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Family Preservation and Reunification

How Effective a Social Policy?

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Family preservation programs are not new. They go back at least to the turn of the 20th century with the settlement house movement, Hull House, and Jane Addams. Family preservation programs are designed to help children and families, including extended and adoptive families, that are at risk of abuse or delinquency, or are in crisis.

While family preservation programs have been a key component of the child welfare system for nearly a century, the rediscovery of child abuse and neglect in the early 1960s and the conceptualization of the problem as one arising out of the psychopathology of the parents or caretakers changed child welfare emphasis from one of preserving families to one of protecting children. Intensive family preservation programs emerged in the mid-1970s in response to an exponential increase in child abuse and neglect reporting and a similar exponential increase in foster care placements and the cost to public child welfare agencies of such placements. Also, the conceptual model that explained child maltreatment shifted in the 1970s away from a medical, psychopathological model to a more social model that emphasized stress, poverty, social isolation, and a lack of understanding of proper parenting behaviors and skills. It was assumed that family preservation programs, both traditional child welfare efforts at family reunification and the newer “intensive” family preservation programs, would be effective, based on assumptions about the causes of child abuse and neglect, the cost-effectiveness of the programs, and that children fare better with their birth parents.

This chapter examines the policy and practice of family preservation and

reunification. There are a number of important problems with both the traditional and newer “intensive” family preservation programs. First, the policy and the programs are based on an inadequate understanding of the causes of abuse and neglect and the process and amenability to change of caretakers who maltreat their children. Second, although intensive family preservation programs have been (and continue to be) touted as effective, cost-effective, and able to balance child safety with the goal of family preservation, rigorous empirical research has yet to support any of these claims of effectiveness.

The chapter concludes by proposing that the current debate between preservation and safety resembles the swing of a pendulum. The forces behind the pushes of the pendulum from one side (preservation) to the other (safety) tend to be high-profile cases of child abuse fatalities or inappropriate intrusions of state child welfare agencies into families who have not placed their children at risk. A more constructive discussion is to examine under what conditions family preservation might be effective if such services were better targeted to the families where there is a low risk of abuse and a high likelihood of change.

FAMILY PRESERVATION AND THE DOCTRINE OF REASONABLE EFFORTS

As noted in the introduction of this chapter, family preservation has been the traditional preferred intervention in cases of child abuse and neglect. For more than a century, child abuse and neglect have been conceptualized as a child welfare problem that is best responded to by the social service or child welfare system. As a result, the criminal justice system has operated on the periphery of child maltreatment. Even when the medical community spearheaded the rediscovery of child abuse in the early 1960s, the prescribed social policy response was to enact mandatory reporting laws that required physicians and other professionals to report suspected cases of child abuse and neglect to a designated child welfare agency, not to the police.

Because child maltreatment has been viewed as a child welfare matter, the basic assumption that guides intervention is that social and clinical interventions are more effective in protecting children and preventing the reoccurrence of abuse and neglect than arrest, prosecution, or other legal interventions. Because the essential philosophy of the child welfare system is compassion and not control (Rosenfeld & Newberger, 1977), the preferred response is to provide support for families as a means of protecting children.

At the core of the compassionate approach is the belief that children do best when cared for and raised by their biological caretakers. The theoretical and empirical work on attachment (see for example, Bowlby, 1958, 1969; Harlow, 1958, 1961; Lindsey, 1994) has been used to support this assumption, but even professionals and policymakers who are unfamiliar with research on attachment endorse the assumption that the preferred method of intervening in cases of child maltreatment is to preserve the family, so long as the safety of the child can be assured.

The main exception to the practice of family preservation occurred in the wake of the rediscovery of child abuse in the 1960s. When Kempe, Silverman, Steele, Droegemueller and Silver published their seminal paper, "The Battered Child Syndrome" (1962), they focused almost exclusively on serious and life-threatening acts of physical violence directed at young and mostly defenseless children. Kempe and the medical community advocated the enactment of mandatory reporting laws for child abuse so that serious injuries to children were not deliberately or inadvertently overlooked and untreated by professionals.

