

**INTERVENTIONS IN A FAMILY PRESERVATION SERVICE:
THE NARRATIVES OF SINGLE PARENT MOTHERS**

BY

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Interventions in a Family Preservation Service: The Narratives of Single Parent Mothers

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Adela Meneses

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University
of Manitoba in partial fulfillment of the requirements of the degree**

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Abstract

This research study explores the experiences of single parent mothers with a family preservation service.

Using a qualitative research approach, this study reports on interviews conducted with eight single mothers who parent a child with challenging behaviors. Examples of these behaviors are poor anger control, behavioral problems, impulsivity and behaviors associated with Attention Deficit Disorder with hyperactivity, Tourette Syndrome and learning difficulties. Three questions guided this study: What is helpful and not helpful in counselling; What do the workers do that help the mothers to bring about changes in their family life; Do the experiences of gender and class affect women within the service context? if this is so, how?

The findings of this study have been organized as an approach to practice developed from the women's narratives. Prominent components of this approach include: referral phase, introduction/goal setting, intensive work phase; follow-up phase, the client-worker relationship, other interventions and the change process. A description of each of these components is presented. The usefulness of the interventions is discussed in terms of the approach developed. Further, women's experiences dealing with the larger systems and parenting a child with challenging behaviors are explored. The implications of these findings for social work practice and research are discussed.

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CHAPTER ONE: Introduction

In this study, a family preservation service is examined through a program called Parents and Children Together (P.A.C.T). P.A.C.T is a family-based program, developed from the family preservation model. This service focuses on strengthening families to prevent out-of-home placement of children. Families receive counselling services in their homes and in their communities, and the focus of intervention is the whole family.

Services that strengthen families have been called family-based services, family-centered services, in-home based treatment, family preservation and in-home treatment (Berg, 1991). Throughout this thesis, I will alternate between family-based service (FBS) and family preservation service (FPS) in describing the approach.

Family preservation service is a “ mode of service delivery in child protection for families with children at risk of out-of-home placement (Unrau, 1995, p. 49). Services that focus on strengthening the family to prevent child care placement are quite broad but they share the common goal of maintaining the family together while keeping the child(ren) safe. Typically, they have some or all of the following features: A primary worker establishes the relationship with the family; workers or their back-up person are available 24 hours for crises or emergencies; a variety of helping services are offered; caseloads are small; the home is the primary service setting; parents remain in charge of and responsible for the family and the services are time limited (Pecora, 1995a; Pecora, 1991; Berry, 1997).

It is interesting to note that the idea of bringing the services into the family is not

a new idea in social work. . It is rooted in the history and development of social work. (Heinonen & Spearman, 2001). In the initial developments of social work, the Charity Organization Societies provided services to low-income families and immigrants in their own homes through “friendly visitors”. Similarly, the settlement houses, although they did not offer home-based services, served immigrants and low-income families in their own environments. Heinonen and Spearman (2001) point out that initially social work embraced the values and practices of these pioneer movements of charity and settlement houses but gradually moved away from it. Later, social work became focused on the individual, and by the 1920’s, the Freudian psychoanalytic theory was quite influential in social work practice. In the 1950’s, the emphasis of family focus reemerged and it shifted social work practice toward families and their environments. New programs for preventive foster care placement were developed, including family preservation services. Changes in societal attitudes towards helping troubled families and changes in professional roles seem to be responsible for the development of family-based services. These changes also appear compatible with the increased appreciation of the value of the family and the importance of children growing up with their parents. This shift has permitted us to see families differently from “incompetent and pathological to competent but constrained”, and it has had a significant impact on child protection services (Unrau, 1995; p.52).

As an approach to practice, FPS focuses on family strength and empowerment, and provides a variety of interventions to help families access services, enhance parent skills and social supports.

This research explores the experience of the consumers with a family-based service, using a qualitative approach. The participants are single parents in female-headed families. The focus of this research is to learn about FPS as it is described from

the perspectives of these single mothers.

In this research, my goals were twofold: 1) to contribute towards increasing the understanding of the consumer perspective in the research literature of family-based service, its practice and its process; 2) to contribute to the understanding of women's issues as single mothers. This study helps to expand the knowledge in family preservation services.

My interest in learning about family-based service from the clients' experiences emerged as an outgrowth of my clinical work as a counsellor, working with families at risk. I became drawn to the research topic because I wanted to learn what the clinical components of the family preservation service were; specifically, what the workers do; the interventions that workers use when they are working with families and the conceptual framework from which interventions are drawn. As a counsellor, I have always been curious to learn about counselling from the client's perspective. In this research, the information emerges from the perspectives of women as single mothers. The literature on FPS provides an indication about the interventions utilized in FPS such as counselling, social support, provision of concrete services such as transportation, food and others. The conceptual approaches frequently employed are cognitive behavioral therapy, crisis intervention strategies, solution focused and family therapy. However, the diversity in program designs, interventions and conceptual frameworks do not permit a clear understanding of the clinical aspects of FPS and in particular which ones have a greater impact on the families and children (Berry, 1997; Pecora, 1995a). Further, the studies on family preservation do not clearly specify what kind of parents is referred to these programs. Thus, it is unknown if researchers are still using the concept of two-parent family when they talk about parents. Hence, to carry out a research study that would allow me to learn about FPS from within, as seen from the participants'

viewpoints, was not only relevant for me as a counsellor but also exciting.

Another issue that led me to pursue this research is connected with the fact that my beliefs in my work with families are congruent with the beliefs of FPS. These beliefs are based on partnership with clients; commitment to empowerment and a client centered approach.

As well, my work with families made me question the appropriateness of the traditional in-office approach. The literature and my personal experience confirm that implementing changes discussed in the office was not an easy task for clients. Interventions needed to be implemented at home where crisis occurs and problems develop (Coleman & Collins, 1997).

A qualitative framework was used to carry out this study. Qualitative methodology enables us to unveil information which otherwise goes unnoticed. By using this methodology, the women's experiences of counselling were revealed. Further, qualitative methodology is congruent with my understanding of empowerment and collaboration because the participants' voices are included. In this regard, Coleman and Collins (1997) maintain that incorporating the clients' voices in the research allows them to become "key players in determining how services can be improved" (p.262).

This study illustrates the accounts of the consumers of a family-based service, described from the perspectives of the single parent of a female headed family. The participant stories have been organized to describe an approach to practice in family preservation.

Finally, I would like to say that in retrospect, I embarked on this adventure of

qualitative inquiry only knowing the basics of family-based services. At the end of this process, I have a deep appreciation of the valuable role of consumers in shaping this research study and with a strong understanding of what is meant by practice in a family-based service. My initial task was to get this research thesis done. My reward was the privilege of being invited to listen to the women's stories.

Rationale for this Study

Family preservation has gained broad support from child welfare and social services agencies and it has become an important service in the continuum of care of child protection. To date, sufficient knowledge has been accumulated that permits us to identify areas of further research in FPS. Most of the earlier research done in FPS was focused on placement prevention as a measure of success. Current research has broadened the focus. The attention now is directed at learning more about family and child functioning, the population served, gains over time, theory building and the ecological context of the family (Wells & Beigel, 1992).

Findings show that family preservation services delay or prevent out-of-home placement of some children. The issue that requires more research is the fact that family preservation services are not sufficient or appropriate for all families with children at risk-of-out-home placement (Wells & Tracy, 1996; Wells & Biegel, 1992). Further, more studies need to be carried out to learn about child and family functioning and which components of family preservation contribute to the success of the family (Wells & Biegel, 1992; Pecora, 1995a).

The current research agenda is aimed at understanding more fully the differential successes for families and children in family preservation services. It involves exploring

the impact of the multiple contexts in which families are embedded such as poverty, violence in their environments, abuse, mental illness, ethnicity, women's issues and single parenthood. (Dore & Alexander, 1996; Dore, 1993, Wells & Biegel, 1992; Wells & Tracy, 1996).

The attention paid by FPS programs to the issues of gender, culture, ethnicity, race, religion and disability varies and it has frequently been incidental (Kaplan & Girard, 1994). It is interesting to note that half of the clients served by child welfare agencies are children from single-parent families, female headed, ethnic minority families, and most live in poverty. Yet, FPS literature does not acknowledge these different types of families (Wharf, 1995; Dore, 1993). Thus, it is unknown to what extent researchers continue working with the traditional concept of family that assumes a two-parent family. Further, Imber-Black (1990) affirms that family issues and thus family interventions become more meaningful if the multiple contexts in which families are embedded, including, sexism, racism, poverty and oppression are examined.

Families who are single-parent and headed by females are increasing, becoming part of what has been labeled as the "feminization" of poverty (Parnell & Vanderkloot, 1994; Walters, 1988). Hence, there is a call for incorporating the multiple contexts of women's lives into therapeutic work so that the realities of multiple oppression are heard (Kliman, 1994; Pressman, 1994).

Currently, the findings indicate that FPS appears less effective for families in which parents present mental illness, substance abuse and family violence (Dore & Alexander, 1996). Dore (1993) states that family preservation intervention is less effective not only for families with mental health issues but also in families living in extreme poverty, those headed by single mothers and parents with low educational levels.

Wells & Tracy (1996) hypothesize that given the research evidence, there are two other groups of families for whom FPS may not be successful. They are “impoverished families headed by single mothers who neglect their children and have significant mental health and substance abuse problems of their, own and families with highly oppositional adolescents who may have been placed previously” (p. 678).

Researchers have also identified the need for further advances in the theoretical foundation of family preservation services as the connection between clinical hypothesis and theory seems to be absent. (Wells & Biegel, 1992). Further, the wide variety of service programs, conceptual differences and differences in populations prevent researchers from getting a clear understanding of the clinical aspects of family preservation services (Berry, 1997).

Regarding the clinical components of FPS, Berry (1997) indicates that the broad variation of services in FPS obscures the results because it is unclear what the workers are doing when they are with the families and what actions and interventions are included in the programs. Unrau (1995) uses the black box analogy to refer to FPS. She affirms that “FPS interventions remain a web of difficult-to-define and seemingly impossible-to-measure concepts” (p.50). She raises questions about the contents of the black box as she states that components of FPS may vary in sizes, shapes and colors. Further, the finding reports do not indicate which components of the family preservation programs are more effective and for what type of families and children (Pecora, 1995a; Rossi, 1992a).

Hence, careful evaluation and more research on FPS have been recommended in order to learn more about these and improve effectiveness of programs for children and their families (Pecora, 1995a; Pecora, 1991; Rossi, 1992a; Haapala, et al., 1991; Berry, 1997). Furthermore, Wells & Biegel (1992) report that most of the studies done in family

preservation have used quantitative methodologies and qualitative data is needed. These authors affirm that it is relevant to learn how family preservation programs develop; how workers perceive their jobs and how families experience the service. It is expected that qualitative research would provide information not only for enhancing practice but also for generating theory. Accordingly, researchers and practitioners have set process evaluation and qualitative research as one of the priorities in the collective research agenda (Haapala, et al.,1991; Weiss & Jacobs, 1988).

The research questions for this study are woven together with the literature, research and theory. The literature highlights the relevant research areas from which this study emerged. The clinical components and practice in FPS, as well as the issues of single parent families are addressed in this study. This research study strove to capture the view of the service as it was seen through the eyes of women and experienced by mothers who parent their children alone. The ecological theory and the narrative approach guided this research study from the formulation of the research questions, to the review of the literature and the selection of the methodology. The philosophical paradigm of postmodernism, through the narrative approach, provided me the worldview from which the women experiences were discussed

CHAPTER TWO: Literature Review

This chapter provides an overview of the literature which informs this study. The chapter is divided into two sections. In the first section, a general overview of family preservation services is provided. It is followed by a review of the relevant literature in the family preservation service research. In the second section, the theoretical framework that supports this study is discussed.

The Family Preservation Literature

In this overview, I first examine the beliefs that support the development of family preservation services as preventive services for children at risk of out-of-home placement. The literature indicates that in the last two decades there has been an increasing interest in home-based family preservation services in the fields of child welfare, mental health and the juvenile system, (Haapala et al., 1991). This interest is congruent with an increased appreciation in the value of the family, not only for the children, but also for society as a whole. It is also congruent with the recognition that the home, rather than the office, is the natural environment where problems occur and develop (Coleman & Collins, 1997). The growth of FPS is also related to social workers' increasing recognition that the best way of helping children is by helping the parents.

After providing an overview of the beliefs, that has facilitated the development of family preservation services, the literature review explores the underlying principles in FPS and how these principles shape social work practice in FPS. The principles that guide family preservation services are: client's self determination of goals and choices, commitment to empowerment, preference for partnership and a belief in client's

resourcefulness (Berry, 1997, Madsen 1999a)

The next area to be examined in this review is the research to date on FPS. Despite the wide recognition of family preservation services in child welfare, studies in FPS provide mixed findings regarding their effectiveness in reducing risk of child maltreatment, preventing out-of-home placement and improving child, parent and family functioning (Dore & Alexander, 1996; Pecora, 1995a; Wells & Tracy, 1996). Further, research results have shown differential successes in families. Some families appear to benefit greatly from FPS while in others FPS appears to be less successful (Dore & Alexander, 1996; Dore 1993; Wells and Tracy, 1996). The implications of these findings provide the rationale for my research study.

