Family crisis intervention
Al, C.M.W.

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plausible that we were not able to include enough relevant client factors. For example, problem severity was not included. Moreover, we have only included variables that are part of the Big Four in the present study, with therapeutic alliance as the isolated common or non-specific factor. Second, the present study contains many one-item questions and the scores in this study reflect mostly the perceptions of social workers. It would be interesting to replicate this type of analyses with more extensive instruments and client scores. By doing this, outcome measures such as (changes in) parenting stress and parent-child interaction could also be included. Third, not all components contained an equal number of variables, what might have influenced the (lack of) explained variance in components with less variables. It must be noted, however, that the therapeutic alliance showed a substantial contribution when compared with client factors, which contained more variables. It may therefore be more important to establish whether the Big Four components were well represented or underrepresented by the included variables.

Notwithstanding the limitations, the present study points out that the specific method should be considered important. For family crisis intervention, specifically the solution-focused approach, the network-directed approach, safety assessment and the therapeutic alliance are relevant to changes in crisis and safety. Additionally, the results showed that the Big Four factors are interrelated, which underscores that not only client characteristics or social worker characteristics but also the dynamic interaction between them is relevant for therapeutic change. Furthermore, it highlights the importance of additional research on relevant (Big Four) factors of intervention. It must be concluded that therapeutic change largely depended on clients, also the amount of variance that was accounted for by the therapeutic alliance and the specific method. By disclosing more of the therapeutic process that involves the interaction between the social worker and the client, we might be able to provide social workers with more knowledge and techniques to optimally utilize the change potential of clients.
The present dissertation aimed to establish the effectiveness of intensive family preservation programs and to evaluate the Family Crisis Intervention Program, FCIP. FCIP is a national, brief (4-6 weeks), intensive, in-home intervention program for families in crisis. A crisis has been defined as a disequilibrium, a sudden and temporary (4 to 6 weeks) disturbance of balance. 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. Caplan, 1964; Hoekert, Lommerse, & Beunderman, 2000; Rapoport, 1962). FCIP is based on the Homebuilders intervention model (Kinney, Madsen, Fleming, & Haapala, 1977) that targets families in crisis with imminent risk for out-of-home placement of a child and primarily aims for family preservation. FCIP serves a target group of families in crisis, regardless of risk for placement, and aims primarily for ending the crisis and assessment and improvement of child safety.

A meta-analytic study was presented on the effectiveness of intensive family preservation programs. The evaluation of FCIP focused on crisis, child safety, family functioning (parenting stress, parental competence and parent-child-interaction) and child behavioral problems. Therapeutic changes and the therapeutic process were addressed. In this concluding chapter the main results are summarized for each chapter separately, and the results, strengths and limitations of the studies and implications are discussed.

**Results**

The meta-analytic study (Chapter 2) aimed to establish the effect of intensive, in-home family preservation programs on prevention of out-of-home placement and family functioning, and to examine moderators of these effects. The results showed no overall effect on prevention of out-of-home placement, but a medium positive effect on improvement of family functioning. The moderator analyses revealed a negative intervention effect for families without risk for out-of-home placement and no effects were found for families experiencing child abuse and neglect. A positive effect, a decrease in out-of-home placements, was found for multi-problem families. Moreover, the effect of intensive family preservation programs on out-of-home placement proved to be poorer for families with girls, older children, younger parents, single-parents, families of non-white ethnicity, larger families, and for families whose social workers had a higher caseload. Intervention duration and adherence to the Homebuilders model were not associated with
differences in effectiveness. Examination of study characteristics showed that the more rigorous studies consistently yielded smaller effect sizes, indicating less effectiveness, and randomized controlled trials showed intensive family preservation programs to even have a negative effect, that is, increasing the number of out-of-home placements. There were no indications of publication bias. The studies were limited in their reports about program delivery and in the outcome measures addressed.

The study in Chapter 3 examined crisis in families receiving FCIP, addressing crisis characteristics and crisis change. Children and parents reported their definition and experience of crisis and their need for help. The results showed that all families but one were in crisis at the beginning of the intervention but the perceived extent of crisis differed among respondents. Clients’ needs for help were substantial and diverse, and related to crisis experience. Crisis had decreased after FCIP according to clients and FCIP workers but was not completely absent after the intervention. Combined with an unexpected pattern of reported disturbed family balance in the months before FCIP, this result challenges the 4-6 weeks time span assumption of a crisis period.

