Family Resource Centers: A Way to Grow

A large majority of our population have been, are or will be parents. Thus, most individuals have a large part in determining the quality of life for another person. Parenting influences the kind of adults children become. It is an awesome responsibility for which most have little or no formal training.

Rutter (1976) suggests that a cycle of ineffective parenting is established as a result of lack of preparation. The enormous responsibility of child rearing is basically learned informally in the family. Therefore, traditional ways of parenting, even if they are ineffective or harmful, continue to exist if the child identifies with the parents, adopting their parenting styles, discipline and belief system. The child then enters adulthood with faulty frames of reference which lead to mistakes repeating themselves when the child becomes a parent.

The effects of ineffective and inadequate parenting are more pronounced in recent years due to fundamental changes in the family unit. These changes include: the increasing percentage of both parents in the work force; changes in family structure brought on by divorce, remarriage and single parenthood; the increasing geographic mobility of families; and growing poverty among children, particularly those in female-headed households. The result is increasing isolation among families from all social, racial and cultural groups, placing them at risk for a wide range of social problems, including health and mental problems, child abuse and delinquent or criminal behavior" (Munk and Weisbrod, 1989, p. 1).

The intent of this article is to investigate the possible prevention of two results of this increased stress: child abuse and neglect, and school failure.

Child Abuse and Neglect

Many factors lead to child abuse and neglect. Among these are lack of knowledge, low of problem-solving skills, inability to cope, stress and social isolation. As a means of preventing many of these factors, parent education programs have been developed. A recent article by Brunk, Menggler and Whelan (1987) investigated two treatment modalities for preventing the recurrence of child abuse and neglect. These were parent training and multysystem therapy. They suggested that child abuse can be viewed from two perspectives: socioculturally or ecologically.

The social-ecological model developed from learning theory and suggests that "the use of corporal punishment affects the child's aversive behavior, which subsequently triggers further abuse and traps the parent and child in a 'vicious cycle' that maintains the abuse. Factors that contribute to this process include limited and ineffective control responses and high levels of aversive child behavior. Outcome results have indicated that parent training is effective in reducing negative parent and child behavior" (Brunk, Menggler and Whelan, 1987, p. 171). The parent training for Brunk's study utilized the group setting which "enhances parental support systems, decreases social isolation of maltreating parents, and provides immediate feedback from peers regarding problem-solving behavior" (Brunk, et al., 1987, p. 172).

The ecological model views the child maltreatment from a systemic paradigm. "Maltreatment results from the interaction of multiple factors that are nested within four ecological levels: the background of the parent, family relationships, family transactions with extra-familial systems and cultural variables that support maltreating" (Brunk, et al., 1987, p. 171). The therapeutic intervention, which varies according to the family system, includes effective child management strategies and more appropriate expectations of child behavior, restructuring family systems, marital therapy, coaching and emotional support, and family advocacy with outside agencies. This treatment modality was conducted with separate families in the home or at a clinic.

While the results of this research indicated that multivariant therapy provided certain advantages over group training, the parent training had definite strengths and positive results. Both approaches showed a decrease in reported psychosomatic symptomology, reduced stress, and resulted in improvement in individual and group problems.

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Family Centers

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VIRGINIA'S FAMILY RESOURCE CENTERS

Family Focus, Grafton

Located in York County near Williamsburg, Va., Family Focus is a rural community surrounded by larger cities. Contained therein is one of the most comprehensive family resource centers in Virginia, offering many services to virtually all parents with children from birth to 3 years old, the period when children are most vulnerable to maltreatment.

Family Focus began in 1983 when the local child abuse and neglect multidisciplinary team received a grant from the Virginia Family Violence Prevention Program (VFPV) funds, administered by the Virginia Department of Social Services (see box for description of this funding source). The money allowed them to begin a parenting program. In 1985 they received support from two other community resources: Colonial Services Board, the local provider for mental health/mental retardation services, and Mary Immaculate Hospital.

Bertie Stillwell, director of Family Focus, explained the hospital's involvement. "At that time Mary Immaculate was redesigning the maternity ward, and looking at providing outreach services. They do not have a pediatrics department, and wished to find some mechanism for maintaining contact with their maternity families. They liked what we were doing for the families of York County, so they offered financial support."

According to Stillwell, both Colonial Services Board and Mary Immaculate Hospital are committed to the program and have included continued funding in their five-year plans.

Services by Family Focus are provided in their own facility and are offered to all families with young children. "We believe that when a new parenting program begins, we want to establish the strongest program possible," Stillwell explains. "Therefore, we offer it to all families knowing that probably the initial interest will come from families with more resources and more education. The advantage is that we start with a solid and strong base of parental involvement. We then reach out to families that are considered at risk of child abuse and neglect. I advise anyone starting a program to do it this way. I think it helps explain the success of our program."

All services are free of charge. "Money is never mentioned at Family Focus," emphasizes Stillwell. "We focus on parenting concerns, not people's status. Colic is colic, regardless of financial resources. We zero in on what any parent needs to do in various situations. We use the parenting expertise of all our parents, as we have found each has strengths and weaknesses.

"Beyond Delivery" is a six-week class designed for mothers with infants ages 6 weeks to 6 months (mothers of younger babies can be accommodated if they are returning to work). Both parent and child come together for play activities and informal lecture. Topics include safety issues, adjusting to parenthood and child development during the first year. Parents are taught various activities to share with their baby.

"Support groups have evolved from this program. They meet regularly after the formal program has ended," Stillwell explains. Approximately 100 mothers participate in this program annually.

"Systematic Training for Effective Parenting" (STEP) (Dinkmeyer and McKay, 1984, see review, this issue), is offered as frequently as six times a year. "We get so many requests for this program," Stillwell explains. "We get many referrals from the courts, schools, and social services. And we get requests from parents wishing to improve their parenting skills. We have a continuous waiting list." STEP provides parents with an understanding of child behavior, effective communication skills and positive discipline alternatives.

Other parenting programs are offered, too. Two more formal programs are "Responsive Parenting" (Leermans, 1994, see review, this issue) and "Siblings Without Rivalry" (Faber and Mazlish, 1987). "In addition, we will offer one-time lectures on topics — such as dealing with temper tantrums — that have been requested by our play group mothers," Stillwell states.

Several play groups are offered at Family Focus. They are at times when parents can drop in and have play time with their children, as well as interact with the parents of children in the same age range. These groups are attended by parents from the education groups as well as by referrals from the hospital, and those who learn of the group through word of mouth and advertising.

"Play groups are the foundation of our program," says Stillwell. "Some who begin by attending play groups later enter the parent education groups."

The infant play group meets once a week on Thursday. It is for parents of children from birth to 18 months. The toddler play group meets on Monday and Wednesday, and is for parents of children between 18 months and 3 years. "My role with these groups is to provide several activities for participation, as well as unstructured time when I am available as a resource," Stillwell explains. "I encourage the parents to take ownership so they help plan and I encourage them to ask for special activities or programs."

On Tuesday there is a special group, The Sharing Center, for parents of children between birth and 2 years who have been referred from various agencies, and are considered at risk for poor parenting. Each family must meet screening criteria. When referred, a home visit is arranged to assess the needs and risk factors of the family and child. Stillwell explains that they use assessment tools such as the "Deaver Developmental Screening Test" (Frauenburg, et al, 1975, see review, this issue) and "HOME assessment" (Caldwell and Bradley, 1985).

To be eligible for the program at least one risk factor must be found. There are several maternal risk factors (less than a 12th grade education, younger than 20 or older than 35 years old, any or no prenatal care, less than six prenatal visits, history of substance abuse or mental illness, moved more than twice in the last year, lack of economic resources, and lack of stability) and three infant risk factors (infant birth weight of less than five pounds, small for gestational age and second life support at birth). If eligible, parents are provided transportation to the weekly group.
topics," Nelson explains. "It breaks up the monotony of just hearing me.

Crafts. The latter half of the morning is taken up with craft activities. "This is one of the best things we do," Nelson remarks. "I have actually been surprised at what a positive experience it is. For many of these folks it is a new experience. They find that there are some things they can do quite well. It is a real ego booster. In fact, some parents have sold some of their crafts.

Adult Basic Education. Some parents are receiving adult basic education while their children are in school. "These reading/ basic math activities meet three hours a day for two of the days, with these parents joining the parenting group for one session the third day.

