Client and social worker relationship in the Families First program

Christopher Browning Economon

Debra Ann Tjaarda

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CLIENT AND SOCIAL WORKER RELATIONSHIP
IN THE FAMILIES FIRST PROGRAM

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Christopher Browning Economon and Debra Ann Tjaarda
June 1994
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Approved by:
Rosemary McCaslin, Ph.D., Director of MSW Program
Paul Rout M.S.W. Deputy Director,
Department of Public Social Services,
Riverside County, California

Theresa Morris, Ph.D., Chair of Research Sequence,
Department of Social Work
ABSTRACT

The purpose of this study was to explore the social worker and client relationship within the Families First program which has been recently implemented in several states across the United States. As a part of the child welfare system, this program identifies families with children at risk of removal due to abuse or neglect. Its goal is to help these families remove the risk to the children and to remain intact. The researchers used a post positivist and exploratory approach to examine the social worker and client relationship as it relates to the client's reliance on the social worker as well as to the client's autonomy at the completion of the program.
In memory of
JEFF YOST, M.S.W.
Michigan State Department of Social Services,
for his valuable assistance
and enthusiastic support.
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INTRODUCTION

Problem Statement

In 1974, the Homebuilders Program was created in the state of Washington in order to provide services to families with children who were at risk of removal. This came about as a result of a belief on the part of a handful of professionals that the child welfare system which was not working for the children could be improved. This was reflected most clearly in the numbers of children being removed from their homes (Barthel, 1991). The Homebuilders Program, also referred to as the "Families First" program, is now implemented in several states. These programs fall under the rubric of the Family Preservation movement, one which emphasizes the value of keeping families intact.

The concepts of the Families First program, based on the Michigan model, include:

1) A focus on family strengths, not problems. Traditionally, efforts in Child Protective Services have been directed toward problems in families with children at risk of removal. Families First looks at strengths of family members and builds on these.

2) Services are limited to children at risk of imminent placement in the foster care system. The emphasis of the Families First program is on removing the risk from the children's environment. Services are provided only to those families in which the risk is considered high enough for removal.

3) Immediate response is given. In each case referred to Families First program, the risk to the children is considered to be substantial. Thus, contact with all family members within 24 hours is vital, not only in terms of lessening danger to the children, but also in providing services to people in crisis.
4) Highly flexible scheduling. Social workers in the Families First program must be available to their client families on a 24 hour, seven day a week basis. A crisis can happen around the clock in these situations, and workers must be able and willing to respond.

5) Small caseloads. Workers must devote up to 20 hours per week to each family, so caseloads must remain low. Small caseloads allow workers to focus an appropriate amount of energy and attention on each family's needs.

6) Intensive interventions. Having more time available to spend with each family results in a higher level of service and an increase in quality of social work.

7) Services are delivered in the family's home and community. It is believed that in order to fully understand the family's situation and to deliver the appropriate services, the worker needs to bring the agency's services and expertise into the home where it is needed. Oftentimes, the family members in need of services are unable to mobilize adequately enough to seek help.

8) The services are time-limited and brief (4-6 weeks). Basic to the philosophy of the Families First program is the belief that, given intensive and highly-skilled intervention, the risk to the children can be removed or mitigated, and family members can resume a level of functioning that assures at least a minimally safe environment.

9) The delivery of "hard" and "soft" services. Families in crisis often need hard services such as home and car repairs, transportation to community services, and cash for utility bills, groceries, and clothing. They also need soft services which include counseling, parenting classes, and advocacy for community services.

10) An ecological approach. Knowing that the family's present problems stem from an inability to deal with the immediate environment, the social worker focuses efforts on bringing balance back into the relationship between the family and its environment.
11) A goal-oriented approach. A basic rule of any social work approach is the setting of appropriate and effective goals. This is especially true in the Families First program in which a great deal of work must be done in a short period of time.

12) Flexible and available funds. Many families find themselves in crisis partly due to lack of money to pay for essential goods and services. In order to alleviate these problems, the worker should have access to quick cash (county funds) which can be used for the necessary purposes.

13) Evaluation of progress at regular intervals. Given such a short period of Families First intervention (four to six weeks), it is essential that the worker and the agency quickly and accurately assess progress made by the family. Thus, regular written reports and staff meetings, designed to track progress, are a cornerstone of the program (State of Michigan D.S.S., 1992).

Because of the nature of the Families First program, the social worker spends a great deal of time with the family (up to 20 hours per week) and involves the family members in both hard and soft services. This intensity of involvement may result in fostering dependent relationships. The client relies on the social worker for such things as food, rent, money, companionship, and emotional support. Becoming aware of this feature of the relationship, the social worker is able to minimize reliance, and develop and strengthen autonomy. This reliance, when properly channeled, can be the tool by which the social worker helps the client out of crisis and into a state of relative autonomy. In this context, the dependence exhibited by the parent(s) on the social worker for services is the central theme to be explored in the research.

The reader will note throughout this paper the use of both the terms "reliance" and "dependence" to connote a particular relationship between the client and the social worker. This relationship is characterized by the client's transient and oftentimes acute
need for support and assistance during the intervention. Within this context, autonomy can be defined as the ability of the family to function safely in its own right, that is, without the supervision of the child welfare system.

Problem Focus

This project was conducted using the post-positivist paradigm. It was based on the Grounded Theory Approach (Straus & Corbin, 1990) utilizing a qualitative research method. This project aimed to develop an inductively derived grounded theory, which not only explained the interpreted reality but provided a framework for action (Straus & Corbin, 1990). It was hoped that this research would result in 1) an increased awareness on the part of the social worker of the impact of the dependent relationship on client self-reliance, 2) a subsequent framework in which social work effectiveness can be enhanced in practice with the Families First program, and 3) at least a partial basis upon which the program could be implemented.

The question pursued, then, concerned what might be found, when speaking of the social worker-client relationship, if one investigated the role played by the worker in the formation of client self-reliance while employing the type of short term, task-centered intervention characterized by the Families First program.

