

In-home family-focused reunification: A six-year follow-up of a successful experiment

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The services provided to 120 children (62 experimental and 58 control) by state welfare agencies were followed for six years. When identified initially, all of the children were in out-of-home placements. After a 12-month follow-up of an experimental 90-day intensive in-home, family-based intervention, 75 percent of the children in the experimental group were reunified with their families, compared with 49 percent of the children in the control group who received routine child welfare services. Over six years, using state computer databases, it was determined that the children in the experimental group required less supervision time, lived at home longer, and were in less-restrictive placements than those in the control group. At the time all public agency involvement was terminated, two-thirds of the experimental families were classified as "stabilized," compared with approximately one-third of the control group. The experimental treatment had a substantial effect on families, which continued throughout the six-year follow-up period.

Key words: family preservation services; longitudinal study; long-term effects; out-of-home placement; reunification

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The use of intensive family preservation services is fraught with controversy. Among the legitimate challenges are questions about its long-term effects—sustained by a paucity of defensible research. Timorously we enter the fray with the following report of a six-year follow-up study of a successful application of intensive family-based services (IFBSs) to reunify with their families a group of children who had been placed in out-of-home care.

IFBS IN REUNIFYING FAMILIES

Intensive family-based services—frequently known as family preservation services—are distinguished from conventional child welfare services in several ways. The focus for treatment is the family, not just the child. Caseworkers are on call 24 hours a day, seven days a week, to deal with crises or emergency situations. Treatment plans are flexible and comprehensive, tailored to the specific needs of the family. Services are intense, and caseworkers may visit the families multiple times during the week and may spend large blocks of time with the family as situations demand. This intensity is made possible by the small number of cases given to each caseworker. The duration of services is limited, usually to two to four months. But intensive family-based services caseworkers make increased efforts to identify informal, as well as formal, resources to help families access a network of ongoing services that remain in place after the intensive services terminate.

IFBSs have been used broadly in an effort to strengthen families and to prevent unnecessary out-of-home placements (for example, Auclair & Schwartz, 1986; Feldman, 1991; Fraser, Pecora, & Haapala, 1991; Henggeler, Melton, & Smith, 1992; Nelson & Landsman, 1992). These programs were used infrequently, however, in reunifying families after out-of-home placement (Walton, 1991). In recent years increased attention has been given to the planned process of reconnecting children in out-of-home care with their families (Maluccio, Abramczyk, &

Thomlison, 1996). Accordingly, IFBS programs also have received increased attention in the context of reunification. Gillespie, Byrne, and Workman (1995), after reviewing several studies in which IFBSs were used in foster care reunification, found rates of successful reunification ranging from 38 percent to 75 percent one year from the date of return. In their own pilot reunification research project, in which elements of the IFBS model were combined with foster care-related services with 42 foster children, these authors reported that 79 percent were reunited successfully with their families. Generalizations from their findings are limited, however, because participant selection was not random and because there was no control group.

Although IFBS programs increasingly have been used in family reunification, concerns about the long-term effectiveness of IFBSs have also increased. After reviewing three experimental studies of IFBSs, Wells and Biegel (1992) concluded that the effects of the services are relatively short lived. Rossi (1992) observed that whereas Homebuilders claims that IFBSs stabilize families as a result of treatment, they do not indicate how long stabilization may be expected to last. Wells (1994) noted that when Homebuilders-type programs are more effective than traditional child welfare programs, the effect is modest and decreases over time.

Over the past decade a series of promising family preservation programs were implemented in the state of Utah. These programs were designed to provide brief intensive in-home, family-focused services to families with children at risk of out-of-home placement (Callister, Mitchell, & Tolley, 1986; Fraser et al., 1991; Lantz, 1985; Lewis, 1994). Because of the apparent success of these prevention programs, an innovative program was initiated to determine whether brief family services using a similar intervention model could be used to reunify families after a child had been placed in out-of-home care. This federally funded project began in July 1989 and was evaluated over an 18-month period. The purposes of the current article are to review the experimental reunification model—its features and the general findings from its evaluation—and to examine some of its long-term effects.

METHOD

Review of Utah's Experimental Reunification Model: Description

A posttest-only experimental design was used to test the effectiveness of IFBSs in reunifying children

with their families after out-of-home placement. A group of children ($n = 62$) whose families received the experimental services was compared with a group of children ($n = 58$) whose families received routine reunification services as a component of an overall out-of-home care plan. The families participating in the study were selected at random from a computer-generated list of foster care caseloads in four child welfare districts in Utah and were assigned randomly to either the experimental or control condition.