Mandatory reporting, combined with public awareness campaigns and technological developments, such as toll free-lines (800 numbers), resulted in extraordinary increases in reports of child abuse and neglect. At the same time, because the medical and psychiatric communities were at the forefront of the campaign to identify child abuse as a serious social problem, the prevailing causal model was a medical—psychiatric—psychopathology model that explained abuse as a function of the psychopathology of the caretaker.

Because the cause of abuse was thought to be some character or personality defect of the parents or caretakers, for almost a decade separating children from abusive parents became an important initial and long-term intervention. However, even during this period, it was rare that more than half of validated cases of abuse and neglect resulted in an out-of-home placement.

By 1978, there were a little less than a million reports of child maltreatment in the United States each year and some 500,000 children in foster care in the United States (Pelton, 1989; Tatar, 1993). The combination of increased reports, increased numbers of child in out-of-home placements, and the cost of such placements raised concerns across the child welfare system. At the same time as these concerns were raised, there was a shift in the explanation of child abuse and neglect. The causal model changed from a medical—psychiatric model that focused on character disorders, personality disorders, and psychiatric problems to a social and social psychological model that focused on poverty, social isolation, and social learning that resulted in the intergenerational transmission of violence and abuse and cultural attitudes about children and physical punishment (Gelles, 1973; Gil, 1970; Parke & Colimer, 1975).

The shift had a gradual but major impact on child welfare interventions and policy. Abusive parents, rather than being thought of as characterologically disordered and different, were now viewed as being at one end of a continuum of parenting. Their abusive and neglectful behavior was not considered the sole result of a personality or psychiatric disorder, but rather the result of a surplus of stressors and a deficit of resources. Anyone, this model proposed, could abuse or neglect a child given certain social and economic circumstances. Even if there were clinical signs of psychiatric disorder, these too were thought to arise from social and environment conditions (see, for example, Gelles, 1973; Lindsey, 1994). This being the case, the major task of child welfare agencies became case management that assisted families in coping with stressors and providing personal, social, and economic assistance.

By the late 1970s, the new model explaining child abuse and neglect was well integrated in the scholarly and professional literature. At the same time, as noted above, out-of-home placements had reached 500,000 (Pelton, 1989; Tatara, 1993). In addition, news reports more frequently described situations where children were harmed or even killed in foster care placements. In Rhode Island, for example, a youngster named Keith Chisoim was removed from his mother by the Department of Social and Rehabilitative Services. The boy had not been physically or sexually abused; rather, he was the victim of neglect. Keith was later beaten to death by his foster father, a man who previously had been arrested for assault and battery. Cases like this made child protective workers in Rhode Island reluctant to remove any but the most grievously injured children from their biological parents. Cases such as this cause what Lindsey (1994) refers to as the “child welfare pendulum” to swing from the side of focusing on child protection to the other side that focuses on family preservation.

The Adoption Assistance and Child Welfare Act of 1980

The new child protection—family preservation policy that emerged in the late 1970s was crystallized by the federal Adoption Assistance and Child Welfare Act of 1980 (PL 96-272), which experts and advocates generally consider the most significant legislation in the history of child welfare. The two major child welfare provisions of the act were on permanency planning and “reasonable efforts.” Permanency planning was a response to concerns over what child welfare experts had labeled “foster care drift.” Although data on foster care were scarce and often incomplete at that time, researchers and practitioners generally believed that too many children were lingering in the foster care system. Permanency planning mandated that states develop permanency plans for children: either that they be returned to their birth parents or placed for adoption within 18 months of entrance into the child welfare system. The second child welfare provision of the legislation was embodied in the two words: “reasonable efforts.” Again, aimed at reducing foster care drift and inappropriate out-of-home placement, the policy of “reasonable efforts” was stated in a brief but important section of the legislation:

...in each case, reasonable efforts will be made (A) prior to the placement of a child in foster care, to prevent or eliminate the need for removal of a child from his home, and (B) to make it possible for the child to return to his home. (42 USC, 67[a] [15] [1988 Supp I].)