In addition to providing education and support to parents, the program also provides nutritious food. "It allows parents to have time away from the stress of parenting, and provides them with an opportunity for adult socialization that they may not otherwise get," Nelson says.

Nelson explains that the goals of the Family Center are multiple. "Our primary goal is to strengthen the family. We do this by working with children to prevent developmental delays and acting out problems. We work with the parents to become confident and competent; parents so that they will not abuse their children. We also conduct educational training so our parents have the skills to help their children when they get to school."

The Parenting Center, Charlottesville

Charlottesville is a metropolis community in central Virginia, and contains a major university. The city is surrounded by five counties. The Parenting Center, a program sponsored by Family Service Inc., serves both Charlottesville and the surrounding counties. It is housed in a building behind the Family Service, giving a feeling of separation.

In the summer of 1985 a group of parents came together to discuss the needs of families in Charlottesville. After investigating the needs and possible programs for answering them, the concept called The Parenting Center was born. The goal was to provide specific services to parents, as well as to serve as a clearinghouse for information about other resources and community activities for families. Fortunately, Family Service Inc. was also very interested in these services. They committed the resources of their agency to starting and maintaining this program.

In the spring of 1986 group proposals were submitted. In June, the program began with two grants, including one of the FYVIR (a child advocacy group and organization) and the group and the Parenting Center. The group and the Parenting Center continue to plan and implement the program. We offer as many technical assistance as they wish us to."

The Parenting Center began by providing services to families with children 1 year or under. Each year they have expanded. Presently they serve families with children through the middle school years. They are beginning to reach out to parents of teens. Like the Grafton model, economic status or risk factors are not considered. Bodkin added, "We are currently serving very few low income or at-risk parents, though they would like to include these families. "We take the approach of the Grafton group seriously. We are getting a sound program by working with family and with all the resources. Now that we are stable, we are looking for ways to reach out to others," Bodkin explains.

The center provides several services. All but a few are offered at no charge.

1. Group meetings. There are several groups at the center. Three regular play/discussion groups are encouraged. (9-12 mos.) toddler play group (9-18 mos.) and a toddler play group (18 mos. - 3 yrs.). They meet for an hour and a half each meeting on separate days. Meetings offer an opportunity to meet other parents with children of similar ages. The parents socialize and discuss parenting issues, while the children play or, in the case of the infants, nap.

2. P.A.W.S. (Parenting Activities With Supervision) meets weekly for an hour. It is a group designed to train parents in activities they can play with their children.

A single parent group meets twice a month. It is led by a clinical psychologist who donates his time for this activity. It is designed to offer support and education to parents with the difficult task of single parenting.

The last group is called Talk and Play and is open to parents of children of all ages. The purpose is for parents to have another structured time to meet and talk while children play.

Toy Library. The center has a well equipped toy library with lending rules similar to any library. During the school year it is open five mornings a week. During the summer, it is open three.

Parent Profile

When Patricia first used the Parenting Center’s services, she was a young mother with an extremely active toddler and was pregnant with her second child. She, her husband and their toddler were new to the Charlottesville area. She felt isolated and alone. It was so difficult to know what to do that would allow her active daughter to use some of that energy! She needed to find an outlet for her daughter and a place where she could meet other mothers.

Patricia learned about the Pogo Program held at a downtown gym and sponsored by the Parenting Center. It was a play program for parents and children. So, Patricia and her daughter went. It was her introduction to the Parenting Center.

At first, Patricia was afraid about getting involved with other areas of the center. However, after her new baby was born, she decided to join an infant support group. That was the beginning of an active volunteering career with the center. Since then, Patricia has been a major force in the toy library, one of the center’s programs. She has recently volunteered to chair its committee, meaning that she is responsible for the organization of the library and the work of 14 other volunteers! Carolyn Bancroft, program director, states that Patricia "pays in approximately 15 hours a week as a volunteer, and that she unofficially serves as assistant recruiter." Patricia is very friendly and helpful and she is always on the look-out for mothers who are new and may be able to use our services. She is a good public relations person!"

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"Small Wonder" is a parenting program that comes in two boxes. Each box contains information and activities for specific ages: baby's first 18 months and toddlers 18 months to 2 years. Both boxes are packed full of wonderful things.

For each age group there are 150 activity cards. In "Small Wonder" the cards are grouped into six units according to baby's age, corresponding to the stage of infant development.

"Small Wonder" 2 is divided into four units also according to age. Each unit covers the toddler's physical, intellectual, and emotional growth as well as language development.

Each also has other components. "Small Wonder" 1 includes a "look book," a sturdy plastic book used in storytelling activities; picture cards to be used for the storytelling and for matching games; "Caper the Catcarien," a hand puppet used to amuse the baby as well as encourage physical activities; and a "Diary of Activities." It is a book for parents to document babies' activities.

"Small Wonder" 2 also has a "look book" and picture cards, and a hard puppet whose name is "Puffer the Butterfly." In addition, this packet has a sound sheet which contains six songs specifically written for "Small Wonder" Toddlers can listen to the songs, take part in song activities and eventually sing along. There is also a diary for parents to make entries.

This is a wonderful program geared for the middle class, educated parent looking for guidance and appropriate activities. A parent could purchase this program and use it at home with no assistance. Less educated parents, however, need the assistance of a parent educator at home during visits. "Small Wonder" appears extremely useful for parent educators to use with parents and infants when they come together for play groups, or by educators themselves in a day-care setting.


This guide outlines the goals and philosophy of family resource programs, and it explores some of the reasons why family resource programs are needed. The guide outlines the steps necessary to start a program, and includes a checklist for use by a local agency committee. A resource list suggests reading and gives the addresses of established programs.


This book is for teenage girls! "Making the Most of a Good Thing: You" is filled with things the girls might never think of to help them. It talks about everything from career choices, relationships, and friends, to life's important moments of coming of age.


An English teacher turned religious educator turned parent educator, Curran has written a book for professionals who work with parents.

It is her premise that while many new parents understand the value of working closely with parents, they often do not understand parents and in fact, fear them. Curran, on the other hand, has found parents to be both pleasant and understandable. She uses her experiences and the experiences of other parent educators to convey this to the reader.

In the introduction, Curran outlines the rewards and frustrations of working with parents. She states that many of the assumptions about parents' attitudes toward their children are unfounded.

The author encourages parent educators to adopt a human and style which empowers parents, and gives suggestions for accomplishing that. She helps the educator deal with parents and to suggest a group format which will appeal to the parent participant.

The book appears to be a valuable tool for the new parent educator who has limited experience with parents and who may feel intimidated by them. However, it also has information that may prove useful to the seasoned educator.

"Responsive Parenting," by S. Leeman, 1984, three audio cassettes and 270-page manual, $89.50 complete, booklets only, $13.95 each. Available from American Guidance Service, Circle Pines, Minn. 55014-7796, 800-328-2560

"Responsive Parenting" is designed for use in a group. It is used to teach positive and practical approaches to child rearing as well as to help parents experience personal growth. The author suggests that it is "uniquely able to reach all parents, no matter what their lifestyle or background." (Reader's manual, p. 4).

The program has several materials contained within, first there is a comprehension leader's manual which outlines the nine teaching and 12 follow-up modules as well as providing information about organizing and leading a group, and follow-up activities.

There is a handbook for each session, ranging in length from 30 to 80 pages. The topics include helping children as they grow; helping children help themselves; helping siblings get along together; using role reversal with children; using a computer; positive self-image; sharing sex information with children; helping children understand and express feelings; helping children handle fears; building independence and cooperation in children; one very, very angry parents. Each module is to be covered. The parents are to read it and be prepared to discuss it at the next session. Other materials include publicly available materials, posters to be used during classes and audio cassettes that correspond with class topics.

The material is excellent and comprehensive. It gives a thorough overview of child development issues. Indeed, it appears that the program, as designed, is geared for middle-class, educated parents who are motivated to sharpen their parenting skills. The handbooks are written in a format that would be difficult for an uneducated or underprivileged parent. However, a parent educator could adapt the material and use it with parents meeting those criteria.
"Early Childhood STEP: Systematic Training for Effective Parenting of Children under Six," by Dr. Dimmeyer, G. McRae, and J. Dimmeyer, 1989. $149.95 (kit), $10.95 parent handbook. Available from American Guidance Service, Publisher's Building, P.O. Box 99, Circle Pines, Minn. 55014-1796.