The Underlying Beliefs in FPS

Child welfare services are intended to protect children, support families and not to replace the family with substitute care unless safety cannot be ensured. According to this mandate, new program services have been developed to help children, by helping their families so that out-of-home placement can be prevented.

Traditionally, out-of-home placement was seen as an alternative to the family where the children were at risk of abuse or neglect. However, in the last twenty years child welfare services have experienced a shift in their orientation from focusing on out-of-home placement to preserving the family (Whittaker & Tracy, 1990b).

According to Berry, “keeping the family together is more humane” (Berry, 1997, p.50). Removing a child from home is a traumatizing experience for both the child and the family, and it may have long-terms effects, especially if placement occurs at a young

age. It may affect the parent-child bond, the child's need for continuity and stability and his or her sense of identity (Whittaker & Tracy, 1990b). Furthermore, placement increases parental ambivalence in relation to family integrity and increases difficulties for children in forming relationships. Studies show that disruption of life including child placement, is highly correlated with subsequent disruptions in adult life (Berry, 1997). In addition, reports on American young adults show that more than a third of homeless and runaway teens had been in foster care during the time in which they ran away, and a considerable number of incarcerated young adults were former foster children (Berry, 1997). The belief is that the best place for children is their homes with their families, as long as they are safe. There are, however, some families for which out-of-home placement is the most beneficial intervention as the children are at risk of continued abuse. Thus, family preservation is not a universal option. "They are just one of an array of services that must be available to support families through the life cycle" (Pecora, 1995a, p.103).

Traditionally, the child welfare system was based on conceptual models that centered on pathology and deficiency, and the focus of intervention was the child. Berg (1991) states that historically, child welfare had been taking an adversarial position with parents, often viewing children as victims of bad or incompetent parenting. Interventions were oriented to separating children from their parents and placing the children in alternative programs such as foster care. During the time of separation, it was expected that parents learned better parenting skills, found a job and attended counselling in order to solve the problems which were causing them to be abusive and neglectful towards their children. Some parents cooperated and followed the social workers' expectations, and successfully reunited with their children. Others were labeled as unmotivated or resistant to therapy and there was not much success with those parents. According to Berg (1991), the goal was to protect the children, usually from their parents; social

workers came uninvited to the family, developing an adversarial and hostile relationship with the parents. Within this approach, families were perceived in terms of their failures and the treatment's goals were primarily defined by the worker's criteria, by workers telling parents what they should do (Kaplan & Girard, 1994).

FPS emerged out of the concern that social services had not been meeting the needs of the children and their families (Pecora, 1995a; Pecora, 1991). During the decades of the 1960's and 1970's, child welfare services were criticized because many child placements and multiple placements could have been prevented. Ethnic minority children, children from poor and single parent families were overrepresented in the foster care system and parental involvement, as well as visitation, was discouraged (Pecora, 1991). These issues, the high cost of out-of-home placements, the possible negative effects of removing a child from home and the tendency toward deinstitutionalization contributed to the development of preventive programs in child protection, including FPS (Pecora, 1991).

FPS appeared to be providing a new view to addressing family needs not in a problem-individual perspective but rather in a holistic and empowering manner (Pecora et. al., 1995b). FPS approaches the family from a growth developmental orientation and it is based on family capabilities (Kaplan & Girard, 1994). The goal is to protect the child through strengthening the family as a unit (Berg, 1991). The family's problems are conceptualized as skill deficits and understood as a manifestation of the difficulties within the family and the environment. The worker's job is "to help people learn to recognize and appreciate their strengths and to believe in their capacities to develop, to help themselves and to be independent" (Kaplan & Girard, 1994, p. 48).

The Principles in FPS

Family preservation is considered to be both a philosophy and an approach to practice (Unrau, 1995; Berry, 1997). As a philosophy, it is based on the belief of keeping the family together. It provides a value system that rests on the “conviction that families deserve respect, have strengths, can make changes, and are resilient, and it means helping families gain access to their power, not giving them power” (Kaplan & Girard, 1994, p.40). Within the context of FPS, families are considered to be the experts of their own history. Parents are the ones who know their children best and the worker and the family work cooperatively in partnership to improve the family’s coping skills and ability to effectively function in the community. The primary underlying values are the diversity and uniqueness of families and communities and family self-determination in choices and goals (Berry, 1997).

Unrau states that in FPS “there is an important distinction between the idea of family preservation and the implementation of such services” (Unrau, 1995, p.51). According to Unrau (1995), family preservation as a philosophy of child protection constitutes a set of principles and beliefs that guide social work practice. However, as an approach to practice, it does not provide information about specific interventions to be implemented with clients. Therefore, a social agency or program may hold the belief of keeping families together but may lack the appropriate interventions, resources or political support to carry out its family preservation program.

Berry (1997) affirms that as an approach to practice FPS “ involves knowledge, skills, and techniques that grow out of philosophical values and beliefs. Programs frame practice in a strengths-based, family-centered approach aimed at keeping families together and keeping them safe” (Berry, 1997, p.72). The essential principles to

practice are family self-determination and self-sufficiency which imply working with individualized treatment plans made to fit each family's and community's strengths and needs. Therefore, plans may be different and models may vary.

The fundamental goal is to prevent out-of-home placement of children. In addition, other goals have been stated such as resolving the family crisis that led to the decision to seek placement for the child(ren) outside the home and enhancing the skills that the family needs to stay together (Wells & Tracy, 1996).

Family Preservation Practice

Family based services that strengthen families are quite broad but there is a common understanding among practitioners and researchers that in these models the objectives are ecologically framed towards increasing social support, enhancing self-competency and life skills. Interventions are designed to meet the needs and strengths of the family (Berry, 1997; Kaplan & Girard, 1994). Correspondingly, the worker and the client work together in assessing the needs, identifying the strengths, prioritizing the concerns and determining the workable treatment goals. The family's immediate needs are responded to first, and later on, the psychological issues are addressed (Kaplan & Girard, 1994). Accordingly, the worker's role is one of facilitator, advocate, teacher, nurturer and role model.

The common features of intensive family preservation programs have been described as home-based, family centered, strength-based, short-term, intensive and crisis oriented (Berry, 1997). Home-based services have been present in social work practice since the beginning of the profession. However, they reappeared again in the late 1960s and early 1970s when the benefits of assessment and networking in people's own

environment were recognized and also as a result of a lack of client resources for accessing agency offices (Berry, 1997). In family preservation programs, it is believed that families and children are better served in their homes and in their environments where problems are occurring.

Family preservation programs are considered to be family-centered which means involving the entire family. Family-centered approaches are based on the family therapy model and therefore are more likely to focus on family interaction, communication patterns and family dynamics by working with family members together (Berry, 1997).

Family preservation programs reflect a strengths perspective. In fact, treatment objectives for a family are individualized according to the strengths and needs of the family and they are defined together by the worker and the client. In this approach, clients are viewed as colleagues from the definition of the problem to the problem solving stage. A partnership is developed between the worker and the client in their efforts to achieve the family goals.

Family preservation programs have been developed to serve those families whose children are at risk of -out-of home placements and are in need of crisis intervention. In this regard, " a crisis event like abuse, child endangerment, or imminent risk of the child's placement into foster care is viewed as a window of opportunity for change in families" (Berry, 1997, p.80). Family preservation programs are commonly short-term and intensive. Workers carry a small caseload and spend a large amount of time with the family. It is expected that the intensive service involvement will allow the worker to help the family during the crisis, strengthen the family's coping mechanisms and build skills with the family (Berry, 1997).

The treatment component of a FPS program includes interventions designed to promote change. These interventions have been classified in concrete or “hard” services, enabling services and clinical or “soft” services (Berry, 1997). Concrete services refer to the type of services that are helpful to remove the barriers that prevent family members from growing and developing, such as lack of food, money, housing, transportation, telephone and access other similar ones. Concrete services are seen as instrumental objectives and they are considered essential since without them, the clinical objectives could not be met.

Enabling services are oriented to linking the families with informal support in the extended family and the community and also with formal social support. Interventions may comprise helping the parents to reconcile with extended families and develop friendships. It also includes helping the family to access services and resources in the community such as day care centers, hospitals, subsidized housing projects, continuing education, weekly support groups, and other services.

Clinical services are focused on improving the difficulties in a family that led to the child being at risk of out-of-home placement. These include assessment, counselling and referrals. According to Berry (1997), it is the clinical service that allows us to distinguish FPS from other home-based services but unfortunately, the FPS clinical services are just vaguely described in the literature.

The FPS Research

To date the research findings, although promising, are not conclusive and caution is recommended. According to Pecora (1995a, 1991) research findings on FPS are contradictory due to poor research designs, limited measures of child or family

functioning, inadequate analysis and small samples.

To define program effectiveness of FPS, the criteria used have been placement prevention, reports on child maltreatment, changes in child, parent and family functioning, family reunification and consumer satisfaction ratings (Pecora 1995a).

Placement prevention appears to be the focus of the evaluation research. However, there are several problems when placement prevention is used as the main measure of success. According to Pecora, problems arise as placement prevention “is a case event that is an imperfect proxy for the actual outcomes being sought, namely improvements in child, parent and family functioning” (Pecora 1995a, p. 106). In addition, early studies did not include control groups due to difficulties in risk assessments, referral patterns and organizational issues. Placement definitions differ across studies. Further, some placements may be in the best interest of the child and the family so that it is important to distinguish the degree of appropriateness of placements. Consequently, the research findings are mixed with respect to placement prevention rates. Differences vary from zero to 40% in some studies and in other studies, placement prevention rates were not significantly different from the control groups.

Another criteria to measure effectiveness in FPS have been the prevention of further reports of child maltreatment. However, only a few experimental designs have measured follow-up reports on child abuse or neglect since this is a critical outcome measure with methodological problems. Some of the possible methodological challenges include: (1) treatment families are under greater surveillance than control families; (2) lack of reporting in many comparison groups; (3) the rapport between the worker and the family may make self-reporting by parents more likely to happen and (4) the criteria for substantiation of reports needs to be operationally defined and monitored

to be used as a reliable data (Pecora, 1995a).

Improving child, parent and family functioning is an area that has been chosen by clinicians, administrators and researchers to evaluate effectiveness. Once again, Pecora (1995a) argues that one of the methodological challenges in this area is matching the program objectives, interventions and areas of functioning to be evaluated. So far, the results of the experimental studies are mixed. However, the findings from quasi-experimental and qualitative studies are more positive (Pecora, 1995a). To mention some, Pecora refers to some studies done in the United States that have shown improvement in family functioning in the treatment groups. In another quasi-experimental study, findings indicate that there was improvement in areas such as parenting skills, verbal discipline, knowledge of child care, child's school adjustment, child oppositional or delinquent behaviors and child's oppositional behavior at home (Pecora, 1995a).

Family reunification is another variable used to measure success in FPS, and according to Pecora (1995a), this area may be one where FPS programs are most effective. Studies show more experimental group cases were closed (50%) than comparison group cases (29%) and a greater number of experimental group children returned to their homes. In another study, 66% of the treatment group children returned home or were adopted (Pecora, 1995a).

The studies in consumer satisfaction tend to be positive. Consumers report high satisfaction levels although the ratings vary from one program to another.

Wells and Biegel (1992) have synthesized the major conclusions regarding the effectiveness of family preservation services. Firstly, FPS prevents or delays the imminent placement of about 50% of the children who are at risk of out-of-home

placement. Secondly, the effects of the services after termination are not long lasting because the studies reveal that by 12 months after termination, the difference between both groups, control and treatment, in terms of vulnerability to placement have disappeared.

THEORETICAL FRAMEWORK

My personal views on theory are woven with the ideas of the nature of reality and truth. I see theory as relative, contextual, complex, relational, political and socially constructed. I believe my views on theory have been influenced by the ideas of postmodernism, which I explain later in this section (Nichols & Schwartz, 1995; Freedman & Combs, 1996). These ideas are reflected in my views of counselling and on the way that I approach to this research.

In framing my questions, I take into account that family preservation service lacks a unified theoretical foundation. Unrau (1995) states that FPS is “dominated by ideological positions rather than empirically-based theory” (p.51). Wells and Biegel (1992) affirm that research in intensive family preservation services tends to be atheoretical. These authors point out that the theoretical assumptions that support family preservation programs have not been evaluated and there is a question that clinical hypothesis may not be valid. Furthermore, there is a lack of connection between theory and treatment in terms of causes and consequences regarding some specific child and family problems.

Currently, the most common theories used in FPS are borrowed from ecological theory, social learning theory, cognitive behavioral theory, family systems theory, crisis intervention theory, the solution focused model and communication theory (Berry, 1997;

Berg, 1991; Dore & Alexander, 1996; Madsen 1999a). Even so, the politics and experiences of gender, class and culture are missing from the FPS theoretical and practice analysis.

