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Abstract

The purpose of this study is to closely examine key services offered by the Mendocino County Family Service Center (MCFSC), in order to better understand the change process for birth parents in the child welfare system, their service needs, and the potential usefulness of the MCFSC model in meeting those needs. In particular, the study sought to examine the role of the Intake and Empowerment groups, to identify the key components of the group interventions that appeared to facilitate a change process for birth parents; and give voice to the experience of birth parents with respect to this change process and the services they have received.

Keywords

parents, mendocino, county, model, reunification, birth, process, study

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Birth Parents and the Reunification Process:

A Study of the Mendocino County Model

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Birth Parents and the Reunification Process:

A Study of the Mendocino County Model

The process of securing safe, permanent homes for children depends upon the actions of many parties involved in child welfare. With the passage of the Adoption and Safe Families Act (P.L. 105-89; ASFA), birth parents of children in foster care face a relatively brief time frame within which to successfully demonstrate progress in their reunification efforts. This progress includes engagement in a case plan, involvement in services and visitation with children; efforts that are emotionally and practically challenging for many birth parents. Although a number of case and service characteristics associated with successful reunification have been identified (e.g., Child Welfare League of America, 2002; Westat, 1995), relatively little attention has been focused on the nature of birth parents' change processes and their related service needs.

An understanding of birth parents' needs and the factors that support behavioral change are important components of effective permanency planning, including concurrent planning. A recent study of concurrent planning's implementation in California concluded that birth parents must be provided with well-timed, appropriate interventions as a part of an effective concurrent planning system (Frame, Berrick & Foulkes, under review). During focus groups conducted as part of that study, birth parents in Mendocino County, California spontaneously discussed the impact of an innovative set of services on their experience of attempting to reunify with their children, and working with the child welfare agency. In Mendocino County, all families whose children have been removed are referred by the court to a local Family Center, where they are offered weekly groups, parenting classes, and visitation services. Staff of the

Family Center and the child welfare agency engage in regular communication about the families' case plans and progress.

An analysis of those focus group data examined aspects of child welfare involvement that increased birth parents' sense of control or contributed to a sense of helplessness (Costello, 2004). Data from two counties were compared: Mendocino county and another county without Family Center services. Birth parents from both counties reported similar factors related to their sense of control, including negative and positive interactions with their social workers and legal professionals, and the quality of their visitation experiences. The main difference between the two counties' birth parents, however, appeared to involve the impact of Family Center services. Participation in Family Center services appeared to increase birth parents' sense of control over their circumstances. This resulted from a combination of emotional support, advice, constructive feedback, and frequent communication with Family Center staff and social workers. Parents had high praise for the Family Center, stating that it gave them "strength to keep going" and offered a "way to a better life."

These findings suggested that the Family Center service model holds promise as a supportive intervention for birth parents, and as such merited further study. The Mendocino model is relatively unusual in its combination of peer and professional support, and birth parents' early referral to the program through the Juvenile court. Among the interventions provided by the MCFSC are two support groups ("Intake" and "Empowerment" groups), which appear to play a unique and important role in facilitating change for birth parents. While program staff had developed some supporting documentation on their model, it had not been formally studied or evaluated, to date.

The purpose of this study is to closely examine key services offered by the Mendocino County Family Service Center (MCFSC), in order to better understand the change process for birth parents in the child welfare system, their service needs, and the potential usefulness of the MCFSC model in meeting those needs. In particular, the study sought to examine the role of the Intake and Empowerment groups, to identify the key components of the group interventions that appeared to facilitate a change process for birth parents; and give voice to the experience of birth parents with respect to this change process and the services they have received.

The Mendocino County Family Service Center

The Mendocino County Family Service Center in Ukiah, California provides a range of services to families involved with the Mendocino County child welfare agency. Mendocino County is a largely rural county in northern California with a child population in 2000 of 22,039 , 22.6% of whom are considered poor and 51.1% of whom live in low-income households (0-199% of the federal poverty line) (Children NOW, 2003). The city of Ukiah is the county seat with a population of 15,497.

The Mendocino County Family Service Center's present service model was developed beginning in 1992, with input from child welfare clients involved in traditional parenting classes. At that time, parents whose children were removed were ordered to take a parenting class, and a certificate of completion would be presented to the Judge as evidence of progress. But skill development, clients told the Family Center staff, is not possible for parents early in their child welfare involvement, given the overwhelming nature of their grief and anger about their child's removal. With this input, a new set of

services were created, designed to be therapeutic as well as oriented toward skill development and to follow a developmental model of change for birth parents. Today, all parents whose children are removed are required to engage in services through the Family Center. These services include parenting classes, parent support groups, supervised visitation, and groups for children. The Family Center also provides transportation, child care, a used clothing "store," and in-home support in some cases. The Family Center's services are intended to be sequential, with parents initially entering an 8-week Intake support group as soon as possible after the Detention hearing. This group is designed to address issues of anger and denial, educate the client about the court process and the importance of building relationships with social workers, and to facilitate both the taking of responsibility and engagement in further services by focusing on the importance of change. While the child welfare case plan may be developed prior to a client's completion of the 8-week Intake group, clients are expected to delay engagement in other services (with the exception of substance abuse treatment) until they have completed the Intake group.

Following successful participation in an Intake group (completion of 8 weeks), parents begin a series of parenting classes (while simultaneously entering an Empowerment group, during which parents are provided with weekly support for their process of change). Parenting classes operate at three "levels": Level One focuses on developing parents' awareness and includes Basic Life Skills (addressing the impact of daily life on the well-being of family members), Communication (teaching listening and speaking skills, and identifies road blocks to effective communication), and Breaking the Cycle (which addresses unhealthy relationships, anger, stress and violence). Level Two

classes emphasize parenting education and skill development, through the courses Discipline with Confidence (positive discipline), and child development classes focusing on children from birth to five years old. Level Three courses include Developing Capable People (providing parents with tools to help their children reach their potential) and addresses the development of advanced skills, practicing of new skills, mentorship of peers. While participating in the parenting classes, parents develop an "Empowerment Plan" with the Family Center staff, which is shared with their social worker, and participate in a weekly Empowerment group. The "Empowerment Plan" translates the court-ordered case plan into parent-friendly language, defining the sequence of services needed to successfully complete the child welfare case plan, and doing so in developmental terms. The intent is to thus make the child welfare case plan more manageable, while simultaneously clarifying the pace for its accomplishment within court timelines. Staff of the Family Center and the child welfare agency engage in regular communication about the families' case plans and progress.

Visitation frequency and length is regulated by a level system. Parents with court-ordered supervision visit with their children at Level One, in which visitation is held at the SSA office and requires constant and direct supervision by SSA staff. Levels Two, Three ad Four involve progressively less intense monitoring of visits. Level Two families can visit together in a less structured setting such as the Family Center, with monitoring or "checking in," but not direct supervision. To participate in visitation at Level Three, families demonstrate that the safety and well-being of the child(ren) within a structured setting is no longer of concern. Visits thus require only the structured setting (such as the Family Center), but no supervision or monitoring. As soon as safety permits,

families are allowed to progress to Level Four, in which visits start and end at the SSA office or the Family Center, where the condition of the parent can be assessed (as with all levels of visitation), but visits may then be conducted at a location chosen by the parent.

All Family Center services, with the exception of Intake groups and some Empowerment groups, are provided by employees of the Mendocino County Department of Social Services. Intake and some Empowerment groups are provided by private therapists on contract with the Department. The Family Center's professional staff include 1 Social Worker, 3 Social Service Assistants, 1 Receptionist, and 4 "Level III" parents or volunteers. Level III parents are those who have successfully completed the Family Center's primary services, and volunteer to assist and mentor other clients.