The newest of the series, Early Child-
hood STEP, has materials similar to the other STEP programs a parent's workbook, a leader's manual, a video tape which features real parents and children's voices, posters and publicity sheets. However, it specifically targets the parents of children from birth to age 5. Through the authors suggest the concepts and principles can be used in preschool classrooms or childcare program settings.

The program is designed to help parents to get started and then move on to more advanced training. The materials are meant to be used as an introduction for parents and then for use as a self-paced learning tool. The manual is written in a clear, concise manner and is easy to follow.

The parent handbook contains a complete set of activities, exercises, and resources for parents to use in their own homes. The activities are designed to help parents understand their children's behavior and to develop effective coping strategies.


Parentmaking is a comprehensive resource for anyone who wants to teach parenting classes. It covers the entire range of issues about parenting and provides a wealth of practical information and strategies for parents. It is a valuable resource for anyone interested in teaching parenting classes. The book is divided into two parts: the first part covers the general principles of parenting, and the second part provides specific strategies and techniques for parents.

The book includes a wealth of practical information, including tips and strategies for helping parents solve common problems, such as feeding, sleeping, and toileting. It also includes a wealth of practical information about the emotional and social development of children, as well as tips and strategies for helping parents manage their children's behavior.

The book is an excellent resource for anyone interested in teaching parenting classes. It provides a wealth of practical information and strategies for parents and educators alike. It is a valuable resource for anyone interested in teaching parenting classes.
The nurturing Program for Parents and Children, 4 to 12 years old, is designed to foster a positive self-concept and self-esteem in parents and children. The program focuses on building strong, positive parent-child relationships, increasing communication skills, and promoting healthy habits such as eating right and getting enough sleep. It is suitable for parents and their children. The program is divided into four main sections:


These programs are designed to help parents and children build strong, positive relationships and provide them with tools to communicate effectively. The programs are available for purchase through the National Coalition for the Unmarried and the Adopted and include a comprehensive guide for parents and children, as well as additional resources such as activities sheets and worksheets. The programs are intended for parents and children of all ages and provide a structured approach to building healthy, positive relationships.
Tools for Assessment

“Minimizing High-Risk Parenting: A Review of What is Known and Consideration of Appropriate Preventive Intervention,” by V. Szatmari, 1993, 131 pages, $10.00 (soft). Available from Johnson and Johnson, and the seventh of its kind. This specific roundtable conference convened in order to discuss children-at-risk and how parenting interventions can be more effectively managed to create successful outcomes. The participants were drawn from several health care disciplines: medicine, dentistry, psychology, social work, public health, education, and sociology. In total, the group was comprised of 18 professionals in the field of early childhood development.

The multidisciplinary group compiled a successful parenting model for high-risk prevention. The summary of their propositions is divided into three major categories: Successful Parenting, High-Risk Parenting and Prevention of High-Risk Parenting Outcomes. Each contains summaries of presentations of nationally known experts in the health-care field. For example, Part One, Successful Parenting, has presentations, articles and excerpts from the field’s leading Basic Adaptations for Successful Parenting, Successful Parenting in the Black Community, and Factors in Predicting Successful Parenting.

The intervention strategies suggested by the participants include a nurse home visitation program which contains information on dental and infant development for parents, links parents with community resources and uses family members as a strong support system for the parent. It discusses such a program as试点 in New York which was open to the entire community but focused on families possessing certain risk characteristics. The program implementation and outcomes as of the date of the summary were discussed.

Another intervention strategy suggested by the participants is a school counseling program available at all first-time parents. It is a network of volunteers who make themselves available to parents for one-on-one intervention.

These procedures are interesting and informative. They provide the reader with a wealth of information about parenting issues and considerations.


The Family Environment Scale (FES) is a 90 item scale which measures 10 social/environmental characteristics of families: cohesion (degree of support), openness of expression, degree of conflict, extent of independence, achievement orientation, intellectual/cultural orientation, social isolation, religiosity or religious emphases, degree of structure and organization, and degree of form control. The FES can be used to identify important issues in family treatment, describe family dynamics and describe family social environment. Perceptions of family members can be compared and contrasted. Alternative forms of the FES can be used to determine the “ideal” family, a measure of the person’s goals and values, and to determine the person’s expectations.

The FES includes only a subset of people and is intended for use with adults and adolescents. A pictorial adaptation, the Children’s Family Environment Scale, is also available. The FES was designed to be hand scored easily, has been widely researched and translated into 11 languages.


The Denver Developmental Screening Test is designed to assist the health-care professional in discovering developmental delays which may not be apparent upon physical examination but may lead to lead to major health failures. It is not as “tell-tale test” as it is a diagnostic tool which leads to labeling a child with a specific learning disability, language disorder or emotional problem. Rather, it is used to investigate a range of accomplishments of a child between birth and 6 years.

The questionnaire is made of 105 items arranged in four sections: personal-social, fine motor, adaptive, large and gross motor. It is to be administered by a professional following directions for identification and use. It outlines the procedures with clarity.

The manual provides guidelines for use, information about the sample from which standardization was obtained, normative data, reliability and validity information, and norms for each scale.


The “Carolina Developmental Profile” is a criterion-referenced behavior checklist designed to be used with the “Developmental Task Instructional System.” In the system, the goal is to increase the child’s developmental abilities to the maximal level of proficiency in order to prepare the child for formal academic tasks in early elementary school. The profile will assist the teacher in establishing objectives in six areas: fine motor, gross motor, visual perception, reasoning, receptive language and expressive language.
More Resource Reviews

1989-92 Comprehensive Prevention Plan for Virginia
The Virginia Council on Coordinating Prevention was established by the General Assembly in 1987. The council is composed of a representative of the governing or advisory boards of 12 state agencies. It was charged with developing a Comprehensive Prevention Plan for the Commonwealth of Virginia. The council has articulated goal statements and identified priority areas for each goal. From these, the plan was developed. The plan is intended to provide direction and leadership for the commonwealth in developing prevention services. The plan will be submitted to the Governor after a series of hearings to solicit public comment and final review by the council. More information is available from: Hamel Russell, Director, Mental Health, Mental Retardation, Substance Abuse Services P.O. Box 1797 Richmond, VA 804-786-3921

Available from: The Dry-Press 2214 N. Central Enca, Phoenix, AZ 85004-1483 Tel. (602) 254-9115
Are you baffled by how libraries are organized?
Are you aware about which reference books are likely to come to your aid?
Do you feel there is an overabundance of journals?
Are you unsure about how to lay-up-to date?
Do you need statistics to support your grant proposal?
Do computerized literature searches and data bases seem like a foreign language?
Do you have trouble locating government documents?
Do you need to locate a court decision?
If you wish to conduct your research in a systematic, efficient manner, this guide will repay you many times. The author, a bibliographer and reference librarian, writes with an obvious enthusiasm for information systems and libraries.

Resource Catalog
The Oregon chapter of the National Committee for Prevention of Child Abuse (NCPCA) has established a Resource Center. Its mission is to educate the public and to assist in the creation of prevention programs. The Center houses an impressive array of books, curricula and audiovisual materials that are available for loan. Volunteer and professional organizations are eligible for library membership which costs $25 for the year or $5 for a one-time loan. A 53-page catalog of loan items is available from: The Resource Center for Child Abuse Prevention Regional Institute for Human Services School of Social Work Portland State University The One Building 1912 S. W. Sixth Avenue, Room 120 Portland, Oregon 97201 503-229-4404

"The One Girl in Ten" is about the girl in 10 who gives birth to a child before she reaches her 18th birthday. It is a story but, unfortunately, it is not fiction. It speaks of experience rather than statistics. It asks only that the reader listen. This book is written from the perspective of the pregnant teen. The author gathered her information by visiting the homes of several girls between 15 and 24 years of age who had been pregnant. Their children ranged from ages 6 months to 6 years. They talked about relation-

A group activity for parents who wish to improve communications with their children, this program offers a great deal of positive information. It is designed for a group of 10-12 parents and a leader. The program contains a chairperson's guide, a participant's booklet, a set of invitation brochures, and the book “How to Talk So Kids Will Listen and Listen So Kids Will Talk.” All are important parts of the program's success.

