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ABSTRACT

A generalist approach to practice with families affected by parental addiction is presented. Using a model program for working with parents and children who have been affected by substance abuse, the article illustrates the application of the problem-solving process to effect change at multiple levels, including individual, family, community, organizational, and policy-making levels. The authors describe assessment and intervention strategies at each of these levels and conclude with an evaluation of the project's success.

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Families Affected by Substance Abuse: Implications for Generalist Social Work Practice

This paper describes the use of a generalist perspective in a model program for working with families who have been affected by substance abuse. Project Connect is a family centered, community-based intervention program designed to address the problems of substance abuse among high-risk families involved in the child welfare system. Initially funded by a three-year federal demonstration grant from the National Center on Child Abuse and Neglect (NCCAN), the Project received an additional eighteen months funding from NCCAN to provide intensive home-based services and connect parents to the appropriate substance abuse treatment. The Project also works with families to obtain other services they may need, including safe and affordable housing and adequate health care for both the parents and children. Other features of the Project include a Coordinating Committee designed to improve communication among service providers and

to inform policy-makers about the needs of these families.

Project Connect illustrates many of the key philosophies and skills of a generalist approach to social work practice. In this paper, we provide an overview of the generalist perspective and discuss the ways in which the Project uses this approach. We will draw on interviews conducted with Project clients and providers working with the Project.

Generalist Practice

The generalist perspective is concerned with both individual troubles and the social problems that contribute to these troubles (Landon, 1995; Pinderhughes, 1995; Schatz, Jenkins, & Sheafor, 1990). In working with families who have been identified to the child welfare systems for reasons of substance abuse, this means being concerned not only with pa-

Families in Society: The Journal of Contemporary Human Services
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rental addiction but also the daily oppression in these families' lives and the limited resources available to help these families.

The generalist perspective directs us to intervene at multiple levels, including individual, family, community, organizational, and policy levels (Sheafor & Landon, 1987). In this paper, we will provide practice examples from these different levels. Generalist social workers use the problem-solving process to effect change at each of these levels (Landon, 1995). The problem-solving process includes the following stages: Problem Definition, Engagement, Assessment, Contracting, Intervention, Termination, and Evaluation (Jones & Silva, 1991; Sheafor, Horejsi, & Horejsi, 1997). This paper describes the use of a generalist perspective at each of these stages. We assume that a similar set of generic skills are used throughout the problem-solving process no matter what setting, systems level, or role the social worker is enacting. Throughout the discussion, we also make the assumption that the relationship between the social worker and the client is collaborative (Pinuc & Minahan, 1973).

Problem Definition

We now turn to the first stage of the problem-solving process in which the generalist practitioner defines the problem in collaboration with others. Project Connect workers define the problem of substance abuse on multiple levels when working with clients, their families, organizations, communities, and policy-makers. They treat addiction as "a disease process characterized by the continued use of a specific substance . . . despite

physical, psychological, or social harm" (CSAT, 1994, p. 10). However, Project Connect social workers understand that they cannot focus solely on treating the identified client for addiction without addressing the needs of all family members because substance abuse is ". . . a complex pattern involving interactions between the individual and those around him or her" (Miller, 1989, p. 68). Staff approach their work with a belief in the family's ability to change, a belief that all families deserve respect, a belief that the family is a partner in this process and that the best place for children is with their family as long as the children's safety is not jeopardized.

A central part of the Project's work is to assure children's safety. Parental substance abuse has been recognized as a significant factor in many cases of child abuse and neglect (Brissett-Chapman, 1995; Kropenske & Howard, 1994). It has been estimated that 50-80% of all child abuse and neglect cases substantiated by child protective services involve some degree of substance abuse by the child's parents (CWLA, 1989). Parents' addiction can become so central to their lives that they may be physically and emotionally unavailable to their children. This may lead to severe neglect, resulting in behavioral and emotional problems in children. In these cases, staff are likely to recommend that children be removed from the home. When removal is necessary, the staff will work with parents to connect them with treatment and support family reunification efforts if they are warranted.