States had to demonstrate that they made reasonable efforts and that they were in compliance with the permanency planning provision of the law in order to qualify for federal funding for adoption and foster care.

It appeared that the Adoption Assistance and Child Welfare Act of 1980 had the desired effect. Data on foster care placements indicated that out-of-home placements declined to under 300,000 per year by the mid-1980s (Pelton, 1989; Tatara, 1993). The reduction, however, did not continue, and by the mid-1990s, foster care placements approached 600,000 per year (Tatara, 1993).

Despite the good intentions behind the law and likely initial success in

reducing foster care placements, the Adoption Assistance and Child Welfare Act of 1980s had some unintended consequences. One problem was the ambiguity around the very concept of “reasonable efforts.” Nowhere in the federal legislation or ensuing legal decisions in state courts was the concept “reasonable efforts” ever clearly defined. As a result, child protection workers, administrators, legal staff, and judges had no guidelines for how much or how long they had to make efforts at reunification before moving to permanent out-of-home placement for abused and neglected children. A second problem was the actual implementation of the law. Because there were no specific definitions or guidelines for what constituted “reasonable” and because family preservation was a long-held bedrock value of the child welfare system, child welfare workers and administrators often interpreted “reasonable efforts” to mean that they should make “every possible effort” to keep children with or reunite them with the birth parents.

Intensive Family Preservation Services

Intensive family preservation services are an alternative to the “business-as-usual” family preservation—family reunification child welfare casework used by child welfare agencies. The intensive family preservation services movement began in Tacoma, Washington, in 1974. Child psychologists David Haapala and Jill Kinney developed a program they called “Homebuilders” with a grant from the National Institute of Mental Health. The goal of the program was to work intensively with families *before* a child is removed. There are now many variations of intensive family preservation services in use across the country. The core goal of such programs is to maintain children safely in the home or to facilitate a safe and lasting reunification. Intensive family preservation services programs were designed for families that have a serious crisis threatening the stability of the family and the safety of the family members.

Although, as noted above, there are many variations of intensive family preservation services programs, the essential feature is that such programs are short-term, crisis intervention. Services are meant to be provided in the client’s Home. The length of the sessions can be variable. Unlike traditional family preservation services, intensive family preservation services are available 7 days a week, 24 hours a day. Perhaps the most important feature of intensive family preservation services is that caseloads are small—caseworkers may have only two or three cases. In addition, the length of time is brief and fixed at a specific number of weeks. Both hard and soft services are provided. Hard services include food stamps, housing, homemaker services; soft services include parent education classes and individual and/or family counseling.

ARE INTENSIVE FAMILY PRESERVATION SERVICES EFFECTIVE?

The initial evaluations of intensive family preservation services were uniformly enthusiastic. The programs were claimed to have reduced the placement of children, reduced the cost of out-of-home placement, and at the same time assured the safety of children. Foundation program officers and

program administrators claimed that families involved in intensive family preservation services had low rates of placement and “100% safety records” (Barthel, 1991; Forsythe, 1992). Program administrators also claimed success in reducing placement and assuring safety. Susan Kelley, Director of the Division of Family Preservation Services, Office of Children and Youth Services for the state of Michigan, testified before Congress that of 2505 families who participated in Michigan’s Families First program in the first year, one incident of abuse was reported (Barthel, 1991).