The Family Center is funded directly through the Mendocino County Department of Social Services, Child Welfare Services budget. The primary source of funds is the regular Child Welfare Services allocation, through the Family Maintenance program. Mendocino County has a relatively high per capita allocation in its child welfare budget, in part through the use of many Social Work Assistants. The hiring of Social Work Assistants is necessary in this region given serious difficulties with hiring Master's Degree-level social workers (for geographic and salary reasons). In addition to the Child Welfare Services allocation, the county has supported the Family Center using funds from the state Family Preservation Permanent Transfer allocation, CalWORKs Performance Incentives, CAPIT's Promoting Safe and Stable Families programs, and a small amount available from certified birth certificates. In addition to the Ukiah Family Center, the Mendocino County Department of Social Services is funding replications of the model in 2 other regions of the county.

The Family Center receives referrals for all local cases in which a child has been removed. From April 1, 2003 to March 31, 2004, a total of 160 children entered foster care for the first time (Needell et al., 2004). An unduplicated count of clients seen annually at the Family Center is not available, however in the month of September, 2004 186 individuals (children and adults) were served in some way.

Methods

This study used qualitative methods of focus groups, interviews, and observation to understand the key components of the Mendocino County Family Service Center interventions, and the experience of birth parent participants with respect to their personal change process. The study was part of a larger research project on major child welfare reforms in California, including concurrent planning.

Sample

The study sample included 14 staff and 17 adult clients of the Mendocino County Family Service Center (MCFSC). Staff included 7 facilitators of Empowerment groups, 2 facilitators of Intake groups, and 5 other members of the staff (including the receptionist, social workers and social work assistants, and the Supervisor of the Family Center). A total of 8 Empowerment group clients, 4 Intake group clients, and 5 Level III parent volunteers participated.

Data Collection

Telephone interviews were conducted with key staff prior to visiting the MCFSC to understand the history, purpose, and structure of the program. Focus groups and interviews were then conducted with the facilitators of the “Intake” and “Empowerment”

groups, the core MCFSC staff, and volunteers/alumni. Additional interviews were conducted with the Supervisor and Manager, receptionist (a key member of the staff, who had been unavailable for the focus group), and the Assistant Director and Deputy Director of the Mendocino County Social Services Agency. During these focus groups and interviews, participants were asked to discuss their views of the program's philosophy and approach, the nature of clients' needs and their theory of change, the relationship between the services provided and outcomes for families, lessons learned about the program over time, and other questions specific to their role.

Focus groups for clients in the empowerment groups were offered three times, resulting in 3 participants during week one, and 4 during week eight (with one client participating in both groups; the total number of unique clients participating was six). Focus groups for clients in the intake groups were offered three times. This resulted in one interview with an intake group client during week one, and a focus group with three intake group clients during week eight. Additionally, a focus group was held with five "alumni" of the program, some of whom continue to volunteer with the Family Center as "Level III" parents. During these focus groups, participants were asked to describe their circumstances of child welfare involvement, their understanding of the group's purpose, their experience of being in the group over time, helpful and unhelpful aspects of the facilitators' and other group members' interventions, changes noticed in themselves over time, and their perspective on the usefulness of this intervention with regard to their child welfare case plan.

Additionally, data were collected about an empowerment group and its process, over an eight-week period. The group was simultaneously observed and audiotaped by

research staff on weeks one, four, and eight. The remaining weeks were audiotaped by the group facilitators, in the researchers' absence (weeks two, three and seven were successfully taped; five and six were not for technical reasons). The purpose of this data collection effort was to understand, in some detail, the nature of the group's interventions, the group's dynamic, and any change process that could be observed for participants during that time-limited period.

Analysis

All possible interviews, focus groups, and empowerment group sessions were audiotaped and transcribed for accuracy. The transcribed records and other notes were entered into the qualitative software program Atlas.*ti* for data management and analysis. Analysis included a combination of inductive and deductive processes, repeatedly reviewing the text and coding for key themes and ideas. Patterns were identified and codes grouped until central themes emerged. With the empowerment group data, analysis included the use of matrices to track each client's weekly process vis-à-vis the group's interventions, and repeated review of the transcripts to identify intervention and change themes. Reliability and validity were addressed in the study through a combination of regular coworker debriefing to guard against bias, negative case analysis, and leaving an audit trail (Padgett, 1998). Findings were also checked by examining exceptions to early patterns and taking a skeptical approach to emerging explanations (Miles & Huberman, 1994).

Findings

Through interviews and focus groups with staff members, the program's underlying theories of change and relationship-based service approach were articulated.

Clients provided their perspective on the needs of birth parents and the services received through the Family Center. In general, the views of clients and staff were consistent, and their perspectives on services rarely differed. Staff perspectives on the program philosophy, theories of change, and services approach are presented below, followed by a summary of clients' descriptions of their needs, and their perspectives on services received. Observations of the client change process are then discussed, reporting on the 8-week empowerment group process. This section includes a discussion of interventions by group facilitators, interventions by group members, and a case example designed to illustrate the kinds of changes observed to occur within the 8-week period.

Program Philosophy: A Relationship-Based Service Approach

The essential mechanism through which social workers facilitate birth parents' change processes is their relationship with their clients. Without that relationship, a birth parent's pathway toward change can be lonely and especially challenging. Too often in child welfare, however, worker-client relationships are sacrificed due to high caseloads, excessive paperwork requirements, and other obstacles. At the heart of the Mendocino County Family Service Center model, is the importance of relationships. The staff report that they build relationships with their clients; encourage relationships amongst clients; invest in strong bonds with fellow Family Center staff members; foster relationships between clients and their social workers; and rely upon relationships with other colleagues in the Department of Social Services to fulfill their mission. Each of these types of relationships is believed to contribute to client success.

By forming supportive relationships with clients, staff members attempt to create a support system that may be lacking in the lives of their clients, and come to understand

their challenges and strengths. Together they celebrate successes, and some staff also report crying together or with clients, over setbacks. Staff members may form affinities with different clients, thereby complementing each other. Several aspects of the staff's service approach contribute to relationship-building with clients. First, clients are accepted where they are in their change process and given their readiness to deal with the problems that brought them to the attention of the system. The general reported outlook on clients is that "Families will succeed—they are in the process of succeeding. They don't have to prove to the staff that they are good parents who deserve to get their kids back; staff believes that already" (17:10). Second, there is an intentional informality in the physical space of the Family Center that makes it more like a home than an office. All the space, from the bathroom to the kitchen, is shared; the lack of physical separation keeps everyone in close contact and appears to mediate the usual distance between staff and clients. Third, staff members form relationships not with the client in isolation but with the client's whole family. Relationships are formed with both parents if they are involved with the CPS case and with the children during visitation and organized activities. According to staff members, their kindness to the children (giving them extra attention in childcare or a snack during visitation) facilitates the parents' inclination to trust them. Finally, relationships are formed through the process wherein clients must return again and again to the Family Center for their mandated services. A staff member explained the dynamic she had observed: "Sometimes there's a lot of fighting and anger still in the beginning but I think because they have to keep coming back to the same place it means they can't run away from relationships with these people and burn bridges" (17:48). The relationships between clients and staff support families during their

involvement with CPS and often beyond it, as the bond that remains allows staff members to offer enduring support to clients in other challenging times.

Relationships between clients form another part of their emerging support network. Staff members report that in intake and empowerment groups, clients build trust and learn to offer and accept support as they share intimate details of their lives. Their generally similar backgrounds and the CPS experience they have in common frequently create intense bonds, staff has observed. One intake facilitator put it this way: "It's an immediate family-type environment—everyone really cares for everyone else, even though people come in totally focused on themselves and their own families" (13:23). The dynamic that is created in the groups aids in the change process, as clients offer each other encouragement, advice, concrete assistance, and a host of other forms of support. Several staff members echoed the sentiment that the work that the clients do together, of supporting one another, is the real work that it takes to get clients to change. This support continues into the clients' home lives; staff members cited examples of clients babysitting each other's children, offering rides, going to 12-step meetings together, even moving in together.