In absence of such theory, I consider two theoretical models for the framework of this research: ecological theory and the narrative approach to therapy. I briefly present the ideas from the ecological approach, which provides the theoretical umbrella for this research. However, I expand further on the narrative approach and postmodern ideas because these ideas guide me in the understanding and practice of counselling.

An Ecological Perspective in Family Preservation Services

Ecological theory is commonly used in social work to analyze the interplay between the person and his or her environment (Berry, 1997). An ecological perspective broadens the social worker's context beyond the client's immediate context to include other relationships, which go beyond the family and reach the larger system such as school, workplace, hospital, daycare, etc. Likewise, family preservation services view family functioning in relation to the family dynamics and larger cultural context. Thus, the ecological theory provides a suitable framework for family preservation services (Berry, 1997). From an ecological viewpoint, the interactions between the individuals and their environments are inseparable and they are in constant reciprocity, each affecting the other (Compton and Galaway, 1999).

According to Compton and Galaway (1999), an ecological perspective takes into account the environmental demands, internal demands, support systems and the person's coping or adaptive skills. From this perspective, it is assumed that people experience problems when "there is not a good fit between the individual's coping ability and the

demands of the environment or between what an individual wants and desires and the support of the environments” (Compton & Galaway, 1999. p.34). Thus, social work interventions are directed toward the environment, the individual and the interaction between the two of them. Compton and Galaway (1999) suggest that change efforts need to be oriented toward eliminating the sources of environmental stress by reducing the environmental demands, increasing the support and strengthening the person’s coping skills.

Mannino and Shore (1982) state that ecological interventions are broader than systems interventions. From a system family perspective, one looks into the family for explanations of the problems and focuses on the family interactions as the target of intervention, disregarding the impact of the larger context. These authors affirm that individual and family system approaches omit the fact that problems may be grounded in the larger ecological context, of which both the individual and the family are part. Hear et al., (1996) suggest that a therapist who does not take the sociopolitical context into consideration is at risk of inadvertently maintaining the negative impact of social structures and the oppressive effects of sexism, racism, class may go unchallenged. (Hear et al., 1996).

Mannino and Shore (1982) suggest that working from an ecological perspective implies that interventions occur when “there is an imbalance within the system or a dysfunctional relationship between two or more systems” (p.14). Accordingly, a social worker may enter at the level of individuals, nuclear family, extended family, social network and community. These authors identify the following roles, which a social worker may take on: educational counsellor, case manager, catalyst, organizational consultant, social support consultant and advocate.

The following role description highlights the strategies that social workers usually take on in their work with families, based on the clients' needs. As an educational counsellor, the worker provides information to the family who is negotiating with the larger systems. A case manager worker does not directly provide the service/s but keeps track of what needs to be done and has been done. He or she coordinates and monitors the services with helping agencies. As a catalyst, the worker mobilizes the agencies' resources in order to find ways to help a family. An organizational consultant aims at generating organizational changes and meaningful client's participation to provide a more humane service. A social support systems consultant focuses on the client's natural support systems. The worker helps families create new networks by linking them with the formal and informal helpers in the community and by assisting them in forming self-help groups. Finally, social workers advocate for social change, challenge the larger systems and apply political pressure to generate changes on behalf of their clients.

A Postmodern Perspective in Family Preservation Services

In my view of clinical social work, I have incorporated the notions and ideas from narrative therapy, a model which has been inspired by postmodernism (Freedman & Combs, 1996). The narrative therapy offers an appropriate clinical framework to the work of family preservation service. The narrative approach also sees people in connection with the larger system but it goes beyond the idea of institutions and societal systems. The narrative approach invites us to examine the multiple cultural contexts in which people are embedded and individual and family stories are created. Narrative therapy views people and their problems as emerging from the stories they have constructed about themselves which mirror the cultural stories and social practices which are often oppressive.

In my personal view of therapy, a narrative stance in home-based work with families provides new possibilities for families to generate new stories while the cultural contexts which support the problem-stories are explored. Further, Madsen (1999a) suggests that the principles of narrative therapy appear to be congruent with the philosophy of family centered services. The core beliefs of family based services are centered on people's resourcefulness, commitment to empowerment and a collaborative relationship; these beliefs parallel the beliefs in narrative therapy.

My own theoretical framework of counselling has emerged from different sources such as theories in family therapy, psychology, social work, my professional experience working with families and my personal life experiences. In the construction of this theoretical framework, I recognize an evolving process of learning and it is far from being a finished product. At this point of my professional development, postmodernism provides the philosophical frame of reference or paradigm from which I look at and organize my ideas for counselling and my work with families. I think Michael White's words reflect my ideas of an approach to practice very well. He states, "is this work better defined as a world-view? perhaps, but even this is not enough. Perhaps it's an epistemology, a philosophy, a personal commitment, a politics, an ethics, a practice, a life, and so on" (Michael White, in Freedman & Combs, 1996,p.1).

Modernism and Postmodernism

In retrospect, I would say that at the time I finished my first university degree in Psychology, in the early 1980's, my theoretical understanding of human behaviors was very much influenced by a variety of psychological theories developed from the modernist philosophical paradigm. The common threads of those theories were the definition and classification of normal and abnormal behaviors, and the description of

how to treat people's problems. As a clinician, I was trained to observe, analyze, assess, intervene and compare people's behaviors with pre-determined theoretical parameters or criteria of normality and functionality.

Modernists believe that truth exists and that human nature is a universal phenomenon that can be explained through the existence of universal principles, which are waiting to be discovered. Modernists are oriented towards finding those principles or essences that are believed to be in the structure of the object of study, independent of history and context. From the modernist point of view, knowledge is cumulative and static. Knowledge is independent of the knower and it privileges the knower by giving him/her power and authority (Anderson & Levin, 1998). These ideas are reflected in the theories and practice of psychotherapy and family therapy. Within the context of modernism, a therapist becomes a metaknower of what is normal and abnormal as professional classifications [such as borderline personality, addictive personality, etc.] have been previously determined and defined. The therapist is an authority on functional and dysfunctional life, as well as on knowing how to fix dysfunctional people. Consequently, therapeutic outcomes are decided in advance by the therapist. It is not the clients' voices which are privileged but rather the therapists' voices are because it is their knowledge which has been legitimized (Anderson & Levin, 1998).

As I continued studying, I became gradually exposed to other theories in family therapy and social work. I recognize that systems theory has greatly influenced me on my way of viewing and thinking about my work with families (Nichols & Schwartz, 1995). I have learned to view people in the context of their families, their interactional patterns and relationships. This transcends their individual psychology and the interpretation of behaviors in isolation. Furthermore, the ecological perspective has provided me the notion that people's behaviors do not occur in isolation but rather in

mutual interaction with other people and their sub-systems such as family, school, work, institutions and society at large (Mannino & Shore, 1982). In the 1990's, I was exposed to the ideas of postmodernism in the field of family therapy and social work. These ideas fascinated me and I started to examine the assumptions in family therapy theories and my way of relating with families. Gradually, I began to incorporate post-modern ideas into my practice and theoretical frameworks.

Postmodernists assume that there are no realities, just points of view; thus, all belief systems are socially constructed. Anderson and Levin (1998) state that "there is not one correct or more correct association between what we believe to be the out-there objective truth and our social world. Truths are socially constructed and transformed through discourse" (p.48). Reality and knowledge are viewed as relational and socially created, influenced by people's language and actions. Hence, language is central as it provides the frame of reference from which people make sense of their experiences and life events. Consequently, meanings and understanding, which are attributed to one's experiences and self-concepts, are socially created and shared in relationships and conversations.

Postmodern therapists are interested in exploring the power of social interaction and meaning. The interest is on how the narratives that people hold and use to organize their lives are created. The attention is on how people make meaning and how they construct reality. In postmodern therapy, the person is the narrator of his or her own story, and therefore, the expert of his/her life and knower of his/her narrative experiences. The therapist's goal is to foster a conversation that promotes transformation by exploring with the client's familiar narratives and developing alternative narratives.

Nichols and Schwartz (1995) suggest that postmodern ideas "inject humility into

the clinical discourse” (p. 120). Postmodern family therapists renounce the idea that their theory or therapeutic approach is the one that reflects reality better; instead they see it as “only one of many potentially useful stories about people”(p.120). Hence, there is not one way to work with families but many useful ways. Therapy becomes a more collaborative effort and the therapist’s job is oriented towards co-creating new realities for families and respecting the clients’ wisdom, not directing or advising them. The emphasis is on meanings rather than on behaviors. The interest is no longer in universal patterns or generic families but rather in diversity, pluralism and variety in families who are shaped by ethnicity, race, class, and sexual orientation, among others.

As I mentioned at the beginning of this section, my ideas of theory have been greatly influenced by the ideas of postmodernism. Within the postmodern perspective, truth and reality are no longer universal but rather relative, contextual and socially constructed. Postmodernism provides me a worldview which includes the culture of the family and the larger social, political, historical, cultural, ethnic and religious context. It is with the postmodern theoretical view that I analyze the relevant literature, select the methodology, carry out the research and discuss the findings.

In therapy, the postmodern view is reflected in the narrative approach. In the section below, I describe the narrative approach through the work done by Michael White and David Epton because their model offers useful ideas that can be applied in the work of family preservation. In addition, the P.A.C.T program has adopted narrative therapy as its framework in this work with families.

The Organizing Ideas in the Narrative Approach

The organizing ideas in the work of Michael White, one of the founders of narrative therapy, come from the postmodern paradigm (Freedman & Combs, 1996). The metaphors of narrative and social construction guide postmodern clinical work. According to Freedman and Combs (1996), the narrative metaphor invites one to think about people's lives as stories and invites the therapist to work with people towards experiencing their stories in more meaningful and satisfying ways. In this context, a story may be understood as a series of events linked in a distinctive sequence across a period of time and thread in a web of meaning according to a plot (Morgan, 2000). The metaphor of social construction suggests that the social and interpersonal reality of a person is constructed in interaction with other people and social institutions. By using the social construction metaphor, the therapist explores the influence that social realities have on the meanings which people have constructed about their lives (Freedman & Combs, 1996).

Furthermore, Michael White's work appears to be influenced by Gregory Bateson (Nichols & Schwartz, 1995; Freedman & Combs, 1996). One of the ideas that Michael White has adopted from Bateson is the metaphor of "maps", as mental interpretations of reality. This metaphor suggests that the knowledge that people have about the world is incorporated in the form of mental maps of external reality. It is interesting to note that firstly, a map does not include all the details of the territory which it represents; secondly, the events which are not included in the map do not exist as meanings; and thirdly, different maps may bring different interpretations. The notion of map has important implications in Michael White's work. He combines the narrative and map metaphors, looking at people's stories as maps that extend through time. In his model, mapping the events over time is fundamental for perception of difference and detection of change

(Freedman and Combs, 1996).

The French philosopher Michel Foucault, who examined the politics of power in Western society, has strongly influenced the work of Michael White (Nichols & Schwartz, 1995; Freedman & Combs, 1996). Foucault argued that language and knowledge are instruments of power. The power that people have in society is in direct relation to their ability to participate in the discourses that shape a particular society. From this point of view, the people who are in power determine what discourses dominate and what knowledge is held as true or right in a society. Likewise, White suggests that people tend to internalize dominant narratives which are seen as true. The dominant narratives prevent people from seeing the possibilities of other narratives which are alternative to the dominant discourses. Hence, therapy comes to constitute a way to free people from oppressive narratives that reflect the dominant discourse of our society (Nichols & Schwartz, 1995; Freedman & Combs, 1996).

Narrative Interventions

The following is a description of some of the ways to practice narrative therapy, taken from Michael White's and David Epsen's work (Morgan, 2000). Practicing narrative therapy includes working with people's stories, externalizing conversations, relative influence questioning, tracing the history of the problem, deconstructing conversations, discovering unique outcomes, developing alternative stories and thickening the alternative stories (Morgan, 2000).

A central idea in narrative therapy is to work with the stories people have about

their lives and their relationships. Therapists join together with their clients to explore the effects and the meanings of their stories, as well as the contexts in which they were created and authored (Morgan, 2000). One of Michael White's beliefs is that people with problems tend to develop stories about their lives that are "problem-saturated". The therapy endeavor is oriented to opening spaces for an alternative story so people can be freed from the problem's oppression and re-author their lives with a new story that supports their growth and preferred development (Freedman & Combs, 1996; Nichols & Schwartz, 1995). Hence, narrative therapists are not interested in solving the problems, rather they are interested in bringing forth and thickening alternative stories that do not support the problems (Freedman & Combs, 1996).

Externalizing conversations are "ways of speaking that separate problems from people"(Morgan, 2000, p.17). This technique is based on the premise that the problem is the problem; contrarily to the premise, that views the person as the problem. Usually people talk about the problem in a way that appears as if it is a part of them or located within them, such as I'm anxious, schizophrenic, etc. The therapist encourages the person to talk about the problem as if it were an external entity. Externalizing conversations are helpful as they take the blame off the person or family. This then makes the problem easier to identify, and therefore, to defeat it. Thus, the person or family can collaborate with the therapist, as a team, to fight the problem (Besa, 1994). According to Morgan (2000), externalization is not just a technique or skill but it "is an attitude and orientation in conversations"(p.17)

Relative influence questioning refer to the lines of questions used by narrative therapists. The first type of question brings forth the influence that the problem has had on the person's life. For example, the therapist explores the effects of the problem with questions like this: How has the "disordered eating" affected your mood, work, family

life? (Morgan, 2000; Besa, 1994).