Chapter 4 presented the evaluation of FCIP, focusing on crisis, child safety, family functioning and child behavior problems. After FCIP, crisis had decreased and child safety had increased according to both families and FCIP workers. Although problematic family functioning persisted after intervention, improvements were found in parent-child interaction, parenting stress, parental competence and child behavior problems. Crisis change, safety change and improved family functioning were associated with program characteristics, especially the therapeutic relationship, analysis of strengths and threats in the family situation, intervention duration and the solution-focused approach. Parents and children confronted with temporary out-of-home care evaluated this mostly as helpful and desirable.

Big Four models of therapeutic change have assumed that especially client factors and the therapeutic alliance contribute to change in treatment outcomes, whereas the client’s expectation and the specific treatment method were, to date, considered to be far less important (Lambert, 1992; Lambert, Shapiro, & Bergin, 1986). In Chapter 5, however, the results showed that the specific treatment method in family crisis intervention explained as much variance as the therapeutic alliance in crisis change, and most of the variance in safety change. Client factors and client’s expectation contributed far less to treatment outcomes. The multilevel analyses revealed that therapeutic change was, simultaneously,
largely dependent on the client. The solution-focused approach, the network-directed approach, and safety assessment contributed uniquely to positive treatment outcomes. Furthermore, the Big Four components were considerably interrelated.

**Discussion**

*Families in crisis*

The question has been raised whether families referred to intensive family preservation programs are experiencing a crisis that induces intervention or that the crisis equals the threat of the child being placed out of the home (Staudt & Drake, 2002). The target group of intensive family preservation programs has been defined as families in crisis with a child at imminent risk for placement. FCIP targets families in crisis, regardless of risk for placement. In the studies in Chapter 3 and 4, it has been confirmed that families experienced a crisis, characterized by severely problematic family functioning. Additionally, clients’ crisis definitions concurred with those in literature. It can be concluded that the intake criterion – a crisis in the family – was largely met since most respondents reported a (severe) crisis at the start of FCIP. At the same time, the definitions and the diverse needs for help suggest that a family crisis is multidimensional and that the intervention should be tailored to the specific needs of the family. The variety in needs may partly depend on the type of crisis. Campbell (2002) distinguished three referral subgroups: 1. Families experiencing a crisis with largely clear needs, requiring immediate crisis intervention to end the crisis. 2. Multi-problem families who are in a deadlock with other services not being able to provide the help that is needed; for these families the intensive intervention can function as a restart, and 3. The ‘enigmas’, families in ambiguous situations in which a good analysis of the situation is immediately required to enable an adequate intervention response. The questions what a family crisis essentially is, what types can be distinguished and the way in which crisis relates to risks need further attention.

*Intervention for families in crisis*

The evaluation results showed a decrease in crisis and an increase of child safety and improvements in family functioning after FCIP. Also the meta-analytic study showed promising results of intensive family preservation programs with respect to the improvement of family functioning. However, the effects on prevention of out-of-home
placement were limited and sometimes totally absent or even negative. With the aim of family preservation in mind, it seems a relevant question whether out-of-home placement of children is prevented. However, in some cases, out-of-home placement may be the only acceptable outcome from a child protection perspective, despite all negative consequences associated with separating children from parents (e.g. Bowlby, 1969). Therefore, the following question may be relevant: What goals with respect to improvement of family functioning are related to the aim for family preservation?

The results of the meta-analysis showed that out-of-home placement was prevented for multi-problem families, but not for families experiencing abuse and neglect. Instead of excluding the latter group as target group, which would be a logical consequence if placement prevention would be the only aim, these families can be included when placement can also be perceived as part of the family crisis intervention, i.e., providing a safe place for the child or offering respite care. Then, in-home crisis intervention could aim at ending the crisis, collecting information about possibilities for family reunion and exploring the social network of the family. In FCIP, temporary out-of-home care was evaluated as desirable by the clients involved. Evans et al. (2003) have reported incremental efficacy in the evaluation of a crisis intervention that also included respite care. Respite care might even contribute to prevent long-term out-of-home care. This possibility should be addressed in further research examining out-of-home care within the framework of family crisis intervention.