In this experimental project emphasis was given to the early return home of children, so that services might be provided to support the attachment and reunification process. Using a modified version of the Homebuilders model (Kinney, Haapala, & Booth, 1991), the services were tailored to the needs of family members. A 90-day service period was selected to allow sufficient time for children to visit their homes and for workers to develop reunification plans with parents that included skills training and referral to supportive services such as counseling and drug treatment. The services involved building collaborative relationships that were supportive and motivational with parents; strengthening family members' skills in communication, problem solving, and parenting; addressing concrete needs for food, housing, employment, and health and mental health care; and providing in-home support after initial re-entry and during the reconnecting process.

The seven caseworkers who provided the experimental services held advanced degrees, were experienced child welfare practitioners, and were skilled in building relationships with parents and in providing support. They generally were not distinguishable from other family preservation workers throughout the state but happened to be affiliated with the geographic areas included in the study and were self-selected. Their intensive involvement with families was facilitated by small caseloads (no more than six families per worker). The most intensive involvement came early in the 90-day period, but caseworkers weaned families from the need for that involvement by putting into place a network of ongoing formal and informal supports and by helping families become self-reliant. (For a detailed description of the program and methodology, see Fraser, Walton, Lewis, Pecora, & Walton, 1996; Lewis, Walton, & Fraser, 1995; Walton, 1991; Walton, Fraser, Lewis, Pecora, & Walton, 1993.)

Results

Compared with routine foster care services, the experimental reunification services were effective. By

the end of the 90-day experimental period, 96.5 percent of the experimental children had returned to their homes, compared with 32.1 percent of the control children. At the end of a 12-month follow-up period, 75.4 percent of the experimental children were in their homes, compared with 49 percent of the control children. However, there was wide variation in the amount of time the children spent in their homes, with some reunified at the beginning of the 90-day period and a few never reunified. In addition, a few returned home but subsequently were placed again in out-of-home care. Nevertheless, the experimental children were in their homes an average of 72.7 percent of the 90 days during which they received reunification services. In contrast, the control children were in their homes 16.4 percent of that time. During the 12-month follow-up period, experimental children were home 83.2 percent of the time, whereas control children were home 45.4 percent (for a detailed description of the results, see Fraser et al., 1996; Lewis et al., 1995; Walton, 1991; Walton et al., 1993). These results were promising, but long-term effects were not clear.

LONG-TERM EFFECTS

Procedure

To examine some of the long-term effects of IFBS in reunifying children with their families, a follow-up plan was designed. The placement and service histories for the children included in the initial experiment were examined over a six-year period from the date of original inclusion. Data were extracted from Utah's Unified Social Services Delivery System (USSDS)—a statewide multiagency longitudinal computer-based information system. Subsystems examined included "Client Payment History," "Client Direct Services," "Child-in-Custody Placement History," and "Child Abuse or Neglect Registry" records. The experimental and control groups were compared on total days of DCFS supervision, total days in the home, restrictiveness of placements, and number of transits in the system. A further comparison was made of the disposition of each case at the end of the six-year period.

Sample

As described earlier (Fraser et al., 1996; Walton, 1991; Walton et al., 1993), the sample comprised 120 cases (62 experimental and 58 control) selected at random from a sampling frame of 185 children in out-of-home care in four regional catchment areas in Utah. In an earlier report (Walton et al., 1993),

the primary outcome measure was location of the children relative to their homes at six and 12 months from the close of the experimental treatment. Because 10 of the cases had reached the age of emancipation during the 12-month follow-up period, these 10 (five experimental and five control) were dropped from the statistical comparisons. However, for this article the welfare service history of each case was examined over the six-year period, and all 120 cases were included. The experimental and control families were compared on a number of demographic variables, and no significant differences were found. The children were primarily white (82.7 percent), neglect was the most frequent reason for placement, and at the time of inclusion in the study the mean age of the children was 10.8 years. The typical family consisted of four people, with the primary caregiver being a white female who was divorced or separated, was age 35, and had 12 years of education. Most of the families had at least one employed adult, and about half of the families had an annual income of less than \$10,000. At the end of the six-year observation period, the children ranged in age from 6.4 to 23.9 years ($M = 17.3$; $SD = 4.9$).