LITERATURE REVIEW

The Families First literature indicates that a certain amount of initial reliance is necessary to accomplish the ultimate goal of self determination or functional autonomy in a client. Research suggests that when one enters a therapeutic relationship, one should recognize that he or she is going to experience a powerful pull toward joining with the (social work) community. This attraction many times results in feelings of reliance on the
therapist and often plays a large role in what happens to the client (Kovel, 1976). Further, it is theorized that reliance is related to the client's perception of the social worker's expertise. That is, during the first phase of intervention, dependence by the client is accepted. At the same time, the client sees the social worker as an equal who empowers the client to make the decisions and guides the process toward eventual non-involvement of a child welfare agency. If social work intervention has been successful, the client should begin to feel more like the social worker's equal (Strean, 1978). Reliance occurs, then, as a result of this equality, which is manifested within the social worker-client relationship of the Families First program. This reliance, when channeled appropriately, results in client autonomy.

Otto Rank, a prime influence on the founding of the functionalist school of social work, declared that the social worker-client relationship was an end in itself, essential to what he termed "engaging the client's will" (Briar & Miller, 1971). The social worker's task was not to induce change. It was instead to encourage the client to allow for change by freeing the self. "The functions and services of the social agency were used as tools in carrying out this task, although the primary tool was conceived to be the worker-client relationship" (Briar & Miller, 1971).

The concept of self reliance, more commonly labeled self determination in the literature, has long been seen as primary to social work. Mary Richmond addressed this idea when she wrote that self-determination occurs "with the realization that later the client's own level of endeavor will have to be sought, found, and respected" (Aptekar, 1955). Further, "Social workers give abundant testimony from long experience of the futility of casework when plans are superimposed upon the client. Social responsibility, emotional adjustment, and personality development are possible only when the person exercises his freedom of choice and decision" (Biestek, 1957).
Reid and Epstein (1978) point out the importance of self-reliance in short term task-centered casework by stating their feeling that "The client's conscious wishes, not the practitioner's or other's assessment of what he 'really' wanted or needed, was to control the helping effort". Thus, this concept of self determination seems to constitute a central value premise, therefore in the Families First approach to therapeutic intervention should ideally incorporate this model of short term intervention.

Furthermore, in the development of self reliance, it has been suggested by Anita Faatz, who takes a functional approach, that an emphasis be placed on client choice. The social worker, says Faatz, is viewed as a helper, supporting the client's choices and the use of the agency's services (Sociolog, 1993). Put in the context of client autonomy, this idea holds that "the worker clearly understands which services can or cannot be offered and thereby not only can resist taking on too much of a client's life, but also can resist providing too little." The client is empowered to choose to accept or decline services and has the further choice to "accept and act upon the worker's offer of assistance," which motivates the client. (Sociolog, 1993).

The social worker's perception of the client and of their interactional relationship is important in assessing client autonomy. Presently, no clear studies have been done regarding clients pre-and-post casework. It is important to describe the client and his situation clearly and accurately in order to be able to assess changes post agency intervention, whether through normal processes or through deliberate intervention from the social worker (Borgatta, 1960).

The client's perception of the therapist's congruence is one of the necessary and sufficient conditions for effective therapy. In client-centered therapy, Carl Rogers hypothesized that six conditions are necessary and sufficient for constructive personality change in the client:
1. Two persons are in psychological contact.
2. The client is in a state of congruence, being vulnerable or anxious.
3. The therapist/social worker is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client.
6. The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved (Levant, 1984).

In points #2 and #3, reliance and interdependency emerge. This reliance is a necessary factor in promoting autonomy.

Marguerite Munro, of the Family Service Department of New York in the 1970's, states that the true power of change comes from within the client-social worker relationship. Help for the client rests in the vitality of

the immediate contact as an emotional experience, in which the worker takes full responsibility for his own realness and that of the agency. He does not exist outside the sphere of the client's life and conflict, merely understanding, interpreting, and guiding, but rather for the time of the contact he takes responsibility for becoming a part of the client's emotional life experience. The client who comes sharing hope and despair, love and hate, insecurity, anxiety, and yet some will to change, shares deep intimate feeling with the worker as perhaps he does with few others in life. Inevitably, he develops feelings about the worker and agency that extend beyond the projection of earlier attitudes formed in other significant relationships, and it is through an understanding of this fact that the caseworker shapes his role in helping the client to use this experience meaningfully for change (Taft, 1946).

Thus, a means of reliance/dependency occurs within a social worker-client relationship and this, in turn, aids in the change/autonomy of the client.
RESEARCH DESIGN AND METHOD

Purpose of the Study

The purpose of this study was to explore the movement toward client autonomy which is facilitated by reliance within a social worker-client relationship. The research question explored the social worker's perception of his/her role in the process from dependency to self-determination. This concept was explored within the framework of the Families First intervention program.

Research Question

This study used the post-positivist paradigm which allows the interviewer to discover theory about a research topic. The post-positivist's approach employs the notion of the "social construction of reality" (Phillips, 1990). Ideas are explored by in-depth interviews. The interviewer does not enter into a study with a preconceived hypothesis. Instead, he presents and then explores. The information gathered from each interview will influence the next interview's data collection. This type of study has the ability to change focus during data collection. The qualitative perspective attempts to synthesize social theory, practice, and research, using research as the lead system. Accordingly, it emphasizes the linkage between research and practice rather than viewing them as separate enterprises (Rudkdeschel, 1985).

The research question explored the social worker's perception of his/her role in facilitation of the process from dependency to self-determination. This concept was explored within the framework of the Families First intervention program.
Sampling

This study was exploratory and collected qualitative data. The population of interest was Families First social workers in Pittsburg, California, near San Francisco, and two cities in Michigan, Muskegon and Grand Rapids. The selection of subjects was a nonprobability sample using a purposive method based on availability. The goal was to obtain interviews with approximately 15 to 20 Families First social workers in the two specified states. Due to geographic limitations of this study, the results cannot be generalized to apply to populations in other states.