Since (temporary) out-of-home care can be combined with FCIP and imminent risk for placement is not an intake criterion in FCIP, the target group is broader than that of the original Homebuilders model. Although preventing unnecessary placement is considered desirable, it is more of an underlying aim of family crisis intervention. FCIP adopted a crisis perspective instead of a risks perspective and aims primarily at ending the crisis and improving child safety and family functioning. Nevertheless, the intervention program remains largely comparable with intensive family preservation programs. Moreover, whether the clients referred for FCIP actually differ from those referred for intensive family preservation programs should be addressed with empirical data. Some families in intensive family preservation programs were found not to experience imminent risk for placement (e.g. Lindsey, Martin, & Doh, 2002; Rossi, 1992; Schuerman, Rzepnicki & Littell, 1994) and the meta-analytic study in Chapter 2 showed that families in which placement seems unavoidable were also referred for these interventions.
The assumed time-span of a crisis has not been confirmed, shown by a longer disturbed balance before FCIP and continuation of the crisis afterwards (see Chapter 3). The duration of a family crisis therefore deserves attention in further research and may have implications for the duration of family crisis interventions and/or how these interventions should be embedded in the youth care system.

**The therapeutic process of FCIP**

Chapters 4 and 5 addressed what exactly promotes therapeutic change. Although previous Big Four models assumed that client factors and the therapeutic alliance are the main contributors to therapeutic change (Carr, 2009; Lambert, 1992; Lambert, Shapiro, & Bergin, 1986; Wampold, 2001), the FCIP study in Chapter 5 revealed a substantial contribution of the specific method. Differences between families instead of differences between FCIP workers were essential for the contribution to therapeutic change. This indicates that while the therapeutic alliance and the specific method contributed significantly to change, and not client factors and client’s expectations, therapeutic change was most dependent on the client. In addition, the interrelatedness of the Big Four components indicates that a dynamic interaction between the client and the crisis intervention worker characterizes the therapeutic process. An important issue in interventions with a great amount of variety in the target group is how to preserve program integrity and simultaneously engage in treatment differentiation. Mazzucchelli and Sanders (2010) addressed this tension between adherence and flexibility in program delivery. They concluded that providing population-specific variants, comprehensive program materials, reevaluation of the use of program elements with various cases and investing in training intervention workers are important to create an optimal balance. Notably, a large amount of variance in therapeutic change, especially concerning differences between families remained unexplained. Disclosing more factors that contribute to therapeutic change can provide more knowledge on how to vary the family crisis intervention intentionally for the various clients.

In Chapter 4 associations were found between program characteristics and changes in crisis, child safety and family functioning. For example, the therapeutic alliance, the solution-focused approach and analysis of the situation were positively related to change. In addition, most clients reported that FCIP contributes to crisis change and evaluated the intervention and especially their FCIP worker positively (Al et al., 2009). Chapter 5 showed
that the solution-focused approach, the network-focused approach and safety assessment contributed uniquely to crisis change or/ and safety change, implying that these program characteristics in particular are important in family crisis intervention. These approaches require involvement of clients, which coincides with the conclusion that the dynamic interaction is important. A quick start and the system- and competence approach, for example, are also defining characteristics of FCIP that were not uniquely associated with therapeutic change. An explanation can be that the association between program characteristics and therapeutic change differs for various respondents (see Chapter 4 that included client reports), which should have attention in further research.

**Evaluation**

For establishing success in family crisis intervention a reconsideration of aims and, consequently, outcome measures may be needed. When targeting families in crisis, regardless of risk for placement, as FCIP does, aiming for improvement of crisis change, safety change and improvement of family functioning seems appropriate instead of focusing on prevention of placement. Such a promotion- instead of a prevention focus allows more specific, positively formulated intervention goals. Although the results in Chapter 3 show that the time-span of a crisis may not always be as brief as has been assumed (4-6 weeks), the limitedness of a crisis period implies that crisis change cannot be the sole outcome measure either, and child safety, family functioning, child behavior problems and social support are necessary to evaluate as well. In addition, it is advisable to examine the contribution of the intervention and its particular program characteristics to therapeutic change.

Providers of family crisis interventions should continue efforts to monitor the implementation and to tailor the intervention better to the clients’ needs, based on scientific knowledge and information that is collected in practice. The information gathered cannot, however, be automatically interpreted as effectiveness data.

**Strengths and limitations**

The substantial percentage of non-response (58%), study drop-out and the informant underrepresentation of boys and fathers are limitations of the evaluation of FCIP. The inclusion of only one child per family may also impact the informative value of the study results by decreasing generalizability. However, non-response analyses showed nearly no
differences between participants and non-participants with only one exception. An underrepresentation of families with a supervision order for a child was found, but within the sample of participants no differences in outcomes were found between families with or without supervision order (Al et al., 2009). In addition, the severity and type of problems of the sample seemed to be exemplary for the FCIP target group, which diminishes the chance of a non-response bias. By embedding the questionnaires in the intervention, perhaps more families could have been included, but that might also have meant imposing too much of a burden on FCIP workers. Keeping it in our own hands allowed for a more comprehensive and less subjective data collection. Moreover, because the study was totally independent of FCIP, socially desirable answering by clients may have been reduced.