Limitations

The study was limited by including only data available through USSDS, an inability to assess reliability and validity directly, and one-dimensional analyses of the foster care dynamics. Service information in USSDS, although usually cryptic, was sufficient for analysis as long as the case was open to the Division of Children and Family Services (DCFS). After DCFS closed a case, payment information contained in USSDS accounted for most of the subsequent involvement, regardless of agency jurisdiction. When state involvement ceased, so did the records. For example, the number of children still residing in the state at the close of the six-year observation period could not be determined.

Although it was not possible to use formal measures of reliability and validity of the data given the fiscal reimbursement implications of the material examined, it was the impression of one DCFS administrator that the data were reliable. If anything, the nonfiscally related services provided may have been underreported (personal communication with R. Lewis, program director, DCFS, Salt Lake City, Utah, November, 1995).

The third limitation concerned analyzing foster care dynamics. Obviously, the status of children in the child welfare system is constantly in flux and is influenced by a variety of factors (for example, residence,

biological family, foster family, siblings, caseworkers, support services, schools, and health). The increasing availability of advanced statistical procedures and powerful computer systems has enabled sophisticated analyses of the dynamics of foster care. For example, Goerge (1990) used event history models in developing formulas for accessing the interaction of a number of variables in determining probabilities (for example, for placement or for reunification). As Barth, Berrick, and Gilbert (1994) observed, some researchers have “captured the diversity of these experiences and have characterized the foster care experience as a fluid process” (p. 123) with these tools. The current study is limited to a unidimensional analysis of service history, but that limitation is ameliorated in part by the use of an experimental

design. Although causal relationships or interactive dynamics were not identified, it may be assumed that those dynamics affected the experimental and control groups equally.

