and child removals all clustered in the same neighborhoods and communities within the city. What is especially striking is his finding that, in some communities, in excess of 12% of all infants were placed in foster care before their first birthday. This analysis speaks to the importance of supportive neighborhood networks and the skills to use those networks.

Despite the caveat that families experiencing child neglect are poor candidates for support group attendance and participation (Polansky, Ammons, and Gaudin, 1985; Polansky, Chalmers, Williams, and Bittenweiser, 1981), the agency under study has developed and provided these groups over a number of years, and enjoys high participation rates. To date, however, there had been no concerted evaluation conducted by an independent researcher.

Method

Procedure

The *Learning About Myself* psychoeducational support group (Rickard, 1998) meets weekly at the public child protective services agency for twelve weeks. This is a group for both women and men, attended primarily by women, who are taught to be more assertive, explore and make better choices, and improve their self-esteem. The particular emphasis of this group is self-esteem and self-image, but social relationship skills are an important corollary. Many of the group exercises and content include hands-on activities such as games, crafts, and role-plays. Positive affirmations are used weekly, including a "pretty prize,"

awarded each week to a group member. Transportation and child care are provided to group members.

Curriculum. Over the twelve weeks of the course, the following twelve topics are emphasized and explored: my self, my attitude, my relationships, my appearance, my time for myself, my friends, my education, my health, my family, my finances, my home, and my goals/a celebration. Each exercise or activity is read aloud in order to assist those members who may not be able to read.

Much of the curriculum emphasizes exploring one's hopes and dreams, taking charge of one's life, and recognizing choices where clients may see none. The presentation of many topics is nurturing and fun, through playing games, making crafts, and so on. For example, participants make hair bows together, and for many, this is the first time they have made something attractive and functional. During "budgeting" week, participants play "The Price is Right" with paired generic and name brand products, and the winners take the products home.

Each week's content stands alone, to minimize the negative effects of absences. Each group session lasts for two and one-half hours. Clients are free to attend on an open-ended basis, attending repeat sessions they may have missed in the past. Finally, a meal is prepared and served by group leaders and members together each session.

Sample

The sample for this study consisted of all mothers who attended the *Learning About Myself* psychoeducational support group in either 1994 or 1995, and who had completed the course and completed both an intake questionnaire and a graduation questionnaire, and for whom a caseworker had also completed intake and graduation questionnaires concerning the needs and progress of the client. This sampling frame is very conservative, eliminating those clients for whom there were any missing questionnaires out of the four mentioned above, and resulted in a sample of 19 mothers. This sample represents a 35% completion rate for the 54 clients who attended an initial session.

Design

This evaluation utilized a one-group posttest-only design. Although clients and their caseworkers filled out a questionnaire at intake and at case closure, the measures at posttest do not match those at intake, and thus do not provide any analyses of change from pretest to posttest. Therefore, only posttest measures provide any indication of program effects, or rather, perceptions of program effects.

Measures

The agency had pre-existing instruments for this psychoeducational support group, and this study used these pre-existing measures in the evaluation of this group. The pre-existing instruments consisted of four questionnaires. The client filled out a questionnaire at intake, and another questionnaire at graduation from the group. Similarly, the client's caseworker filled out a questionnaire when the client was accepted into the group, and then another questionnaire at the client's graduation from the group.

The intake questionnaires asked both the client and her caseworker about the following: the client's childhood experiences and beliefs, goals for herself and her family, and the client's beliefs about herself (self-efficacy, appearance, social support and friendships, etc.). Most of these questions were in the form of open-ended questions, to which the respondent could write or relate a brief response. These written responses generated coded categories of responses, categorized post hoc in this evaluation.

The graduation questionnaires asked about the client's and/or caseworker's perceptions of the usefulness or effectiveness of the group, both globally and in specific terms, and the client's current perceptions of self-efficacy, appearance, social support and friendships, and so on.

Results

Client Characteristics

A total of 19 mothers are included in this sample. Almost half were born prior to 1970 (were at least 27 years old), but one quarter were between the ages of 18 and 27 (see Table 1 on page 11). Most lived in poverty, with almost half reporting an annual income under \$9,000. The vast majority of group members had either one (31 %) or two (53%) children. Almost half were married, and another 43% were single heads of household in some capacity. Over half of the group members were Anglo (58%), with equal percentages of African-American (16%) and Hispanic (16%) group members.