The Families First programs in California and Michigan were selected for this project because these agencies were available and willing to participate in the research. In addition, the Families First agencies in Michigan were the pioneers in implementing this program. They have the longest history of managing this family preservation program. The California agencies were modeled after the Michigan programs and therefore have reputable programs. In terms of making generalizations to a large population, this research is not attempting to generalize as such but to specify. The conditions are specified under which the phenomena exists, the action or interaction that pertains to them, and the associated outcomes or consequences (Straus & Corbin, 1990). This means that the theoretical formulation applies to these situations or circumstances but to no others.

The researchers contacted the supervisors of the Families First units in the respective states and asked to interview the social workers in their units. The individuals who were contacted by their supervisors were asked to be available at a set time for the interview. The sample did not focus on meeting a quota of a particular characteristic (for example, having a certain number of male social workers or female social workers).
Neither did it select social workers who have had a certain amount of Families First experience.

**Data Collection and Instruments**

There were two parts to the interview. Part 1 was an instrument for demographic data collection completed by the participant. Part 2 was a verbal interview between the researcher and participant using exploratory questions and clarification techniques.

The researchers asked the participants to complete the demographic portion of data collection apparatus prior to the start of interview questions which were open-ended in order to provide a framework within which respondents could express their own understanding in their own terms (Ruckdeschel, 1985).

The participants were asked questions about their experience as a Families First social worker. During the interview, the researchers adjusted the interview questions. Some questions or foci which the researchers had anticipated were quickly dropped, seemed less salient, or at least were supplemented (Straus & Corbin, 1990).

**Procedure**

The study was designed around the exploratory method, employing the post-positivist paradigm and using qualitative data which was gathered by direct face-to-face interviews. Each interview was conducted individually. The Families First workers in Michigan were interviewed by one researcher, and the Families First workers in California were interviewed by both researchers. The interviews were audio-taped and consisted of the participants and the researchers only. There were no external observers present in order to ensure confidentiality and to reduce any possible restraint on the part of the
participant. The interviews took place in an enclosed office, a conference room, and a private interview room to ensure privacy and confidentiality.

**Protection of Human Subjects**

Prior to each interview, the participants were asked to sign informed consent forms. These forms, upon completion, were removed from the interview process, thus leaving no connection between the participants and their interview. The individuals were assured of confidentiality and anonymity. Prior to the interview, each participant was informed of the purpose of the research, was made aware the interview was voluntary, and was promised that he/she could terminate the interview at any time.

**Data Analysis**

The data analysis method utilized in this study was qualitative. "Open coding" and "Categories" were used to ground theory (Straus & Corbin 1990). Quantitative data were gathered in the demographic section.

Each audio-taped interview was transcribed to allow for visual inductive analysis. The participants were given an identification number, and each participant's responses were matched with their given number. This system ensured that the coding can be tracked for an audit trail to the participant who gave the response and guarantees precise information.

As the data were read, the responses were broken down into discrete concepts which were identified and listed. The similarities, differences, and parallel concepts were
arranged into categories. This reduction of the number of concept units specified a pattern of responses (Straus & Corbin, 1990).

Developing and naming categories disclosed theoretical formulations pertaining to the Families First worker and client relationship. As a result, this technique of qualitative analysis produced grounded theory.

**FINDINGS**

**Demographics**

Thirteen respondents were interviewed for the research. There were seven respondents from Michigan and five from California. The demographic data included age, gender, ethnicity, level of education, type of degree, years of social work experience, the state, and years of experience in the Families First program. The data also included the individual's attitude toward the philosophy of the program.

Throughout this discussion, the reader will note the use of both the term "therapist" and "social worker" to describe those who participated in this study. It should be understood that of those interviewed, some chose to be known as social workers while others preferred the term therapist. For the purposes of this paper, the two words will be used interchangeably and will denote the same meaning.

The age of the participants varied from 27 to 44 years with one not disclosing this information. The mean age was 33.5 years. Breakdown by gender revealed 3 males and 8 females. When grouped by ethnicity, the count showed 7 Caucasian and 4 African-Americans (again, one refused to reveal the information). The data showed 6 participants with masters degrees as their highest level of education, 5 with bachelors (3
of these currently pursuing a masters), and one refusing to provide this information. In measuring the number of years of social work experience, the survey found a range of from one to thirteen years. The mean number of years was 5.9. Respondents' years of Families First experience ranged from one to four years, with a mean of 2.1 years. Participants were asked about their attitude toward the Families First program. Ten said they liked the program, one stated it needed improvement, and one failed to give a response.

Survey responses reflected a wide variety of training in many spheres of social work. The types of trainings most frequently cited were in the areas of substance abuse, sexual abuse, and Families First induction training. Other types of training included domestic violence, working with children, teens, cultural awareness, relationship building, private practice techniques, risk assessment, needs assessment, black parenting, the S.T.E.P. parenting program, family systems therapy, juvenile delinquency, child development, adolescent/parent conflict, incest in families, self care, and problem ownership.

**Findings**

A total of eleven questions were used in gathering the data. These questions typically were posed in such a way as to elicit open-ended responses, reflecting a program rich in complexity and variety. Indeed, initial exploration of the data tentatively seemed to confirm this notion.

A look at demographics revealed a larger proportion of female than male social workers. This may reflect the reality that more females than males are social workers in the general population. The only ethnicities represented were Caucasian and African-American. There were no Hispanic, Asian, or other subjects. It was surmised that a
larger sample might reveal a more accurate ethnic representation of the social worker population in the Families First program.

In speaking of the program's success, while most workers possessed or were currently working toward advanced degrees, no participant expressed the importance of having a masters degree. It is the researchers' feeling that a high degree of social work skill is essential for effective intervention in the program and that workers should hold masters degrees. Thus, the question of social workers' perceptions of the importance of an advanced degree was considered to be an appropriate topic of discussion in some future research.