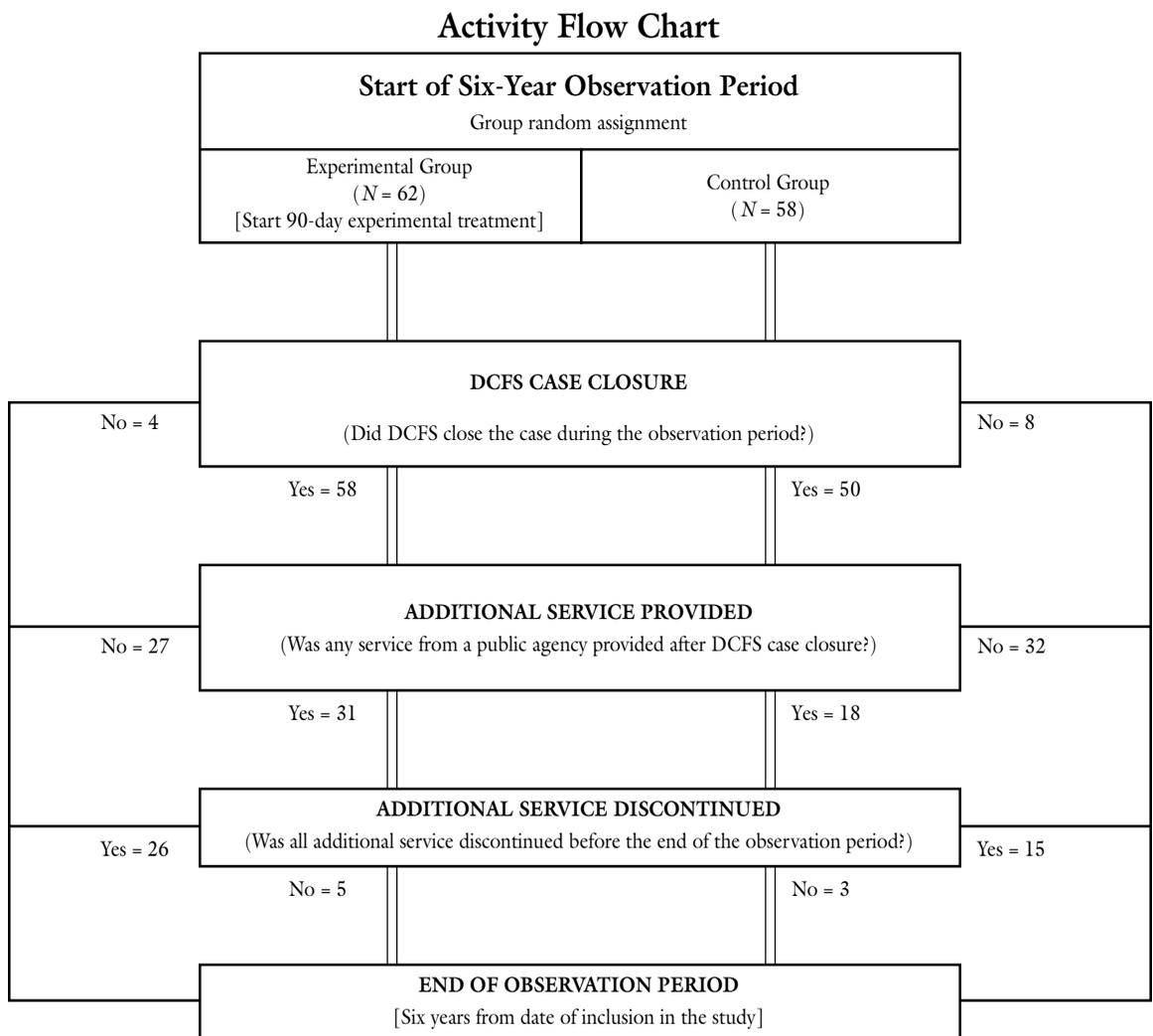
RESULTS

In considering some of the long-term effects of the experimental treatment, the groups were compared on the date DCFS closed the case—assuming closure occurred during the six-year period—and six years from the original date of inclusion in the study (Figure 1).

Comparisons at DCFS Case Closure

The information available in the USSDS data bases was sufficient to permit generally complete and

FIGURE 1—Family Reunification Project Six-Year Follow-up Study



detailed analyses of the children's whereabouts at the time of DCFS case closure. The groups were compared on total days of DCFS supervision, days in the home, restrictiveness of placements, and number of transits. With the exception of transits, there seemed to be clear indication that the effects of the experimental treatment had persisted.

Total Days of DCFS Supervision. The total number of days of DCFS supervision was determined by calculating the number of days from the date the child was included in the project until the date the case was closed by DCFS (if this occurred). The median number of days for the experimental group was 120.5 and for the control group was 427.0 ($p = .004$). Recalling that the length of the experimental period was 90 days, it would appear that for most in the experimental group, DCFS closed the cases within one month of that 90-day period, but for the control group an additional 300 days of supervision were required (Table 1).

Days in Home. The number of days in home was determined by tabulating the total number of days that "in home" was given as the child's residence before case closure. During this period the residence for many of the children changed several times. The median number of days in home for children in the experimental group was 93.0 (ranging from 0 to 853 days) compared to a median of 0 (ranging from 0 to 918 days) for the control group ($p < .001$) (Table 1). The median value of 93.0 days in home for the experimental group, together with the 120.5 days of DCFS supervision reported previously, suggests that although most children in the experimental group were home by the end of the 90-day treat-

ment period, the cases remained open a few weeks longer to ensure that the reunifications were stable.

Restrictiveness of Placement. The overall restrictiveness of the children's living arrangements was examined by modifying the technique described by Thomlison and Krysik (1993) for expressing restrictiveness of placements. A composite restrictiveness score was computed by calculating the proportion of time a child was in a particular type of placement, multiplying the proportion by Thomlison and Krysik's weighting for the type of placement, and then taking the mean across all placements for the child. For example, during the period of observation, the child identified in the project as case number 88 spent 58 days in a specialized foster home (Thomlison weighting [TW] = 3.13), 23 days living at home (TW = 2.45), 88 days in a specialized foster home (TW = 3.13), and 600 days in independent living (TW = 1.51). The sum of the weighted scores multiplied by the respective number of days is 1,419.3, or an average score of 1.84 across the total number of days (1,419.3 divided by 769).