This relationship-based approach is mirrored in the relationships within the staff itself. Family Center staff members state that in their interactions they model healthy friendships, and therefore clients can look to them as models as they attempt to make changes in how they approach relationships. This is important in their view, as some clients have not previously experienced real friendship or other healthy relationships. Staff members report genuine involvement and caring about one another. Positive relationships are maintained by talking through problems and not allowing tension to

build. A yearly retreat offers the chance to reconnect and refocus on the agency's mission. Supportive supervisors, including the director characterized by staff as "the mom" and "the dumping lap," (17:9) keep staff motivated. Friendliness between staff also appears to contribute to a general environment that is welcoming.

The importance of forming a positive relationship with one's social worker is a constant theme of interventions by the Family Center staff. Clients often come to the Family Center with bitter feelings about CPS staff. As clients learn to trust Family Center staff and come to terms with the fact that staff are also CPS employees, however, staff members report that clients become more open to working on their relationships with their social workers. Clients are helped to improve their communication and increase their level of respect for their social worker, and are encouraged to empathize with their social worker's perspective; for example, with the "hat" exercise, staff asks clients to don a hat and to "look" through a different set of eyes as they set the hat at different angles. By promoting empathy, this exercise reportedly helps clients increase their capacity to take responsibility for their circumstances, rather than blaming others (such as their social worker) for their problems.

While assisting clients in improving relationships with their social workers, Family Center staff members also help the social workers to better understand their clients. Through regular reports and joint meetings, Family Center staff members keeps social workers apprised of each client's progress towards meeting goals. Because the Family Center staff have more in-depth and frequent contact with clients than do their social workers, social workers reportedly appreciate their input when they make case decisions. The Family Center staff also report efforts to encourage a positive attitude in

social workers. As one staff member explained: “The social worker has all this authority and power, it seems like their job would be to offer hope. So we tell the social worker that their job is to offer hope that this is possible.”(1:88).   While Family Center staff members do not – as a matter of policy - make formal recommendations on case decisions, some staff members indicated that they do advocate with social workers when necessary.

Theories of change: A developmental model, a strengths based approach, and the importance of peer support

Family Center staff members repeatedly emphasized their belief that the services they offer cannot be viewed in isolation from each other; rather, in the staff’s view services blend together to form a package for each client. The services package offered by the Family Center was developed based on theories related to change, then honed through observations of and experiences with clients. The key concept that ties together services is that change is developmental; clients progress through stages and build on their insights and achievements.   In the beginning stages, clients develop relationships with other clients and staff members that will provide a foundation for later change efforts. Once a client is comfortable with the Family Center and has worked on basics such as communication, the groundwork is laid for making bigger changes in skills and psychological perspectives on parenting.

Family Center services were designed with inspiration from three theoretical frameworks: the Kubler-Ross (1969) model of death and dying, the Maslow (1943) Hierarchy of Needs, and the Strengths Perspective (Saleeby, 1992). Similar to the Kubler-Ross stages of death and dying, Family Center staff have observed a multi-stage

change process related to child welfare system involvement. In a typical client change process, the first stage is denial, the second is anger, the third is bargaining, the fourth is depression, and the fifth and final stage is acceptance. The Kubler-Ross model is the basis for the developmental sequence of services offered by the Family Center. Taking an approach inspired by Maslow's Hierarchy of Needs, staff helps clients order their service plan priorities from most basic to more advanced needs. In parallel to the hierarchy, the Family Center staff first help clients with the basics of recovery, housing, and communication. These basic changes theoretically lay a foundation for higher-level changes in their parenting skills. A strengths-based orientation to clients is a core aspect of the program philosophy that informs staff intervention and assessments techniques. Strengths-based assessments are reportedly a powerful method employed by staff to move parents through the change process. Often other group members take over this process as they share with a parent the positive attributes and actions they have observed.

The implicit role of peer support in the birth parent change process is a thread that runs through the MCFSC model. Through the trusting bonds formed in intake and empowerment groups, clients are understood to support each others' change processes in a variety of ways including emotional support; understanding for shared life experiences; role models for making change; and encouragement to stay on track. Based upon the relationships clients form with one another, it is then possible for clients to confront one another in a change-promoting way. The staff view the role of peers as fundamental to the intervention model, in that clients who have worked their way through the 5 stages of change – denial, anger, bargaining, depression and acceptance – are then able to "give back" to the program, and to other parents, by remaining involved and acting as mentors

to their peers in earlier stages of change. (This, in turn, helps to solidify their own changes). Forming relationships with staff and clients is itself part of the developmental process of change; the new ways of relating to others that clients learn at the Family Center give them a template for healthy interaction. These relationships breed hope, which is the engine for making positive changes. Hope is reinforced through the encouragement provided by peers and facilitators in the weekly intake and empowerment groups. One facilitator described the importance of hope: "When they see that change can happen and they can do something about themselves, that awareness allows them to have more hope in the system."

Family Center staff report several main themes in the change processes experienced by clients. Staff have observed that many clients arrive at the Family Center believing "all [they] have to do is show up and jump through hoops" (1:90) in order to complete CPS requirements for reunification. Many feel victimized by the system and deny their own responsibility in their child's removal. Staff have observed that the denial and defensiveness that lead parents to blame others often hides a lack of confidence about their ability to do anything to change their situation. Rather than blame themselves, clients tend to become angry with the child welfare system or other people in their lives, such as ex-spouses. Anger can provide protection against examining one's personal responsibility. Many clients next try bargaining with social workers and MCFSC staff in a vain attempt to regain custody of their children without seriously addressing their parenting problems. When these attempts fail and parents recognize that major personal changes are needed, the enormity of the task can be overwhelming and can lead to feelings of depression. As parents realize that there may be alternatives to their current

approach to parenting and daily living, many come to see the Family Center as a source of help and knowledge. This recognition can give parents a sense of hope and renewed motivation, leading them to the next stage of acceptance of one's responsibilities and of the need for change. When parents are able to participate in learning, the facilitators guide them in understanding the perspectives of their child, the social worker, and the judge. An understanding of how their choices and behaviors have affected their children can be another pivotal development that can open clients up to new changes. As parents experience success, the staff have generally seen their confidence and motivation grow. Drawing on their new successes and changed perspectives, many are now in the position to mentor others.

Approach to Services: Supporting clients through staff and peer-to-peer interventions

The Family Center model asks that clients commit to a difficult, potentially painful change process. For their part, staff commit to supporting clients by offering interventions designed to push parents along a developmental trajectory with the end goal of improved family functioning and reunification. Peer-to-peer support also plays a major role in the interventions provided by the Family Center.

Staff members expect their clients to be involved with services and actively pursuing change. It is emphasized that actions, not simply words, are examined to determine whether a client is actively involved in a change process. Each client's case plan states that she is expected to attend 90% of services; in the view of staff and social workers, this is one measurable indicator of success. Another expectation is that clients will communicate with their social workers; for example, calling and introducing oneself to one's social worker is a requirement of the intake group. Other efforts such as

securing services to meet basic needs or attending to substance abuse problems are also recognized as elements of the change process. As clients reach more advanced stages of change, they are expected by staff to participate in supporting others. Some clients even remain involved in service delivery after reunification by volunteering as "Level III" parents to mentor new clients.

Staff members report that they adopt certain attitudes and behaviors believed to be supportive to clients in a change process. The goal is to create an environment in which clients feel safe and supported as they are provided with guidance to work through painful and difficult changes. The staff maintains a stance of honesty with their clients as well as with the clients' social workers. One staff member explained that there is a shared belief in "…being honest on all levels—with the client and with the social worker about what we are doing. If the social worker doesn't understand that level of empowerment, they can feel threatened by it" (1:89). Honest feedback, it is hoped by staff, may be a catalyst for change. This approach includes confronting clients whose behavior indicates that they are ambivalent about reunification, or whose behavior patterns make it clear that they stand a poor chance of reunification. By addressing concerns about reunification early, staff members can help parents come to terms with their likely case outcome and to recognize the positive changes they have been able to make.