It was also noted that no respondent expressed a dislike for the Families First program. All said they liked it, with only one seeing a need for improvement. While one could attribute this phenomenon to socially desirable responses, it could also be an indication of a high level of worker satisfaction with the concept of this unique program. It could also be possible that this program, being new to the field of social work, has not yet been subject to the same scrutiny others have been. Reflecting this sentiment, one worker said she would like to see a ten-year study to measure the effectiveness of Families First.

The participants were first asked to consider the definition of dependency. Initial categories emerging from the data were identified according to the following grouping: "It is a broad word to define"; "There are different levels"; "We don't want the clients to depend on us"; "There is a need for clear boundaries between family members and the social worker"; "Needy people"; and "Dependency is necessary in relationships."

One interviewee, seeing dependency as a "broad word," addressed the concept in terms of different levels. There is, according to this individual, "concrete dependency," which can be explained as "cherished family lines," and there is "emotional and spiritual dependency," that is, a "fear of the interaction between people." Another respondent
described the two levels as a "healthy dependency where you're building trust, and you depend on each other to grow and to make steps toward positive change." On the other hand, he said, an unhealthy dependency can be "doing for the client or family what they should be doing for themselves." Concern over dependency was expressed by another respondent, who stated, "We don't want them to be dependent on us, counting on us to make them think that we are coming in to save them." Still another stated, "We as workers have to be really careful about that, that we don't become the center of their life."

Diffusion of client/worker boundaries seemed to appear as a significant concept in many of the responses. One interviewee, when considering dependency, said she thinks "about boundaries and that kind of thing." Another participant spoke of the tendency of families to "pull me in as a member of their family" and "loose boundaries within a family which can sometimes create dependency issues." This social worker described the process of "moving right into their home and sort of forcing their boundaries to open up to me, while at the same time trying to help them create boundaries."

Dependency was sometimes seen as need. From this standpoint, needs of families and family members drove dependent behavior. For example, following the statement claiming that "a number of our clients are dependent," one respondent added, "A lot of our families are very needy people." In discussing the avoidance of dependency, one social worker mentioned "basic needs, emotional needs" of clients that may be triggered by a worker's intervention. Dependency results, according to another interviewee, "when a person needs something from someone."

In a final category, it was observed that "dependency is something that's necessary in the relationship." This concept seemed to be an underlying assumption in most of the responses, given the overwhelming emphasis on the presence of dependency.
Grounded theory was subsequently drawn from these categories, indicating that dependency is a broad concept, with different levels of meaning. There are issues of boundaries and dependency in all relationships. There are positive as well as negative aspects to dependency. It is positive in light of interdependence, allowing dependency to happen, building trust and then growing from it. Dependency is negative in the sense that it seems to involve unclear boundaries.

In developing the initial categories, the researchers saw reliance and dependency as overlapping or similar. However it was found that social workers in the study tended to see reliance, as distinct from dependency, in terms of its utility in modeling behavior. Some respondents also felt that reliance differed from dependency in the sense that it was more positive and that the latter could be used to accomplish set goals. As with dependency, reliance was seen as a part of every relationship. Further, to some, reliance meant a client taking control of his or her situation.

In this initial category, three respondents expressed a clear belief in the notion of no difference between the two, while one felt the concepts overlapped. Still another maintained that these concepts were really two sides of the same coin. Statements such as, "I would say that reliance and dependency are the same thing" and "It would be the same as dependency" reflected a clear sense of no perceived difference. However, although reliance was viewed in a positive light as promoting growth, it was also seen as overlapping with dependence. One respondent suggested that reliance differed from dependency in that "...you rely on their help but you don't need it to the extent that you might be dependent on it."

A frequently occurring theme in the "reliance" category involved the idea of modeling behavior. Therapists, in teaching reliance, seemed to see a need for modeling this behavior for their clients. Typical of the responses, one interviewee remarked, "I try to be
reliable myself, and if I say I'm going to be there at a certain time, I try to be there at a
certain time. And I try to focus in on a time when they were perhaps reliable and continue
to be, even in their present crisis. It should be noted that participants, in speaking of
reliance in this context, were referring to self-reliance and reliability. At times it seemed
the two words were being used interchangeably, but one social worker stated the
distinction very clearly by saying, "If you're talking about self-reliance, there is a
difference... I feel really strongly about that. I try to get the client to become self-
reliant."

Reliance on the social worker was also seen as facilitating growth within the client. In
the Families First program, one participant set a goal of getting the clients "to rely on us
and we teach them social skills and help them make a connection. So there could be a
total reliance on the social worker, and that makes them dependent. Each therapist has to
balance that with their relationship with the client."

The final category developed in the discussion of reliance revolved around the issue of
clients taking control of their lives. Here a social worker expressed concern over the
client's reliance on others as opposed to self-reliance. The worker pointed to the need for
individuals to "take control of the situation in their own lives." In so doing, the client,
according to another respondent, can become "self-reliant in relationship to the system."
As a result, she said, it becomes important to "foster a sense of self that can let them
recognize their role as parent with children who need someone they can rely on."

In drawing grounded theory from the initial categories, it was found that reliance on
the social worker as well as on the system seemed to appear in every family and that an
important function of intervention was to address reliance in order to diminish it. Thus,
family or individual reliance, once detected, could be used to facilitate growth. Being able
to rely on a social worker and on the accompanying security often presented the client
with a new experience, which resulted in increased trust. This trust, in turn, helped to motivate the client.

Subjects were next asked to describe their style of social work (or therapy, depending on the individual orientation) as it related to the Families First program. The identification of categories in this area was difficult due to the number of varied responses given, but a few seemed to exemplify and support other repeated observations, and thus were chosen as the focus of the researcher's attention to social workers' style. Initial categories of style included active listening, assessing needs, honesty, focusing on goals, and focusing on the client's positive attributes. A further category defined being non-judgmental and flexible.