In Thomlison and Krysik's formulation, mean restrictiveness scores range from 1.51 ("self-maintained residence") to 6.58 ("secure treatment facility"). "Home of the biological parent" is given a restrictiveness score of 2.45. The values for those in the experimental group reflect a somewhat homogeneous grouping of cases residing at home (Table 1). Note the median of 2.60, compared with a restrictiveness score for residing at home of 2.45, the minimal range of 1.0, and the low skewness value of 1.088. In contrast, the scores for the control group reflect heterogeneity in placements, with a tendency

TABLE 1—Group Comparisons at the Time of DCFS Case Closure

Variable	Group	N	Min.	Max.	Median	Skew	Mann-Whitney U ^a	Significance (two-tailed)
Total days DCFS supervision	Experimental	58	1	1,591	120.5	1.749	982.0	$p = .004$
	Control	50	1	1,604	427.0	1.227		
Total days in the home	Experimental	58	0	853	93.0	2.544	841.5	$p < .001$
	Control	49	0	918	0	2.768		
Restrictiveness of placement composite score	Experimental	58	2	3	2.6	1.088	891.5	$p = .001$
	Control	49	2	6	3.0	2.062		
Number of transits	Experimental	58	0	15	1.0	2.348	1,289.0	$p = .352$
	Control	49	0	18	1.0	3.282		

NOTE: DCFS = Division of Children and Family Service (Utah).

^aThe Mann-Whitney U test was used instead of the conventional t test, because, as shown by the number of high positive values for skewness, the data were not normally distributed, and, therefore, the assumptions required for use of the t test could not be met.

toward the more restrictive. The difference between the groups was significant ($p = .001$).

Number of Transits. The number of residence changes (transits) before case closure was tabulated for each child. For example, if the child returned to his or her home, was placed in a group home, and later returned home until case closure, the number of transits equaled three (as mentioned previously, at the time of inclusion in the study, each of the 120 children was in an out-of-home placement; therefore, each child who returned home had at least one transit). The values for the experimental and control groups ranged from 0 to 15 and from 0 to 18 respectively (Table 1), and the median for both groups was 1.0, reflecting the transit from out-of-home to home, which most experienced. The difference between the groups on this measure was not significant ($p = .352$). The lack of significance may reflect the enthusiasm of experimental workers in reunifying children with their families—several of whom were again placed in substitute care. This noted recidivism supports a need to understand foster care dynamics better and to target more appropriately those families who should receive intensive services.

Comparisons at the End of the Six-Year Observation Period

At the end of the six-year observation period, the groups were compared on total days of supervision by or involvement of a public agency during the six years, total number of referrals to DCFS, public agency involvement after DCFS closure (involvement of public agencies after DCFS case closure took many forms, including [using the titles from the USSDS database] “protective counseling,” “protective supervision,” “observation and assessment,” “youth corrections–targeted case management,” and

“supervision in substitute care”), reasons for discontinuing service, and status of the family at termination of public agency involvement.

Total Days of Public Agency Involvement during the Six Years. The total number of days of public agency involvement was computed by calculating the total number of days between the date the child was included in the project and the last date of any public agency involvement or, if the case was still open, the date when the six-year period of observation ended. The median number of days of involvement was greater for the experimental group (821 compared with 724), although the difference was not significant ($p = .434$) (Table 2).

Total Number of Referrals to DCFS. The number of times a child was referred to DCFS from the date of inclusion in the project until the close of the six-year period was determined for each child. Because the USSDS is a statewide system, even if the child changed residences within the state, all referrals to DCFS were found in the same database. For both groups the median number of referrals was 1, and there was a positive skew to the distributions. The difference between the groups was not significant ($p = .182$).

Public Agency Involvement after DCFS Case Closure. Thirty-one of the cases in the experimental group (50.0 percent) received public agency attention after DCFS case closure, compared with 18 of the cases in the control group (31.0 percent) (Figure 1). The nature of the attention provided was categorized as “extensive,” “limited,” or “minimal” according to the degree of involvement (Table 3). *Extensive involvement* was defined as maintaining the child in such relatively high-cost placements as a youth corrections facility, a facility of the Department of Mental Retardation, or a foster home. *Limited involvement* was defined as the public provision

TABLE 2—Group Comparisons at the End of the Six-Year Observation Period

Variable	Group	N	Min.	Max.	Median	Skew	Mann-Whitney U ^a	Significance (two-tailed)
Total days of public agency involvement (DCFS & other)	Experimental	62	1	2,192	821	.388	1,649.0	.434
	Control	58	1	2,192	724	.515		
Number of referrals over six years	Experimental	60	0	9	1	1.151	1,369.0	.182
	Control	53	0	11	1	2.362		

NOTE: DCFS = Division of Children and Family Service (Utah).