Some informants were missing since in most families not all family members participated, for example because the family was a single-parent family or the child was younger than eight. Some clients decided not to participate in the post measurement and/or the follow-up measurement, and others could not be traced. The majority of respondents who participated at two measurements reported a severe crisis. In addition, the scores of the FCIP workers were available for the entire sample of families, regardless of drop-out of the study. It is advisable, however, to invest in reducing study drop-out and to ensure that families can be reached also after intervention. Substantially more mothers participated than fathers. An explanation can be that in single-parent families more often the mother is the caregiver. However, improvements regarding parental competence and parent-child interaction were found only for mothers. It is possible that fathers were also underrepresented in the intervention process, as was reported by FCIP workers. Further research should therefore direct special attention to the role of fathers in the intervention. In addition, more girls participated in the study than boys. How this may have affected outcomes remains unknown. Finally, only one child per family was included in the study. Brothers and sisters were automatically excluded despite of their involvement in the situation. With respect to the adults, parents or primary caregivers were invited to participate. It would be valuable to involve also other informants in future research, for example other professionals.

The use of many one-item instruments and self-constructed instruments, lacking sufficient knowledge on psychometric qualities, may raise questions about validity of our results; validation is advisable. The associations found between these instruments and validated instruments that were included, however, indicate that the constructs were
addressed as intended. Another limitation was the absence of a control group. It should be emphasized that the present study did not pretend to draw conclusions about the effectiveness of FCIP, but aimed to provide a first evaluation.

**Conclusion and implications**

The meta-analytic study showed a positive effect of intensive family preservation programs on improvement of family functioning. It was found that these programs generally did not prevent out-of-home placement and even resulted in more placements for certain families. These moderator analyses revealed that the effect of intensive family preservation programs on placement prevention was moderated by type of problems, risks, sex and age of the child, parent age, number of children in the family, single-parenthood, non-white ethnicity, and caseload of the social workers, but not by adherence to the Homebuilders model and intervention duration. In addition, study characteristics (study design and study quality), and publication characteristics (publication type, publication year and journal impact factor) were found to be associated with placement prevention outcomes.

The evaluation of FCIP showed that clients were in crisis at the start of the intervention, that they experienced a substantial and diverse need for help and that family functioning was severely disturbed. After FCIP, crisis had decreased, child safety had increased and improvements of family functioning were found. The findings that problematic family functioning remained and the crisis did not end in many families indicate that a good advice for and transition to aftercare would be helpful. Although the evaluation design does not allow conclusions about the effectiveness of FCIP, the results suggest a contribution of FCIP to therapeutic change. This can be illustrated by the associations between program characteristics and changes in crisis, child safety, and family functioning. Especially the therapeutic alliance and a solution-focused approach were important for both crisis change and safety change. The network approach and safety assessment contributed uniquely to safety change. Also, analysis of the situation was associated with therapeutic changes. This implies that these program characteristics and the therapeutic alliance are important to address in the training of FCIP workers and in supervision. In addition, the specific method and the therapeutic alliance contributed more to therapeutic change than client factors and clients’ expectations. Notably, the Big Four components were interrelated. Since, in addition, therapeutic change depended more on differences between families than on differences between FCIP workers, it can be
concluded that therapeutic change requires a dynamic interaction between families and social workers that optimally facilitates the family’s change potential.

Although brief, intensive, in-home interventions have been flourishing for over forty years now, the intervention was not found to be effective (for at least part of its target group) in preventing out-of-home placement. However, promising results were found with respect to improvement in family functioning. Furthermore, even if the intervention does not succeed in family preservation, there is a need for family crisis intervention from a child protection perspective. Analysis of the situation and safety assessment are necessary and urgent when a family crisis occurs and may be an intervention goal itself. Because of the desirability of family preservation above out-of-home placement if the family is or can become safe enough for the child, there seems to be no alternative for such an intervention model. Nevertheless, this conclusion does not automatically imply continuation of all aspects of the current model. The intervention duration may need to be reconsidered. Furthermore, out-of-home placement cannot be considered a failure of intervention in cases in which the family preservation ideal needs to be overruled by child safety protection (i.e. abuse and neglect), and temporary (respite) out-of-home care may be facilitating for eventual family preservation at times. The shift from intensive family preservation to family crisis intervention, adopting the crisis perspective used in FCIP, may therefore be a promising redefinition of a program model that then shifts from a prevention of placement focus to a promotion of crisis change, safety change and improvement of family functioning focus.