Family crisis intervention
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General introduction
The present dissertation provides an evaluation of the Family Crisis Intervention Program (FCIP), a brief (4 weeks), in-home intervention for families experiencing a crisis. A crisis has been defined as a disequilibrium, a sudden and temporary (4 to 6 weeks) disturbance of balance (e.g. Caplan, 1964; Golan, 1987). During such a crisis state, usual coping mechanisms and support from a social network are insufficient to solve the problems and (family) functioning is substantially disturbed (e.g. Hoekert, Lommerse, & Beunderman, 2000; Rapoport, 1962). Child maltreatment, out of control behavior of children and escalating arguments within a family are examples of family crises. A family crisis can be problematic as it is accompanied by concerns about the immediate safety and/or long term development of children, and consequently justifies intervention.

FCIP aims to end the crisis and to restore child safety, to formulate an advice based on a situation analysis and to organize additional care, such as individual training or (family) therapy, if necessary (Eijgenraam, Van Vugt, & Berger, 2007). FCIP focuses on the whole family in line with the (family) systems approach, which assumes that the behavior of individual family members can only be understood from the perspective of family interactions that influence system balance (e.g. Watzlawick, Beavin, & Jackson, 1967). In addition, the intervention uses a network approach; taking into account that the family is an open system, which is influenced by, for example, the school and the neighborhood (Bronfenbrenner, 1979). Other approaches adopted by FCIP are the (empowering) competence approach and the solution focused approach. The competence approach is aimed at empowerment and fostering skills and strengths of clients (e.g. Graves & Shelton, 2007; Masterpasqua, 1989). The solution-focused approach considers the client him/herself as the source of solutions and is aimed at setting goals that reflect personal interests and values (self-concordance) and that maximize the use of the client’s competences (De Shazer & Berg, 1997; Gingerich, Kim, Stams, & Macdonald, 2011).

Families with and without a supervision order for a child can be referred to FCIP. Within 24 hours after referral, the start of the intervention is planned, preferably with all family members involved, the FCIP-worker and, if applicable, the child protection worker/case worker. In the first session an intervention plan is made in collaboration with the family, consisting of specific short-term goals. Also a first (safety) assessment of the situation is carried out. In the remaining four weeks, the family situation and specifically child safety are further assessed. Two or three visits a week are common, especially in the first phase of the intervention. The FCIP worker invests in restoring daily routines,
improving family functioning and exploring needs and possibilities. In the third week of the intervention, the analysis is completed and an advice is formulated by the FCIP worker, if necessary including suggestions for aftercare, based on clients’ needs and the collected information. FCIP ends with a final session in which the goals are evaluated and the progress and remaining needs are discussed.

FCIP was derived from a program model that was developed in the 70s of the previous century, after an important paradigm shift had taken place. Until then, it used to be common practice that children from families in crisis were placed out-of-the home, in shelters or in foster care. Induced by both psychological (the attachment theory of Bowlby, 1969) and cost-effectiveness considerations (e.g. Lindsey, Martin, & Doh, 2002), it became preferable to put effort in keeping families together: family preservation. This is where the popularity of intensive, in-home family preservation programs began. To date, the central model of these interventions is the Homebuilders model (Kinney, Madsen, Fleming, & Haapala, 1977), first used in Tacoma, Washington, in 1974. This model of intervention targets families in crisis with a child at imminent risk for placement. The core features of the Homebuilders model are: a quick start and a short duration, a goal-directed, flexible approach combining therapeutic and concrete services (e.g. practical support), provided by trained and supervised crisis intervention workers who serve small caseloads and can generate referral to aftercare (Kinney, Haapala, & Booth, 1991; Tully, 2008).

In the Netherlands, a variety of crisis intervention programs has been developed throughout the years, including both residential crisis care and in-home interventions (for an overview, see Berger and Hordijk, 2007). The Homebuilders-based program Families First (Berger, Portengen, Spanjaard, & Heuven, 1998; Spanjaard & Haspels, 2005) was implemented in 1994. Evaluation studies showed that the intervention was implemented as intended (Ten Brink, Veerman, De Kemp, & Berger, 2004) and reported positive outcomes with respect to prevention of out-of-home placement and improvement of family functioning, such as a decrease of child behavior problems and parenting stress (Damen & Veerman, 2009; Veerman, De Kemp, & Ten Brink, 1997). The Family Crisis Intervention Program was developed in 2003 as an integration of several types of crisis intervention, including Families First.

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1 The program description of FCIP in Amsterdam (Spoedhulp Spirit; Vogelvang, Melissen, & Vermeiden, 2005) laid the foundation for the national Family Crisis Intervention Program (Ambulante Spoedhulp; Eijgenraam, Van Vugt & Berger, 2007) that is being implemented in other regions of the Netherlands since November 2007.
Although FCIP and the original Homebuilders intervention model share most of their characteristics, some differences should be mentioned. FCIP does not use ‘imminent risk of out-of-home placement’ as an intake criterion. Instead, the occurrence of a family crisis and concerns about children’s safety are the key criteria for referral to FCIP. This broadens the target group of intensive family preservation programs and allows for providing FCIP in combination with temporal out-of-home care.