There was variation in the types of child abuse for which these women were receiving child protective services, with some form of child neglect most prevalent. About a quarter of mothers had been reported for physical neglect, 16% for medical neglect, and 11% for neglectful supervision of their child(ren). Another quarter had been reported for physical abuse of their child(ren). The type of abuse report was unspecified for about a quarter of these respondents.

Client Background and Past Experiences

Upon entering the *Learning About Myself* group, members were asked to complete a two-page questionnaire asking them, in open-ended fashion, about their childhood and their hopes and dreams. This questionnaire is used to generate ideas for group exercises and to get to know the participants better. It provides critical descriptive data, as well.

Many of these women had been abused in childhood (see Table 2). About half had been either emotionally abused (53%) and/or neglected (47%), and many had experienced physical abuse (32%), incest (21 %), and/or sexual abuse by a nonrelative (21 %). About a third of group members had also experienced some form of abuse in adulthood.

Mothers also were asked what they had wanted to be when they grew up. Answers varied, and displayed the typical range of career goals for young women (see Table 2), including nurse, doctor, mother, and teacher. When asked, "what did you never have as a child that you wanted?" responses also varied, with one-third mentioning some material good, like toys.

Family members play influential roles in the lives of group members. When asked who had changed her life the most, over half of respondents named either their spouse/partner (32%) or their children (21 %). Friends were named as most influential by only 11% of group members (see Table 2).

Client Beliefs and Coping Strategies

About one-quarter of group members reported feeling happy about their life (see Table 3). More were ambivalent (32%), and many were angry (21 %) or sad (11%). When asked what members did to feel better or to have fun, responses varied across personal and social activities (see Table 3), with more women naming solitary (e.g., take care of myself, make personal changes, read) than social activities (e.g., be with others, go out),

Group members were asked what they liked most and disliked most about themselves. A full fifth of mothers said they liked nothing about themselves (21 %). Most saw their strengths in terms of those for whom they cared; one-quarter (26%) were most proud of their children and family (see Table 3), and many also felt good about the way they treat others (21 %). Comments about personal dislikes, on the other hand, centered primarily around self: personality characteristics (42%) and appearance (26%), rather than more interactional or instrumental abilities.

Client Goals

Several questions on the intake questionnaire asked about client goals (see Table 4). These questions provided background information on participants and also set the stage for goal setting within the group. When asked about personal goals, group members were somewhat vague and/or gloomy in their responses. When asked how they would most like to change their lives, one-fifth (21 %) said they would like to change their outlook, and another 16% could not identify a primary goal regarding changing their lives. Two respondents (11%) named the return of their children from foster care as their primary goal.

More specific questions asked about specific activities group members would like to pursue (see Table 4). Travel was the activity mentioned most by members (26%) when asked what they always wanted to do that they had never done. Another fifth (21 %) named a career choice, and an additional 16% mentioned acquiring more education. When asked what they wanted most for their children (see Table 4), responses were more varied and specific. Many mothers named an education (21 %). Additional goals for their children varied, but women often named independence (15%), happiness (11%) and a productive, successful or responsible life (11%). When group members were asked about their own goals for themselves five years from now, many mentioned economic stability or self-sufficiency; namely, home ownership (32%), financial security (16%), a new job (16%), and a new car (5%). These answers are particularly interesting, given their discrepancy from mothers' criticisms of themselves (see Table 3), which centered around features of personality and appearance.

Group members were also asked what one thing they have always wanted to know about or do, and many (31 %) said nothing (see Table 4). Other answers varied a great deal, with some respondents wanting to learn a musical instrument and others wanting to learn about computers. When asked what about their looks they would like to change, many group members again said nothing (37%), although another 37% said they would like to change their shape or weight.

Two questions asked about clients' material wants, and responses belied the significant issues of housing and material deprivation among child protective services clients (see Table 4). When asked, "Of all the things you could buy, what do you want most that there is a real chance you could get," group members often named housing (37%), a car (26%), clothing (26%) and appliances (16%). Also, when asked "What would you most like to have in your house that you don't have right now," group members most often mentioned furniture (31 %), appliances (21 %), and electronics (16%), although two respondents said "my children" (11%).