Examination of the data revealed a very clear support for the concept of listening to the client. Active listening, in fact, seemed to be interwoven throughout the entire spectrum of responses. A good assessment, according to one interviewee, "requires a lot of listening on my part, active listening to see what the family is doing."

Statements about style led inevitably to a discussion of assessment. Here the data tended to support the importance of assessment skills as essential to effective intervention. To quote Rosemary McCaslin, Director, MSW Program, California State University, San Bernardino, "Assessment is eighty percent of intervention." Statements by participants clearly reflected this notion. Typical responses included these statements: "One thing I have used is good assessment skills to be able to see what people are struggling with," and "My style is basically viewed from the needs of the client, how it is that I can help them, looking at their needs, and doing an assessment." A more specific consideration of assessment was summarized by the following statement, "I base my assessment of the family on what they say to me and what they've done in the past, on their cognitions and their behavior, and integrate their thoughts and their belief systems on what their behaviors are doing, and if I need to change that, then that's how I will go about it."
Honesty was considered by several respondents to be an important element in a social worker's style, apparently reflecting the need for trust in the relationship. As one therapist stated, "I'm honest with them. If I don't know something, I will let them know that I don't know . . . I'm not going to sit there and talk about something I know very little about." Some saw honesty as being "clear with my goals" and "clear as to what the program can do and can't do and what I can't do."

Reflecting the belief in the Families First program as one that is brief, time-limited, and goal-directed, a number of respondents defined their style in terms of being goal driven. Thus emerged from the data a sense of reliance on goals as an aid in structuring the intervention. One response related the need to be "real clear with my goals." Tying the case objectives in to the needs of the family, one participant stated, "It really is their program, and I've found through experience that if I am not working on a goal that the family wants, then it doesn't do much good." Another worker stated simply, "I would say my style is to go in there and get my goals met."

Another category was formed which described the workers' emphasis on clients' strengths and positive attributes. In characterizing her style, one therapist explained, "I think that we must focus on the positive of the family and let them know that they do have good things going on in their family that may be hard to look for. But I think that you can grab hold of it and pull it out a little more."

Statements drawn from the data revealed the preference of Families First workers for the use of such techniques as being flexible and non-judgmental. One worker emphasized the need for flexibility, stating, "I think you have to be very flexible in what you do in working with Families First." Addressing the issue of remaining non-judgmental, another worker related the time a client told her, "I've never had someone who just listened to me and not passed judgment or tell me what to do."
Forming grounded theory as it pertained to the therapists' style, then, proved to be problematic, given the diversity of responses. As is true in the field of social work in general, there are as many different styles in the Families First program as there are individual practitioners. Theory derived from the data, however, reflected an emphasis on assessment, which involved the use of active listening. Some salient aspects of style during intervention which were seen as effective included being honest and paying particular attention to clients' and families' strengths and positive attributes. Other workers, when speaking of their style, gave consideration to being flexible, non-judgmental, and goal-driven.

The next question presented to the participants involved the issue of encouraging clients to make their own decisions. The consensus was that a social worker's primary function was to encourage decision-making among clients. Categories extracted from the data included the following: making the client "aware that they have choices," "talking about the choices and then respect decision making," "empowering," "decision making, letting them be a part of that, is unquestionable." Some comments include, "I try to make decision making their thing from the beginning," "The key tool is to empower the family," and "Learning the consequences of their decisions."

Empowering the client appeared as a major component of the Families First program in relation to encouraging decision making. Indeed, many respondents seemed to view client empowerment as the end result of most efforts in the intervention. In response to the question of encouraging decision making, one therapist stated, "I think it's empowering. I say, 'The answers you have are inside.' So I put it back on them." Another worker explained handing out assignments and having the client complete them, then checking regularly on the progress. This worker expressed her feeling that "the more
they do this, the more they feel empowered . . . sometimes all they need is direction . . . if I can get them to carry through with a task, that empowers them."

Most respondents seemed to take the position of presenting several alternatives, which were mutually discussed, and then guiding the client through the decision-making process. At the same time, emphasis was placed on allowing the client as much latitude as possible in arriving at a decision. A typical response was suggested by the following statement: "We could go through the pros and cons, but it's your decision of what you do or don't do . . . I may help them process their decision, ask why they make that decision . . . I guess they learn more from that versus me telling them to do A not B. They need to learn how to do some problem solving . . . so I think that going through a few decisions with them is more helpful than to just tell them." In a similar vein, the following statement seemed to express the idea of having the client take responsibility for decision making: "I want them to be the ones to identify what the problem is, and I want them to be the ones to come up with the solution. Another respondent added, "You cannot make their decisions for them, because they have to live with those choices." This was seen by one social worker as making a "guided decision." Or, as put by another, "I try not to give them answers. I try to model behavior."

A final category under the rubric of decision making involved the concept of the client becoming aware of the consequences of his or her decisions. This idea, stressed by a number of workers, was expressed as a concern that many clients "don't really think in the long term." Others saw it as a process of "looking at the advantages and disadvantages and helping them to look at those all the time in all the decisions that they make."

The development of grounded theory resulted in a number of themes: empowering the client as essential to fundamental changes in decision making, facilitating decision making through a structured social worker-client relationship (ie., guiding decision making, but
encouraging autonomy), actively engaging the client in the process of making connections between decisions made and their long term consequences.

The next question concerned whether the social worker detected, during the course of the intervention, a change in the social worker-client relationship. Most respondents reported a change, while only one saw no change in the relationship; one claimed, "I've had it both ways." Still another appeared to reject the notion of a substantive social worker-client relationship, much less of a change. This worker stated, "The focus of the program is not my relationship with them but their relationship with their children." In looking at those who sensed a change, categories emerged, describing the change as going "from mistrust to trust," from the worker perceived as a stranger and "part of the system" to a friend and ally, and from an intense and uncomfortable environment to a more relaxed setting. So, while the data revealed a strong tendency toward change, it also pointed to the possibility of no change in some families.