^aThe Mann-Whitney U test was used instead of the conventional t test, because, as shown by the number of high positive values for skewness, the data were not normally distributed, and, therefore, the assumptions required for use of the t test could not be met.

TABLE 3—Public Agency Involvement after DCFS Case Closure

Extent of Public Agency Involvement	Group						Total	
	Experimental			Control			n	%
	n	% of total	% of subtotal	n	% of total	% of subtotal		
Extensive involvement (high cost)	3	4.8	9.7	3	5.2	16.7	6	5.0
Limited involvement (some cost)	15	24.2	48.4	8	13.8	44.4	23	19.2
Minimal involvement (no cost)	13	21.0	41.9	7	12.1	38.9	20	16.7
Subtotal	31	50.0	100.0	18	31.0	100.0	49	40.8
No involvement after DCFS case closure or case still open	31	50.0		40	69.0		71	59.2
Total	62	100.0		58	100.0		120	100.0

NOTE: DCFS = Division of Children and Family Service (Utah).

of short-term supplementary support, child care support, Medicaid, or shelter care payments. *Minimal involvement* described supervisory and tracking activities with no direct payments to or on behalf of the children or their families.

Although proportionately the groups were almost equal in the use of high-cost placements, public agencies generally were more involved with children in the experimental group. Half of the children in the experimental group received attention from a public agency after DCFS case closure, compared with less than one-third of the control group. This difference was significant ($\chi^2 = 4.461, p = .035$). There are at least two possible explanations for this finding. First, IFBSs are designed to include the networking of a variety of resources. Second, for those in the experimental group, DCFS case closure came on average almost a year before the control group, and experimental children simply had more time to receive additional attention.

Reasons for Discontinuing Services as a Function of Family Status. The reasons for discontinuing all services (DCFS as well as other public agencies) were analyzed by collapsing them into three categories: (1) family stabilized, (2) family separated, and (3) undetermined. Reasons for discontinuing services that were combined under the “stabilized” category were “family stabilized,” “service not needed,” and “returned home.” Combined as “separated” were “administrative decision,” “child ran away,” “less intensive care needed,” “more intensive service needed,” “referred to outside organization,” “refused service,” and “other unspecified reason.” Combined as “undetermined” were “age of majority,” “death,” “moved,” “independent liv-

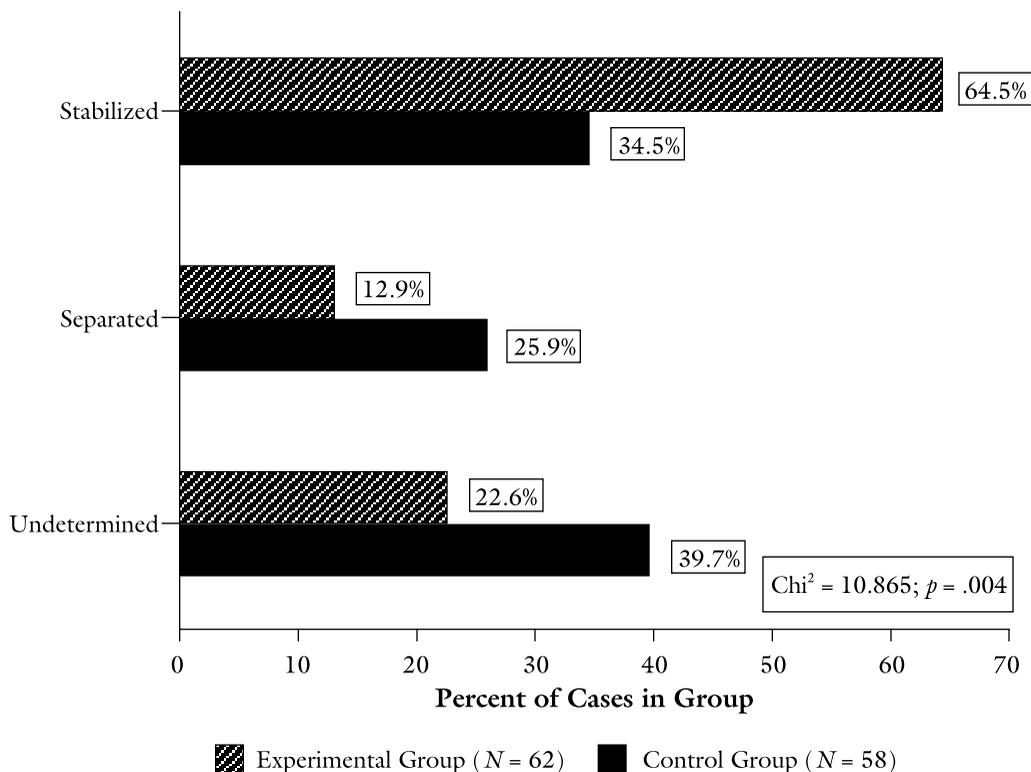
ing,” and “case still open.” Based on this categorization there was a clear distinction between the groups—even after six years—with more families in the experimental group being “stabilized” ($p = .004$) (Figure 2).