Staff members also employ a set of intervention strategies related to encouraging positive change and moving client cases in a positive direction. One way this is done is by maintaining a focus on children's needs. According to several key staff members, this theme is at the forefront during intake and empowerment groups, parenting classes,

supervised visitation, and recreational activities. One staff member emphasized this by saying: “I think everything we do is about the child’s experience and protecting the child…we do get involved with the parents, but ultimately it’s the child…the children are our focus.” (16:18). Visitation is a primary opportunity for parents and staff to focus on children. Clients build trust as they participate in services and achieve successes, such as completion of intake group. As parents prove their responsibility, they are afforded increasingly greater latitude in visitation; visitation starts as a process supervised by CPS staff, moves to supervision by Family Center staff, and finally involves off-site or overnight visits. The time frames established by the Adoption and Safe Families Act (AFSA) offer another focus of intervention, with the three six-month periods allotted by AFSA providing structure for the clients’ change process. In order to meet the goal of achieving the “significant progress” finding at six months, staff members encourage clients to develop trust, learn about change, and accept responsibility. For the following six months, the focus is reportedly on successful completion of parenting classes and participation in visitation. Family Center staff report that the majority of cases are resolved at the twelve month hearing.

Support and interventions offered by peer group members (in the intake and empowerment groups) appear to play an equally important part in the client change process. An important group dynamic that reportedly emerges, and nurtures change, involves the witnessing by new participants of personal disclosure by more experienced participants. This induces a sense of relief that the parent is not alone, and promotes trust. The sharing of similar painful life experiences, such as domestic violence, reduces shame and isolation and lays the groundwork for change. The main shared experience is,

of course, CPS involvement. Clients share tips regarding available resources, such as housing and therapy referrals, and how to work with particular social workers. Group members try to support each other in making positive changes by celebrate successes and offering gentle confrontation when it is perceived that a client is straying from their case plan. An important manifestation of this confrontation is reported to occur with highly resistant clients; an empowerment facilitator explained that "what's ideal is when the parent and the group see naturally that this person shouldn't have their children back" (1:39); in these instances, the group is available to help the client cope emotionally, and plan their role in the outcome of their case.

The change process is spread between the intake groups and the empowerment groups, with the parenting classes playing a key role in skills development. Clients move sequentially through services, from intake groups to simultaneous enrollment in empowerment groups and parenting classes. Each type of service is designed for parents in a particular stage of the change process. For cases of clients unable to function well in a group setting (e.g. parents with serious mental health issues) alternative treatment plans such as individual therapy can be arranged. Such cases are reportedly rare.

Intake Groups: Purpose and Function

The goal of the eight-session intake group is for parents to accept responsibility and to work through denial regarding their involvement in their child's removal. Staff report that many clients come to the Family Center experiencing feelings of rage, guilt, and shame. The first step of the change process, according to staff, is to vent and process these feelings with the intake group. Once clients acknowledge and deal with the intense feeling triggered by their child's removal, they can reportedly start to examine their

culpability in the events that led to their child's placement. As clients begin to accept responsibility, facilitators and other group members offer support in understanding and navigating the CPS system.

According to the intake facilitators, a successful change process in the eight session intake group would be demonstrated by a client who moves from the anger and denial stage into depression, with a glimmer of awareness and responsibility for the next steps ahead. They may be fortified by some degree of hope, having observed other participants who have gotten their children back, and have a sense of what they must do. Having made changes in their attitude and behavior, they may begin to experience successes of their own, such as an improved relationship with their social worker. The change process they achieve during this time frame is the foundation for future services and interventions.

Participants in the intake group are required to share their stories at each session in order to be credited for attendance. Gradually over the eight weeks, intake facilitators report that clients tend to grow more inclined to being truthful about their part in the maltreatment allegations, and open to addressing their personal problems. By sharing one's story week after week, staff members expect clients to become more comfortable sharing intimate details of their lives, and prepared for later services (such as empowerment group) that are also predicated on self-disclosure.

The intake facilitator has the role of helping the client in their initial change process while also letting the natural group process take over. The facilitators report that they use a variety of intervention approaches, including keeping children's well-being part of the dialogue. There is an element of practical support as well, including

suggestions of how best to work with the social worker. Aware of the fraught emotions and chaos many clients are experiencing, facilitators state that they make efforts to be gentle in their approach to clients, but that quiet clients may be confronted and encouraged to participate. Having co-facilitators allows for the use of different tactics. Two experienced intake facilitators see their role as "re-parenting": often more than twice the age of group members, they are able to gently guide parents to new understanding and self-awareness.

Empowerment Groups: Purpose and Function

After the completion of intake group, clients attend empowerment groups. Unlike intake groups, the empowerment groups are not time-limited. The stated purpose of the empowerment group is to "empower" clients to make necessary changes in their lives. One empowerment facilitator defines their approach to empowerment as "never do something for someone that they can do for themselves, and never ask them to do something that they can't do" (1:85). Through encouragement and support, the facilitators and other group members try to help each client recognize their responsibilities, and develop an awareness of their capacity to make changes in their lives. The empowerment facilitators explain the purpose of the empowerment groups this way to the clients: "The purpose is to sit down and figure out what they need to accomplish for us [CPS] to be out of their lives, and for their family to be healthy and well."

The portion of the change process that occurs in Empowerment Group is the progression from awareness of the need for change, to improved parenting. There are many stages within this progression. Parents make concrete changes in their lives that

improve their material capacity to parent effectively (e.g. gain housing or income). They also experience psychological changes that improve their ability to relate to their child (e.g. understand the way they themselves were parented). There is an interplay between material and psychological changes. When a parent achieves a goal such as completion of alcohol and drug treatment, she may experience increased confidence, which improves her ability to make further changes in her life.

Empowerment group facilitators described several roles that they play in helping clients move from awareness of problems to change-oriented actions. The empowerment facilitator leads the process of identifying the actions, knowledge, and skills required to realize the case plan goals, thereby creating an empowerment plan. In each client's Family Empowerment Plan meeting, it is the facilitator's role to mediate between the social worker and client to develop a plan upon which all can agree. However, in general the staff to avoid playing an advocacy role on behalf of clients, and instead encourage clients to advocate for themselves (with their social worker or other providers). In the empowerment group sessions, the facilitators juggle a number of roles, including monitor, cheerleader, and motivator. Facilitators help clients break the changes outlined in their empowerment plans into manageable chunks, as clients and facilitators jointly develop weekly action plans in the empowerment group. Facilitators report using a variety of interventions in the group setting to move clients forward in their change process, including normalization of feelings, and sharing their assessment of the client's strengths and accomplishments. Facilitators lay the ground rules and create a therapeutic environment of healing and acceptance. Confrontation may be used by the facilitator or other group members, but in a gentle rather than a critical manner.

Client descriptions of their needs: The experience of child removal and involvement in a change process

Parents in Mendocino County who receive Family Center services shared their reflections regarding initial feelings upon child removal, their involvement with CPS, and their experiences with the Family Center. The themes reported by clients related to their emotional experiences and needs, as they embarked upon a change process aimed at reunification with their children and improved family functioning.

Child removal provoked a range of feelings in the focus group clients. The emotions described included outrage, deep loss, insecurity, inferiority, and worry. Many clients found that these extreme emotions triggered defense mechanisms such denial and rationalization. Clients also reported that once they had moved through these states of denial or rationalization, guilt feelings were common (e.g., about the choices they had made, such as bad relationships or drug use, that put their children in jeopardy). Some of the Family Center clients whose children had been removed described feeling as though they were placed in a paradoxical, and difficult, position: that of parents who are not allowed to parent. This identity shift was experienced as the loss of an active parenting role, and the credibility attached to the position of parent. One parent described the deeply felt "need to be an active parent, not just someone with kids." For some clients, their child's removal also served as an impetus for the start of a change process. Having a child removed was described as a wrenching experience that underscored the necessity to change crucial parenting behaviors. Clients also recognized, however, that having their child placed out of the home created a window of time in which they could focus on their own needs, rather than their children's.