The technique of externalizing conversation allows the re-authoring process to emerge as it shows how the problem has influenced the person instead of assuming that the person possesses or is the problem. Relative influence questioning invites the person to the continuation of the re-authoring process. The therapist asks questions that bring forth how the person has influenced the problem, thereby empowering the person to overcome the problem.

Tracing the history of the problem is used by the therapist to understand events in the past and the person's notion of the problem in the present. For example, a typical question might be: When did you first notice that you felt stronger in the face of this depression?

Deconstructing or situating the problem in context is a central component in narrative therapy. It is assumed that problems survive when they are maintained and supported by ideas, beliefs and cultural practices in the environment where the person lives. By having deconstructing conversations, the therapist explores, acknowledges and takes apart or unpacks those beliefs that support the problem story (Morgan, 2000)

Discovering unique outcomes is fundamental in narrative therapy. The therapist listens for the times when the problem has less influence or no influence and also for the events that contradict or stand against the dominant problem story. Tracing the history of the unique outcomes, making them more visible and giving them meaning allow for an emergent new plot - the alternative story that is usually called "the anti-problem" (Morgan, 2000 p.59). Morgan affirms that the alternative story brings forth people's skills, competencies and abilities and reconnects them with their hopes, dreams and

preferences, thus affecting their future actions. Exploring the meaning of the unique outcomes, thickening the alternative story and naming the dominant story along with the alternative one, all provide the framework for future actions and invite people to make choices based on their personal preferences. This process “makes them agents for their own lives, authoring their own stories” (Morgan 2000. p. 72).

Thickening the alternative story assists the person in keeping the emerging story closer and staying connected to it, especially in daily life. One way of doing this is by having people who act as witnesses or audiences of the new stories. The audience may consist of people who may be present or absent in the session, real or imaginary, or from the person’s past or present. Some of the ways in which other people are engaged in this purpose are by being members of networks or committees, participants in rituals, celebrations or members of reflecting teams. Yet another way of thickening alternative stories is by developing documents that celebrate victory over the problem/s such as letters, declarations, certificates, notes from the session, videotapes, symbols and pictures. These therapeutic documents register the person’s preferences, knowledge and commitments.

As is evident, family preservation as an approach to practice combines interventions and ideas from different models. I see in the narrative model a possibility to broaden its worldview by taking into account the family and cultural narratives and the dynamic of the dominant discourses in society. More specifically, the work with single parent mothers can be enhanced if the cultural dominant discourses and the experiences of oppression are examined from the narrative perspective.

Madsen (1999a) offers interesting possibilities in clinical work. He suggests that home-based therapy is “ fundamentally a “state of mind”. It is not just about *where*

services are delivered, but *how* they are delivered” (p.3). The *how* refers to the way the workers relate with people, their stance or attitude. He believes that family -home based service is first an attitude to approach people. This stance is based on values that embrace respect, curiosity, hope and connection. Thus, it is the stance that invites people to bring forth their strength and resources. Therefore, the theoretical framework for this study is open to integrating ideas from all therapeutic models, albeit within the narrative perspective and with an attitude of respect, curiosity and hope.

This study attempts to provide more information on the views of consumers of single parent mothers involved in FPS since the current literature has many gaps in this area. The Ecological perspective and the Narrative approach guide the questions being asked which are:

What is helpful and not helpful in the Family Preservation Counselling?

What do the workers do that helps mothers to bring about changes in their family life?

Do the experiences of gender and class affect women within the service context?

CHAPTER THREE: Methodology

A QUALITATIVE APPROACH

In this study, qualitative research provides the framework (Rodwell, 1995; Denzin & Lincoln, 1994). Qualitative research emphasizes the understanding of the social world from the perspective of the participants, as well as the social context in which events occur and have meaning (Cobb & Hagemaster, 1987; Tutty et.al., 1996). Accordingly, qualitative research appears to be concordant with the purpose of this study which is to explore the experiences of the participants with a social service program. It also is congruent with my philosophy and orientation to family work which are reflected through postmodernism, ecological and narrative approaches.

In addition, a qualitative approach seems to be congruent with the clinical ways of knowing and processing people's experiences (Rodwell, 1995). Rodwell indicates that qualitative research allows for the examination of intangible issues and, in this case, the meaning of the service. She suggests that qualitative research can be used "to uncover and understand why some families flourish in family based services while others flounder" (p.192).

Qualitative research provides "the accurate and detailed description of a point of view, a social world" (Knafl & Howard, 1984, p. 18). The interest is in how things occur, the process, as well as the product. It emphasizes the generation of theory or the conceptual interpretation of a particular area of study, providing the empirical grounding for more rigorous research (Knafl & Howard, 1984).

In this study, approaching the problem using the constructivist methodology bring a comprehensive view of the P.A.C.T program from the perspective of the participants. The constructivist approach assumes that there is not one reality but rather there are multiple constructed realities; therefore, these realities can only be understood if the views of the participants and the service context are taken into account. As a result, “truth” is a matter of consensus among the respondents (Rodwell, 1995).

Furthermore, this research design is aimed at developing consensual constructions in which participants and researcher become teachers/learners of their constructions. In a continuous and recurrent process, people’s stories are reconstructed through the integration of the views of the other participants. Hence, the constructions are not seen as truth but as the “ most informed and sophisticated constructions” (Guba & Lincoln, 1989).

Constructivist research is understood as a sociopolitical activity. According to Guba and Lincoln (1989), constructivist inquiry is value-bound as values frame and permeate the whole process, from selecting the problem and the target group to the way of carrying out the inquiry.

Constructivist research is defined as an emergent process. The research process includes three phases that interactively evolve. The first one is an orientation phase where questions, issues and concerns are identified. The second and third phases of the constructivist methodology, data collection and data analysis occur simultaneously. They involve focused exploration that moves from general investigation to a targeted search. An in-depth search is carried out and data analysis allows the emergent themes to be identified. A provisional report of the respondents’ findings is written and shared with the research participants to ensure that the report has captured the data as it was

constructed. This preliminary report may be rectified or expanded in order to establish credibility and fairness (Guba & Lincoln, 1989). Later on, the final report is written based upon the participants' narrative.

In this study, the inquiry process is described as follows. There was an orientation phase, which included meetings with the coordinator of the P.A.C.T program and the workers. The focus of these meetings was to discuss the purpose of this research and exchange ideas of mutual collaboration in carrying out the study. We also discussed the areas to be explored such as what works in the P.A.C.T program, what is helpful, what does not work and what the P.A.C.T. workers are doing right in their work with families to bring forth changes. However, due to the limitations posed by my status as a graduate student, it was not possible at the orientation phase to approach the participants without first getting the approval from the ethics committee of the university. The conversations with the P.A.C.T workers and the issues discussed helped me to formulate the research questions and they constituted the departure point of this research. The phases of data collection, data analysis, sharing the preliminary report and writing the final report followed from this first step.

To help the reader obtain a view of the service studied, a brief description of the Parents and Children Together service program (P.A.C.T) follows. The P.A.C.T program is a voluntary, home-based, family-centered service oriented to preventing out-of-home placements of children. The target population is the identified child, age 6 to 13 years, at risk of an out-of-home placement. P.A.C.T also targets family situations such as family reunification where the child has been living apart from the family and is returning home, or the child is in long-term foster placement that is at risk of breaking down.

Each P.A.C.T worker has a caseload of two intensive cases and eight cases on

follow-up. The service is intensive and limited to 12 months. In this intervention approach, two distinctive phases of service are distinguished - an intensive phase that takes place during the three first months of service and a follow-up phase that occurs during the following nine months. Furthermore, P.A.C.T families have an on-call service in which a back-up worker is available by pager 24 hours a day, seven days a week. The family can also access the service for consultation and support when it is needed. In addition, there is a weekly parent support group in partnership with East Kiwanis Boys and Girls Club. This group is available for P.A.C.T parents and also for other parents from the community. Parents can attend the group meeting while the children are involved in recreational activities.

It is important to mention that the approach developed by P.A.C.T comes from the family preservation model. It employs a combination of techniques from crisis intervention, solution focused therapy, system and family life cycle theories within the narrative framework. The target of the intervention is not only managing crises but also family change and reorganization (P.A.C.T Orientation Manual, 1998).

Data Collection

In this study, data were collected through in-depth semi-structured interviews, based on the meetings with P.A.C.T staff and the information gathered from the literature review. The structure of the interviews evolved as new data were collected and integrated in the subsequent interviews. The best way of collecting information in a qualitative study seems to be by interviewing people, responding to their non-verbal cues and observing their activities (Guba & Lincoln, 1989).

Interviews were held within an interval of time of a week to two weeks of one

another dependent upon the availability of participants and researcher. My availability was related to the time it took me to transcribe the interviews and proceed with the subsequent interview. The whole process of interviewing lasted about three to four months. I conducted all the interviews, as well as handling the transcription.

Within the constructivist methodology, it is not possible to pursue other people's constructions with a set of predetermined questions based entirely on the researcher's constructions. Accordingly, the inquirer enters the participants' space as a learner without knowing what is noteworthy. As common themes started to emerge from the participants' constructions, I developed more focused interview questions.

An interview guide (Appendix A) was developed with the purpose of providing the introductory words. This guide had a set of broad opening questions with some topic guidelines for probing as was needed.

With the participants' permission, interviews were audio-taped and took place in their homes. Home-visits were arranged at the participants' convenience, from early in the morning to after work and late in the evening while the children were at home or at school.

I used other additional sources of data such as observational data from the interviews. I took field notes and I tracked my personal reactions as outlined by Bogdan and Biklen (1982). I wrote additional comments that participants made after the tape-recorder was turned off. I kept track of ideas that emerged through data collection and analysis which helped to connect the data. Throughout the research process, informal conversations with family workers and therapists working in home-based services, ongoing discussions with my thesis adviser and my own experience helped me with probing

questions for the interviews, analyzing data and writing the report.

The procedure for data collection started by asking the P.A.C.T workers to request the participation of their clients in this study. Once the P.A.C.T workers released the names and telephone numbers of the women who wanted to participate, people were contacted by telephone and the interviews were scheduled. Nine participants were contacted by the workers, and later on, I contacted them by telephone. Only one woman who had originally given the worker her name did not participate in this research study.

The dialectic nature of the constructivist inquiry unveiled the themes and meanings that women shared throughout the research process. Hence, the first interview generated the first data, and the ideas and themes that emerged from respondent number one were shared with respondent number two and so on, building a process of multiple constructions. More specifically, issues, ideas and themes that emerged from the first respondent (R1) constituted her construction (C1). Then, C1's comments were introduced to the second respondent (R2) who was invited to comment on these as she was introducing her own ideas (Guba & Lincoln, 1989; Rodwell, 1995).

This process continued as other participants took part in this circle to elaborate upon a joint construction. Once the circle was completed, a preliminary report was orally presented to three participants who were invited to provide their input. This was done to establish fairness so that all viewpoints were represented (Rodwell, 1995). Originally, I proposed a group meeting to share the preliminary report but the PACT workers discouraged me with this idea as issues of confidentiality, transportation and child care were foreseen. Individual meetings were chosen instead. Rodwell (1995) encourages us to invite all the participants to share the preliminary report; however, if total participation is not feasible, a subsample would be sufficient. In this study, three

participants arranged their schedules to provide feedback and the discussion took place in their homes. Comments and feedback were incorporated in the final report.

The Participants

Patton (1990) points out that qualitative inquiry focuses in-depth on small samples, even single cases, selected purposefully. Accordingly, purposive sampling was done, using typical cases. Participants were identified from the caseload of the P.A.C.T service program.

The criteria used in determining participation was that the participants had to be single mothers, heads of their households, who had received P.A.C.T services within the one year preceding the research or alternately, were current clients about to terminate the services.

By selecting clients who terminated from P.A.C.T services or were about to terminate, it was expected that a perspective of the whole process, from the first interview to termination, would be possible, providing a richer view of the home-based services. Moreover, a time frame of no longer than a year after termination was decided upon so that the participants could recall their experiences more accurately.

Qualitative research is less concerned with numbers and more concerned with the richness and details of the narratives of the participants, as well as the way of making meaning. Generally, the size of the sample is determined by informational considerations, which means that sampling is terminated when no new information is coming from data units and relevant themes or categories are saturated (Glaser & Strauss, 1971; Guba & Lincoln, 1989). While sample size in qualitative research can vary from

one participant up to 300, ten subjects seem to be a reasonable size (Creswell, 1998). In this research, the decision of the sample size was based on a trade-off between depth and breadth, choosing a broader range of experiences but a smaller number of participants (Patton, 1990). The criterion for termination of the sampling procedure was determined by the saturation of the data in which no more information could be found.