In addition to the relationship between the parents and their children, it is also important to explore

the relationship with partners. It has been noted that substance-abusing women are more likely to be living with partners who abuse substances than men (Blume, 1992; Turnbull, 1989) and more likely to be in violent or abusive relationships than other women (Finkelstein, 1987, as cited in Finkelstein, 1994; Gustavsson & Rycraft, 1993). Because domestic violence is present in so many protective cases, it is critical that it be considered in the definition of the problem (McKay, 1994).

When defining the problem at the larger systems level, one issue is the historical fragmentation between the systems involved in serving parents who are chemically dependent (Azzi-Lessing & Olsen, 1996; Gregoire & Akin, undated; Gustavsson, 1991; Tracy & Farkas, 1994). Philosophical differences can hinder service delivery. The child welfare system is mandated to protect children and assure their safety. Substance abuse treatment providers, on the other hand, must focus on engaging the parent in the recovery process, a process that is slow and characterized by relapse. Over the past decade, parents have increasingly found themselves caught between these two systems as reports of substance abuse to state child welfare systems have escalated (CWLA, 1990). The generalist social worker must be aware of the challenges facing families who are involved in these separate systems. Treatment efforts are further hampered by lack of slots and program models that have not been designed to meet the needs of women who are also pregnant or parenting (CSAT, 1994; Finkelstein, 1994). Funding stream issues and social

policies are therefore part of the problem definition, affecting who will get served and how they will access services.

The families served by Project Connect also tend to be very poor. As a consequence, they often lack many basic necessities, including adequate housing. Dependent upon public assistance to meet their families' financial needs, they are being profoundly affected by the recent changes in state and federal welfare policy. Many of these parents now find themselves being pushed into a job market for which they are poorly trained and which will be difficult for them to compete in if they have not been able to receive adequate treatment for their addiction.

The generalist social worker must consequently be aware that parental addiction is both an individual problem, affecting parents and their children, and a broader societal issue influenced by values and attitudes toward those who are poor and who have an addiction. These values and attitudes not only affect service delivery, but the policy-making climate as well, with the consequence that parents are often treated punitively and are faced with limited options and resources as they attempt to deal with their addiction.

Engagement

Following the definition of the problem, the different systems identified in the problem formulation must be engaged. To launch the program, Project Connect staff first had to work with the administration of the state child welfare system. Without referrals from the Department of Children, Youth, and Families (DCYF), there would have been no program.

Although the development of the Project had been a collaborative effort, the program still needed to be implemented. Many DCYF direct line staff were initially hesitant and did not fully understand the role, philosophy, and approach the Project was taking with families. Initially, they questioned the value of the service and were uncomfortable having children in the homes before parents had entered treatment. Once the Project was able to demonstrate that the children's safety was the ultimate goal of the Project and that it was not inherently inconsistent with the goals of family preservation, DCYF workers became more vested in the Project and working collaboratively with project staff. Staff have used a variety of skills as they have engaged DCYF to assure that children's safety needs would be met while at the same time serving as an advocate for the parent. Through case advocacy and consultation, the Project staff have developed close working relationships with individual line staff, their supervisors, and the department's administrative staff. At times, there have been differences of opinion in how cases should be handled, requiring negotiation. However, administrative staff report that these differences are always handled in a professional manner and that "there's always a coming together to air out those disagreements and to work things out." On the whole, administrative staff say that the Project has been "very sensitive to protective issues and our role as a department." As a result, the Project is now regarded as a crucial part of the department's services, enhancing its ability to support families and "maintain children in the home" if that can be

done safely. The Project and DCYF are working collaboratively to identify funding streams to expand the program statewide.

Enhancing the systems of care for substance abuse-affected families also required a joining of the child welfare system with the substance abuse treatment provider communi-

“Parents’ addiction can become so central to their lives that they may be physically and emotionally unavailable to their children.”

ty. To bring these providers together, the Project sponsored a Coordinating Committee, which meets on a monthly basis to exchange information about services and coordinate services. It also serves as a vehicle through which gaps in service delivery are identified.