Initial contact with CPS and the court system left clients feeling what they described as persecuted and judged. When these clients were initially referred to the Family Center for services, their anger with CPS is was at an apex. It was therefore seen as helpful by some clients that their first contact was with intake facilitators, who are private therapists on contract and not employed by CPS. Aside from intake facilitators, the rest of the Family Center staff is employed by CPS, a fact of which not all clients were initially aware. Those clients who understood this arrangement acknowledged the hurdle of developing trust before feeling comfortable in self-disclosure. In time, many clients' views of CPS shifted in important ways. While initially CPS was seen as an enemy, some came to see it as a protector for their children and as a resource for their change process.

Building trust with Family Center staff, according to clients, was critical to engaging and completing services. By taking classes and coming to the Family Center for supervised visitation, clients slowly became familiar with the staff and developed some degree of comfort prior to starting their empowerment group. The presence of more experienced parents in the group was reported by clients to be an important contributor to their developing view of the Family Center as a safe place. Some clients stated that it took a while for them to acknowledge their underlying problems, such as substance abuse or domestic violence. The patience, rather than judgment, of facilitators was noted: clients were aware that facilitators waited until clients were ready, to confront them on such issues. Facilitators and other group members offered guidance and support. In time, many clients came to see the facilitators and other clients as "family." One client explained: "I come here for myself because sometimes I feel lost. This is one of the two

safe places I have to cry at, because I don't cry around my children" (12:7). Clients indicated that they trust Family Center staff to keep them informed on the status of their case and to approach them first with problems rather than reporting directly to the social worker. In their relationships with staff, they expected "no surprises, no secrets."

With regard to the change process, clients echo themes raised by the staff. One mother acknowledged feelings such as inferiority, insecurity, sadness, and regret when her daughter was removed. A father described feelings of pain so great that he contemplated suicide. According to these clients, the welcoming environment of the Family Center allowed them to put down their guard and begin to accept help. Because they returned to the Family Center for each service, they came to feel that neither the staff nor themselves "could escape one another," and that ultimately these relationships promoted positive change. The mother with a range of chaotic emotions sensed openness and acceptance from the Family Center staff, which allowed her to open up to new ways of behaving. For the father with powerful denial and suicide ideation, the empowerment group facilitators normalized his feelings and supported him in moving beyond them.

Client description of services: Support, guidance, and encouragement as keys to success

In addition to describing their emotional experiences and needs, clients shared their experiences with Family Center services and commented on what aspects worked for them and why. Client observations centered on the intake and empowerment groups. Across both groups, the factors they cited as most important to success were emotional support, encouragement, and practical advice from staff and other clients. Emotional support is reportedly provided equally by clients and peers. As clients provide weekly

updates on their progress in meeting case goals and any other personal concerns, facilitators and group members provide practical feedback, and demonstrate their care and concern though supportive comments and interventions. Each weekly session builds upon the other, and in this atmosphere of increasing safety it is possible to "hear" what others have to say. As one client commented "it's good to get [feedback] from lots of people because you can take it in little bits" (12:14). As clients slowly learn to trust, they often experience, as one client did, the feeling of "opening up… it started to be like a family in here" (12:15).

The clients and alumni available to participate in focus groups regarding intake group expressed mixed views. This phase of services occurs at a time when many clients are in chaos and in the depths of their pain over separation from their child; thus for some clients the intake group was difficult to recall in detail. Others acknowledged that intake group served some important roles, such as giving them a place to acclimate to the Family Center and to start building relationships. Several clients acknowledged that they would not have been prepared to work on an empowerment plan and attend parenting classes right after their children were detained, and therefore the intake group's focus met their needs. Other clients were more negative. One client expressed frustration with the hands-off approach of the intake facilitators. Working within a limited time frame, he stated that he would have preferred to learn what practical steps he must take rather than wait "for the light [to come] on - because [he's] gone through all the steps." This client also expressed frustration with the lack of concrete support offered at this stage in Family Center services. Another client struggled with the confrontational approach of the intake group. He had the sense of being labeled a liar and of being in denial, because his story

changed during the course of the intake group. That experience, he reported, made him reluctant to engage in subsequent services.

Focus group participants had only positive things to say about the empowerment groups. The main point of empowerment groups, in the view of in the clients, is emotional support, encouragement, and guidance. Clients defined empowerment as "to empower one's self-esteem, motivation, and will" and "to build one's strengths" (12:11). While the support provided by empowerment groups was seen by clients as essential, they also emphasized that change came down to "individual willingness" (12:1).

The empowerment group process was reported to be useful by clients and alumni, because of the complementary roles of facilitators and other group members. As they described it, the facilitators' role is to provide support and to push people to examine their deepest feelings. Because of the personal connection, clients report that they will respond to suggestions from the facilitators that they might resist coming from their social workers. Facilitators also share knowledge regarding the parents' rights that can be empowering. When clients demonstrate their commitment to change, facilitators are willing to provide them with the help and support they need. As one client put it: "When we put in, they put in for us" (12:9). Clients report that the facilitators listen carefully and thoughtfully remember the life events of the clients, and will often bring up past events to point out progress that a client has made. Clients describe how co-facilitators work as a team, using complementary approaches such as one taking a nurturing stance while the other taking a more confrontational approach. Group members offer something unique from the facilitators because they share the experience of CPS involvement, as well as other experiences such as the recovery process. While facilitators can give advice

and support from their experience with clients, other group members are able to directly relate through life experience; something that is highly valued. Clients who have made significant process provide a source of inspiration, helping parents to believe that they, too, can overcome hurdles and achieve success. As result of the empowerment group participation, clients do report feelings of empowerment: "We come in feeling little, and this group builds us up" (12:13).

Observations of client change processes: The empowerment group over 8 weeks

The group chosen for observation was co-facilitated by 2 staff and had 7 parent participants during the observation period (May-June, 2004). [This particular group was selected for scheduling reasons]. Within this group of seven, a core of 4-5 participants had been in the group for many months and attended fairly regularly; one member's attendance was more sporadic and another entered the group during its last couple of weeks of observation. As a result of this composition, most group members knew one another well, and had accomplished some degree of progress on their child welfare case plans. The group was described as "mature" by a facilitator; an observation supported by the participants' apparent trust in one another and the facilitators, and their willingness to both accept and offer gentle confrontation. Additionally, one regular group member was a "Level III" parent with many years of recovery and/or successful reunification with her children, who appeared to play a key role as someone who had "been there" and served as a role model to many others.

Observing the group, the participants' overall emotional engagement in the process was evident, and they appeared to welcome the attention, support, and challenges offered by fellow group members and the facilitators. The format of the group followed a

general pattern in which participants would "check in" and discuss current events in their lives, and group members and facilitators would respond. Current struggles were linked to the participant's efforts over time, past struggles and successes. Accomplishments – however small – were highlighted and celebrated. And finally, in almost every case, the facilitators encouraged attention to an "action plan" for the week, in which participants were encouraged to specify the actions they would take to accomplish particular goals. Sometimes these action plans were written down (on a form specifically for this purpose; with copies for the parent, facilitator, and social worker). Participants appeared to expect and appreciate this goal-oriented approach, and were noted to return in subsequent weeks with reports on their progress.

In 6 observed group sessions over an 8-week period, both group facilitators and group members conducted a variety of interventions with participants. The nature of these interventions is discussed below, with examples.

Interventions by group facilitators.

The group facilitators provided a positive, supportive presence and clearly communicated their care, concern, and acceptance for each client. Acting as a team, the two facilitators appeared to take different roles when necessary but to share the same overall philosophy and approach to the group process. This likely added to the overall impression of the empowerment group as a safe "holding environment" for clients. In this context, the group facilitators made several types of interventions, including: promoting a proactive stance; gentle confrontation and expressions of concern; attention to strengths and positive changes; and emotional support, clarification of feelings and interpretation of meaning. Interventions also included encouragement for the

consideration of children's needs; clarification of the child welfare agency's stance; attention to concrete needs and offers of concrete assistance and advocacy.