The chairperson's guide contains guidance for the chairperson as well as six audio tapes. The audio tapes are designed to use for six of the seven weeks that the course meets. They are to be used along with the parent's workbook, and cover the following topics: helping children deal with feelings, engaging cooperation, alternatives to punishment, encouraging autonomy, praise, giving children from playing roles. They give specific information as well as offer interactive activities with the parents, allowing them to practice communication responses and write possible responses to children's comments in their workbook. The chairperson's role is to lead the activities and discuss the material related to these topics.

The reading material, “How to Talk So Kids Will Listen and Listen So Kids Will Talk,” is a book which reiterates the material and allows parents to again document their responses and ideas. It is required reading for all parents in the workshop. It offers yet another opportunity to practice and learn the communication skills the program promotes.

The tapes and written material are easy to understand and are straightforward in their presentation of the concepts. The entire package is illustrated with clear and amusing cartoons which depict the various situations under discussion. The material in the parent's workbook is easily understood by anyone who can read, to useful for participants of all socio-economic levels. It is available in book form, however, it is a little more difficult and is probably best suited for the more educated reader.

Note: “Siblings Without Rivalry” was not available for review but is also published by Negotiation Institute, Inc.

“Parenting Program Evaluation Manual” by: National Committee for Prevention of Child Abuse, P.O. Box 9243 Chicago, Illinois 60690

This resource was not available for review. The individual was created to assist those offering education and support services to new parents in evaluating the impact of their efforts. It reviews a number of standardized assessment instruments and gives guidelines for developing a program specific assessment instrument. Methods of data analysis are discussed, as is use of feedback to enhance program planning.


Families: Getting to Know Your Baby and Yourself, 1974.

Birth to 1 Month: Your New Human.

One Month to 3 Months: Learning About the World.

Three Months to 6 Months: Your Baby Grows.

Six Months to 9 Months: Learning More Each Day.

Nine Months to 12 Months: The End of the First Year.


This comprehensive curriculum is designed specifically for the adolescent parent. It has two specific components: the student booklets designed for the adolescent parent to use in learning about the baby from the time of conception to one year, and the teacher's guide which provides the teacher with information about child development in general and guidelines about how to use the student booklets. The program is designed for groups or one-on-one. It is quite flexible, allowing students to enter and leave at varied times. Teachers are encouraged to adopt and modify the materials to meet the special needs of students. Each of the student booklets covers very specific time periods in the life of the baby. The material is comprehensive in that it covers all aspects of child growth and development: physical, emotional, and cognitive. It is easy to read, contains simple illustrations and wonderful illustrations.

This guide is beautifully written for the young parent with little understanding of the developmental needs of the baby. For example, the three to six month book covers motor skills; why babies need to be held and loved, what it is important to the emotional growth of the baby that the mother is happy and taking care of herself, what frightens the baby, and how to play with a baby. It has questions throughout for the mother to answer as she checks off the accumulated learning.

The material can be used by all young parents who can read. It will appeal to youth of all socio-economic levels. The booklets can be used with little guidance and direction from teachers, though the teacher needs to give specific developmental information to supplement that given in the booklets. The combination of teacher's guide and student booklets make a comprehensive and complete program.

Footsteps Film Series

The Footsteps series are 13 films about child development issues. Originally aired on PBS, they feature well-known television personalities. The films depict common childhood issues and serve as a springboard for discussion. The Footsteps series was produced at the University of Wisconsin - Madison and funded by the Virginia Department of Social Services, 8887 Discretion Road, Richmond, Va. 23229-8699, 804-462-9204.
Risk Assessment: A National Focus

Risk assessment has always been a component of child-welfare decision making. For example, the worker, at intake, must assess the immediate danger to the child in determining whether or not removal is necessary. Longer-term risk is assessed when deciding whether or not to seek court action at a later time. Risk assessment should not be viewed as a one-time determination but rather as an ongoing evaluation of the child and family's situation throughout service provision. Risk assessment is used to help determine the level of service delivery and, therefore, is considered in allocating worker time and resources. For instance, the Smiths' case needs intensive intervention because their children are at high risk for further, serious abuse; the Joneses' may receive only minimal intervention because it is felt there is minimal risk for their children. Risk assessment also helps the worker determine when to close a child protective services (CPS) case.

Patricia Schöne, director of the American Association for Protecting Children, the childwelfare division of the American Humane Association, summarizes, "Risk assessment is a necessary part of child protective services at all stages of the casework process. You cannot intervene appropriately, without making informed decisions about the present and potential risks to the child."

The handling of CPS cases has come under increasing public scrutiny, with legislators and county boards stressing the issues of accountability and cost-effectiveness. Additionally, greater public awareness of child abuse has created an increase in reports of abuse at a time when service resources are declining due to cuts in government funding. Administrators have tried to develop more systematic approaches to risk assessment as part of an effort to direct scarce resources to where they are most needed. Also, a standardized risk assessment approach has been viewed as a way to provide greater uniformity and accountability in case management.

Illinois was one of the first states to develop a risk assessment system. The Illinois system was apparently one of the most popular with other state administrators. In a 1987 survey by the American Public Welfare Association, the Illinois model was cited by 13 other states as one of the systems incorporated into their system or under consideration for adoption. In the spring of 1987, Louis Marrist of the Illinois Department of Children and Family Services proposed the risk assessment tool to the first National Roundtable on CPS Risk Assessment and Family Systems held in San Francisco. Since then, the instrument has undergone changes. The current tool, called the "Family Assessment

Wayne Holder

Factor Worksheet" rates 23 risk factors. The factors were selected after examination of child abuse and neglect theory, research and practice, as well as from departmental evaluations of variables related to child fatalities.

For each factor, a number is assigned ranging from one (no risk) to four (high risk). For example, for the factor "severity and/or frequency of abuse," no risk/low risk is assigned if there is "no injury or minor injury, no medical attention required, no discernible effect on child, no allegation of physical abuse." High risk criteria include "child requires immediate medical treatment and/or hospitalization; abuse of a sibling that resulted in death or permanent dysfunction of organ/s limb(s), ongoing history or pattern of harsh punishment/discipline to the child . . . ."

The completed Illinois form, along with other file documents, serves as the basis for recommendations for ongoing service needs. Further, the form provides valuable documentation of the findings which guided decision making.

Vermonon was one of the states that modeled their risk assessment system after the Illinois instrument. However, there were important modifications made to the Illinois system in order to accommodate Vermont's social conditions, legal requirements and differences in referrals to CPS.

Thomas Tosti, special projects manager with Vermont Social Services, describes the development of their risk assessment system. "Between 1983 and 1987 our major physical abuse cases rose by over 200 percent. Founded sexual abuse cases outnumbered the combined total of all neglect and emotional abuse cases. The increased workload coincided with both a drop in federal funding and an increasingly contentious legal system. Lawsuits, appeals and complicated procedural safeguards sometimes kept cases in limbo for months. As a result, morale and quality of service suffered and CPS staff turnover peaked at 32 percent in fiscal year 1986. Our new risk assessment model was part of a comprehensive revision of our statement of philosophy and our overall system of case management and service delivery. One measure of our success is that by June 1989 CPS turnover dropped to 22 percent and has remained stable since then."

In Vermont's model the total risk score determines the service level. However, if there are mitigating factors that indicate the family needs either more or less intervention by CPS, a worker may decide to intervene at a different level.

Tosti describes examples of cases where the service level is adjusted. "A family may receive a high score, and there are numerous risk factors present. However, the family already has positive involvement with other service providers such as the health department. Head Start, a day care provider and specialized school services. Adding another layer of professionals to assist the family might be overwhelming. Sometimes it makes sense for us to take a background role by monitoring, coordinating and networking the services being provided by others. On the other hand, a family may receive a relatively low score but the worker, based on individual factors not addressed by the instrument, feels the risk for reabuse is higher than measured."

Benefits and Pitfalls of Risk Assessment Systems

Professionals involved with the development of risk assessment models stress that risk assessment systems can help organize information, serve as an analytic tool and augment professional judgments. Wayne Holder, executive director of Action for Child Protection, sees potential benefits in a risk assessment system. "Risk assessment can improve accountability through better documentation and can help standardize practice, allowing some uniformity in how cases are evaluated. It can also be a tool for monitoring and evaluating the decision-making capabilities of staff."