Client and Caseworker Perceptions of Group Effects at Graduation

Clients were asked in specific terms about the most effective elements of the *Learning About Myself* group experience (see Table 6). Group members could answer as many items as applied. While the most commonly mentioned element concerned learning how to make choices (90%), experiencing warm relationships within the group was mentioned by 79% of members as a helpful element of *Learning About Myself*. Equally helpful were learning how to be assertive and learning how to identify and accept feelings. A few group members said that they wished they had learned more about relationships (16%).

Over half of all group members (58%) were attending some other counseling or class while attending *Learning About Myself* (see Table 6). Many of these attended parenting classes (26%), the *Rightful Options and Resources* group (11%)—a group for women experiencing domestic violence—or individual psychological counseling (11%). All women who had experienced spousal abuse had also attended some other form of counseling while attending *Learning About Myself*, compared to 33% of those not experiencing spouse abuse ($p < .01$).

A full two-thirds of the clients attending *Learning About Myself* (68%) experienced a successful closure of their child protective services case (see Table 6). Another 10% of clients were referred from intensive family preservation services to some other, less intensive service unit or agency. A full 22% of cases, however, were not closed at the end of data collection, or the outcome of the case was unspecified. Outcomes did not differ across types of abuse reported.

Conclusions

A few elements of this evaluation warrant reiteration. It is important to note the contribution of the pretest questionnaires to the evaluation, but more importantly, to the substance of the *Learning About Myself* group. Questions inquiring about clients' hopes and dreams rather than their immediate needs and methods of compliance with caseworker demands, probably helped to engage clients in the process of the group, and were integrated and completely congruent with the substance of the group. For many clients, this was the first time in a service setting that they were asked about themselves in a positive and unique manner, and the first time that their own personal goals were inquired about and made important. These qualitative measures were critical to both group process and evaluative analyses.

Given the uniformly high ratings given the *Learning About Myself* group by both participants and caseworkers, lengthy recommendations for improvement of the group are not warranted. Anecdotal evidence suggests that the originator and author of the *Learning About Myself* curriculum, who has been the primary group facilitator since its inception, is to be credited with much of the success of *Learning About Myself*. This leader is noted by many to be highly

Both client and caseworker ratings of the effects of the *Learning About Myself* groups are uniformly positive, and in close agreement, with caseworkers slightly less positive about the effects of the group for their clients (see Table 5). Almost all clients agreed that they had (1) learned new ways to solve problems or make decisions, (2) become more assertive, and (3) improved in parenting skills. Somewhat lower numbers of caseworkers saw these same effects. There was a significant difference in age between those mothers about whom caseworkers reported an improvement in parenting skills, with those improving being younger on average (25 years old) than those not improving (33 years old; $t=2.3, p < .05$). Similarly, those mothers about whom caseworkers reported becoming more assertive were younger on average (26 years old) than were those mothers for whom caseworkers saw no change in assertiveness (32 years old; $t= 2.2, p < .05$).

Fewer group members felt that their appearance had improved over the course of group attendance, although their caseworkers were in close agreement about improvements in appearance. All women who had experienced spousal abuse said their appearance had improved as a function of attending *Learning About Myself*, compared to 58% of those who had not experienced spouse abuse ($p < .05$).

Group members were also asked about issues of empowerment and assertiveness. All 100% of clients said that they believed that individuals who used to feel helpless can learn to be more powerful (see Table 5), and 90% said that they now feel that they have choices and that life does not "just happen." Over a quarter of group members had tried something that they used to be afraid of while attending *Learning About Myself*.

Caseworkers also felt that *Learning About Myself* is an effective experience for their clients (see Table 5). Many saw indications of improvements in self-esteem (89%), improvements in the client's appearance (65%), improvements in the children's appearance (53%), and greater independence (44%). Almost all caseworkers felt that attendance at *Learning About Myself* would contribute to an earlier closure of the client's child protective services case.

Finally, regarding issues of social isolation and enhancements to social networks, clients were asked if they had made new friends since attending *Learning About Myself* (see Table 5). All clients said they had increased their social supports (100%), with an average of five new friends per client. One-fifth of group members had talked on the phone or visited another *Learning About Myself* member between group sessions. Talking on the phone was significantly more likely among divorced and single women than among married women ($p < .05$). Caseworkers also felt that clients had increased their ability to seek help as a result of attending *Learning About Myself* (83%), and only 18% felt that their client was as socially isolated as when they had begun attending *Learning About Myself*.

nurturing, clear and creative, and her contributions to the success of *Learning About Myself* are substantial. This effective leadership is a blessing and curse, in that the effective replication of *Learning About Myself* by others is dependent upon clear information about the elements of this leadership; the group structure and curriculum. A training manual (Rickard, 1998), containing curriculum content and exercises, including worksheets and graphics, is used, and it is recommended that replication efforts adhere closely to the established curriculum.