DISCUSSION

Family reunification is an important aspect of child welfare services. Unfortunately, too little emphasis has been afforded the development of systematic processes for helping children return from out-of-home care to their homes. The focus of this study was an experimental reunification program that used intensive in-home, family-based services in reunifying families. More families who received the experimental services were reunified than were families who were in the control group. Moreover, differences between the groups were maintained over a six-year follow-up period.

During the period of direct DCFS involvement, children who received the experimental treatment required less DCFS supervision time, lived at home longer, and were in less-restrictive placements than those in the control group. Across the total six-year observation period, results of comparing the two groups were mixed. When considering total public agency posttreatment involvement and additional referrals, the groups generally were indistinguishable. The groups were different, however, if the reasons for discontinuing service are considered. Almost two-thirds of the families in the experimental group were classified as “stabilized,” compared with approximately one-third for the control group. One-eighth of the experimental families were classified as “separated” at the end of the period, compared with

FIGURE 2—Family Status at Termination of Public Agency Involvement



NOTE: Stabilized = “family stabilized,” “service not needed,” “returned home”; separated = “administrative decision,” “child ran away,” “less intensive care needed,” “more intensive service needed,” “referred to outside organization,” “refused service,” “other unspecified reason”; undetermined = “age of majority,” “death,” “moved,” “independent living,” “case still open.”

one-fourth of the control families. Also, almost twice as many in the control group had their cases closed for “other” reasons (39.7 percent compared with 22.6 percent). In sum, at the time of termination of public involvement, the status of the families from the experimental group seemed easily categorized—either they were stabilized or they were not. However, for the control group the status for many remained in flux.

Given that the concerted effort of the experimental treatment was returning the children in out-of-home care safely to their homes, the reduced variation in the experimental group on the “stabilized” measure seems predictable. Furthermore, this observation is consistent with the reduced variations in the distributions noted for five of the six measures used to compare the groups (note the skewness scores in Tables 1 and 2). It seems that among the effects of the treatment was a tendency for re-

cipients to perform more similarly on the measures used than the control group, and this tendency may have implications for future applications of IFBSs.

On balance, the results are encouraging. They support the work of Gillespie, Byrne, and Workman (1995), who found IFBSs to be effective in reunifying families, with the added advantage that the current study used an experimental design with a control group for comparison. Moreover, these results should in part address some of the concerns of Gelles (1993), who questioned the effectiveness of IFBSs, and Rossi (1992), Wells and Biegel (1992), and Wells (1994) regarding the long-lasting effects of IFBS programs.

This study also addressed some of the issues raised by Fraser, Nelson, and Rivard (1997), who identified confounding elements in recent IFBS program evaluations. In this study the sample tended to be homogeneous, because it was relatively small and

because the primary criterion for inclusion in the study was simple—all children included in the study were initially in out-of-home placements. The research design was not dependent on the subjective assessments of caseworkers regarding “imminence of placement.” However, there is much yet to be learned about the dynamics of foster care involvement, and this information might be obtained through the use of event history analysis (see, for example, Goerge, 1990, 1994; Wulczyn, 1991, 1994). Further research is needed to shed additional light on the reasons for reunification success or failure and on processes for targeting appropriate families for the intensive services.

Perhaps the most effective uses for IFBSs at present are at either end of the service continuum—after out-of-home placement as reported in this study, and, as Wells and Tracy (1996) recently suggested, as “an initial response to all maltreating families in which children do not require immediate placement” (p. 682) (see also Walton, 1997). In any case, it is hoped that this successful experiment will provide some impetus for additional experimental reunification programs that use intensive, in-home services. ■

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