The sample was originally composed of nine participants. After transcribing the first four interviews and doing the initial analysis, common themes started to emerge but it was necessary to continue to ensure saturation of the data. Therefore, another four interviews were done. Although after eight interviews, the information was saturated, interviewee number nine was contacted because of a previous conversation inviting her participation. However, the interview with participant number nine was not carried out despite two home visits. The participant excused herself over the telephone due to job related issues.

Ethical Considerations

Confidentiality

To maintain confidentiality, the P.A.C.T workers did not provide me with any information regarding potential participants until the women were invited and agreed to take part in this project. The P.A.C.T workers informed their clients that the purpose of this research was to ascertain from them what was helpful and not helpful about the service. They were also informed that this study was a part of the academic requirement for the researcher to complete her MSW, and that, she was an outsider within the child welfare system and the P.A.C.T social agency. Clients were informed that their participation was voluntary and that current or future services would in no way be

influenced by their participation or non-participation. Confidentiality was assured by letting them know that no identifying information would be attached to their responses. Furthermore, clients were informed that the workers would not know whether or not they participated and that no personal information would be shared with the workers. The workers were assisted in their conversations by a letter of invitation to participate which was given to them by the researcher (See Appendix B). The clients interested in participating gave permission to their workers to release their names and telephone numbers to the researcher. The workers identified nine women who fit the criteria and who agreed to participate.

The participants were contacted by telephone and a home visit was scheduled. The initial telephone contact was designed to introduce myself and to provide the participants with brief information about the research purpose and the approximate length of the interview. They were also asked if they would agree to participate for a second time to provide their feedback for the preliminary report.

At the time of the interview, a conversation regarding the participant's rights was carried out with each research participant. They were informed that their participation was voluntary; that they were free to withdraw at any time without penalty, free to answer the questions of their choice; that their involvement was limited to the focus of the research and no personal information would be attached so that their identity would be protected. Participants were informed that there were no known risks and/or discomfort associated with this study; however, some of the questions might be very personal and they could decide not to answer them. This conversation was based on the letter of invitation (See Appendix, B). The letter of invitation to participate and an informed consent form were given to them to read. Participants were then asked to sign the consent form in order to participate (Appendix C).

The participants were also asked their opinion about audio-taping the conversations. All of them agreed to do so. Participants signed the consent form, which included the permission for audio-taping (Appendix C). However, there was one person who asked the researcher not to record personal information about her family of origin and past traumatic events. The tape recorder was turned off and it was turned on when she moved to another topic and told the researcher to proceed with the recording.

The Researcher Role

Within this methodology, the researcher mirrors the voices of all participants and her voice is that of the “passionate participants actively engaged in facilitating the multivoice reconstruction of his or her own construction as well as those of all participants” (Guba & Lincoln, 1994, p. 115). In this context, the researcher becomes an instrument of the inquiry, who brings in her values, knowledge and experiences to ascribe meaning to the data, reach a consensus on the construction of the participants’ experiences, write the report and recycle the process (Rodwell, 1995).

Professional credibility as a researcher was developed through the relationship established with the participants and it was based on an honest, emphatic and non-judgmental communication. I presented myself as a respectful listener, formulating questions from a non-expert position to explore meanings and facilitate verbal and nonverbal communication. My role was as a learner of people’s experiences and as a teacher who teaches participants about other people’s narratives (Guba & Lincoln, 1985; Rodwell, 1995).

Taking a stance of non-knowing and moved by sincere curiosity, I entered the world of the participants who openly shared their life experiences, commenting on how

they felt the P.A.C.T program helped them out. Hence, in the constructivist research, the researcher is no longer the expert and the controller but a collaborator who shares control and power (Rodwell, 1995; Guba & Lincoln, 1985).

In addition, the researcher's competence is reflected through respect for the participants' rights and sensitivity to their concerns. Participants were informed of my status as a graduate student and also as a family therapist working in a social agency outside the jurisdiction. Moreover, as researcher, I brought to the inquiry process the fact that I am an ethnic minority female, middle-class family therapist and learning to raise my children as a single mother.

My knowledge and experience in family therapy and social work were helpful to establish a relationship and understand the participants' comments on the issues discussed. However, it was through the research process that I learned about the home-based family program as seen by the different women who participated in this study.

Data Analysis

After finishing the transcription of the interviews, the data was coded and analyzed using a variation of the grounded-theory approach (Glaser & Strauss, 1971; Rodwell, 1995). Initially, data analysis was done using the inductive method, going from the specific to the general. Gradually, key issues and themes emerged, and the deductive approach was then applied. Accordingly, "the evaluator must consciously work back and forth between parts and wholes in a 'sorting' and 'putting back-together' process" (Rodwell, 1995, p.206).

Data collection and analysis constituted a challenging process that "far from being

the easy way out,... makes demands of its own so heavy that anxiety and fatigue are the constructivist's most constant companions" (Guba & Lincoln, 1998, p. 183). At certain points, it appeared a never-ending process of interviewing, transcribing, analyzing, coding, looking for meaning and discovering the emerging themes. Conversations with my thesis adviser and reading the literature on qualitative research and constructivist methods over and over, allowed me to finally make sense of how to proceed with data analysis.

Transcribing, Coding and Sorting Data

The first stage of data analysis involved the transcription of the interview. An hour of conversation resulted in several hours of work that included listening to the tape, rewinding it, typing and reviewing. Transcribed interviews ranged from 15 to 35 pages.

From the very beginning, I became captivated by the process since I gradually started to discover what the P.A.C.T program was about, as women started to describe it. As participants started to share their stories, I was deeply influenced by listening, particularly to the struggles and challenges that these women experienced in raising a difficult child on their own. There were also very sensitive moments in which these women recalled painful times with their ex-partners, family of origin and traumatic events. These conversations enhanced my awareness and sensitivity at a personal level and also in my work with single mother families. Some of these conversations are not reflected in this study as they were not related to the research questions, and also because some of the participants requested that I did not include the sensitive information.

The beginning of the process of coding and sorting the data was somehow overwhelming as there was so much information to analyze. The conversations with my

thesis adviser helped me to slow down and wait for meaning and themes to unfold. Once the interviews were typed, I went over the text, reading line by line, looking for key words and phrases. At this stage, my focus was on identifying the bits and pieces of what the participants said. I realized that in order to code the data, it was easier to reorganize the typing and I did it sentence by sentence. I printed out the interviews more than once as a code could be under different categories.

The process of coding and sorting was done manually. Although this procedure provided me with a visual way to treat the data, it was a very time consuming process that made me wonder about using a research computer program instead. Nevertheless, I used the simple method of cutting and gluing each code and grouping them into related columns. The resulting group constituted the meaning units. Flipchart paper was useful as I could compile the units, glue them on, and read them over and over.

I used comparative analysis to identify meaning units and grouped them in clusters (Bogdan & Bikler, 1982; Tutty et.al, 1996). Whenever possible, meaning units were named using the participants' words. Thirty eight meaning units were identified, fifteen categories were developed and six themes emerged. Examples of the categories were "The Breaking Point "," A Challenging Child and Child Behavior Management, among others. "Building Parenting Skills" and "Necessary Components of the Service" were examples of two themes identified. Data regarding the perception that participants had about their family functioning were analyzed and used as context. This data provided rich information regarding family functioning and parenting issues before and after the participants got involved with P.A.C.T. Data regarding the experiences of the women as single mothers were also included as a part of the context.

Searching for Meaning and Emerging Themes

Searching for meaning and emerging themes meant working on a preliminary analysis and regrouping the meaning units to form categories. Second-level coding included identifying similarities and differences between the categories as a way to look for relationships (Tutty, et al., 1996). Gradually, interviews became more focused, categories became clearer and themes emerged. The meaning units that fit in one group were put together and so on until categories and themes became apparent. In naming the meaning units, I used the actual words of the participants as much as possible; for instance, “ Out of control”, “Different Parenting” represent a few of the meaning units that emerged. In naming the categories, I used the name of the meaning units such as “Boundaries”; “Safety Plan” and “ Removing a Child” and I put them in the category called “ Safety”. Categories were grouped and the themes emerged. For example, the categories “ Child Behavior Management”, Home Management Skills” and “Safety” were included in the theme called “ Building Parenting Skills”

During this process, I was assisted by my thesis adviser and the literature to detect relevant information. Informal conversations with colleagues also helped to name the categories and themes.

Research Rigor

Research rigor was guaranteed through “ trustworthiness”, by assuring credibility, dependability, confirmability and transferability (Rodwell, 1995; Guba & Lincoln, 1989).

Credibility is the parallel criterion to internal validity that looks for isomorphism between findings and an objective reality. To achieve credibility, the techniques used were those of prolonged engagement, persistent observation and member checks. By prolonging engagement, I was substantially involved with the participants to establish rapport and build trust in order to facilitate the recounting of stories. The confirmation of the findings was done through member checks (Rodwell, 1995). Member checks permitted me to recycle the participants' constructions, revisit the findings and judge the overall adequacy of the descriptions. Three respondents were contacted individually and invited to comment upon the findings. The rest of the participants were unable to take part in the confirmation of the findings due to the following reasons: conflicting schedules between my schedule and the participants three participants were unable to be reached; and one participant agreed to a meeting, an appointment was scheduled but it was cancelled due to job related reasons.

Transferability is seen as similar to external validity. Constructivist methodology views transferability as the "degree of similarity between sending and receiving contexts" (Guba & Lincoln, 1989, p. 241). In this study, the technique used to determine transferability is a rich description of the participants' narratives presented as a case report.

Dependability is thought to be similar to reliability which is concerned with data stability over time. To assess dependability, the researcher looks for instability and changes in the design. However, in an emergent design all the shifts and changes in constructions are expected and they are seen as "hallmarks of a maturing and successful inquiry" (Guba & Lincoln, 1989, p. 242). In this study, my thesis adviser acted throughout the whole process of this research as an external auditor, being aware of the procedure and the challenges encountered.

Confirmability is thought to be similar to the criterion of objectivity. It must demonstrate that the data, interpretations and results are linked to the participants and their contexts. In this research, all the constructions, issues and ideas are linked to their source of data. The procedure that brought them together has already been stated and the narratives of this report came from both the raw products (data) and the process used to put them together (Guba & Lincoln, 1989; Rodwell, 1995).

To judge the quality and rigor of this research, my thesis adviser and ultimately my research committee acted as external reviewers. Moreover, in constructivist research the quality of the inquiry is constantly examined and confirmed through the dialectic nature of the process. The possibility that the researcher's biases and prejudices goes undetected and unchallenged is small because the process assures that all the constructions, ideas and concerns can be reviewed, modified and represented (Guba & Lincoln, 1989). In this research, the participant's involvement allowed me to check out constantly the emerging themes, complete and correct the constructions,

Certainly, I realized that to carry out this research study was not a simple task. At time, the process of qualitative data analysis was quite overwhelming. Nonetheless, as demanding as the qualitative research process was, it fascinated me as themes emerged and findings were outlined. It also confirmed for me that in qualitative research the participants' voices shape the research inquiry. In this research, the participants' voices generated this study and the findings expanded my understanding of the research topic. Finally, although these qualitative findings provide little generalizability, they add knowledge to the literature in FPS. The findings are presented in the next chapter.

CHAPTER FOUR: Findings

The findings are presented as a “thick description”, using the case study reporting mode; hence, the participants’ narratives recount the final stage of this research process (Rodwell, 1995).

Guba & Lincoln, (1989) state that it is the research process that creates “reality”. It is precisely the constructions that emerge through the inquiry that come to constitute the most informed and sophisticated constructions presented in the final report. Thus, truth is a matter of consensus achieved by negotiation through the dialectic circle of inquiry.

According to Rodwell (1995), the case report should present with clarity the writers’ interpretations distinctive from the participants’ responses. Therefore, the responses of the participants were grouped into themes and subthemes which emanated from their correspondent categories. Comments about the implications and interpretations of the results will be presented in chapter five (Discussion Chapter)

About the Participants

Care has been taken to protect the respondents’ anonymity so that confidentiality is ensured. Demographic information is limited to the necessary to describe in a general way the characteristics of the respondents.

A total number of eight women were interviewed. All of them were single parents, heads of their households and raising their children on their own.

Their ages were between 23 and 48 years. All the participants were able bodied, white, Caucasian and none of them were ethnic minorities. . Three women reported working full time outside the home, one woman stated that she worked part- time. The other four woman did not report working outside the home. Six participants were biological mothers, one was a foster mother and one was a grandmother. There were not noticeable patterns among the participants in their working status, age, characteristics of the children and biological or non biological relation with the children. Their children's ages ranged from 3 to 15 years old. All of them identified one of their children as a difficult or challenging child. Examples of a challenging child were those dealing with Attention Deficit Disorder, with Hyperactivity, Tourette Syndrome, learning difficulties, impulsivity, poor anger control and behavioral problems.