There were, however, major methodological and design limitations of the early evaluations of intensive family preservation services. The vast majority of the evaluations of intensive family preservation services either employed no control group or used a comparison group that was not an appropriate match for the group receiving treatment. Moreover, there were questions raised about whether “placement avoidance” was the appropriate outcome measure for the evaluations. Peter Rossi (1992) cautioned that “placement avoidance” was not a proper outcome variable, since placement avoidance was itself the treatment. In his 1992 review, Rossi concluded that the evaluation studies did not convincingly demonstrate that intensive family preservation services reduced placement or reduced child welfare costs. The claim that children were safe was not actually evaluated in these early studies.

There have been at least 46 evaluations of intensive family preservation services of one form or another (Heneghan, Horwitz, & Leventhal, 1996; Lindsey, 1994). Of these 46 evaluations and of nearly 850 published articles on intensive family preservation, only 10 studies actually evaluated intensive family preservation services, included outcome data in the report, and used a control group of some kind. In California, New Jersey, and Illinois, the evaluations used randomly assigned control groups, included outcome data, and had large enough samples to allow for rigorous evaluation. In all three studies, there were either small or insignificant differences between the group receiving intensive family preservation services and the control group receiving traditional casework services. Even in terms of placement avoidance, there was no difference between the two groups, thus suggesting that earlier claims that intensive family preservation services were successful in reducing placement obtained those results because of the low overall rate of placement in child welfare agencies. These results also point to how difficult it is for child welfare caseworkers to accurately classify a family as “high risk” for being placed, since 80 to 90% of the children in the control group were not placed, even though these children theoretically were selected for the study because they were at high risk of being placed.

As noted above, the outcome measures of most evaluations do not include data specifically designed to measure child outcomes. Thus, it also is impossible to verify the claim of the safety record of intensive family preservation services. Critics of intensive family preservation services programs argue that children are injured or even killed when they are inappropriately returned to their abusive

caretakers (Gelles, 1996). Indeed, there is considerable anecdotal evidence that such children are injured and killed when left with or returned to abusive parents. However, there are no data yet on whether children involved in intensive family preservation services have higher rates of reinjury or fatalities compared to children served by traditional child welfare casework.

Thus, the empirical case for intensive family preservation has yet to be made. Amid the claims and counterclaims on intensive family preservation and following the funding of the Family Preservation and Support Act of 1993, the Department of Health and Human Services funded a national evaluation of family preservation and support services. This evaluation, conducted by Westat, The Chapin Hall Center for Children, and James Bell Associates, is examining a full range of family preservation and support programs at a number of sites across the country. The study is using a randomized trial design with a variety of outcome measures, including placement, cost, and family functioning.

Given that the claims for the effectiveness of intensive family preservation have not been supported to date by scientific evidence, there is concern for the widespread adoption of intensive family preservation services. Peter Rossi, for one, criticized the states and the federal government for running "...pell mell into family preservation without considering the evidence for it" (MacDonald, 1994, p. 53).

WHY FAMILY PRESERVATION AND REUNIFICATION POLICIES ARE INEFFECTIVE

There are a number of reasons why intensive family preservation services specifically and the broader policy of family reunification are not effective. First, it is possible that intensive family preservation services, in and of themselves, are simply not effective. The theory behind the program may be faulty and the programs themselves therefore may not be addressing the key causal mechanisms that cause child abuse. Second, the programs may be effective, but they may not be implemented properly by the agencies and workers that are using the programs. When the evaluation data for the Illinois Family First program were made public (Schuerman, Rzepnicki & Littell, 1994), an initial reaction was that there was considerable variation in how intensive family preservation was being implemented at the different sites in Illinois and the overall implementation was not true to the "Homebuilders" model of intensive family preservation. Thus, the lack of support for the effectiveness was blamed on the programs not being properly implemented. Third, the theory behind the program may be accurate and the program itself may be appropriate, but the "dose" may be too small. It may be that more services are necessary or the length of the intervention should be increased. If this were true, however, it would partially negate the cost-effective claims for intensive family preservation services.