In the latter category, it was found that families who did not change were generally those who also failed to complete the Families First program. The therapist who described this type of situation reported that these families "just tolerated me... they just tolerated the intervention."

One participant framed his response to this question in terms of a client's developing sense of self-reliance during the course of the intervention. This initial category focused on the stated purpose of the relationship and its overriding impact on those involved. According to this worker, his "involvement from the beginning to the end is designed for the family to sustain itself and not to rely on me."

Four respondents seemed fairly clear in their assertion of a change from a mistrusting relationship to one characterized by acquiescence and acceptance. One participant described a common experience as meeting initially with families who "may be a little
suspicious" and "thinking that you are just here to spy on us or just to take my kids away. . . not all of them, but there are a few that have said that to me." Another ascribed the increased trust to an awareness by the client of the Families First worker's purpose. She spoke of her clients having been involved "with four or five different counselors over the years. They have been involved with different ADC (Aid to Dependent Children) workers . . . So I know that when we first go in they are looking at you a bit distrusting at first because they have just been through a crisis and just been dealt with by the police, the PS (Protective Services) worker, and then we come in and the trust builds, the rapport builds, a mutual respect builds." Echoing this observation was the statement, "There's a greater amount of trust by the end of the four to six weeks. When we first come out, they think we're just part of the system . . . you're out here to get them . . . we make them feel comfortable . . . we give them the right to express themselves. By the end of the four weeks they see there's not a lot of pressure and that it's informal counseling."

One respondent noted a change in the social worker-client relationship, but placed greater emphasis on the feelings of both the worker and the client. Referring to "differences of life-style," this social worker explained, "I usually don't feel comfortable right away . . . It takes me awhile . . . It takes them awhile . . . And then I feel, usually toward the midpoint a little more relaxed . . . a purpose has been established.

Put into theory, it was found that there is a progression from the social worker being perceived as part of the system to becoming more of a friend and ally. Further, there is movement from mistrust to trust in the relationship.

Next, the survey addressed the most important elements in facilitating change during the intervention. Participants were asked to list those things they felt had the greatest impact in producing change in the families to which they were assigned. As with the issue of style, responses were numerous and varied, but a few themes emerged from the data.
Prominent categories revolved around terms such as "listening" and "respect." Additionally, elements seen as leading to change involved "being supportive," "being non-judgmental," "a focus on strengths," and "acknowledging that the client is in control."

Listening, previously emphasized in the discussion of style, was also regarded by most workers as one of the most valuable approaches in facilitating change. "Listening and listening and listening until they've said it so many times they're bored with the status quo," seemed to reflect the attitude expressed in the responses. Addressing change in the client, this worker added, "It's a process going on with them, and I'm just there facilitating it and mirroring it back to them." The most important element in facilitating change was, according to another therapist, "the ability to at first listen." Still another stated, "I think listening to them...we sit there for two hours and talk about the programs for ten minutes, and the rest of it is the mom and dad or the kids telling you what has been happening in the home and why." In developing a relationship with the client, another respondent stated the need for "active listening and nurturing."

One of the most basic elements in relationship building, according to the data, appears to be respect for the client. In describing his attempts to establish rapport with his families, one social worker stressed the importance of "respect coming from you as a therapist ... it's their family and their home and how much of a privilege it is in order for you to serve them ... And with all that put together, you find that the family is going to open up."

Supporting the client while avoiding being judgmental assumed a degree of importance with a number of respondents. Speaking to the issue of facilitating change, a worker noted that he always strove "not to be judgmental." Rather, he was inclined to "support the client in a way that doesn't facilitate overdependency." Another participant continually made efforts to "not be judgmental but find a very caring attitude to address problems so
that they don't feel down, for we have some clients that we don't even have to open our mouths, and they feel guilty."

The data showed a willingness on the part of Families First workers to engage the client's strengths and to acknowledge a client's sense of control in his own home. One therapist, explaining her approach, stated that she does "a lot of work to maintain people's strengths, to really point out the positive . . . It's usually in reference to something that's positive about them that can pull them, that can let them deal with the negative." This worker went on to say, "Tapping into their strengths some, from a respectful space, and that's a part of respect, I think." Other statements, such as, "Accepting them where they're at" and "Not going in with my own agenda" seemed to reflect the worker's sense of respect. These statements were considered necessary to effective intervention with the Families First program.

Grounded theory as it pertains to elements in facilitating change, then, would embrace the concepts of listening, respecting, accepting, emphasizing strengths, and allowing the client to maintain a sense of control in the home.

Next, participants were asked if they saw self-determination in their clients during the intervention. Some felt it had occurred, while others expressed doubt about a family's ability to achieve it. Still others seemed to feel self-determination depended on a number of predisposing factors. Categories derived from the data included "reviewing", "recognizing success," "It is not always there," It involves joining and 'hanging in there,'" and "It is innate." Others said, "It depends on the family," "If it is there, then build on it," and "If it is not there, explore other methods," and "Find out what has worked, and if not, accept it." Generally, it seemed, participants viewed self-determination as a significant goal that was part of every intervention.
An examination of the data showed disagreement among workers as to the presence and nature of self-determination in families. Some felt it was always there, and others maintained that it was lacking. According to one therapist, "It's not in every family." Another stated, "Sometimes, sometimes not." Still another said, "In terms of self-determination, we all have that. When I visualize self-determination, I think of . . . an innate quality."

Some workers identified factors that they felt limited the achievement of self-determination in the Families First program. Referring to depression in families, a therapist noted, "I think that with the families that maintain a level of depression, that self-determination is real hard to see really taking hold." Similarly, with substance-abusing parents, self-determination can be limited. One interviewee explained that self-determination, to a substance-abusing parent, means they are "determined to get the intervention to the point where it's perceived by us that they can handle it."

Reviewing with the client and recognizing success were thought of as helping the client develop self-determination. This quality could be nurtured and supported in a client. A worker pointed out, "I really start with the self-determination by finding out what they're expert at already . . . As it goes on, we review." He saw this as reinforcing self-determination.