To engage clients, the Project Connect worker must trust clients and believe in their potential to do the work. Clients must feel that they are being treated with respect and dignity, that their role as a parent is valued, and that they are not being viewed solely as an "addict." The worker needs to be empathic, direct, supportive, and honest. For example, a worker may say to the client "I believe you can get sober, if you want to do it. I know how to help you because I have worked with [clients] in situations similar to

yours in the past.” Project workers’ emphasis on listening to families fosters engagement and helps to build a working relationship. Staff believe that all families have strengths and work with families to identify these strengths. Project Connect workers understand that they are guests in clients’ homes. They are careful to structure questions that will not be perceived as judgmental. They offer families choices. For example, the family helps to decide when and where visits will take place. Workers do not offer a choice to the client if it is non-negotiable or out of the worker or client’s ability to control. Staff are clear about why they are involved in the family’s life, the potential benefits and consequences of program participation, and their expectations for clients.

The support the worker provides is crucial. It is also important that workers be knowledgeable about substance abuse so that they see that clients are responsible for their recovery but not their addiction, and that blaming them for their situation will not foster engagement. In addition, the worker must be direct about consequences related to lack of follow through.

With each system, it was important for Project Connect staff and administrators to anticipate others’ thoughts and feelings and be prepared to respond in an understanding way. It was also important that the workers demonstrate a genuine interest in other persons as well as a concern for their problems (Sheafor et al., 1997). The workers had to explain what Project Connect could and could not do (Sheafor et al., 1997). Finally, it was important to reach a tentative agreement to do the work.

Assessment

Following engagement, an assessment needs to be completed. Assessment is not a separate and distinct stage but rather an ongoing process (Meyer, 1993). A generalist assessment looks at all aspects of the problem on all system levels. Project workers complete a substance abuse assessment, a biopsychosocial assessment, and a risk assessment for child abuse and need for placement. They identify family strengths and resources and prioritize treatment goals in partnership with the family. Project staff also assess resources available for the client in the community. Information gathering and relationship building skills play a significant role in this process. Social workers are honest, direct, and nonthreatening throughout the assessment period.

Staff use numerous standardized assessment tools as well as several tools that were specifically developed for Project Connect. The Family Risk Scales (Magura, Moses, & Jones, 1987) are used to assess parental capacity and child safety issues as well as environmental risk. To assess problems of substance abuse within a child welfare context, the Project evaluator, together with the staff, developed The Risk Inventory for Substance Abuse-Affected Families (Olsen, Allen, & Azzi-Lessing, 1996). It contains eight scales, each of which is anchored with four or five descriptive statements ranging from no risk to high risk. Project social workers utilize this tool to assess parents’ commitment to the recovery process, patterns of substance abuse, impact of parents’ substance abuse upon their ability to care for their children, their neighborhood

environment, social supports, and self-efficacy. These tools help the social worker and the parent identify appropriate treatment goals to improve recovery and child protection outcomes. They are also used to determine resource needs and to make recommendations to DCYF and the family court.

Project social workers also gather information from other service providers. A tracking form is completed by treatment providers on a quarterly basis. This tool delineates clients’ progress in treatment and identifies barriers that may be hindering progress.

The Coordinating Committee has sponsored several data collection activities designed to assess problems in the broader service delivery systems. Assessments have been conducted on a variety of issues, including the housing needs of parents as well as various state policies and procedures to determine their effect on the client population.

The skills used in assessment are similar throughout the different systems. As Project Connect workers assess the individuals, their family members, the agencies in which families are involved, and state policies, it is important that the worker understand the strengths and limitations of each of these systems (Meyer, 1993). It is also important that the worker understand what is doable in the situation and decide upon priorities amongst all of the needs (Meyer, 1993).

Contracting

One of the first tasks of the work is an agreement that people want to work together. The contract reflects this agreement, and it specifies the responsibilities of each treatment team member (Compton

& Galaway, 1984). To complete the contract, the Project Connect social worker must be able to negotiate with the family, the DCYF worker, and other treatment providers. The work in developing the contract involves bargaining — workers share what their agency or program can offer; clients share what they want and need. Each member of the treatment team plays an integral yet distinct role in the treatment plan.