Thematic Summary

The following table summarizes the meaning units developed from the raw data and the correspondent categories. Data related to the way the families were functioning, as described by the participants, before and after their involvement with P.A.C.T have been included as context. Data informing the experiences of women as single mothers have also been included as part of the context. This data are contained in the first five categories of Table I below.

Table I : Thematic Summary of Themes

Meaning Units Derived from raw codes (38)	Categories (15)	Themes (6) and Subthemes
Anger/distress Chaos/unsafe Parenting Issues Out of control Different parenting Myself My family/my children Feelings/experiences	Before P.A.C.T The Breaking Point A Challenging Child After P.A.C.T. Single Mothers	Family Functioning <i>Information used as context</i>
Chart/time out Routine Rules Boundaries Safety plan Removing a child	Child Behaviour/Management Home management Safety	Building Parenting Skills <i>Learning Behavioural Interventions</i>
Priority setting Alternative scenarios/preplanning Crisis management Sticking to the plan	Stress management	<i>Developing Family Stress Management Skills</i>
Brainstorming Trying it out Feedback	Problem-solving	<i>Developing Problem Solving Skills</i>
Obtaining information Accessing services Leisure activities Parent Group Advocay	Social Support	Building Social Support
Collaboration Support Empow erment	Relationship	The Client-Worker Relationship
Journey How it occurred Anger/frustration	The Process of Change	The Change Process
The w hole family Strength focus Time not a concern 24 hours service Alternate environments	Service Structure	Necessary Components of the Service
Suggestions	Suggestions	VI.- Suggestions for Improvement

FAMILY FUNCTIONING

Before P.A.C.T

At the time the participants contacted the P.A.C.T program, the common denominator was a stressful family life. The issues that participants identified were related to a conflictual and volatile family life, depression, stress, conflicts with their ex-partners, behavioral problems with their children and difficulties in parenting.

The way participants experienced their family life can be illustrated by the participants' comments:

When I first got involved with P.A.C.T, one of the main thing I said was, " I want to get things managed here so that my kids can stay in the home". That was my goal, to get things straight in a way, run things smoothly before they are teenagers so they are not going to be juvenile delinquents because I can see if things don't get fixed now that's what is going to happen (8).

All the participants reported that there was distress, anger and sadness in their family life. For some participants the issues of safety were a concern. The following excerpts may be helpful to describe some of their experiences:

I used to see a lot of anger, lot of sadness. I used to see a lot of sickness too like I don't want to go to school, I don't want to do this. Fighting, chaos, just it was hell the things in this house. Things were basically a hell here at home (6)

The siblings were frightened (by their brother). They were acting out their fears. They came running around me or hang on to me. I was concerned for the safety of the little ones. My friends were concerned for my safety (3).

When living in these conditions, some of the participants reported having less energy and strength:

I was running out of all my energy. My difficulties were concentration and tiredness (5).

An important issue was that all the participants agreed upon was related to the

difficulties in parenting despite the fact that these were experienced differently by each of the women interviewed. In fact, some of the participants perceived themselves as lacking parenting skills. A person related:

Before, I had nothing. I did not have a routine. I did not have a bed time for the kids. Before it was very hard for me to discipline. Discipline was not in my vocabulary at all. There was a point in which the children just did not listen to me (7).

Other participants struggled with finding the appropriate parenting approach to deal with their children's behaviors:

You probably have heard of COPE [referring to the agency which provides parenting programs]. I went there, but that was a joke. I was listening to those people when they were saying that they had these problems and I said, gee! all you got to do is this. I was way beyond that point. I was looking for something beyond that. I was having a really difficult time and I needed help. I had a pediatrician but he wasn't doing so much. I really needed somebody to help me with the boys [referring to getting help in parenting] (8).

Difficulties in being consistent, enforcing rules or disciplining the children appeared to be related to very distinctive issues. For some participants, it was related to beliefs attached to being a good or bad mother, and for others it was related to family of origin issues.

I was giving in too much, I wanted to be the good mom. I soon let my emotions play in, I want to go back to be the nice mom. I kept letting small things go. By letting small things go, I only gave my son license to repeat them more or to go to bigger things (3)

I wasn't always sure what to put into place. That's why I get confused sometimes. What should I put into place? What could be helpful and at the same time without feeling like I was really mean or a bully? (2)

Some of the participants referred to their family of origin when they talked about their struggles in parenting:

I think most of my parenting issues were personal issues. I grew up in a bad home and it was hard for me to discipline my kids. I felt bad if I said no to them. I would be heart broken. I just couldn't do it (7).

I never had any parenting myself growing up. I never really had my parents so I never brought anything into my family, nothing at all. I didn't have my first baby until I was 21. It wasn't that I was young and foolish. Because, I guess I didn't learn (6)

The Breaking Point

When participants narrate their stories about parenting their children, especially those associated with challenging children, and how they became involved with P.A.C.T, they tell their stories using the concepts of before, after and the breaking point. This point is described as an intense, painful and stressful experience - a period of time that led them to become involved with P.A.C.T.

It was a terrible night. My son was screaming and screaming - I don't even know what he was saying to me- one of those non stop hours of this child. I remember locking myself in the bathroom and running the bathtub and sitting in there, sobbing and he was still screaming under the door because he still couldn't get himself under control and back off. I remember thinking - I can't do this, I can't and saying, God, what am I supposed to do? I don't know this child anymore. When I saw the worker the next day, I said, I just can't do it anymore, I just can't. I had reached the point where I didn't want my son here anymore because life was too awful with him around. I was at the point where something had to happen (3).

I said to them [the children] we needed to work on [behavioral problems]. I am here. I am not going anywhere but there is a chance that you may if we don't work on this. We had to work fast before the children were moved out (4)

Parenting a Challenging Child

To set the context more thoroughly, it is important to understand what it has meant for the participants to parent their children, particularly, the one that they identified as a the difficult or challenging one. The participants reported that parenting a difficult child required a different parenting approach as the child's needs were larger than the ones of an average child:

My son was not an average child and he needed to be handled in a different way. Loving my son was not enough. I had to go with the tough line. It took a lot of time for me to go with the tough line. All the love, all the talking around never changed his behaviors. I really had a hard time getting past the fact my child needed more than I could give him in a loving and regular standard discipline. It didn't seem that any thing that I did worked for my son and that is another feature of these children. Nothing works for any length of time (3).

Some things that work for my other children, don't work for my son. I always knew that his behaviors were the challenge and that is how you get through. He is challenging but not bad. No child wants to be (2).

Some of the children's behaviors may be illustrated by these comments:

With him, there was no limit. He basically did what he wanted, when he wanted and that was not right. It wasn't healthy for him and it wasn't healthy for me because I was at one point crazy over it (7).

Participants related their feelings about parenting their children:

I am an educated woman. I have taught in the school for years and I often got challenging students. When my son came into my life, it was why can't I handle this boy? I can handle all the children, Why? It was like, I am this kid's mom and other moms can deal with their kids, Why can't I? I was so tired of all of his behaviors and not being able to change them (3)

For instance, I have a problem with one boy that he doesn't get up in the morning and just it's a struggle to get him up and I have actually physically to take him out of home. ... I know that they are my kids but it is very draining (8)

The Experiences of Single Mothers

Women related their experiences as single mothers within the service context and in every day life. They described situations in which they were not heard by social service workers, school and day care personnel. Women noticed that the attitudes of the day care/school staff changed when they were accompanied by the P.A.C.T workers. In the latter case, the school staff were willing to hear the women and follow the suggestions. In their daily life experience, the women felt judged, criticized and blamed. This what the women said:

I found a lot of time when you go to talk to the schools, day care or other places, like you are just a parent. They brush you off. I think me telling them (school/day care), they are not going to hear me (8)

I am a single parent and there are days in which you feel that you are alone (1).

I dealt with my son and with all the discipline for three or four years after their dad left and before P.A.C.T became involved. I did it all so I am the only one here so better bloody well do this. I think I was pushing myself to keep going because you can't fold up because there is no anyone else but you. There was always this part of me driving me going (3).

I still get annoyed when people go, "Oh I wonder what is going on in that house, or I wonder what she's doing?" Right away the blame thing (6)

I had some people early in my life who looked at me and said, "well you just don't discipline your son enough". I thought, "well you just don't know people about A.D.D. or kids with anger"(3).

I am 23 years old and I have two kids, 6 and 3, and a lot of people look down at me. They may say - she is a young mom; she doesn't know what she's doing, this kind of stuff (7).

After P.A.C.T

To provide a more complete description of the context, the following illustrates the way that participants described how they and their families were functioning after their involvement with P.A.C.T.

Mostly, families were functioning with boundaries, rules and consequences. Mothers perceived themselves as more able to set up rules and enforce them. They became more consistent in implementing the consequences if the children chose not to follow the rules. Family life became clearer and structured; children followed an established routine. For the most part, mothers described their family life more positively; they were happier, bonded with their children; life was enjoyable and they were more involved in the community.

Now we do well. We are a family that is functioning and we are functioning well. The gains are that we have a home that is livable. Every thing changed. I have what I feel is much more a happy home now (3).

Mothers perceived positive changes in their children. They reported that children learned skills in anger management, problem-solving and communication.

The children said there were no changes of course, but I don't agree. I see that they have learned to calm down when they get upset. They are not totally out of hand. They can walk away or back away which was something that was taught. They worked on that to do it. It may not be a major change but it was a turn around and that is why they are still here (4).

Women reported that they were more in control of the family and in charge of their homes. They found their voices within their families and became more vocal in the community. They became advocates for their own families and their voices felt stronger. Women described themselves as more confident, relaxed, and empowered.

I have control over this child as much as he fights still. My son doesn't get the control now, I can do that. P.A.C.T put me back where I needed to be and took the power away from my son. I am in charge here. Sorry if you don't like it. Now I can sit and talk with my children. I don't need a worker to do that. Before I was just so frazzled at that time. Now it feels great! from a place where I had no control to this point because this where I belong- in my house. Definitely, P.A.C.T empowered me. To me that was a big thing, to take control in my house. I am not dependent on services to control my son anymore (3)

My anxiety has gone down in terms of my situation with the children. I am able think more clearly. My anxiety is down so I am able to be consistent. Now it feels better not to have much anxiety. I have always spoken to the children in a very soft manner, but they used to see my nervousness come out from me , the anxiety. I used to be afraid that my son would have an episode so I was more pessimistic than optimistic. Like, "oh my God, he had a bad day at school, he is coming home, what is going to happen?". Now it's the opposite, if it happens, if it arrives, I will deal with it. I know how to handle it. I look at my plan but I don't sit down anxious as I used to it (2)

Although the participants reported positive changes in their personal and family lives, they also stated that they were still battling. Some of these issues may be illustrated with the following excerpts;

We are more content, having a place now, their own place now. We couldn't continue to live in the way we were living. Even though we constantly have a battle with the older one, we are sort of out there now. The family is a lot better but there are going to be constant things yet. And it is a struggle yet because there are many, many unhappy moments around here, many struggles but we are close (6)

I have a fair amount of negative things going on in my life but I don't let them bother me as much as I used to. I do have my moments but now I try to give myself permission to feel sad, mad or whatever and then I can say OK that's enough of that. It annoys me but I am not letting it consume me. Now what am I going to do about it? You get something that is not in your control like your ex-husband. What he is doing is in his control not in yours so I stop. Sometimes I wish things were not quite as troubled as they are but this is my life and I have to make the best of it and I will get through it (1)

Back to the Research Questions

The above conversations provide the context in which participants and workers met together. At this point, it is useful to go back to the research questions and explore what the workers did that helped the participants bring forth changes in their family life. I asked, what do you believe has been helpful in your work with the P.A.C.T. worker? What did the worker do that you found helpful or not helpful?

The following themes unfold from the participants accounts: Building Parenting Skills; The Client-Worker Relationship; The Change Process; Necessary Components of the Service and Suggestions for Improvement

BUILDING PARENTING SKILLS

A major intervention discussed by the participants surrounded the parenting skills they learned. The educational strategies taught include: behavioral interventions, problem solving skills, stress management skills and social support.

Learning Behavioral Interventions

Behavioral interventions include strategies oriented to dealing with child behaviors, home management and safety issues. Mothers and workers discussed the benefit of these interventions and they were implemented if the participants found them to be helpful. All of the respondents reported that it was helpful to learn or reinforce behavioral strategies in parenting. The respondents did not identify any one strategy in

particular which they thought was more helpful than others.

Child Behavioral Management

There were several strategies to manage the children's behavior more effectively. These include: keeping a behavior/chore chart, setting time outs, taking away privileges and maintaining consistency around consequences.

The behavior chart was considered a useful strategy for implementing or reinforcing some behaviors. A participant described it as follow:

Some people call it bribery, I call it incentive. They get a check mark for every thing they do good, then they get a nickel for every check mark in the chart. Then at night, I give them what they earned and the next day they can spend it (1).

Another participant explained to me how the behavioral chart that she had in place worked. She stressed that she had this system before she had started working with P.A.C.T.