Some workers looked at self-determination as joining the family and "hanging in there." It is, according to one therapist, "just the joining and accepting of the family and who they are and where they are, what they're about [which] helps to give them the sense that they have been successful."

Those who did not perceive self-determination in families stated a need to explore other methods and to determine what has worked for the client and what has not. One worker said, "I really start with the self-determination by finding out what they're expert at
already in the beginning, what has worked for them and what didn't work, and what do they want to do differently."

Participants were next asked, "How do you motivate a client?" Three initial categories were developed, the first referring to "using the court as leverage." Secondly, "the worker uses active listening and demonstrates respect for the client." Finally, "the client's level of frustration and vulnerability during periods of stress and crisis are used by the worker to motivate."

The worker's use of the court was not seen as communicating a threat to remove the children, but was framed positively as looking for a way to get CPS (Child Protective Services) out of their lives. One Families First worker articulated this idea by stating, "CPS is making your life miserable. Let's get these guys off your back. This is what they're looking for. How do you think you can best act and convince CPS to get off your back?"

Some of the respondents, in motivating clients, saw a great deal of value in the use of active listening and demonstrating respect for the client. "I think sitting with the client, sometimes, and listening helps to motivate them, lets them see that someone does value spending time with them," was one therapist's view of motivation. Another stated, "Usually, I try to motivate the client by forming a relationship of respect and trust that magnifies their strengths, their own interests. I think being consistent, being clear, being timely, being concerned about their family. All those little things of showing respect for them and who they are."

A further motivating factor utilized by Families First workers involved the family's emotional state at the time of intervention. That is, the client's level of frustration and vulnerability during periods of stress and crisis is used by the worker to motivate. This concept was illustrated by one worker's observation, "Oftentimes, it's just the level of
frustration . . . if they're at that point where they're ready to say, 'Yeah, it's not good the way it is, and now I'm ready to make a change.'"

Grounded theory emerged, revealing that motivation of clients is accomplished by several techniques utilized by the social worker. The court is used as leverage, and the worker uses active listening and demonstrates respect for the client. The client's level of frustration and vulnerability during periods of stress and crisis are used by the worker to motivate.

Finally, participants were asked to explain what they felt made Families First intervention a success. Again, the responses reflected a wide range of opinion. Initial categories covered the program's philosophy, worker self-preservation, follow-up services, and worker competence. These were then further refined to form the following categories: "being in the client's home daily," "having a brief model/time frame," "allowing the social worker to be creative," "using assessment skills," "assuring the client feels listened to," "maintaining the vision of keeping families together," "providing a team concept," "taking time off," "planning follow-up services," and "ensuring the worker's ability to assess and match intervention with assessment."

The data revealed a marked inclination toward social workers' crediting the philosophy of the Families First program with success. As suggested by one worker, "We deal with them on a one-on-one basis in their home, which is different from them going to a social service office . . . just being in their homes and being able to see the way they live." Addressing the issue of listening, one worker stated, "Maybe I have been the first person they've encountered that's listened. A professional that actually . . . put in the time, that many, most, other agencies don't have." Further supporting this idea was the statement: "We can provide therapy right there in the home." Reflecting the program's philosophy of keeping families together, a participant emphasized the need for "keeping the families
together with that vision . . . unless it is life threatening, or at risk, families should be together."

The brief model was also seen as contributing to the program's success. One worker explained that "having a brief model helps. Families after awhile feel like I'm there on their side and think, 'Gee, he's going to be gone in a few weeks and maybe we should do something. Maybe we should keep working with this program and make some changes.'"

Participants also expressed the idea of being trusted to be creative in this program, factors which they felt helped make the program a success. This success was due to "the philosophy behind it . . . the way it trickles down."

Finally, the category of social worker self-preservation was viewed in terms of its positive impact on the program. A team concept appeared to rate highly among social workers. This was reflected in one worker's comment, "We are allowed to come to each other's offices, and we have our team meetings where we sit down, and if I'm having a problem with this case or that . . . I have other co-workers that I can talk to. Even though we work individually, we still have the opportunity to be a team." Another remarked, "Sometimes those meetings can be very encouraging, where we talk about how we are feeling about our cases . . . You are not by yourself."

The final category under Families First success related to worker competence. Respondents felt, "The one skill that makes you effective is diagnostic and assessment skills. Because if you cannot even diagnose or assess the problem, then you would not be able to match the intervention to the family.

Grounded theory, drawn from the data, revealed four factors found in the success of the Families First program. First is the philosophy of the program. This includes the social worker being in the client's home on a daily basis, the brief model, allowing the social worker to be creative, and the use of assessment skills. It also includes listening to
the client, having a vision of keeping families together, and having a team concept. The second factor is the need for the social worker's self-preservation. This is done by taking time off and by having a team concept among workers. Third, is having follow-up services in place after the intervention. Finally, success is found in worker competence. The worker needs to have the ability to match the intervention with the assessment.

DISCUSSION

A number of themes became evident as the researchers sifted through the data. Throughout the interviews, words and phrases were repeated which seemed to add emphasis to their meaning. For example, the term "listening" appeared in almost every interview, indicating the importance of this concept as a tool in Families First intervention. Active listening by the social worker seemed to be a therapeutic process, providing an outlet for the client, and generating trust, and eventually contributing to positive change. Respondents in this survey made the point that listening was one of the distinguishing elements which made the Families First program unique. With traditional forms of intervention, high caseloads and insufficient time has not allowed the worker to listen and to build the type of relationship necessary for tangible changes to occur. With low caseloads and adequate time, the Families First worker has been able to devote more attention to listening, thereby providing the base for a helping relationship. Good listening skills also helped the worker develop an accurate assessment, providing the framework through which salutary intervention could occur.