Project Connect workers identify problems for work and attempt to gain a consensus on the initial goals within the first session. From the problem inventory, a service plan is completed within six sessions. Service goals most often include work on the parental substance abuse and parenting skills, followed by attending to emotional problems. Reunification issues are a core part of many service plans. Service plans also address the parents' financial difficulties and the need for adequate housing. There is great flexibility in the service plan, depending on the individual family's needs.

Once a contract is developed, Project staff review it on at least a quarterly basis with the client, the DCYF worker, and substance abuse treatment providers. Clients have spoken about the importance of having everyone meet together to review their progress. Treatment providers and DCYF staff have also noted the importance of these meetings, saying that they provide a place where everyone involved can come together to review the parent's status, to make decisions, and to clearly define responsibilities.

Contracting between agencies is evident in the work of the Coordinating Committee. A primary

goal of this group is to provide a forum that would facilitate communication between substance abuse treatment providers and child welfare providers. The committee sets an agenda and a work plan for its activities each year and reviews its accomplishments on an annual basis. Work groups have been established to deal with the housing needs of parents, to develop a statewide policy on services for this population, to monitor state policies and procedures, and to sponsor interdisciplinary training for providers. These represent just a few of the issues around which providers have joined together to improve service delivery.

At each of these levels, the Project staff identified the problems to be worked upon, gained consensus on those problems, and set and prioritized goals with the people involved (Sheafor et al., 1997).

Intervention

The plan that is laid out in the contracting phase of the helping process is carried out in the intervention phase. Project Connect workers provide an array of services including parent and substance abuse education, family counseling, linkage to substance abuse treatment and other needed services (e.g. affordable housing, job training, and child care), individual counseling and support groups. In providing each of these services, the Project social workers use a particular set of skills to perform their roles. We will discuss each of these roles and the related skills.

Educator. The role of the educator is performed by Project Connect workers daily. To educate clients on drug abuse, community programs, and parenting skills,

workers must first access and share current information on these topics with each other. After passing this information among themselves, the workers then must be able to share the information with their clients. Sharing information is a complicated skill because the educator/social worker must transmit the information so that the client will be able to receive the message.

For example, Project Connect workers have become educated about the relationship between parental substance abuse and the child's behavioral and emotional problems. When parents question whether their previous drug use is related to their child's current behavioral or physical problems, their worker summarizes the research on this topic with their client (Howard, Beckwith, Rodning, & Kropenske, 1989; Hutchins & Alexander, 1990; Kropenske & Howard, 1994; Schneider & Chasoff, 1987; Weston, Ivins, Zuckerman, Jones, & Lopez, 1989). Although drugs ingested by the mother during pregnancy can lead to physical and behavioral problems in the newborn, it is stressed that "definitive information does not exist about the long-term effects of drug use during pregnancy . . . some children show few symptoms after drugs leave their system and others are expected to show neurological symptoms throughout their lives" (Shikles, 1990, pp. 1, 34).

Clients who love to read may be given a handout with facts related to the risks of intrauterine drug use. An auditory learner may benefit from hearing the message. Experiential learners may benefit by having the Project Connect worker accompany them to the doctor's office and watching how

their worker obtains information on this topic from medical professionals. The social worker must be aware of how clients are interpreting this information. To do this, the social worker relies on and interprets nonverbal cues.

Another key role of the Project social worker is to impart the knowledge and skills clients need to effectively parent their children. As one client stated,

She helped me understand them (my kids). . . . she gave me a lot of insight on the kids, different ways to talk to them. Instead of talking at them, she taught me how to listen to them and talk to them like they were people . . . she taught me how to express my feelings in an appropriate manner . . . she taught me not to threaten but to request things, to ask for things, and express appreciation at the same time.

As one can see from the above quote, the worker gave this parent information about ways to communicate more effectively with her children.

Project Connect also educates service providers, administrators, and policy makers. Over the past four years, the Coordinating Committee has developed policies and procedures for enhancing communication between providers and DCYF, made recommendations on payment for substance abuse treatment, sponsored a provider fair and interdisciplinary training for substance abuse treatment providers and child welfare staff, developed a resource directory, and drafted a policy statement on perinatal substance abuse and treatment.