**Focus of this dissertation**

Besides a meta-analysis of controlled studies testing the effectiveness of intensive family preservation programs and moderators of effectiveness, an evaluation of FCIP is presented. The FCIP evaluation examines the following outcomes: Crisis change and safety change are outcome measures in line with the intake criteria of the occurrence of a crisis and safety concerns and the FCIP intervention aims. Moreover, family functioning is assessed by examining parenting stress, parental competence, parent-child interaction and child behavior problems, as these are associated with parenting and child development (e.g. Abidin, 1992; Dumka, Stoerzinger, Jackson, & Roosa, 1996; Khaleque & Rohner, 2002; Putnick, Bornstein, Hendricks, Painter, & Suwalsky, 2008). While placement prevention is an outcome measure in the meta-analytic study, it is not included as an outcome measure in the FCIP program evaluation. Instead, since prevention of out-of-home placement is not a primary aim of FCIP and out-of-home care can occur in combination with the intervention, the focus of the FCIP evaluation will be on the crisis, therapeutic changes and the therapeutic process.

**The research project**

Between November 2007 and December 2008, all families referred to FCIP in the region of Amsterdam were invited to participate in the study by their FCIP worker at the start session. Participation in the study was voluntarily. The participants signed an informed consent form, after having received written and verbal information. All family members could choose individually whether or not to participate, including children from the age of eight; only one child per family was included. If clients agreed upon participation, trained research assistants approached them by phone the next day to plan a home visit for the baseline test in the first week. There were three measurements per family (by the same researcher): baseline, posttest (after FCIP had ended) and follow-up (six months after FCIP...
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Outline of the dissertation

The present dissertation aims to evaluate the Family Crisis Intervention Program, addressing therapeutic changes and the therapeutic process, and to establish the effectiveness of intensive family preservation programs.

Chapter 2 consists of a meta-analytic study of controlled intensive family preservation studies. Mixed results of intensive family preservation programs were found in previous evaluation research in a meta-analysis (Dagenais, Bégin, Bouchard, & Fortin, 2004) and several narrative reviews (Blythe, Sally, & Jayaratne, 1994; Fraser, Nelson, & Rivar, 1997; Lindsey, Martin, & Doh, 2002; Littell & Schuerman, 1995; Tully, 2008). The effectiveness of intensive family preservation programs has been addressed primarily in terms of prevention of out-of-home placement, although it has been stressed repeatedly that this outcome measure is difficult to interpret and that it is desirable to use additional outcome measures, such as family functioning (Cash & Berry, 2003; Rossi, 1992; Thieman & Dail, 1992; Wells & Tracy, 1996; Tully, 2008). Furthermore, little is known about the impact of client characteristics and program characteristics on intervention effects (e.g. Bagdasaryan, 2005; Tully, 2008). The meta-analytic study in this dissertation tests the effectiveness of intensive family preservation programs in terms of both prevention of out-of-home placement and improvement of family functioning. Moderator analyses of client characteristics, program characteristics, study design characteristics, and publication characteristics are conducted aiming at explaining the variety of results of the various studies and gaining more insight in the factors that influence the effectiveness. In the following chapters the focus is on one specific intervention program: the Family Crisis Intervention Program, and its evaluation.

Chapter 3 addresses the role of crisis in the Family Crisis Intervention Program. Although program characteristics of family crisis intervention programs are largely grounded in crisis theory, whether a crisis actually exists and its role in these interventions

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2 A more comprehensive and detailed description of the study content, materials, procedures and logistics of the study design is available in the book Title: *Komt na regen zonneschijn? Resultaten van twee jaar onderzoek naar Spoedhulp Spirit* (Al, Stams & Van der Laan, 2009).
has received little attention in evaluation research (Lewis & Roberts, 2001; Staudt & Drake, 2002). Therefore, the construct of crisis is addressed, first by assessing clients’ definitions of crisis and comparing them with the definition of crisis used in literature. Subsequently, it is examined whether clients, parents and children, and FCIP workers in fact identified a crisis at the start of FCIP. Furthermore, the clients’ need for help and the association between crisis experience and need for help, as well as preferred types of help were addressed. Finally, we tested whether the crisis has ended after the intervention, and whether the crisis occurred within a time span of 4-6 weeks. After having explored the construct of crisis and its role in FCIP, we focused on evaluating FCIP.

**Chapter 4** presents the evaluation of FCIP in terms of crisis change, safety change, and changes in parenting stress, parental competence, parent-child interaction and child behavior problems. Additionally, it was examined whether program characteristics of FCIP were related to therapeutic changes, indicating a contribution of the intervention to therapeutic changes. Considering the different role of out-of-home care within FCIP (not necessarily as a negative final outcome, but as a temporary type of care that can be combined with the in-home intervention), perceptions of the out-of-home care of the subgroup of families that experienced out-of-home care during FCIP are addressed.

**Chapter 5** addresses the therapeutic process of FCIP. It is not only important to identify changes after intervention, but also to examine how the therapeutic process is associated with such changes, addressing what contributes (most) to therapeutic change. In the Big Four model, the contributions of client factors, therapeutic alliance, expectation and the specific method were estimated, suggesting that the specific treatment method is of far less importance than client factors and the therapeutic alliance (Carr, 2009; Lambert, 1992; Lambert, Shapiro, & Bergin, 1986; Wampold, 2001). However, recently it has been argued that these assumptions may be an inaccurate reflection of the therapeutic process (Van Yperen, Van der Steege, Addink, & Boendermaker, 2010). This chapter presents the results of multilevel analyses testing the (relative) contribution to crisis change and safety change of the Big Four within FCIP. Additionally, we address to what extent therapeutic change depends on the client and the FCIP worker by examining the variance accounted for at the family level and the FCIP worker level.

**Chapter 6**, the general discussion, summarizes the main conclusions of the dissertation. A summary of the study results, discussion of the results and theoretical and
practical implications are provided. Strengths and limitations of the studies are addressed and we conclude with some considerations about the future of family crisis intervention.