Perhaps the most outstanding feature of the group facilitators' approach was their promotion of a proactive stance among their clients. This was accomplished in several ways, including straightforward encouragement to be proactive (with the client's case plan, their social worker, their supervisor, their child), and encouragement to voice their opinions and needs, and represent their own interests. The overarching approach appears to be one of supporting and facilitating change by encouraging each client to take charge of the aspects of their situation over which they have some control. As one facilitator said to a group member:

> *I just want you to keep looking up, looking forward. That's the purpose of that question, not to point you in any one direction that I have in mind, but make sure you have a direction that you have in mind.*

With the emphasis clearly placed on each client's strengths and accomplishments, the facilitators appear to actively assess and reassess the steps needed to accomplish change, and encourage such a self-assessment process in their clients. The proactive stance includes detailed attention to goal-setting and the development of action plans. In the following example, the group facilitators helped one client clarify her goals, wrote them down, and then helped her to identify steps needed to accomplish one of them.

> *Facilitator #1: …If someone asks you to list out what you are trying to accomplish (by entering a residential treatment program), what do you want, could you begin?*

Client: What I want out of it…?

Facilitator #1: …I want to identify what outcomes you want for yourself.

Facilitator #2: That's good, yeah.

Client: I don't know how to be a parent.

Facilitator #1: Can you say a little bit more? Being a better parent.

Client: I want the inner child to come out again so I can have fun with my kids. I'm always serious with my kids. My kids are growing up how I grew up with my mother, and I don't want that for them. I hated my mom. I didn't care if she fell off the face of the earth and never came back.

Facilitator #1: You want to break that cycle.

Client: Definitely break that cycle….

Facilitator #2: I'm just going to write (down) "break the cycle of how I was parented."

Client: Yes, that's great, that's fabulous… I want to make memories with my kids—not unpleasant memories. Three months ago my daughter told me I hate you….

[Discussion about mother-daughter relationship]

Facilitator #1: Any other outcomes?

Client: The third is to get better ideas of how to be a drug counselor ….Oh, yeah, working with (my partner) too.

Facilitator #1: What outcome do you want with (your partner)?….

Client: …. I want us to be happy like when we first got together…(and) get married.

Facilitator #1: So an outcome you have if you do this residential program this summer is that you and (your partner) will get married?

Client: Oh, yeah. But it probably won't happen….

Facilitator #1: What is it about being married that would be good?

Client: Because of my kids, I think. It had a lot to do with my kids….

Facilitator #1: Is it safe to say that what you want is a healthier relationship with (your partner)?

Client: Oh, definitely. [Discusses relationship with partner, and links to housing problems]

Facilitator #1: ….So another outcome I think I hear is that…you want to have a sense of stability in your home.

Client: Yeah.

Facilitator #1: It seems like that's something to keep out front. When you go away (into residential treatment) the outcome you want is that you're able to come back to (a place to live).

Client: Yeah [Discusses the prospect of homelessness and desire to avoid it]….

Facilitator #2: So the next step?

Client: Is just to get into something (residential treatment).

Facilitator #2: You're going to talk to (a residential facility) when?

Client: Next week. I'm going down there. (I spoke to an intake person)….She asked if I was involved with CPS. She said that they could

talk to my social worker, who could say that I need this for me and my children, and they can let me in….

Facilitator #2: Have you talked to (your child welfare worker)?

Client: I left a message with her Friday. I talked to her briefly about it today.

Facilitator #1: Do you have any questions on her supporting this?

Client: (She) is behind me 100%….

Facilitator #1: There are so many strengths in everything you've been talking about. The one that really stands out for me is that you have an ability to get a lot of people to stand behind you.

When necessary, facilitators actively helped clients to identify ways of advocating for themselves and/or articulating their needs and feelings; this included role-playing to practice the necessary communication skills. Clients were encouraged to make thoughtful, detailed plans (e.g., making a visit happen; arranging transportation) rather than vague ones, and identify their needs for concrete help. When needed, facilitators offered to provide this concrete assistance (e.g., writing a letter to a housing agency, offering a list of program referrals, assisting with income and credit problems). Facilitators actively supported and encouraged "taking steps now" rather than putting off action (e.g., getting out the phone book and helping to look up referral phone numbers). Additionally, as illustrated in the example above, an important intervention appears to be the stimulation of hopefulness in clients, which the facilitators try to promote through explicit attention to the client's strengths and positive changes made. Clients were

regularly complimented on their hard work, insights, and evidence of change, and the facilitators openly expressed confidence in their abilities. As an example, one client's progress in trusting her peers, and making use of their support, appeared to be important to her increasing stability. A facilitator encourages this client to "take credit" for the change. She responds, "thank you. I reached out and asked for help." "Exactly," says the facilitator. "There's something (different) about now, and you've got your kids now. There are so many things that are different now than before."

Facilitators provided support for and clarification about a range of emotions (e.g., anger, sadness, pride), encouraged the exploration of feelings, and promoted self-reflection and insight where possible. Help-seeking behavior was promoted, and clients were actively encouraged to use the support of others, both inside and outside of the group, to manage the stresses of CPS involvement:

> *Client: I'm overwhelmed right now.*
>
> *Facilitator #1: I see that. Who are you going to turn to, and are you going to do that? Who can you talk to?*
>
> *Client: Yes, I know who to turn to.*
>
> *Facilitator #1: Are you doing that?*
>
> *Client: Today, yeah, I talked to my roommate.*
>
> *Facilitator #1: So you feel like you've been asking for help where you need it?*
>
> *Client: Yeah, I'm just at a loss.*

Facilitator #1: (To other group members) Has she been asking for help when she needs it?

Client 2:: Not from me she hasn't, but she knows she can.

Client: I was crying in front of the CPS office.

Facilitator #1: The CPS office is like that sometimes.

(Laughter)

This attention to emotional needs appeared to be matched by attention to each client's concrete needs (e.g., housing, income, transportation, furniture and diapers).

In this context of support and encouragement for a proactive stance, facilitators also expressed their concerns about clients and their children, and when necessary gently confronted them about responsibility for their actions, or contradictions or gaps in their thinking. A focus on the needs of children was present, with facilitators promoting consideration of the child's perspective and experience. Observations were offered about a client's children (with whom the facilitators were familiar due to their presence in visitation), including positive affirmations of the children's strengths and the relationships between children and their parents. Clients were encouraged in their efforts to spend more time with their children, and to talk with children's service providers and foster parents about their children's needs. When necessary, developmental guidance was offered. For example, one client discusses the special needs of her child, and makes clear she does not fully understand them. The facilitators respond:

Facilitator #1: So that would be an important thing …you need to know what his needs are.

Facilitator #2: How you would take care of him in the best way possible.

Facilitator #1: And all kids who have been separated from their mom and put in foster care are going to have some special needs when they come home. You've been busy taking care of yourself and your recovery. A lot of that has to be given up to go back to taking care of the kids. Are you ready for that? You need to know about that, practice and try it out a little bit.

Finally, the group facilitators' "insider" perspective on the child welfare agency appeared to be an important asset to clients, at times. Clients who were fearful or confused about the child welfare agency's stance toward them were reassured and provided with information. Efforts were made by the facilitators to explain the agency's point of view, the laws it follows, and at times the actions of social workers. Group facilitators worked to clarify questions about clients' case plans. They also encouraged perspective-taking in clients regarding the protective stance of the child welfare agency, while simultaneously acknowledging its power and limitations, and the right of clients to be treated respectfully and have their needs met. In the example below, a client worries about a recent miscommunication with her child welfare worker about visitation, and the potential impact on her case:

Facilitator #1: I know (your worker) …and how our office is run. You're not going to get in trouble because of miscommunications and visits that

have gone perfectly fine. I would clarify it with her. What would be the easiest way for you to do it?

Client: I don't know, my first thought was to tell you guys. Haven't gone beyond that yet…. I know I have to get it straightend up….I do have the fear that I'll get some kind of negative rebound off of it. (Describes an upsetting previous experience with the child welfare agency, in which she felt misunderstood)

Facilitator #2: You've been punished once.

Facilitator #1: ….How are you going to communicate this?

Client: I don't know, I'm open for suggestions.

(Discussion about options – to call the worker on the phone, or send her a written note)

Client: Okay, I like that way. Because then it's for sure.