Case manager. One of Project Connect workers' most important roles is that of case manager. As case managers, they act as a liaison for the family (Haskett, Miller,

Whitworth, & Huffman, 1992), working collaboratively with other providers and removing service barriers. This role is especially important when working with parents who have a substance abuse problem. As Sullivan, Wolk, and Hartmann (1992) note, "clients of alcohol and drug programs . . . are often misunderstood and suffer from stigma and discrimination . . . (C)ase managers can detect, prevent, and ameliorate the impact of prejudice" (p. 200).

It is necessary for Project Connect workers to know what programs exist in the community and how they might be helpful to parents with substance abuse problems. These services include drug treatment programs, concrete services (e.g. food banks, affordable housing, day care, clothing banks), support groups, and therapy providers. Project Connect workers need to be informed about these agencies, the services they provide, and the policies regulating services that may be a barrier to their clients receiving these services.

Other intervention skills that are important include negotiation, empathizing with the other's perspective, clarifying misunderstandings, explaining mutual and individual responsibilities of each member of the team (including the client), explaining eligibility requirements to clients, and securing releases of information. For example, when a client is referred to drug treatment, it is necessary to explain the release of information. The client is told what information will need to be shared with the other worker as well as the reason for sharing this information. It is equally important to explain any negative consequences if the client

refuses to sign the release of information (i.e. inability to link the client to other services) (Wilson, 1978). Once the limits of confidentiality are explained to the client, then the worker will attempt to gain entry for the client into the drug treatment center. As one client said: "She helped me to get to [drug treatment]. She helped me, gave me some information to call them and stuff like that. . . . She contacted all kinds of people trying to find help for me."

The worker may need to negotiate the terms of the treatment with the substance abuse worker. The client may appear to be resistant to the substance abuse worker. In these cases, it is important for Project workers to empathize with the substance abuse provider's perspective as well as be able to share their client's perspective.

Often while doing case management, Project Connect workers identify gaps in service delivery. As part of their work on the Coordinating Committee, they seek to collaborate with other providers to remove those barriers to service delivery. These barriers might include long waiting lists, insurance difficulties, reimbursement issues, and lack of child care or transportation.

Counselor. Project Connect workers are also counselors. They help their clients gain insight and information. In the role of the counselor, the foremost skill is enhancing the clients' self-efficacy and motivation. This is accomplished by the worker maintaining a strengths perspective and pointing out the client's strengths (McWhirter, 1994). This technique is consistent with the ego-psychology techniques of encouragement (Goldstein, 1996). This encourage-

ment is illustrated by a client's statement: "[My worker] was saying . . . 'you can do it' and she was giving me the confidence in myself that I was lacking." Besides encouragement, Project workers increase clients' motivation through giving advice, removing barriers, and providing choices (Miller, 1989).

Project Connect social workers also borrow other psychosocial techniques in their role as counselors. For example, they use person-situation reflection, in which the worker helps the clients think about their internal awareness, self-evaluation, and their decisions, including alternatives and consequences of these decisions (Goldstein, 1996). Person-situation reflection is accomplished through interviewing techniques that extend the amount and variety of relevant data (Kadushin, 1990). These skills include moving from general to specific, partializing client's concerns, holding to the focus, conveying to the client that communication cues are being taken in, using minimal encouragements, paraphrasing, summarizing, using transitions, and questioning (Kadushin, 1990; Middleman & Goldberg, 1974; Shulman, 1992).

Another skill, reflective discussion, is the ability of the worker to understand clients' defenses and developmental factors as they relate to their present behaviors (whether it be related to addiction, parenting, or other behaviors). This entails direct questions about the past, usually in regard to feelings. Other interviewing skills include identifying and calling attention to feeling, sanctioning feelings, and reflecting feelings (Kadushin, 1990).

Counselors must also be able to confront their clients. Consistent

with Hepworth and Larsen (1990), Project Connect workers believe confrontation is a skill, not a style. The skills involved in confrontation include the ability to express concern, describe the person's goal, describe the behavior that is inconsistent with that goal, and discuss the outcome of their behavior (Hepworth & Larsen, 1990).