Martinez, speaking at the conference, noted the advantages of the Illinois model "as a uniform and systematic process by which to document the assessment of risk; an evaluation of the interaction between factors; an enhanced accountability of decision-making at critical points . . . and information to use in setting priorities regarding service needs."

(APWA, 1987, p. 14)
Consultation on Risk Assessment

Thelma and Walter Baily of Peanefield Associates are social workers in private practice specializing in consultation and training. They have consulted with several state departments of social services to assist in developing risk assessment models. Thelma Baily offers the following positive factor in good risk assessment-grounded assessment model, based on solid research and practice knowledge, helps protect children. If challenged in court or through the appeal process, the worker can say, 'My position is based on... took this action because... The worker should be able to back up such statements with specific information from research, literature and accepted case practice.'

Walter Baily warns that poorly developed models can create more problems than they solve. "If case decisions are based on an instrument which is invalid or poorly supported, worker decisions will not hold up in court and lawyers can tear the case to shreds. Then, the child is not protected." Scheme addresses other concerns. "A risk assessment model may be based on flawed assumptions and these mistaken ideas could become institutionalized into standard case practice over time. Any model may overlook risk factors that have not yet been identified. We don't know nearly enough yet to come up with a precise tool.

Scheme continues, "Some models seem to be over-simplified. For example, in the area of age-related vulnerability some models assume high risk under a certain age, low or no risk over that age. However, many other factors intervene with age, for example, the presence or absence of protective, caring adults, the child's personality and the child's intelligence level. Systems that are instrument-driven are not rigid, especially those with numerical scoring of risk factors, may lead to automating of worker response."

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National Resource Center on Child Abuse and Neglect AACF
9725 East Hampden Avenue Denver, Colo. 80231
800-227-5242

This national center, based at the offices of the American Society for Preventing Children, can provide assistance to researchers, administrators or agencies in regard to risk assessment. Specifically, there are bibliographic materials, primarily on research-related issues, and the center is available for consultation, evaluation and training in risk assessment.

Diana English, Ph.D.
Research Project Director
Child Services Research Project
Child, Youth and Family Services
Department of Social and Health Services
Olympia, Wash.
206-753-0467

Dr. English received a grant from NCAN to study risk assessment. Her research looks at the difference in the outcome of low-risk cases that received CPS services and those which either received no services or were referred to other community resources. She is interested in determining what happens to a child if a full investigation by CPS is not conducted.

Isabelle Wolock, Ph.D.
School of Social Work
Rutgers University
550 George Street
New Brunswick, N.J. 08903
212-616-7025

Wolock received a three-year grant from NCAN to study risk assessment. The project has three objectives: to assess family functioning on closed cases, look at the information that has occurred, compile family functioning profiles from offices using a standardized risk assessment tool with those from offices where non-standardized assessment techniques are utilized; and to assess several variables that lead to workers' decisions to open or close cases.

Risk Assessment Project
202-246-0100

One of AAPA's ongoing initiatives under its department of research is the development of a Risk Assessment Project. The objectives of the project are to: 1) conduct research in order to expand knowledge about risk assessment; 2) provide technical assistance to states wishing to develop and implement a risk assessment project; and 3) disseminate research findings and models to promote application of the findings.

Thelma and Walter Baily
Peanefield Associates
RFD #2, Box 214
Limerick, Maine 04048

The Bailey's are private practitioners who have specialized in risk assessment training.

Thomas McDonald, Ph.D.
Associate Professor
School of Social Welfare
Twain Hall
University of Kansas
Lawrence, Kan. 66045
913-864-7270

and

Helaine Hornby, Director
National Child Welfare Research Center for Management and Administration
University of Southern Maine
296 Deerfield Avenue
Portland, Maine 04102

Dr. McDonald and Ms. Hornby received a two-year grant from NCAN to study risk assessment. Their study, "A Multivariate Analysis of the Effectiveness of Risk Assessment Systems," looks at the effectiveness of instrument-based risk assessment models. The study includes both quantitative and qualitative research regarding use of the models. The quantitative research in four sites involves the follow-up of a sample of reported abuse/neglect cases to determine the predictive validity of the data collected at the initial report. They are interested in the worker's ability to predict abuse/neglect and the severity of that recurrence. The two-year period has ended. Reports can be obtained by contacting Hornby.
Risk Assessment

Schene and the Baily's agree that the least effective and least accurate risk assessment models are those that have been developed hurriedly in reaction to bad publicity or due to liability concerns. For example, Theresa Baily was consulted by a state specialist who was given only a few days to develop a checklist that all CPS workers were ordered to implement immediately. Reaction within that system was negative. Little staff were angry about being given more paperwork, about not being consulted and about not being trained to make good judgments.

Theresa Baily notes that for a time, "A belief swept the country among some administrators that there was a magic checklist that instantly clarified the problem uniformly." Schene adds, "Workers have had good reasons to resist some of the risk assessment systems.

The Illinois model was one that was resisted initially. The social work union filed a grievance stating the form was illegal, improper a new workload standard and was implemented without proper training. There was more that moderate resistance from investigative and supervisory staff. Reluctantly, state staff recognized that they had failed to provide services from child welfare services with adequate training on the form. Likewise, they had not seen how to present the form or to convey it to volunteers involved to significant others, such as police, medical staff, state's attorney's offices and judges (AF/PA, 1967).

Predicting Risk: What Do We Know?

Although risk assessments is a pressing concern, few researchers have systematically studied systems for predicting recurrences of child abuse. A search of computerized data bases and a manual search of relevant literature by Johnson and L. Rapafoss (1984) found only one study aimed specifically at predicting recurrences of abuse by parents already reported to authorities. (Most studies looking at risk of abuse examine characteristics of abusers, then use profiles to identify those at risk for an initial incidence of abuse, rather than trying to predict who, from a known population of abusers, will be a repeat offender.)

Of the standardized prediction tools reviewed by VC/SP, some included data on predictive validity or reliability. Joel S. Miler, Ph.D., primary author of the "Child Abuse Potential Inventory," comments: "At present there are no published longitudinal data on predicting future reabuse from scale scores obtained after intervention has been completed. Longitudinal studies of predictability for assessment tools are generally lacking."

Miler feels that reabuse is a separate issue from risk for initial abuse. He is currently collecting data in a study of recidivism using the "Child Abuse Potential Inventory." It's existing work and extremely complex. For example, one must look at reabuse according to type of abuse, whether or not there was intervention and the type of intervention. Also, environmental situations can change radically for a given family over time.

Miler distinguishes between short-term and long-term risk for reabuse. "We may need different criteria for each. For example, distress seems to be a good predictor of current abuse risk, but does not predict long-term risk as well. Over longer periods, data indicate that personality variables such as..."
Risk Assessment

Has Caught On

Since the initial Roundtable Conference in 1985, two more have been held in San Francisco - one in 1988 and summer 1989. "Great things have happened since our initial conference," says organizer Tobias Tatars of the American Public Welfare Association. "This idea of risk assessment has caught on nationally. Many professionals keep returning to San Francisco to share experiences and share models. For those who cannot attend, proceedings are published and available at a small fee. The proceedings from 1987 and 1988 are available now, and our most recent conference proceedings should be available in January 1990. So, all professionals can learn from our successes and our failures."

New questions and issues were also discussed at the most recent Roundtable Conference. For instance, Tatars of Vermont was very interested in the discussion related to risk assessment and the family's cultural environment. "We cannot have homogeneous intervention," Tatars explains. "We need to take the culture into account. There must be cultural sensitivity in assessment and intervention. I believe this is an area for ongoing study."".

Like Tatars, Tatars believes risk assessment has caught on and is being used all over the United States. But, with its use comes more areas of concern. Therefore, his department, APWA, and the American Humane Association's American Association for Protecting Children held a national conference in Vermont in May 1989. They focused on research and practice. "Tears is a marriage of necessity between researchers and prac-
titioners," Tatars states. "The legal environment requires sound research, empirical validation of instruments and validation of case planning. In other words, practitioners must be sure their data are "good data.""