With regard to theory, there are other plausible explanations for the apparent ineffectiveness of intensive family preservation services. As noted

earlier in this chapter, current child welfare programs, including intensive family preservation, assume that abuse and maltreatment are one end of a continuum of parenting behavior. However, it is possible that this model of abusive behavior is inaccurate. It may be that there are distinct types of abusers and maltreaters (Gelles, 1991, 1996). Abuse may not arise out of a surplus of risk factors and a deficit of resources, but rather there may be distinct psychological and social attributes of those caretakers who inflict serious and/or fatal injuries compared to caretakers who commit less injurious acts of maltreatment. If there are different types of maltreaters and different underlying causes for different types of abuse, it is reasonable to assume that a “one-size-fits-all” intervention or policy would not be effective across the board.

Another problem with the child welfare system and with intensive family preservation and family reunification is the crude way behavior change is conceptualized and measured. Behavior change is thought to be a one-step process: one simply changes from one form of behavior to another. For example, if one is an alcohol or substance abuser, then change involves stopping using alcohol or drugs. If one stops but then begins again, then the change has not successfully occurred. A second assumption is that maltreating parents or caretakers all want to change, either to avoid legal and social sanctions or because they have an intrinsic motivation to be caring parents. As a result, those who design and implement child abuse and neglect interventions assume that all, or at least most, parents, caretakers and families are ready and able to change their maltreating behavior. However, research on behavior change clearly demonstrates that change is not a one-step process. Rather, changing behavior is a dynamic process and that one progresses through a number of stages in trying to modify behavior. It also assumes that there are cognitive aspects to behavior change that can be measured (Prochaska & DiClemente, 1982, 1983, 1984; Prochaska, Norcross & DiClemente, 1994):

One of the reasons why child welfare interventions in general and intensive family preservation programs in particular may have such modest success-rates is that most interventions are “action” programs often provided to individuals and families in what Prochaska and his colleagues call the precontemplator or contemplation stage of change. This is what others may refer to as denial or ambivalence about the need for change.

TOWARD A SAFER AND MORE EFFECTIVE CHILD WELFARE POLICY

In response to criticisms leveled at intensive family preservation services interventions, as well as widespread media coverage of cases of children who were killed by caretakers after being left with or reunited with abusive caretakers, proponents of intensive family preservation have modified their unqualified support for the effectiveness and safety of programs like Homebuilders. Susan Notkin (1996) Director of the Program for Children of the Edna McConnell Clark Foundation, said in a letter to the *Wall Street Journal* that

even the staunchest proponents of such an approach (intensive family preservation) do

not believe that every family can or should be “preserved.” On the contrary, a balanced and well-functioning child welfare system needs a full toolbox of services—from early prevention to intensive family preservation to foster care and adoption. (A, p. 15)

The Edna McConnell Clark Foundation has been one of the strongest supporters of the Homebuilders model and intensive family preservation. An earlier report by the Edna McConnell Clark Foundation was a glowing testimony to the effectiveness of intensive family preservation that claimed few risks with such programs (Barthel, 1991). Susan Kelly, Director of Michigan’s Family First program, is now quoted as saying that

Family preservation efforts were never intended to be a stand alone program or a program that is expected to fill all the needs of every at risk family. It’s a false dichotomy to say we should have foster care or family preservation. (Lawton, 1996).

The problem with these arguments is that the same individuals also continue to promote family preservation programs by stating that they are effective. Moreover, preserving families is still the preferred approach to dealing with child welfare. Thus, although there appears to be an effort to find a balance between preservation and safety, preservation remains the child welfare system’s central goal. Taking Susan Notkin’s toolbox metaphor one step further, the best-promoted and most widely used tool in the box is still preservation and reunification. As the homily goes, “if the only tool you have is a hammer, the whole world tends to become a nail.” The argument that we need a full tool box notwithstanding, the child welfare system still tends to reach for one tool first and foremost—preservation and reunification.