One approach that Project staff use when they must confront a client who has a positive toxicology screen is to tell the client that they have choices. They can either choose to go into a more structured treatment program with a greater likelihood of success or continue with their current program with the possibility that they will lose their children. To help clients with this decision, staff have used three-by-five cards on which each choice is written with benefits and consequences. Clients hold the cards, picking the one with their choice. In this way, clients own the decision and are aware of the consequences of their choice.

Advocate. A critical role for the generalist social worker is that of advocate. Project staff act on behalf of their clients to break down service barriers. As Pinderhughes (1983) notes, "[T]reatment should focus . . . upon reinforcing the appropriate support of group, community, and other societal systems" (p. 334). Project Connect social workers have been referred to as "barrier busters." The families they work with are confronted with numerous barriers, including inadequate housing, lack of transportation and child care, low educational levels, lack of employment, lack of insurance, social stigma and numerous expectations put on them by the child protective, court, and

substance abuse systems. Project social workers advocate for their clients and help them navigate what are often confusing and overwhelming systems. Social workers accompany families when attending various appointments, offering support and concrete assistance. They teach them how to advocate for themselves and their children. They let them know what their rights and responsibilities are.

Project staff also act as change agents, working collaboratively with others and mobilizing resources to address macro system issues that may impede their ability to effectively serve the client population. One example of this effort is found in the work they did to assure continuation of funding for the Project once the federal demonstration grant came to an end. They established a collaborative relationship with potential funders, educating them about the benefits and cost-effectiveness of the program, citing data from the evaluation reports, and identifying potential funding sources. Communication lines were always open between Project Connect administrators and people in state positions responsible for funding human services.

When it came time to take their case to the state legislature, they were faced with the challenge of advocating for the addition of a new program when numerous preventive programs had been targeted for cuts. Project staff empowered their clients to advocate for themselves at state hearings on budget cuts. Several clients asked if they could testify on behalf of the Project. They explained that they wanted to do whatever they could to help the Project. Clients described feeling hopeless and ready to give up prior

to working with the Project social worker. They described their social workers as caring, helpful and “there” for them. The testimony was moving and useful. Legislators were better able to understand the need for continued funding to sustain the program after hearing clients’ stories. The Project did receive state funding and is one of three programs nationwide under this grant program that has continued past its demonstration period.

Project Connect staff have also worked to broaden the state child welfare system’s capacity for serving families affected by substance abuse. They have done this through their participation on the Coordinating Committee and in the state’s community planning process required by the federal Family Preservation and Support Services Act. This legislation mandated that a community planning process be undertaken to identify service needs and develop strategies for addressing those needs. Project Connect staff and their clients participated extensively in this process. In fact, a former client served as co-chair on one of the four regional planning committees. Project Connect’s goals for participation were to assure that substance abuse would be identified as an area of need and that program monies would be directed to addressing the problem of substance abuse. In the region where they participated, substance abuse was included in the list of priority needs. Program recommendations called for enhancing the support available to drug-involved adolescent mothers and preventing drug abuse among pregnant teenagers.

Project staff have used a number of skills to enhance their effec-

tiveness as advocates. They have identified gaps and barriers in service, shared information, worked collaboratively to effect change, and participated in the legislative process. Using these skills, they have been able to break down barriers to service and assure continuation of services for this highly vulnerable population.

Termination

Termination is the process through which the formal relationship is brought to an end. Termination, like assessment, is an ongoing process. On average, clients remain in the program for a little less than a year. Rules and procedures of termination in Project Connect are decided on a case-by-case basis. The ruling principle, according to the project director, is to “do what makes sense.” To decide whether clients are ready for termination, it is important to assess if they are able to transfer skills and knowledge learned to other settings in their life. It is important to assess whether clients are connected with helpful resources — whether it be their neighborhood, AA/NA, their church, or another supportive environment. A good termination can be operationalized as one in which after the termination, clients are able to maintain their sobriety, function in their various roles (i.e. parent, worker, and partner), help others, and be able to know when they need help and access that help (Fortune, 1995).