The proceedings from this conference will be published early in 1990. The highlights include: 1) how to introduce risk assessment to staff; 2) reports from private agencies comparing models and the implications for practice when using each; 3) state reports; 4) practice implications when using risk assessments; and 5) software.

While the nation seems to have "bought" the concept of standardized risk assessment, it is not without some question. Delta Tatars, child protective research specialist with the Iowa Department of Human Services, Bureau of Childcare, Children and Family Services, explains "Many workers perceive the instruments as too bulky and they use to get someone into the system rather than something that really helps with assessing risk. Obviously, this is a training issue. So there continues to be work to do."
"The toy library is open to any family," Bodkin explains. "There is an annual membership fee of $5 for one toy. This helps us keep a well-equipped library. Families are allowed to check out two toys, puppets, puzzles or musical instruments with a four item limit at any one time. They are allowed one renewal period if a toy has not been requested by someone else. There are the typical overdue charges and damage fees. It is a great program, and very popular with our parents."

Talk Line (296-TALK). As other services, this is managed by trained volunteers. They are there to provide support or referral for parenting issues.

Talk Line receives approximately five calls per day. Callers have diverse concerns such as: "My husband does not listen to me or my child is a picky eater." or "What can I do when my children are always arguing?" The volunteer has reference material available. He or she listens, helps the parent analyze the problem, looks at what the parent has tried in the past and helps generate other alternatives. The volunteer also makes a follow-up call in about a week to check on how the parent is doing.

"This is a program which requires well-trained volunteers. I over-saw this activity to ensure that volunteers have the skills they need to handle the calls they get," Bodkin emphasizes. Talk Line is offered Monday-Friday from 9 a.m. to noon.

Parent Education. Several classes are offered to the community. They vary in length and content depending on need. For instance, in November Bodkin was offering a group called "Coping with Holiday Stress." Other offerings include language development techniques and dealing with parental guilt. These classes are offered in the evenings. Some are free, others have a minimal fee.

Publications. The Parenting Center also publishes a wonderful booklets outlining activities for families in that area. The Parenting Center also publishes a list of movies to be shown at the library, the activities at The Parenting Center and the Virginia Discovery Museum, and various festivals. This booklet is published four times a year: summer, autumn, winter and spring.

New Program. Bodkin explains a new program that is being offered in an effort to reach out to at-risk parents. "We have developed this new group because of several requests we have had from the professional community for parenting groups," she says. "So we are offering a small group educational opportunity which is run by a therapist and a M.S. W. graduate student."

The program utilizes videos and what Bodkin called a "mother's bag of tricks," a bag with items which generate discussion about parenting concerns. The group is designed to provide education and support on an ongoing basis. The center also provides transportation, child care and refreshments. The group is off to a good start," says Bodkin.

PARENTING PROJECTS

There are several programs in Virginia that cannot be classified as parenting centers, but are parenting projects which offer ongoing services. The following are a representative sample.

Good Beginnings, Portsmouth

A program which has received national recognition from Family Service of America is Good Beginnings, a program affiliated with Child and Family Services of Portsmouth. This program began in 1982 when the Portsmouth multidisciplinary team recognized a need for a program to address the needs of adolescent parents, "children raising children."

A member of the team, a social worker at Portsmouth General Hospital, expressed the hospital administration's concern for the young mothers leaving the hospital. Upon further investigation, team members found some startling facts: some young mothers did not know how to use the baby powder properly resulting in infants inhaling powder; others were afraid to remove the bandages on the navel and frequently returned to the hospital with a dirty bandage still attached to the infant; and emergency room doctors reported infants coming back to the hospital with preventable diseases.

The team also determined that young mothers often had low birth weight babies who were born prematurely. Therefore, mothers were discharged from the hospital before the babies. Because of transportation problems, many young mothers did not return frequently for visits. When they did visit, they had to wear masks and gowns. Becoming just one visit was discouraging.

Dismayed, the team started looking for funds to begin a comprehensive parenting program for teen parents. Child and Family Services of Portsmouth received enough funds from the Virginia Early Childhood Education Foundation and the Portsmouth General Hospital Auxiliary to fund a position for a health educator. Thus began Good Beginnings. Since then, the funding base has expanded. VEPF and the Virginia Maternal-Infant-Child Program are two sources of funding.

The program teaches young, inexperienced parents how to care for their infants and develop the positive attitudes toward parenting. It also provides an opportunity for socialization and supportive services. The inter is to prevent child abuse and neglect. Dina Cleverton, director of Good Beginnings and health educator by profession, and her assistant, Cathy Bass, visit the OR/ GYN unit of three area hospitals: Portsmouth General, Maryview in Chesapeake. At that time, they interview new teen mothers who have expressed an interest in the program, telling them about the program and assessing whether they meet the five criteria for participation: a) between 12 and 20 years old; b) first pregnancy or another infant less than 1 year old; c) resident of Portsmouth, Suffolk or Chesapeake; d) demonstrates five characteristics of at-risk parents; e) and is recommended for the program by medical personnel.

After initial screening, a home visit is conducted by Good Beginnings staff. "When we visit the home, we are assessing several factors," Cleverton explains. "We observe the parent/child interaction and the home environment. We also administer the "Adult-Adolescent Parenting Inventory" (Barile, 1984; see review this issue) to assess the knowledge, mood and attitudes toward parenting. During the visit we also give them some instruction in an observed area of deficiency." At this time the young mothers and fathers are invited to attend a parent education group which meets once a week. At the end of the sessions, a post test is administered and a diploma awarded. If parents wish, they can go through another cycle of training.

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- Administration for Children, Youth and Families
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- Virginia Department of Social Services Bureau of Child Welfare Services
- Portsmouth General Hospital Auxiliary

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Carolyn, a young professional who moved to Charlottesville with her husband and two in order to make a major lifestyle change. She taught at the University of Miami in Miami, FL, and worked with a publishing company as an editor/ indexer for approximately 15 years. They became disenchanted with the area and climate, so they began researching alternative places to live. Charlottesville was the place they chose.

When Carolyn came to town, she knew no one. Her husband became involved with his work at Craelaid, leaving Carolyn at home all day with her infant son. While she was doing some freelance work for a Detroit publisher, the work did not have her interacting with others and she was not feeling a part of the community. It was winter and she was feeling very alone, lonely and isolated, but that was to change.

By chance Carolyn picked up a Parenting Center flyer at a Charlottesville children's clothing store. It included information about the infant support group the center offers. The idea appealed to her, since she had no support and needed it for those moments when she felt "cray" as a new parent who was doing everything wrong. She attended the six-week group along with five other mothers. It was wonderful to realize that she was not "crazy" after all. "I learned that

Our classes are open to anyone in the community," explains Donna Geff, director of the fellowship. "We advertise through fliers and public announcements and we get about 25 percent of our participants by these means. The remaining 75 percent is through referrals."

As a treat of many parenting programs, Geff believes in the value of free, in-person parent classes and child care provided, and they cover the usual topics over eight to ten weeks of time. Classes are offered twice a year.

Geff believes they have a program that is successful in its goal to strengthen parenting roles and having participants feeling more confident and positive about themselves as parents that attributes much of the success to the facilitator, Dr. Gaye Newton. "Gail is a very skilled facilitator. Everyone feels very comfortable with her, and they rave about her. They come away believing something important is happening."

Goochland would like to expand their program to become a Family Development Center modeled after the Richmond Countys program in Warren. "Our goal is to be a comprehensive program for parents and adults in January 1990," Geff explains. "We want to provide pre-school and literacy classes for children and parenting classes along with literacy classes for adults. We have a wonderful facility which our families love and take care of. They are asking for more assistance in the job of parenting and we believe we can provide it."

What are they asking for? "Money," says Geff. They have received some of the money they need through the KFPP. "We have written proposals to several foundations. We will know about the funds by December. If we get them, we begin in January. If we don't, it's back to the drawing board," she says.

A Chapter of the National Committee for Prevention of Child Abuse

Stop Child Abuse Now (SCAN), Richmond, Va.