Mutual respect appeared as another prominent concept. For any positive relationship to develop between the social worker and the client, respect must be extended, regardless of the family's situation. This was clearly seen in statements such as "starting where the client is" and allowing for "respectful space."
A transition from mistrust to trust was a significant factor in many interventions. This was consistent with our own experience in the Families First program: the clients' first impressions of the worker were colored by suspicions. This was understandable, given our positions as Child Protective Services social workers. We found mistrust evident in the beginning phases of intervention, but as time passed and rapport was developed, a sense of trust emerged, making change a much more realizable goal. Thus, the data, pointing to the importance of developing trust, seemed to validate our belief in this concept as it applies to the Families First program.

The researchers originally looked at the social worker's perception of his/her role and how this was related to the change from client dependence to self-determination during intervention. The data seemed to reveal a consensus among social workers regarding the presence of dependence in the social worker relationship. It might be noted here that some answers indicated a reluctance to acknowledge the reality of dependence, although this opening then seemed to present the foundation for a full discussion of dependence.

Dependency was not viewed as necessarily negative by those interviewed. There were, in fact, two types of dependency observed by the respondents. An unhealthy type might be exhibited by clients in relationship to other family members. A healthy dependency emerged when a client or family relied on the social worker for support and nurturance. When their needs were met within a context of clear boundaries, and mutual respect, the dependence was healthy, and could be used to model the family's relationships, leading to eventual self-reliance.

A more positive type of dependence or reliance could be used to facilitate change in the family. The social worker's role is crucial, forming the foundation upon which change occurs. This idea was summarized by a subject's statement, "My belief in how a
therapeutic relationship should be is that maybe at the beginning your client may be more reliant on you than at the end. I believe that is good work."

**Limitations**

After the Michigan interviews, the questions were changed to reflect the need for refinement in data gathering. One result of this was a lack of continuity in questioning, although the researchers felt the revised set of questions was more relevant to the subject under discussion. This modification of the questioning might be seen as a limit on the validity of the study's results.

A failure to address the need for resources in the Families First program presented itself as a further inadequacy of this study. Earlier in this paper, a point was made in reference to the importance of the delivery of hard and soft services as well as flexible and available funds. We are convinced, in light of our own experience with the program, of the need for quick and easy access to cash, food, and other items often needed by these families. Indeed, without such services, the program would not be what it is: a unique opportunity for families to overcome great difficulties in a relatively short period of time. Future studies should include a look at the relevance of hard and soft services to the efficacy of the Families First program.

Perhaps the greatest limitation of this study is its small sample. However, while the researchers felt concern over this issue during the initial stages, a look at the interview results revealed quite a depth and diversity of responses. From this data emerged a sizable number of concepts and categories relevant to the research question. However, a great deal of further research would be necessary to address the many issues raised.
Appendix A

INFORMED CONSENT

The study in which you are about to participate is designed to investigate the relationship between social workers and clients within the Homebuilders/Families First programs. This study is being conducted by Chris Economon and Deb Tjaarda under the advising of Dr. Rosemary McCaslin, Director of the Masters of Social Work Department, California State University, San Bernardino. This study has been approved by the Institutional Review Board of California State University San Bernardino.

In the study you will be asked questions regarding the Homebuilders/Families First program. There are two parts to this interview. Part 1 is demographic questions about you. Part 2 involves general questions regarding your client-social worker relationship. This interview will be approximately 45 minutes long.

Please be assured that any information you provide will be held in strict confidence by the researchers. At no time will your name be reported along with your responses. All data will be reported by a number system. At the conclusion of this study, you may receive a report of the results.

Please understand that your participation in this research is totally voluntary and you are free to withdraw at any time during this study without penalty, and to remove any data at any time during this study.
I acknowledge that I have been informed of, and understand, the nature and purpose of this study, and I freely consent to participate. I acknowledge that I am at least 18 years of age. I also agree to have this interview tape recorded.

Participant's Signature

Date

Researcher's Signature

Date
Appendix B

Interview Tool

PART ONE

QUESTIONNAIRE

Participant number:____________________

Please write or circle the correct information about yourself:

AGE:__________

GENDER: MALE  FEMALE

ETHNICITY: Caucasian, Afro-American, Asian-American, Latino, Other___________

HIGHEST EDUCATIONAL LEVEL: high school, two years college, B.A./B.S., Masters, Ph.D., other___________

TYPE OF DEGREE: BSW, MSW, MFCC, other__________

YEARS OF SOCIAL WORK EXPERIENCE:___________________________

ATTITUDE TOWARD PHILOSOPHY OF PROGRAM: like, dislike, needs improvement.

IDENTIFY IN WHICH U.S. STATE YOU PRACTICE HOMEBUILDERS/FAMILIES FIRST:______________________________

__________________________________________________________________________

IDENTIFY TRAININGS YOU ATTENDED WHICH ARE APPLICABLE TO THE FAMILIES FIRST PROGRAM:__________________________

__________________________________________________________________________

__________________________________________________________________________
PART TWO
QUESTIONS

PARTICIPANT'S NUMBER: __________________________

The following questions will be used as guidelines during the interview. The researchers will retain the list of questions. The researchers will ask the questions according to the qualitative approach.

How would you define "dependency" within a social worker-client relationship?
How would you define "reliance" within a social worker-client relationship?
During the program's intervention, does your client come to rely on you as a social worker?
If so, to what do you attribute the reliance?
If not, to what do you attribute its not occurring?
Does the client-social worker relationship change over the course of the intervention?
If you perceive a change, what do you attribute it to?
Have you used the approach/strategy of reminding the client of the time limited objectives?
If you have used this approach/strategy, what have you seen happen between your relationship with the client?
Have you used the approach/strategy of encouraging the client to make his/her own decision?
If you have used this approach/strategy, what have you seen happen between your relationship with the client?
Have you used the approach/strategy of modeling parenting skills and techniques?
If you have used this approach/strategy, what have you seen happen between your relationship with the client?

Does the client-social worker relationship change over the course of the intervention?

If you perceive a change, to what do you attribute it?

Which elements in a social worker's approach do you feel are important in facilitating change in the client's situation?