The program that I had was a kind of picture schedule with sequencing actions like the routine, morning, afternoon or cleaning the room. Every thing was sequential. He could pick up and choose which one he wanted to do first. It didn't matter as long as he could decide it. Each sequence was attached with positive reinforcement, short term one. And at the end if he had so much money, he could have a concrete reward (5)

The participants reported that the children liked the chart. It was a motivating visual aid for the children to see how their day went.

To decrease disruptive or unwanted behaviors, the participants used "time outs" and taking away privileges. Participants reported that they discussed with their children the consequences if they chose to misbehave. The consequences were "time out" or

taking away their privileges. The use of “time out” in which the child had to leave the room and go to his/her room or another place in the home was mentioned as a helpful strategy. Respondents discussed experiences which range from becoming familiar with the concept to when and how they have used it:

I went from not knowing the words “routine” and “time out”. I took those things as strange, new and I did not like them. I did not want to be a part of them. Somewhere along the line, maybe a year or so, they started to fit in what I wanted and I understood it more.... Because there are many different elements that are going on that you have to deal with. Like, time out for instance. You have to take probably hundred of things in this time out.... and realize, how am I going to fit in “the time out” in ?, how is it going to look like? what is it going to be?. You take every detail of that (6).

Learning how to stick to the consequences was another area that was highlighted as helpful. The concept of consistency was applied to both parties; the participant who had to follow a plan and the worker who went back and reviewed with the mother what prevented her from applying the consequences. Participants remembered that there were many times in which they did not enforce the consequences or carry out the plan, as had previously been discussed with the workers. But they remembered too that it was always helpful knowing that they could get back on track again. A woman related this:

For example, if I had a bad day with my child and I had decided that I was not going to put any consequence on him for his behavior, my worker would say “Why didn’t you put any consequence? What was going on ?” It wasn’t like, Oh well, you didn’t do it, you didn’t. That was helpful. My worker would say, ‘What can you do differently next time? How come you were not able to do your planning? What got in the way?’ If I said, I had a bad day with the children’ or I was tired. She would say, “On those days, what could you do differently if your son woke you up through the night? (2)

Consistency also was related to all systems (school, parent support workers) having the same work plan and giving consistent messages to the child.

I want them [children] to view us as a complete unit working together on the same things. The school, myself, Lynwood Hall, P.A.C.T we are all connected and no matter where he goes or what he does, we are all standing together on the same plan, on the same page so he is not going to be able to get the wrong message and get confused. So he gets it in a nice and consistent way, and that has helped a lot. My son knows that there is some consistency and he gets this message every single day because he needs to have it more so than his sister (1)

Home Management Skills

There were several strategies to manage family life more efficiently. These included prioritizing tasks, working on daily routines, defining rules and assigning tasks to children. The following comments highlight some of the skills learned:

Around routine:

My worker helped me out with bed time because for the longest time, bed time was a real issue, very stressful. We did a lot of routine, specially around meal time and bed time. It was helpful to make a lot of things into a routine which helped my family (7).

Assigning tasks:

My worker asked me, "have you ever considered the chore chart?". The children are doing nothing around here, so let's give them some responsibilities (6)

Setting rules:

We had a plan; and part of the plan was that the children had to follow the rules to accomplish some specific things so that the home environment would work better. Like my son needed to stay within his boundaries because he had difficulties with some aggression. When things started going better, they realized, hey! - we are going to more places; we got to do more things. That was because you were following the rules (1)

Interventions for Safety

Interventions on safety were oriented to protecting family members from unsafe situations and comprised protection from one member from being hurt by other family members and protection from unsafe situations that could lead to potential danger. The strategies were: developing boundaries and a safety plan which included removing the child from home.

Working on boundaries led to defining what was acceptable and safe for the family. The safety plan included the development and implementation of actions intended to protect the family. The plan had clear and defined steps to follow from calling time out, reaching out for support, calling the police to removing the child from home. The following accounts describe the teaching and learning about boundaries and safety:

Regarding boundaries:

My worker helped me to set my boundaries and limits where I was getting frustrated and fed up. She helped me to learn and realize that I had to draw certain limits and that there were certain things that were not OK here and just I was allowing automatically things to happen. Setting boundaries just gave me space too. (6).

Regarding a safety plan:

Our worker set up a safety program. I didn't think that my son would hurt me. So we finally set up the safety plan with P.A.C.T. It took a lot of time for me to use it. I was supposed to phone the police if my son became physical (3)

Regarding removing a child:

Three respondents experienced not having their children at home at the time data was collected. Two participants spend some time talking about what it meant for them to have their children removed from home.

P.A.C.T being a program that removed this child from home was a God's send. All of us had some time to just gather ourselves together. Because the father just left; we had moved into a new house; my son's behaviors were so off the wall and so violent that we needed this child physically away from us so that we could regroup. P.A.C.T gave us a break when my son was physically removed but he came back still with problems. I know that the P.A.C.T ultimate goal is to keep the child in the home, but it didn't work with my son for safety reasons, unfortunately...Yet, it didn't go to the point either where I have no connections with this child. I see him every weekend. If this child was not being split between three different parties, he will be in an institution somewhere because I couldn't take him seven days a week (3).

I just knew that my child couldn't do it here. He was out, violent. He was taken by the police. Removing the child just allowed me to look at it (situation) differently instead of living in it. I would have lost it or I would have allowed him to continue hitting which would allow for damage (6).

Developing Stress Management Skills

Four participants reported that they discussed with their workers their difficulties dealing with anxiety and stress. The workers suggested strategies to enhance the participants' stress management skills. These strategies included learning to set priorities, pre-planning, finding ways to deal with the crisis and sticking to the plan. The following excerpts may be helpful to describe the way the worker and participants worked together in this area:

Regarding priority setting:

My worker helped me to prioritize things, what was more important to me. If that was important, then I should go for it. Most of my priorities were around my children, and that was my great motivator, doing things for my kids. P.A.C.T helps you put things in perspective as what needs to be done first, and I keep using it all the time. For every little thing, I set up priorities (7).

Regarding pre-planning:

Considering different scenarios and taking into account all the possibilities and options were found to be helpful strategies when dealing with stressful situations:

We did a lot of preplanning. For example, planning about what is going to happen if the child decides to break up the table, OK, what are you going to do? Or in situations that they are not even a crisis, pre-planning is helpful. So having in my mind that this was going to happen so when crisis did arrive, I wasn't nervous like , "oh my God, what am I going to do ?"(2).

Regarding crisis management:

Participants reported that working on crises involved putting in place what they had previously discussed with the workers about setting boundaries, consequences, safety planning and pre-planning. Participants reported that knowing that they had a plan about dealing with potentially stressful situations helped them to cope with the situation in a more relaxed way. It helped them to control the situation:

(In crisis) that was when the worker was helpful, and that was when the pre-planning came in. Because in any crisis I don't think that anybody can think totally straight. We worked in crisis because in crisis all the time my anxiety goes up and I may not think clearly so the response may not be the one that you really wanted to give to your child. When the child sees you calm and no anxiety, they are able to deal better with the situation but if I go, 'Oh my God!' and I start crying, face it, it does not work. That was helpful (2)

Regarding sticking to the plan:

Participants found it helpful learning to trust that they could handle the crisis by themselves. They reported that the worker's help was useful as a support to encourage them in their ability to follow their plan:

It was helpful not being nervous and sticking to my guts. It was helpful to trust myself that I am going to do the right things. It was helpful having someone to support me on that and my worker was there (6).

Developing Problem Solving Skills

Dealing with problems or issues was a constant activity. All the participants

welcomed problem solving strategies. For some, it was a kind of reinforcement of what they knew, for others it was a new experience. The problem solving process identified by the participants involved brainstorming, trying things out, getting feedback, looking at what worked and what didn't.

Brainstorming was considered a helpful strategy to look for new ideas and solutions, as a part of the process of problem solving. Participants reported that the workers' supportive attitude helped them to come up with ideas and solutions for what they could do in particular situations. A respondent commented on brainstorming:

The worker would go over ideas, your own suggestions; what you would like to do; what your needs are; what I have to work with and what I can do for myself, for me and my family; ideas on what can I look at differently. You come up with your own ideas; the worker helps you through (6)

Participants recognized as positive the fact that they tried things out and checked if those ideas worked. This is how one woman described it:

Talking around what was the problem, working around it and talking about how I felt was important ; but letting me make the decision of what I wanted to do was very important because I didn't have that experience. Before with the other workers, they would say do this and do that. With this worker it is different. I try this or I try that (4).

The worker's feedback was identified as highly beneficial. The participants reported that it was helpful to discuss with the workers what worked, what didn't work and if something wasn't helpful, what the person could do to make it work next time

By getting feedback back and forth makes you realize that hey!, I could have done it differently. When you are in a crisis or a situation that is really difficult you are not thinking clearly. Then you can go back on it with your worker and realize that there would've been another way that you could have done this. Many times, it is frustrating, and it was always a time to revisit it and see what could we do differently (2).

Building Social Support

Building social support involves the mom reaching out for services, information and personal support for her and the children. Participants found it to be very beneficial to access community resources, information about programs, expand or develop their network and attend the parent support group. The following are the participants' accounts:

Obtaining Information on Community Resources:

I liked to get the information how the community services were working, what were the resources that I could use and access different programs. Not being from this area that information was helpful. With my worker, he was able to say OK, here is where you can go and so on. So that was easy for me. I could stop running around. That was helpful. (5).

Developing Leisure Activities:

Back then I thought if I had tons of money, I could do tons of things with my kids. Now, it's not just the money. My worker taught me to take the kids to the library. There they have readings for kids. It's like an hour or so. I learned to take the children tobogganing or skating. I thought my life was very limited but now I do not feel it as limited as I felt back then (7)

Accessing Community Resources:

We got involved in an organization that if you have a child who has any special needs you can become a member. They have different activities going on in the month. We can go to different facilities and they [children] have good time and they get to play with other kids and it's really economic. You have the network of people that meet and have a good time (1)

One person summed up the benefits of accessing resources:

Accessing resources or services makes me feel good. It makes me feel that I am not alone so much and there is help out there. You need something else beside the family. Maybe you or your family don't have what is needed to get through so sometimes you have to look out there. You know that the worker is not

going to be here for ever so it's nice to have somebody else that I have a relationship with and I can say, 'hey!, I am having a problem. I really need to talk, what do you think?'. It's a kind of sit back and say like, 'mmm, I think that person or that person or I know somebody else who I can talk to. Sometimes friends connect you further along the road (1).

Attending a Parent Support Group:

Participants reported that the parent group was a good way to get connected, learn about different things and have fun. From the eight respondents, six mothers attended or were connected with the parent group at some point in their involvement with P.A.C.T. One person was aware of the parent group but did not attend because of work related issues and distance. The other person felt that she had developed a helpful network and having attended other parent groups in the past she did not need the group support at that time. Those participants who attended the parent group had this to say:

The parent group helped me a lot to get connected with other parents. It was another resource because everybody had ideas, everybody had something new or different in Hamilton to connect to that was worth it (4).

I met a lot of parents too. You could call up some of the parents if you wanted. It was up to the parents, if they feel comfortable, as people were in different places of comfort. We talked about everything, shopping, what was going on, anything. We talked a lot about the children and problems, and how to deal with those problems. We had pot luck dinners and things like that (1)

While the mothers were having their meeting, simultaneously, the children were involved in recreational activities. Mothers liked the way the parent group was structured. They found that the group provided a space for them for support, conversation, connection and fun . It also provided a space for children for recreation, socialization and learning.

One woman referred to the parent group as a positive place for children. She found it particularly helpful as a way to reinforce what she has taught to her son at home:

It is helpful. The kids go to a children's recreation program. I think the parent group helped the children to connect with other people because P.A.C.T. had this recreation night. It helped them to make connection with other friends. I think it helped them to realize that the rules are not just my rules; it is not just the way I expect things to be. These are the messages from other people too. That's the way the world works (1).

The parent group was considered by some, but not all, as a place to share stories, or have on-going support after leaving P.A.C.T:

I liked the Monday nights. It was a very relaxed atmosphere. Most of the parents, I knew them because they were regulars and we shared our stories. I really miss that because it was the parents talking to parents and the kids were doing crafts or other things. The thing if you are not ready to join the group because some people don't, you struggle like what am I going to do now. If they are not ready, it takes longer. Some people are not very trusting either. It is bad that some people cannot find this group helpful yet. It is very difficult for some (2).

Advocacy

Participants found it helpful that the workers advocated on their behalf with social service agencies, the children's aid society, school system, day care and other organizations. Advocacy involved writing letters and reports, accompanying the family or mother for appointments and meetings. Participants also appreciated that the workers could mediate with their ex-partners on issues related to parenting. These are the participants' comments:

I found it helpful to be able to have letters done to request things. Now I wish I could have these letters when I want to apply for other resources and not to have to go through the whole process. Just to have a letter confirming my son's difficulties was helpful (5).

The worker from PACT. tried to make himself available for any of those meetings (day care, school). He took some of the pressure out of me because I am a single parent and I have to deal with all and sometimes I wish that somebody could do this. That was helpful to have somebody else to rely on (8).