Facilitator #1: ….What …could you do if you put it in writing and you began to feel something negative was going to happen…What could you do then?

Client: ….Come to you guys?

Facilitator #2: Yeah

Facilitator #1: Yeah, you could come to us…. Let's take it one step at a time. It was an honest mistake, miscommunication … you haven't done anything wrong, have you?

Client: No…

Facilitator #1: So if someone starts to make an issue out of it, what can you do?

Client: Tell myself I didn't do anything wrong.

Facilitator #1: Remind yourself (and)…own that that was an honest mistake …but you need to learn to have confidence in yourself …When it comes to a system like CPS, I want you to understand that that social worker has a supervisor and you could calmly and clearly oppose it: "No, no. I'm sorry there's been a misunderstanding but there really haven't been any problems and the visits have gone well for six weeks so I'm not willing to go backwards. Isn't that true?

Client: Yeah….I

***Interventions by group members*.**

Members of the group played an essential role in facilitating the change effort with their fellow clients. While each individual brought a unique perspective, personality, and approach to the group dynamic, in general group members were observed to serve two main functions: support and encouragement for taking of responsibility.

Group members actively provided their fellow participants with a support that took many forms, including expressions of interest in and concern about each other's lives, offers of emotional support within and outside of group, offers of concrete help (e.g., giving of furniture), and faith-based help (e.g., prayers). Group members offered practical advice (about drug testing, legal issues, drivers licenses, referrals to providers,

how to handle social workers), participated in problem-solving efforts with others, and shared their own experiences when they believed it might offer perspective to another. A general sense of camaraderie pervaded the group; participants appeared to appreciate their similarities, shared a sense of humor, pointed out each other's positive changes, and celebrated each other's successes. On occasion, group members openly acknowledged and thanked one another for this support. As one parent said during group to a facilitator, "women in the (recovery) program will save your ass. I have four of them who care a lot about me. And these three, too (pointing to members of empowerment group) because they've been a part of my recovery… we've struggled together."

In their encouragement to be proactive and their willingness to supportively use confrontation with each other, group members appeared to model some of their interventions after the behavior of facilitators. There seemed to be an implicit "permission" within this group to challenge the thinking of another group member and offer alternative viewpoints. For example, as one group member asked another:

> *Client #1:* D*id you have something to do with the … situation? Victimhood isn't going to work here, either. What was your part in the … thing?*
>
> *Client #2: I shouldn't have let him [do] it, knowing [what I know].*

In another case, a group member confronted another as follows (the participant in question responded positively):

Client #3: What the hell is going on? I felt the discomfort right away when I saw you. The truth is, from here on out at any point, if I can help you, I'm here for you. I ain't no better than or less than you …I don't do this perfectly. You've watched me as a mother in my home. …[But] put the … blame down—it doesn't matter who did what … These are all opportunities when you get to really look at this … and say, you know what? Today I'm taking responsibility, today I'm going to my groups, today I'm getting involved in the classes I need to get involved in so that I can be there for myself to learn to be there for my children.

The overall sense of emotional safety that had been built within this group was evident in that group dynamics (such as conflict between members) were directly addressed on at least one occasion over the 8-week period.

Client change processes

Over the course of the observed 6 sessions, group members made a variety of changes in their lives. Given that group members were at different points in their child welfare involvement, the nature of the change process differed for each individual, yet a few general themes emerged. The majority of observed changes related directly to child welfare goals. Types of changes directly related to child welfare included: fulfillment of children’s basic needs; increased child safety; improved relations between parents and children; greater family stability; greater knowledge and sensitivity to children’s needs; enhanced parenting skills; and increased visitation. Group members also made changes

that were more indirectly related to child welfare goals, such as improvement in self-esteem and choices about romantic relationships.

While the majority of changes made by group members were of a positive nature, several group members experienced set-backs. Set-backs were also directly and indirectly related to child welfare case plans and included: an acknowledged substance abuse relapse; a positive drug test; child removal; a neglect allegation made to CPS; miscommunication with social worker; and dismissal of a custody case. While these set-backs created temporary problems in the lives of group members, on the whole all group members (with one possible exception) appeared to be in a better place in their lives eight weeks after the first observed empowerment session. Even when a group member's success was in question, all members were able to make positive use of the group for support and help as they faced decisions in their lives.

Group members and facilitators were very much focused on bringing about changes that would improve the ability to parent. Some changes were of a concrete nature, with the goal of establishing a safe, stable environment in which children's basic needs were met. Describing the steps ahead of her, one group member explained: *"So now I'm trying to do the footwork, and I know what I need to get my [housing] certificate…it's better off to be in transitional housing where I can save my money and clean up my wreckage."* Group members also made changes of a psychological nature. These changes were targeted at eliminating dangerous addictions and behaviors such as drug abuse and promoting positive attitudes and behaviors such as sensitivity to one's children. For example, a group member shared her reason for seeking out individual counseling:

I think once I do that, my stuff will go away completely. I can talk about it in groups, but I see certain things coming back up. Not necessarily past behavior, but past thinking that's going to lead to past behaviors, and I don't want that to happen. That would not be good.

Group members frequently expressed a resolve to do well by their children. Most recognized the flawed parenting they had provided in the past. A few also alluded to childhoods in which their own parents were unable to provide adequate parenting. One group member reflected on her efforts to end an intergenerational cycle of abuse and neglect: *"Yeah, my mother told me she lives through me everyday...She says I wish I could have done for you what you are doing for your kids."* Group members recognized the positive changes they had made in their parenting and were subsequently less fearful of future CPS involvement. When threatened with a CPS report by a vengeful ex-boyfriend, one client's response was: *"Bring it on. Today I'm a mother who doesn't have to hide behind the curtain blinds and in fear that someone's going to come up and get my kids."*

Other types of changes that were the focus of group sessions, while not explicitly part of a child welfare case plan, appeared essential to generating stability in the lives of group members and their children. The two main changes of this kind involved self-esteem and relationships with men. These two issues were frequently intertwined, with low self-esteem related to problematic relationships. One client's comments embody this problem:

I feel a lot better in my own skin, which is cool. Last year I didn't, but it could have been the person I was with and what I was going through. I wasn't able to know who I was and what I wanted or anything because I was too worried about him. Now I get to worry about me and my kids.

As this quote also illustrates, some group members and facilitators expressed a belief involvement in romantic relationships could detract from making healthy life changes aimed at improved parenting. A facilitator cautioned one group member that *"this addiction issue that comes up with drugs also comes up in our relationships and makes it complicated. It might just be a little easier for you if you just took care of you and your recovery."* The group member who received this counsel agreed and decided to "put off" involvement in such relationships until she had achieved a lengthy period of sobriety.

Making positive changes and choices appeared to increase group members' self-esteem, thereby laying the foundation for further change. The following exchange demonstrates one group member's thoughts on the relationship between her self-esteem and the choices she had made:

Facilitator: So what helped you get more secure in yourself?

Group member: Getting to know myself, being clean and sober, staying out of a relationship, identifying what I need and want.

While most group members moved in a positive direction in their change process, it was not a linear process in all instances. Group members (even those who made some

progress) also experienced problems in their lives that negatively impacted their child welfare cases. These problems included factors that decreased safety for children, such as suspected drug use; increased risk, such as allegations of abuse or neglect; or jeopardized a child welfare case, such as miscommunication with a social worker. When group members were confronted with negative behaviors, such as drug use or child neglect, some group members admitted to the problem while others denied the accusation. One client whose child was removed for a reason she declared false told the group: *"It totally took me into a flashback with [my older child who was removed], but differently ...I know I did something wrong then."* Notably, in this case the facilitators strongly believed the allegation to be false, as well. Another client, who admitted to the allegation against her, regretted her actions and agreed with the facilitators that it was a cry for help. Group members managed to get past these negative occurrences by accepting support and advice from the group, learning from these problems, and taking proactive measures to change. Examples of this include a group member who relapsed and then redoubled her efforts to complete substance abuse treatment and achieve secure housing for her family.