One of SCAN's many initiatives is the New Parent Fellowship Network, an outreach program being piloted at St. Bridget's Catholic Church, according to Barbara Rawn, executive director of SCAN, a church in an excellent position to implement new parent programs since churches are a support system for those who live away from their

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Family Centers

Designed to provide support for new moms during the first year of the baby's life, the New Parent Friendship Network enlists volunteers who are experienced moms. They attend training sessions conducted by the SCAN staff, assisted by various professional-grade volunteers. A new mom is then paired with a trained volunteer who will offer support, information, and a listening ear. Through the volunteer the new mom has an opportunity to discuss fears, strengths, weaknesses and potential parenting problems.

So far these major components of the pilot program have been accomplished: the recruitment and training of volunteers, matching of five moms and volunteers, and the development of a gift package to be given to new moms. The gift contains a calendar and a parent resource booklet. "One idea for recruitment is to have a volunteer contact each family who registers their baby for baptism," suggests Rawm. "They will receive the gift and be told about the program. If they are interested, a volunteer is assigned. St. Bridget's encourages registration for baptism before birth, which is ideal as matches need to be made as early as possible."

Evaluation is planned. Rawm hopes that participants will feel supported by the church members and also learn about resources in the community.

"If the pilot is successful," notes Rawm, "SCAN hopes to help churches throughout Virginia replicate the program. Not only does the program outreach to young members of the church, but it can serve as a means of preventing problems."

Parents Anonymous of Virginia, Richmond

Among the many programs sponsored by PA is the "Nurturing Program Series" developed by Stephen J. Daveil, Ph.D. (see review, this issue). It is a validated and standardized four-part program designed to strengthen parenting skills and parent-child interactions. The four sections are: (1) teenage parents and their families; (2) parents and young children (birth - 5 years); (3) parents and children 4 - 12 years; and (4) parents and adolescents.

PA's role is an interesting one. "In 1986, we were given a grant by the Virginia Family and Children's Trust Fund to buy five sets of materials and my time and travel expenses," says Sherry Herbert, program coordinator. "I identify local communities interested in the project. Then I provide technical assistance and training for the community. If it does not have a PA board, we start by recruiting members for one. Then we recruit and train volunteers in the Nurturing program. The volunteers then train the parents and children."

The initial five communities were Bristol, Lawrenceville, Lynchburg, Stafford County and Alexandria. Agencies in these communities house the materials and volunteers implement the program with agency and PA chapter support.

Since the inception of the program, interest has blossomed. Several communities have bought their own materials and Herbert has provided technical support and training. And, there are 12 more communities on a waiting list, should Parents Anonymous receive more funds.

"The Nurturing Program" is somewhat different from others in that it is group education that teaches the same concepts to both parents and children. Sometimes the parents and children meet separately, other times they meet together. Regardless, they are both learning. "Let us give you an example," says Herbert. "Let's say we are teaching time-out as a means for modifying children's behavior. We teach the concept and use both the child and to the parent. This process is repeated until the parent masters the techniques and the child understands its purpose. The child is more likely to cooperate."

Herbert is hopeful that PA will be able to continue this program as the years come. So are 12 communities!

Conclusion

Muth and Weinhandl (1988) in their pamphlet, "Guidelines for Establishing Family Resource Programs," suggest that Family Resource Centers play an important and valuable role in the primary prevention of child abuse and neglect. They also point out that these centers are as varied as their settings. "Each family resource program is set up differently but to generate all family resource programs have one goal: to reach families early in an effort to prevent serious problems and to promote healthy functioning."

As these authors suggest, Virginia's parenting centers are designed for and by the individual communities. They reflect the particular cultural and social characteristics of the community, as well as the age and needs of the participants.

Regardless of these differences, however, each community has clearly stated the same goals and philosophy: they want to strengthen families; they want to provide children with positive parenting and with a chance for school; and they want their parents to feel confident and competent in their roles. And, they are working hard to see it happen.

References Available Upon Request

VIRGINIA FAMILY VIOLENCE PREVENTION PROGRAM

This fund was created in 1982. Child abuse prevention groups such as Stop Child Abuse Now and spouse abuse prevention groups such as Virginians Against Domestic Violence joined in advocacy efforts to encourage the legislature to establish the fund. The legislature increased the marriage license fee by $17 in order to provide the funding for violence prevention. Currently, $600,000 per year is appropriated to VFVPP. The money is divided equally between spousal-abuse treatment and child-abuse prevention projects. VFVPP is administered by the Virginia Department of Social Services, 8007 Discovery Drive, Richmond, VA 23298, 804-662-9081.

JAIL INMATE PARENTING PROGRAM

Pulaski County, Virginia and the National Sheriff's Association are currently developing curriculum to teach parenting skills to male and female inmates. Goals are to prevent child abuse and to strengthen inmates' family ties. More information is available from Judy Smith, National Sheriff's Association, 1450 Duke Street, Alexandria, VA 22314, 703-836-7827 or 800-424-7827.
FIRST VIRGINIA CENTER SPONSORED BY NATIONAL EXCHANGE CLUB OPENS IN WINCHESTER
The Child-Parent Center is the first Virginia child abuse prevention center sponsored by the National Exchange Club Foundation. Opening its doors September 1, 1989, Diane Carly, executive director, began recruiting, screening and training volunteers. Trained volunteers will be matched to at-risk and abusive families in an effort to lend support and alleviate stress through friendship and education. For more information contact Diane Carly, Executive Director, Child-Parent Center, 202 N. Loudoun Street, Suite 310, Winchester, Va. 22601, 703-662-7532.

VIRGINIA ASSOCIATION FOR FAMILY PRESERVATION FORMED
The newly organized VAFFP has the goal of promoting services for families in their homes in order to maintain and strengthen family identity. The association will advocate for the development of family-based programs, as well as support existing programs, by providing information and resources, promoting training and technical assistance, and supporting funding at the local, state and federal levels.

VCVPN wrote about home-based, family preservation services in volume 24. More information about VAFFP is available from president Robert Herring, Executive Director of Lutheran Family Services of Virginia, P.O. Box 905, Salem, Va. 24153, 703-365-8045.

Want More Information?
Nancy Talafaro
Family Development Center
P.O. Box 1012
Warren, Va. 22572
804-333-9322

Catherine Bodkin
Family Services, Inc.
116 W. Jefferson St.
Charlottesville, Va. 22901
804-296-4118

Dina Clevenson
Good Beginnings
1805 Airline Blvd.
Portsmouth, Va. 23707
804-397-3311

Sherry Herbert
Parents Anonymous of Virginia
1212 Wilmer Avenue
Richmond, Va. 23227
804-263-2091

Donna Goor
Families, Inc.
P.O. Box 116
Goodland, Va. 23063
804-556-6208

Vicki Nelson
Parent Center
King & Queen Department of Social Services
Box 115
King & Queen Courthouse, Va. 23085
804-785-7023

Betsy Stilwell
Family Focus
2250 George Washington Highway
Grasonville, Va. 23092
804-493-2945

Barbara Raw
SCAN
22 W. Main St.
Richmond, Va. 23220
804-359-0014

VCVPN congratulates Barbara Raw on her outstanding achievement! Barbara was selected to receive the Administration for Children, Youth and Families’ Commissioner’s Award. She received the award at a ceremony at the Eighth National Conference on Child Abuse and Neglect in Salt Lake City, Utah, in October 1989. Wade F. Horn, Ph.D., Commissioner for the Department of Health and Human Services Administration for Children, Youth and Families presented the award.

A dedicated advocate for children, Barbara has provided hands-on leadership in Virginia’s child abuse and neglect prevention efforts. In 1984, she became the first executive director of Stop Child Abuse Now (SCAN), the Virginia Chapter of the National Committee for Prevention of Child Abuse.

Barbara’s charismatic style has attracted the public and business community to prevention efforts. Whether marketing tips for parents at report card time, working with the State legislature to abolish corporal punishment, or serving as regional commissioner for NCPCA chapters in nine states, she exemplifies a leader who brings people together.

Risk Assessment
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In May and June of 1988, the state Department of Social Services conducted two-day training sessions throughout the state on their new risk assessment policy. All regional specialists were initially trained and, in many cases, they helped the central office staff train all regular CPS workers and supervisors. This required multiple training sessions in each region.

It appears that workers, supervisors and directors are pleased overall. Sonja Bible, director of Harrisonburg Social Services, feels that the new policy is not much different than the workers have been doing all along. "The new policy forces us to write down what we've already been doing," she explains. Ann VanDeventer, child protective service supervisor in Louisa County, believes the new policy is working quite well.