Learning About Myself is aimed at low-income women with low self-esteem. The nineteen participants in the *Learning About Myself* groups show many indications of poverty and material deprivation, low self-esteem, and social isolation at entry into the group. Friends were not named as influential people by very many group members. Family members are much more influential than friends for this sample, and this has implications for the delivery of curriculum. The importance of partners/spouses cannot be discounted or neglected, given their primary contributions to these women's lives and their self-perceptions. Family preservation workers must avoid the common perspective that partners/spouses are not part of the family to be preserved.

When asked what they liked and disliked about themselves, group members' likes centered around other people in their lives, while dislikes focused on self-image and personality characteristics. Therefore, the dual focus of the group curriculum on self-esteem and on personal relationship skills seems to be a relevant approach, in that women initially rely on family members for their perceptions of self and may learn to broaden their circle of support to supportive friendships, many times with fellow *Learning About Myself* members.

At the closure of the group, both client and caseworker ratings of the effects of the group were uniformly positive. Almost all clients agreed that they had learned new ways to solve problems, had become more assertive, and had improved in parenting skills. All clients said they had made new friends, some of whom were *Learning About Myself* members, but not all. *Learning About Myself* therefore appears to contribute to improvements in these women's lives, particularly in their relationship skills and problem-solving skills.

Table 1
Client Characteristics and Presenting Problems

Characteristic	Respondents (n=19)
Client's birth year	
1955 to 1959	11%
1960 to 1969	37
1970 to 1979	26
Unknown	26
Annual family income	
Under \$9,000	48%
\$9,000 to \$17,999	21
\$18,000 or over	5
Unknown	26
Number of children	
One	31%
Two	53
Three	8
Four	8
Marital status	
Married	47%
Single	21
Separated	11
Divorced	11
Unknown	10
Client's ethnicity	
Anglo	58%
African American	16
Hispanic	16
Unknown	10
Type(s) of child maltreatment currently reported*	26%
Physical abuse	26
Physical neglect	16
Medical neglect	11
Neglectful supervision	5
Sexual abuse	26
Missing	

* Column may total more than 100% due to multiple responses.

* Column may total more than 100% due to multiple responses.

Table 3
Client Beliefs and Coping Strategies

Characteristic	Respondents (n=19)
How do you feel about your life?	
Ambivalent	32%
Happy	26
Angry	21
Sad	11
Life happens	5
Life is hard	5
What do you do to feel better about yourself?*	
Take care of myself	26%
Make personal changes	16
Read	16
Be with others	11
Buy things	11
Go out	11
Cook	5
Exercise	5
Music	5
Nothing	5
Pray	5
What do you do for fun?*	
Be outside	32%
Spend time together with family	26
Music	21
Movies	16
Sports	16
Television	16
Shopping	11
Read	5
What do you like most about yourself?	
Children and family	26%
Nothing	21
The way I treat others	21
Personality	11
Specific body feature	11
Confidence	5
The way I treat myself	5

Table 2
Childhood and Past Experiences

Characteristic	Respondents (n=19)
Experienced the following in childhood*	
Emotional abuse	53%
Neglect	47
Physical abuse	32
Incest	21
Sexual abuse by a nonrelative	21
Experienced the following in adulthood*	
Spousal abuse	37%
Sexual abuse by a nonrelative	32
What did you want to be when you grew up?*	
Nurse	21%
Doctor	16
Mother	16
Teacher	16
Beautician	11
Airline Stewardess	5
Computer Technician	5
Fireman	5
Musician	5
Writer	5
Other	15
What did you never have as a child that you wanted?*	32%
Toys/material things	22
Nothing	16
Love	11
Support	5
A childhood	5
A good home	5
A lot of things	5
A sister	5
Freedom	5
My own room	5
Privacy	5
To be normal	
Person who has changed your life the most	
Partner/spouse	32%
Children	21
No one	15
Parents	11
Friend/neighbor	11
Spiritual person	5
Other relative	5

Characteristic	Respondents (n=19)
What do you dislike the most about yourself?	
Personality characteristics	42%
Weight/appearance	26
Dependency	11
Education and/or job skills	11
Myself	5
Unable to provide for children	5

* Column may total more than 100% due to multiple reasons.