Clients who have completed the program, either successfully or unsuccessfully, are told that while the formal, intensive relationship is ending, the Project stands ready to support them and link them with services they may need in the fu-

ture. This availability is consistent with CSAT’s recommendations: “Follow-up conveys to the clients that the program staff maintains concern about their welfare. . . . It is critical to the recovery process that treatment programs maintain contact with the client as long as it is necessary” (1994, p. 226-227).

Clients describe their experiences with termination in the following way: “[She] saw to it that we kind-of-like weaned off because [losing her] was like a big fear of mine . . . she had been such a strong positive support system for me.” Another respondent stated: “We knew for like six months prior that it was coming, so I had time to plan . . . Oh, I was sad. . . . I have seen [her] since then . . . I used to stop there all the time. . . . I know that she is still there if I ever need her.”

In termination, Project Connect workers assess whether goals have been met, plan for continued maintenance and growth, and say good-bye. Project workers have terminated with over 140 individuals and families since they began their work. They maintain ongoing relationships with providers in the various service delivery systems and with policy makers.

Evaluation

Programs are under increasing pressure to account for their expenditures and demonstrate their effectiveness (Sullivan et al., 1992). Evaluation of work allows for legitimation and provides corrective feedback to program staff. Although it is the final stage of the problem-solving process, like assessment, it should occur on an ongoing basis. In Project Connect, evaluation occurs through both internal and external review.

Project clinicians and their supervisors review clients' progress regularly. Initially, clients' progress is reviewed by the clinician in partnership with the client. Staff have found that clients will often under-rate their progress. Clinicians can use this opportunity to reinforce strengths and point out how far the client has come with each goal in the service plan. New goals may be set at this time. It is important when social workers seek to evaluate their work that they return to contracts and problem definitions to assess how things have changed for people and systems.

Once progress is reviewed with the client, Project Connect clinicians review the service plans with their supervisor. Clinicians also use a peer review process to evaluate client progress. Case presentations are prepared for weekly staff meetings. Clinicians working with the family receive feedback from other Project staff on their work with the family.

An external evaluation, conducted in collaboration with faculty from the Rhode Island College School of Social Work, has augmented this internal review process. Using case records, standardized tools and scales, such as the Family Risk Scales (Magura, Moses, & Jones, 1987), interviews with project clients and service providers, and data from the state's child abuse hotline and management information systems, the evaluators have been able to assess the Project's success in meeting its goals. The data show that clients have made a number of significant improvements (Mumm & Olsen, 1996; Olsen, 1995; Olsen, Capoverde, Holmes, & Mumm, 1996). Sixty percent of the Project's families (72 out of 120 closed

cases) have successfully completed Project services. Significant reductions were achieved in risks associated with substance abuse, housing, parents' physical and mental health, knowledge of child care, and parents' ability to provide emotional care for their children (see Table I). For parents who successfully completed services, risks were also reduced in finances, social support, parental motivation, supervision of children, use of verbal discipline, and the child's physical health.

The evaluation also looked at children's placement status and recidivism. Project children who had been removed from the home while their parents were receiving services were more likely to be returned home and were returned home more quickly than children whose parents did not receive services (Olsen, 1995). A comparison of the Project's first seventy-six children with eighty other DCYF involved children whose families did not receive the services of the Project but whose records indicated problems of chemical dependence showed that children in both groups were placed at about the same rate. Sixty-three percent of the Project children and 66% of the non-Project children were placed at some point during the eighteen months their cases were tracked. However, more Project children were reunified, and they were reunified within much shorter periods of time. Forty-five percent of the Project's children were returned to their parents during the tracking period, as compared with 13% of the non-Project children. Project children, on average, were returned after five months in placement, while non-Project children were returned after eleven months.

Additional data tracking Project Connect families served during the first three years of the Project showed that of the fifty families having indicated allegations of abuse and neglect prior to entry into the program, nine were reindicated after they completed services. Six of the nine had dropped out before completing services; three had finished the program successfully.