"Formal risk assessment is a valid concept that comes naturally to the program."

All states interviewed plan to continue to monitor risk assessment systems to determine modifications needed. As knowledge about child abuse increases, risk assessment systems will be refined, leading to better protection for at-risk children.

References Available Upon Request
Resources for Risk Assessment

There are a number of risk assessment instruments in use by these states, developed to suit their own needs. Some of these are described in detail in the volume. A Summary of Highlights of the National Roundtable's Leop Book Review: This Issue. Some other instruments which may be useful are reviewed.

Very few have strengths and weaknesses. The test that is not quick and easy to obtain may lack sensitivity to the uniqueness of an individual situation. On the other hand, a test or scale that includes every possible contingency would be cumbersome and inefficient. Even the most well-established scales will have some error rate of false positives (i.e., incorrect positive identification) rates. Primarily validated scales will have even higher error rates.

Generally, these instruments are developed for use in specific situations. The choice of instrument, or combination of instruments, will depend upon contextual factors such as the stage of investigation or treatment, the type of maltreatment being examined, and other specific questions to be answered. No single test or protocol can meet all of these needs.

Upcoming Publication


This report describes an overview of a joint project by the National Council on Crime and Delinquency and the Alaska Division of Family and Youth Services. The total project involved the development and implementation of a comprehensive case management system. This report focuses primarily on the risk identification components of this system.

Many reasons will find the ethnographic review of the literature on risk assessment helpful and interesting. The sections on methodology and results of the project will be of interest primarily to researchers, administrators and those involved in setting policies and procedures in child protective services. This report is a valuable, concise description of one state's efforts to develop a risk assessment system that is useful and imparts accountability in decision making.


This monograph provides an excellent review of research findings about the characteristics of caregivers who abuse children, the relationships between parents and children in abusive situations, and the role of environmental factors in abuse and neglect. How these factors can be used to predict initial abuse is addressed. The issue of predicting who abuses is mentioned, but not examined thoroughly.

The authors present the monograph as a beginning work. Viewed in that perspective, this monograph is a helpful summary of risk factors that separate abusive and non-abusive families. More sophisticated questions such as "What is likely to be at risk to abuse again?" are likely to be too long, a long-term risk, or both? Or what conclusions in this family will trigger another instance of abuse? are not explored. This work is most useful to those new to an initial introduction to the concepts of risk assessment.


This volume summarizes three risk studies on risk assessment. The first, by J. West and associates, describes a study in Alameda County, Calif. This project was aimed at discovering improved methods of screening and handling reports of child maltreatment within an entirely new system. The second paper describes the evaluation of a study project at the Ohio Child Assessment Project. This paper summarizes the development of the Alaska project (reviewed elsewhere in this issue).


This system was created by Wayne Holder and Michael C. Knee. It is not a business venture, rather, it is a system to replace a traditional approach to casework. Forms are provided to replace the typical record-keeping system. The model is comprehensive in its attention to screening and providing feedback, through investigation, protective measures, family assessment, record-keeping, service documentation, case initiation and termination. The Child At Risk Field System is the result of over three years of work. Funded by a grant from the John J. McClellan Foundation, ACTION On Child Protection designed, implemented and evaluated the model. Evaluation was extensive, specific with the following findings: —reductions in the number of children in care —safety plans were successful in 100 percent of cases where used —the court agreed with the agency's safety plan 100 percent of the time for cases referred to court.

The instrument is sold only as a package and only with training. Training is done in groups of approximately 20. The five days of training includes these days about the model and two days of practice.

For more information contact: Theresa Alden, ACTION On Child Protection 23rd St. 815 St, Suite 525F, Aurora, Colo. 80014 303-369-6500
“Child Abuse Potential Inventory” Cost: $14.95 plus 10% postage and handling Available from: Protex Corporation P.O. Box 352 Webster, N.C. 28788 This inventory, written on a third grade level, contains 162 items and is self-administered, taking 10-15 minutes to complete. Scoring can be done by a paraprofessional using the guidelines in the first two chapters of the user’s manual. The cost of the manual is very technical and can be revised by the highly trained professionals in eliminating additional information. For example, there is now a 40 item ego strength subscale and licit drugs category is being taken “faking bad” and random scoring. Faking good” may occur at any point of intake when clients try to present themselves in the best possible light. “Faking bad” is a phenomenon that may occur when the (CAPI) is used as a post-test near the end of treatment, where some 20-25 percent of tested subjects may wish to present themselves in a negative light in order not to be ejected from treatment prematurely. They have come to view nurturing and identification. Originally validated on abusive and danger situations in North Carolina in the late 1970s, the CAPI has been cross-validated on populations in a number of other states. There have been numerous other studies of validity and reliability, described in more than 90 journal articles. The error rate has been estimated to be approximately 5 Percent for false positives (non-abusers incorrectly identified as abusive) and 14 percent for false negatives (abusers incorrectly identified as non-abusive). Correlational studies, comparing the CAPI with other inventories and instruments, suggest that the CAPI is successful in identifying important personality traits that tend to describe abusive parents. Joe M. Miller, Ph.D., is the principle author of this inventory. In developing the CAPI, Miller and other investigators working with him found 12 factors that seemed to discriminate child abusers from non-abused controls. There are three identified personal factors: distress unhappiness and rigidity. The three interpersonal factors identified are distress and frustration, with the child problems and family with peers and others. Additional research has lifted to further study the discriminating traits. For example, the “key elements” of these behavioral traits and emotional state. For additional information, including journal articles and contact, Joe S. Miller, Ph.D. Family Violence Research Program University of Northern Illinois Dekalb, IL 60115

“Outcome Measures for Child Welfare Services: Theory and Applications.” 1994 by S. Malpass and B. J. Most. New York: 226 pages. Available from: Child Welfare League of America, 446 First Street, N.W., Suite 310 Washington, D.C. 20001 202-638-2952 The stated purpose of Outcome Measures is “to provide improved tools for assessing the effectiveness of child welfare services.” Its rationale is that the public is demanding accountability for the use of child welfare services. Agencies are being told that they must prove that their work is worth supporting. This necessitates objective and systematic data rather than subjective documentation of case activities. The authors are attempting to assist in the process. This book is written for the social work employee who is responsible for agency accountability. It explains how to define and measure case outcomes. It discusses selections of tools to measure client outcomes, and evaluates several. For example, the evaluation of “Home Observation for Measurement of the Environment (HOME) Inventory,” by Caldwell and Bradley, gives a description of the instrument’s scope, reliability, validity, sensitivity to change, norms, the completer and response rates, discussion about whether the test accomplishes its goal, and author recommendations for its use. This book applies to be a valuable tool for social workers who are working toward establishing criteria for risk assessment, as well as those measuring the outcomes of their programs. In following the advice, professionals provide data that can affect the need for services or social work intervention. This information can assist in marshalling money and resource to work the way they are doing with children and their families.

“The Family Risk Scales” Cost: $14.95 Available from: CWLA Child Welfare League of America 301 Randale Court Parkway Edison, New Jersey 08818 The Family Risk Scales were designed as a standardized measure in help social workers identify families whose children are at risk for placement and to help monitor changes in risk status. After the brief 30-second training session and some experience, a social worker or other service provider can complete the scales in about 20 minutes. The family is used by the worker based on the level of information available. The 26 rating scales focus on parental coping ability, knowledge of child care and development, and preparation for parenthood. Unlike other instruments, these scales are limited to dimensions that have a potential for change for example, it is the age or number of children (categorical factors) are seen as inputs risk factors. However, the scales would address related factors such as immunity and whether or not the parent is overwhelmed by the large number of children. There is emphasis on familial characteristics and family conditions that are believed to be precursors or predictors of maltreatment. The scales were developed in a one-year project in New York City, ending June 30, 1984. The ratings were normed on a sample of 1,156 families drawn from a variety of child preventive services programs in New York City. For additional information, contact: CWLA Publications Division Child Welfare League of America 440 First Street, N.W. Suite 310 Washington, D.C. 20001 Telephone: 202-638-2952 To order send a check for $14.95 and request “Rating of Family Risk and Measuring Change in Families, the Family Risk Scales,” which will include a copy of the scale, a rating form to copy in quantity and instructions. Request stock #7559.
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