Case Example

To illustrate frequently used intervention methods and common client life changes, this composite case was drawn from typical experiences of empowerment group members (see Figure 1). The process to assemble this composite first involved describing the life changes, group interventions, and change process for each group member. Next, the types of interventions and changes observed were broadly

characterized. For example, a specific instance of one group member asking another about her efforts to find housing was characterized as "expression of interest in life events." These broad characterizations were used to develop specific descriptions of life events, interventions, and change processes for a mock client. The client background, which follows, was also developed based on general descriptors for empowerment group clients.

> *Client A is the mother of two children. Her youngest child was removed at birth due to a positive toxicology screen for methamphetamines. Her eldest child remained in her care. She is in a relationship with the father of her youngest child, who also has a history of drug use. She no longer lives with this boyfriend and is temporarily homeless. Client A participates in outpatient substance abuse treatment.*

Summary and Conclusions

The data presented above speak to the deep emotional and practical needs of birth parents involved with the child welfare system, and also to the ways in which the Mendocino County Family Center model appear to be meeting many of those needs. This study suggests that the staff of the Family Center and the clients who were interviewed generally agree that birth parents need support and encouragement from peers and professionals in order to successfully navigate a change process. The Family Center's relationship-based approach to services appears to give parents a sense of

security that enables them to take risks in attempting difficult, yet fundamentally important, changes in their parenting-related perspectives and skills.

The child welfare research literature supports many of the assumptions regarding birth parents' emotional processes and needs upon which Family Center services are premised. Several researchers emphasize the importance of understanding birth parents' feelings upon child removal as critical to engaging them in reunification efforts (Jenkins, 1981; Maluccio, Fein, & Olmstead, 1986). The research literature also indicates that there are common needs which must be addressed for successful reunification.

Birth parents are known to experience a range of emotions during the child removal and placement process. Upon child removal, Jenkins (1969) found that birth parents most frequently reported feelings of sadness, worry, and nervousness. Other common feelings included: emptiness, anger, bitterness, thankfulness, and relief for about half of birth parents; guilt and shame for about one third of birth parents; and numbness or a feeling of being paralyzed for a small percentage (Jenkins, 1969). Feelings of isolation are often reported (Levin, 1992), especially if parents decide to make changes for reunification with their children that involve severing ties with friends and/or family who are a negative influence (Maluccio, Warsh, & Pine, 1993). A sense of powerlessness is also common, arising from birth parents' feelings of being controlled by the child welfare system and without influence in decision-making regarding their children (Levin, 1992; Maluccio et al., 1986). Another emotional reaction birth parents often experience is a decrease in self-esteem (Levin, 1992; Maluccio et al., 1986). Birth parents may also feel ambivalence about their parenting role (Bicknell-Hentges, 1995; Hess & Folaron, 1991; Maluccio et al., 1986). This feeling may be indicated by

expression of "conflicting feelings about parenting, about a particular child, and/or about a child's return home or by a pattern of behaviors that is inconsistent with the parents' stated interest in the child's return" (Hess and Folaron, 1991, p.407).

Given these emotional states, the research literature indicates that birth parents have certain needs that must be fulfilled in order to allow for sustained positive change. One such need is for a sense of support, which may come from engagement with professionals (Hoffman & Rosenheck, 2001) or from the parent's friends and family (Marcenko & Striepe, 1997; Smith, 2002). Gaining a sense of control is also necessary for parents to feel that they can make changes (Jackson & Dunne, 1981; Maluccio et al., 1986). Belief in oneself has been found to be a shared factor among parents who have successfully reunified with their children (Marcenko & Striepe, 1997). The parent's own psychological and emotional difficulties must also be dealt with in their own right as a first step preceding treatment for issues involving their parenting and relationship with their children (Jackson & Dunne, 1981; Maluccio et al., 1986). Acknowledgement and normalization of ambivalence by child welfare workers is important because once these feelings are recognized and brought out in the open, the parent can begin to sort through them and determine the best course for the child, be it reunification or alternative placement plans (Bicknell-Hentges, 1995; Maluccio et al., 1986; Hess & Folaron, 1991).

Our examination of the MCFSC program suggests that these needs are, in general, being addressed through the Family Center approach. There was a great deal of concordance between staff and client views of the services being provided. Staff and clients reported a high degree of engagement, overall, in the services; a strengths-based approach being implemented; and a clear goal-orientation that translates into action.

These staff and client reports are supported by our observation of the empowerment group "in action," where many of these principles were shown to be operationalized during the eight weeks of our data collection. To the extent that the dynamics within this empowerment group are representative of the range of services provided at the MCFSC, our observations of this group suggest that MCFSC services are, at their core, about promoting change. Certainly the overall progress observed among the small sample of empowerment group clients over eight weeks (who were also involved with other MCFSC services, such as parenting classes), while incremental in many cases, suggests that the empowerment group process did little to hinder – and more likely, facilitated – those changes. This appears to have been accomplished through a combination of interventions initiated by the group facilitators and group members, along with other factors not directly observed.

Thus, the Family Center approach is quite promising as a comprehensive package of services to birth parents and their children involved with the child welfare system. A number of questions remain, however, that would be worth closer study. These include the question of whether, and how, such intensive services to birth parents can facilitate a change process that is congruent with the needs of children, and permanency planning timelines. We asked, for example, whether the availability of such services might prolong reunification processes, and whether the services themselves focused on the needs of children as well as parents. Staff of the Family Center and Mendocino County Social Services Agency reported their belief that permanency planning timelines were generally adhered to, and that it was unlikely that the presence of MCFSC services actually lengthened the reunification process. Rather, it was believed that services tended

to better engage those birth parents who could be engaged, and provided for earlier identification of those who could not. Further, a significant proportion of the study participants indicated that the Family Center services did in fact incorporate attention to the needs of children, with parents being reminded of the impact of separation, for example. Recent data suggest that, at least for the small number of reunifications completed annually in Mendocino County, those reunifications are occurring within an 18-month time frame (D'Andrade, personal communication, 9-15-04). It would be useful to identify the factors that are assisting Mendocino County in achieving those timelines, the stability of the reunifications that take place, and the role of the Family Center services in each. It would also be useful to examine the attention to shorter permanency planning timelines with children ages 0-3.

Additionally, this study did not focus on the content or process of the parenting classes, visitation, or groups available other than the intake and empowerment groups. Understanding the relative contributions of these forms of interventions to family outcomes would be an important part of future studies. Further, the Family Center's developmental model of change appears to provide useful theoretical guidance for its staff, and is a core tenet of the services model. Some authors (Littell & Girvin, 2004) have suggested, however, that a "stages of change" model is not applicable to the population of birth parents involved with child welfare services, because of the variety and complexity of issues they face. Thus, closer examination of the "typical" developmental process for birth parents undergoing change, if there is one, would be a useful contribution to the field as it works to develop effective interventions for this population. The MCFSC may be an ideal setting for just such a closer study.

The MCFSC program has a variety of unique characteristics that both contribute to its strengths, and may make replication challenging. These include the funding approach, the Juvenile Court's requirement that all parents whose children are removed enroll in MCFSC services, and the Social Service Agency's relationship with and commitment to the future of the service model. Additionally, we have observed that the core of the MCFSC model – the relationship-based nature of the services program – may rest, in many ways, on the intangible benefits of relationships between individuals, and a collective "spirit" that has been generated over time. Replication of the approach, in some form, would likely require that this spirit of support, and the philosophies that undergird the program model, can be translated into other settings.

Given that the MCFSC services model appears to be a relatively mature program and a "promising practice" for families involved with child welfare services, formal evaluation efforts are warranted. A basic outline is provided in Appendix I for developing an evaluation plan. As elaborated above, a variety of important questions could be answered regarding the process of service delivery, the "performance" of service delivery, the satisfaction of clients, and perhaps most importantly, outcomes for clients. An empirical approach to these sets of questions will allow for the MCFSC program not only to refine its services approach, but to support efforts at replication of the model elsewhere.

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