The work of the Coordinating Committee was also evaluated. Committee members say that the committee has been most valuable in affording opportunities for networking and sharing information. Because policy decisions are being made at other levels that go beyond the authority of the committee, members do not feel they have made as much of a difference in effecting policy change. Department staff concur, saying that while the committee has provided an invaluable forum for discussion, policy decision-making and implementation are beyond the purview of the committee. However, those responsible for decision-making have solicited the advice of the committee, and the committee continues to take an active role in providing input to the policy-making process. A case in point is the current work the committee is doing to inform the welfare reform debate and the shaping of state policies for substance abuse involved parents. Updates on state and federal changes have been on the committee's agenda for the past year. The Project's director participates on a statewide welfare reform implementation committee and has provided testimony to the state legislature on the needs of substance abuse affected families.

Table 1. Mean family risk scores: pretest and posttest for program completers, dropouts, and total cases.

	Completers		Dropouts		Total	
	Pre	Post	Pre	Post	Pre	Post
<i>Family (n=120)</i>						
Habitability of residence	1.7	1.2*	2.0	2.0	1.8	1.5*
Suitability of living conditions	2.0	1.4*	1.8	2.2	1.9	1.7
Financial problems	2.4	2.0*	2.5	2.7	2.4	2.5
Adult relationships	2.1	1.9	2.4	2.8*	2.3	2.4
Social support	2.3	1.6*	2.4	2.8*	2.3	2.2
<i>Primary caretaker (n=120)</i>						
Physical health	2.0	1.4*	2.0	2.2	2.0	1.8*
Mental health	2.3	1.8*	2.4	2.6	2.4	2.2*
Knowledge of child care	2.3	1.8*	2.5	2.6	2.4	2.2*
Substance abuse	3.0	1.2*	3.6	3.8	3.2	2.5*
Motivation	2.2	1.4*	2.5	3.3*	2.3	2.3
Attitude toward placement	1.2	0.9*	1.1	1.3	1.1	1.1
Cooperation	1.7	1.3*	1.9	3.2*	1.8	2.2*
<i>Children (n=363)</i>						
Supervision under age 10	1.6	1.3*	1.7	2.4*	1.6	1.7
Physical punishment	1.6	1.4	1.6	1.8	1.6	1.5
Verbal discipline	1.9	1.7*	2.2	2.3	1.9	1.9
Emotional care under age 2	1.5	1.4	1.4	1.9*	1.4	1.5
Emotional care age 2 and up	2.0	1.6*	2.5	2.7	2.1	1.9*
Child's physical needs	1.2	1.2	1.5	1.9*	1.3	1.5
Sexual abuse	1.2	1.2	1.3	1.4	1.2	1.2
Child's physical health	1.7	1.3*	1.3	1.6*	1.5	1.4
Child's mental health	1.4	1.5	1.7	1.6	1.5	1.5
School adjustment	1.5	1.4	2.4	1.9	1.8	1.6
Home-related behavior	1.4	1.3	1.5	1.7	1.4	1.4

Note: Mean values range from (1) low risk to (6) high risk. *Posttest differences are statistically significant at $p \leq .05$. Differences were tested using paired sample t-tests.

The feedback obtained through the evaluation has been used to "fine-tune" Project services and committee activities. Because the evaluation pointed to the need for additional after-care support, the Project added support groups

for parents who had graduated from the program. The Project has also expanded its work with domestic violence shelter providers to strengthen these services for its clients. The Coordinating Committee has focused its agenda on giving

greater opportunities for education and information sharing, areas that committee members have found particularly helpful. These are just a few of the ways information from the evaluation has been used in a continuing process of Project refinement and development.

Summary

Project Connect illustrates the ways in which a generalist approach can be applied to practice. Recognizing that parental addiction is both an individual problem and a broader societal issue, staff have engaged numerous systems to address clients' substance abuse problems and the systems barriers that have impeded their progress. Working on multiple levels, the Project has achieved successful client outcomes and obtained ongoing funding to maintain the Project's services. Staff have worked collaboratively with clients, service providers, and state policy makers to ensure that parents would receive the supports necessary for recovery and to achieve permanency for the children served.

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Original manuscript received: July 10, 1997
 Final revision received: December 17, 1997
 Accepted: November 13, 1997