An additional problem that continues to plague the child welfare system is that the system tends to swing back and forth between child protection and family preservation in what Lindsey (1994) refers to as a pendulum. Public outcry over sensational cases—children killed by biological caretakers—pushes the pendulum toward child protection; children injured or killed in foster care or false accusations of abuse, push the pendulum toward family preservation. Theory, informed research, and rigorous evaluations of interventions exert much less force on the movement of the pendulum.

One thing that is clear is that there is no “one-size-fits-all” explanation for child maltreatment and no “one-size-fits-all” intervention or treatment. No side of the pendulum can or will be effective all the time. Nonetheless, striking an appropriate balance is extremely difficult. The most constructive approach is to examine under what conditions family preservation might or might not be effective and to better target services or intervention to families and children.

Schuerman and his colleagues (1994) identified “targeting” as a key issue in their examination of Families First in Illinois. One reason why Families First was not found to be effective was that it was delivered to many families for whom it was not intended or appropriate, families in which there was not an “imminent risk of placement.” A second targeting problem is when services are delivered to families or individuals who may not be ready or able to change and are the least

likely to benefit from efforts to help. One means of improving targeting and matching interventions is to develop better risk assessment for use by the child welfare system. Child abuse investigators and assessment workers all engage in risk assessment. Some agencies and investigators use formal, written risk assessment devices; others rely on clinical judgment, clinical intuition, or just accumulated experience. A survey conducted in 1991 found that 42 of the 50 states have experimented with or implemented some form of systematic formal risk assessment (Berkowitz, 1991). The reliability and validity of risk assessment instruments are variable. Some risk assessment is merely formalized clinical judgment, while other risk assessment is what I have called “olfactory risk assessment”—homes that smell of urine or feces, homes that are filthy, with trash and garbage not disposed of, and disorganized homes are typically rated as high risk; while homes that smell of “Lestoil,” that are neat as a pin and structurally sound, are regarded as low risk, irrespective of the presence of other important risk factors. Some instruments are well grounded in the scientific study of the causes and correlates of maltreatment; one such instrument is the Child at Risk Field System (CARF) (Doueck, English, DePanfihis, & Moore, 1993). But even this risk assessment instrument only assesses proximate risk factors for maltreatment; it does not measure whether parents or caretakers are ready or willing to change their behavior.

A more sensitive and appropriate risk assessment model would assess recognized risk factors such as income, substance abuse, and so forth as well as “stage of readiness to change,” so that action-oriented interventions will be targeted for families ready to use them. More importantly, child welfare agencies will

Be able to move to protect children at high risk by identifying risk in terms of presence of risk factors *and* reluctance, unwillingness, or inability to change. Agencies will not have to wait for a child to be seriously or permanently injured to suspend “reasonable efforts,” because they will have the ability to identify families where “reasonable efforts” are unlikely to work, for example, high-risk parents not ready to change (precontemplators). The grid in Figure 1 illustrates this kind of risk assessment.

State of Change	Severity of Risk		
	High	Medium	Low
Precontemplator			
Contemplator	No reunification High likelihood of terminating Parental rights		Parent Education Classes
Preparation			
Action	Family Preservation only with close Monitoring		Family Preservation Reunification Recommended
Maintenance			

Figure 1. Two dimensions of risk assessment for child abuse and neglect.

Risk assessment, however, is not the entire solution to the problems that plague the child welfare system. The system still considers the preservation of families its highest priority. Thus, for the system to truly change and *meet the needs of children*, it should replace “reunification and preservation” with “child safety and the best interests of the child” as its main goals. Although it is admirable to try to balance the goals of preservation with child safety, social scientists who are familiar with statistics and the problem of type I and type II error know that one cannot simultaneously reduce both type I and type II error. A choice must be made: families can be preserved, but at the cost of injuries and harm to children; or children can be protected at the cost of inappropriate risk assessment, which matches interventions to stage of change, is the best promise for an effective and safe child welfare system.

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