Table 4
Client Goals

Characteristic	Respondents (n=19)
How would you most like to change your life?	
Outlook	21%
Nothing	16
Children returned	11
Education	11
Financial security	11
Accomplish something	5
Car	5
Family change	5
Job change	5
Living situation	5
Relationship	5
What have you always wanted to do that you have never done?	
Travel	26%
Career choice	21
Education	16
Adventure	11
Nothing	11
Drive a new car	5
Relationship	5
Spend money freely	5

Characteristic	Respondents (n=19)
What is the one thing you want most for your children?	
Education	21%
Be independent	15
Be happy	11
Be productive/successful/responsible	11
Have a better life	11
Have a good career	11
Be healthy	5
Be loving and respectful	5
Have everything they need	5
Love without being afraid	5
What would you like your life to be like five years from now?*	
Own my own home	32%
Have a better family life	21
Be happy	16
Be independent	16
Better than now	16
Financial Security	16
Have a new job	16
Be better educated	5
Own/purchase a new car	5
What one thing have you always wanted to know about or learn to do?	
Nothing	
Musical instrument	31%
Computers/technology	16
Crafts/home improvement	11
Medicine	11
Cars	11
Education	5
Law	5
Parenting	5
	5
What would you most like to change about your looks?	
Nothing	37%
Shape/weight	37
Hair	11
Demeanor	5
Everything	5
Face	5

Characteristic	Group Members (n=19)	Caseworkers^a (n=19)
Have your client's children improved in appearance?		53
Is your client more independent?		44
<u>Social Networks and Social Isolation</u>		
Have you (the client) made new friends since becoming a LAMs member?	100%	
Average number of new friends?	5	
Have you (the client) talked on the phone or visited other LAMs members between sessions?	21	
Does your client seek help from others more now?		83%
Is your client as socially isolated?		18

- (a) Sample size of caseworkers reflects caseworker responses, rather than the number of caseworkers referring clients to LAMs.

Table 6
Client Perceptions of Group Effectiveness

Characteristic	Respondents (n=19)
What was the most helpful to you about LAMs?	
Learning how to make choices that can change my life	90%
Experiencing warm relationships within the group	79
Learning how to be assertive, not passive, not aggressive	79
Learning how to identify and accept my feelings	79
Learning how my past experiences affect the present	74
Other	11
I wish we had learned more about	
Relationships	16%
Myself	11
Each other	5
Nothing	68
Attended additional or concurrent counseling	58%
Parenting classes	26
ROAR – Assertiveness	11
Individual counseling	11
Anger control	5
Mental health/mental retardation classes	5

Characteristic	Respondents (n=19)
Of all the things you could buy, what do you want most that there is a real chance you could get?*	
Housing	37%
Car	26
Clothes	26
Appliances	16
Happiness	5
Self-improvement	5
Things for children	5
What would you most like to have in your hose that you don't have right now?	
Furniture	31%
Appliances	21
Electronics	16
Everything	11
My children	11
Extra bedroom	5
Peace	

* Column may total more than 100% due to multiple responses.

Table 5
Client and Caseworker Perceptions at Graduation

Characteristic	Group Members (n=19)	Caseworkers ^a (n=19)
Did the client learn new ways to solve problems or make decisions?	95%	77%
Did the client become more assertive?	95	72
Did the client's parenting skills improve?	90	60
Did the client's appearance improve?	74	65
Do you (the client) believe that individuals who used to feel helpless can learn to be more powerful?	100%	
Do you (the client) feel that you have choices and that life does not just "happen" to you?	90	
Have you (the client) done anything that you used to be afraid of?	26	
Is LAMS effective?		100%
Have you (the caseworker) seen any indications that your client's self-esteem has increased?		89
Do you (the caseworker) think that your client's attendance will contribute to earlier case closure?		88

Characteristic	Respondents (n=19)
Case outcome	
Case successfully closed	68%
Case referred to other, less intensive unit	5
Case referred to contract services (less intensive)	5
Outcome unknown/case not closed	22

* Column may total more than 100% due to multiple responses.

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