Summary: Building Parenting Skills

This theme describes a variety of interventions implemented toward building parenting skills. Interventions that were aimed at developing or enhancing parenting skills involved all sorts of strategies from simple things like a positive reinforcement of an appropriate behavior to dealing with safety issues. The participants devoted more time and provided more details of the strategies that were particularly helpful for them. For some parents some interventions were completely new, in a way, foreign to them while for others they came to reinforce what they already knew. Overall, the mothers valued the parenting strategies taught. Mothers learned to implement them according to their family needs and they became skillful in using them. Furthermore, mothers considered the interventions toward building social support really valuable. The findings in this area affirm the importance of the social support strategies. Participants emphasized that they not only learned about accessing community resources but also they got connected with other people whom they could call and talk about numerous things. These findings offer a challenge to family preservation workers as they have to be knowledgeable of various types of strategies to be efficient in their work with families.

THE CLIENT- WORKER RELATIONSHIP

Participants described the relationship with their workers as a personal, collaborative, non-judgmental and supportive connection. They talked about the workers who came into the family as respectful, caring, human beings. Participants reported that they felt they were heard; their input was important; each family member had a voice and could raise his or her opinion. The worker listened, asked questions, brought suggestions and checked the ideas out with the participants. Mothers felt

emotionally supported; participants felt that the workers trusted their wisdom to discover their own solutions and carry them out. Participants felt that they were acknowledged, praised for the work done and encouraged. Collaboration, respect, care were some of the components of the client-worker relationship described by the participants.

A Collaborative, Respectful, Non-Judgmental Attitude

A collaborative, non-judgmental, supportive and caring attitude entailed being partners and having a personal connection... The following words of participants elaborate on these attributes:

A Partnership:

It was a partnership, working together towards the goals. I got a positive output. In a way she was coordinating without taking the driver seat. She was like a partner. A lot of things she did, she took a lot of weight off me (5).

A Personal Connection

It was not just counsellor-client relationship. There was a connection and we connected very well. I felt that she was very much a friend. We talked about a lot of other things. It is not that she is the worker and she has the worker's face on her and doesn't let you pass. She treats you as a person and she shares something about herself as a person. She was like a friend and kind of like a counsellor at the same time (1).

Non-judgmental:

The thing is that my worker and people from P.A.C.T did not look down at me. They never judged me. My worker is not judgmental. I know her by her words. I like P.A.C.T because they hold you accountable but they are not judgmental (2)

Care

I really felt that my worker had a strong interest in us as a family and the success of my family. I think we were closer to him because he became something for

all of us. We were all important. For that reason, we as a family developed a closer relationship; even the little guys were talking that they missed him. He was very much an important person in our lives for the reasons that he helped them to gain their security and helped me to take the control that I needed to be taken as a mom. Our worker really cared for us (3)

Respect:

They are very respectful. People from P.A.C.T were very respectful, very careful in their way. That's something that I will always be very grateful for (5).

Supportive Attitude of the Worker

Support was experienced in different forms. Participants felt that the worker provided emotional support by listening, believing in them, accepting them, installing hopes, being persistent, not giving up on them, praising the job done. This what the participants said about:

Acceptance:

My worker is very good at making me feel that I am OK and at making me feel comfortable (1).

Being by my side:

My worker knew that I was quite intimidated by them (The Children' Aid Society). She always stepped by my side. When I didn't understand, she always helped me to understand things so I wouldn't feel lower to them (7).

Being persistent:

My worker never gave up on me; she believed in me (2).

Having a sense of humor:

I liked when I joked around with my worker and asked her for my Tim Horton's coffee. You can't do that with a lot of workers. Humor helps sometimes when you are loaded with serious stuff (2).

Being reinforcing

While my worker was here with us , my son was responding in a different way. Because my worker was able to redirect him in a way that would make him think like “the way you are talking to your mom is not right”. In a way, it wasn't a chance for him to fight back. It was well said, well done. That reinforced my point of view of what I have been teaching him for years about respect and all that. That was helpful (5).

Reflective listening:

You need that support, somebody who is going to really help you to see things through. If I needed to reflect back, my worker was somebody that I sort of rebound off with my own questions (6).

Talking:

I needed support. I needed the verbal support of someone there, talking me through what I did. Throwing out ideas of what I could do, never telling me what I should do (3).

Acknowledging:

I have been through separation and other things that usually combine a lot of things that cause things to go down and cause more stress. You kind of forget how to do things and forget where the strengths are. You start getting negative and you feel that things are wrong or it's not working. You need other people who can just say to you, “ Hey, you are doing a good job or things would get better. It is not just at home but other things that are going on and they are a big part too. My worker gave me that support, the understanding (1)

Empowerment

Participants reported that the workers validated their views and knowledge of the problems. Mothers felt that the workers gave them space to find their own answers and figure out solutions. Workers asked the participants what they needed and wanted to work on. Participants related that being listened to and asked helped them find their voices, their confidence and their strength. Participants' comments included being heard, asking them, taking control, among some of them.

Being heard:

The fact that what I had to say was important and it wasn't something that my worker listened and was pushed off to the side was a significant part of the change. The fact that I was asked from my worker what I needed, that made a difference. That was way different from all the things that I had encountered with my older children. I was never asked. I was always told.(1).

Making you think about:

The P.A.C.T workers don't throw advice at you which I think is right. They make you think what helps, what works, and you work it through with them. For example say a situation with my daughter who skips school. I get to show my consequences that I gave to her. I gave her too much. I grounded her for a week and I kind of grounded myself too. My worker may say, OK, " what could you do to make it look different next time?, and we worked through that (2).

Allowing me to take control:

My worker gave the whole family strength. Gave them [children] the opportunity to talk about how they felt; to talk about what they needed to have done. I did things like I had a lock put on the bedroom door while working with P.A.C.T. Yes, if my son went out of hand, I can shut the kids in there. I can go in there if I have to and let him hit the door down if he wanted to. It just gave me things to do that let me to take control in my home (3)

Voicing my opinion:

The P.A.C.T worker helped me to stand up for myself, know my rights, things that I wouldn't know. She advised me on things that I didn't have any clue because nobody sat and talked to me in the way she did. She helped me to stand up and voice my opinion (7).

Summary: The Client-Worker Relationship

Participants emphasized the importance of the relationship with their workers in achieving changes. They reported that partnership, personal connection, caring and respect, among other characteristics of the relationship, provided a positive atmosphere for working and relating with families. It is interesting to note that the women placed a great value on the relationship with their workers. Participants considered that the worker's supportive attitude helped them claim their strengths and voices. The findings

indicate that in working with these women it was relevant and central that workers showed a willingness to share information, expand the women's knowledge of their rights, particularly to those who were dealing with the larger systems, and help them to reach out to the community. Further, the fact that some participants have experienced oppressive relationships with service providers from the larger systems, provides a challenge for family preservation workers about maintaining partnership, collaboration and an empowering attitude with clients.

THE CHANGE PROCESS

Up until this point, participants have unveiled what the workers do to promote change. Mothers found that educational behavioral strategies and accessing community resources, among others, were helpful strategies. Participants also emphasized that working in partnership with the worker helped them move toward making changes. But, how did change occur? Participants used the word journey, time, perseverance, as well as process to describe what was happening and what was required. Some of them stated that the person needed to be ready and willing to embark on the process of making changes. Other participants commented that not all the parents involved with P.A.C.T were at the same stage of change. The process included goal setting, a continuous journey, questioning, processing, searching for solutions, exploring past baggage, and not being rescued. Participants invited me to see how, in their views, change occurred:

The Starting Point: Goal Setting.:

All the participants remembered that at the beginning they sat down with the workers and discussed the areas of concern that they wanted to work on or see changed. The worker used cards, the life domain cards, which contained different areas of concern

such as health, family, the law, among others. These cards provided the participants a visual tool to identify the areas of their lives in which they were having conflicts and wanted to change.

Goal setting was considered a valuable learning experience. Participants stated that the magnitude of the problems and stress in the family were of such intensity that it was difficult to pinpoint where to start. A participant said:

Where did we start? by looking at certain areas. There were certain categories that I began with. Life domain cards were presented to me and I chose what was more important for me at that time. The worker spread out on the table the domain cards and asked me which one I liked to see changed or be different or work harder on. And that was where we began (6).

A continuous Journey:

Participants described their experiences in counselling as a process, as a journey. It began with identification of problem areas or concerns, definition of the goals and it continued as an on-going process of searching for alternative ways of viewing and dealing with the problems. It was described as an emotional process in which sadness, frustration, anger, joy and satisfaction accompanied the person along her journey. Hope and the belief that things would get better provided the energy to keep going. This is how one participant summed it up:

It is an interesting process that you have to work out. It is the process of planning and doing that helps. It was the process that I just learned that was helpful and it was done by talking through and working things out. The process that I went with P.A.C.T let me see the whole picture of what was happening at home. Because it's this process that is going to take you there and it's going to be your process. Now I can see it more clearly. I see the work with P.A.C.T as a continuous process but some parents may not see that. They blame; they put it on others; they don't see that it's about them. Some may feel that they can't do it. It is a process that takes a lot of time. It is a journey. You can not expect things to be different overnight. It took a lot of time. (6)

Participants spoke about the necessity of being ready and willing to change. On

the journey the person had to be persistent too because she might find times in which things were going well and then they would go back to the way they were before.

Persistence helped by not giving up because there were many times in which the person went to old habits and had to find the strength to break away from them once again. A participant framed it this way:

If you already stated that you wanted this kind of change, you already bought into; you're part of it; you're willing. If you are not willing and someone is telling you to do it, you are not going to do it because you are not willing. It is basically that you really need someone wanting to change, wanting to make changes. It is also about how much you as a person persevere because a lot of time people give up and don't go back again. (1)

Questioning, processing and reflecting

The change process was oriented toward processing what was going on in the family; what could be more helpful; what a person could do differently.

It was a lot of questioning, a lot of going around in circles. I went a lot of time in circles until I finally figured it out - what I needed to do. You have to figure it out yourself. If someone tells you what to do you depend upon them. P.A.C.T let us figure out how we had to deal with our issues. Well, it was a gradual figuring it out on my part and changing what needed to be changed (3).

Searching for Personal Solutions

Finding individual solutions and not being told what to do were key aspects in the process of change. Participants reported that workers made the person think of what helped and what worked. Participants learned they might not have the solutions at the moment and they also knew that down the road, they would find them. They had the tools and understanding to search for them. This is how a participant put it:

The answer and the solutions that you are going to keep and use are the ones that are within your grasp. If you figure out what you have to do, you find your own solutions, then you will be far ahead because you are going to know how to deal with your own issues and you will not need the services coming in and trying to deal with your own problems (3).

Going Two Steps Forward and One Back

Participants said that often they were going ahead with changes and the family was working well, but then problems arose again. They questioned themselves as to what they did wrong or why they couldn't handle the situation as they did at other times. That was a time of revisiting the situation. They reviewed the incident; what else was going on in the family at the time. Participants said that every time things became problematic, they got the strength back and continued on again. A participant described it in this way:

I know sometimes it is discouraging- gosh we were doing so good so what happened? You go back and you connect things and you say I don't understand. That's the time you sit down and go through a few things and you finally realize why this happened. And it's OK too because sometimes circumstances come up and create some problems. If something comes up, you can always go back and reach out a little bit. Probably when we went back to this process with my worker, it was a little quicker the next time around because you have been down already once so you know how it's going to go more or less. Sometimes things do go back all over or backwards once in a while and that's OK too. So that was helpful too (1).

Exploring Past Baggage

Participants realized that the change process involved issues beyond parenting. It touched their family of origin and personal issues. Participants became more aware of how unresolved issues might affect their children. It was described as an emotional process that brought sadness, frustration and anger. A participant shared her view:

It got to be the toughest thing. You really have to look into yourself of what you are up to. Every family is different, and it goes back on you and on your family. You have to really dig deep though because in a lot of times, it hurts and you think you can't and you feel it. And that's another thing; how much baggage do I still keep dragging, pulling me down? I realize now how much this process is about me. Sometimes there were angry moments, sometimes sad moments, a lot of frustration. I went through a lot of anger. I went through a lot of being

ticked off. There're going to be times in which you are frustrated or upset and those times I think is when you are fed up and that's something that people have to realize that there are going to be fed up times. Some people shut down. I did a couple of times. You just want to give up because you cannot feel it right and it is not fitting and you are fed up and it is not working (6)

Participants talked about “not being rescued” by their workers. Even in times of crisis, the person had to come up with ideas of what she could do or put in place and implement. Participants reported that they learned that they had to deal with the children's behavior because the workers could give suggestions, talk to the children but in the end they had to do it. The following excerpt expresses this sentiment:

It was just the biggest argument at the beginning when I was in crisis and so much in chaos. I was on the phone crying, asking her [the worker] to come here, come down here and it would be more like “why”? from my worker, “I cannot keep coming to your house and rescuing you, my worker said”. I felt that it hasn't been useful, like why do I have this support then?. I was so pissed off, fed up. I wanted my worker to come here and deal with my children, get the kids out of here and so on. And I challenged that for the longest time. Why can't you help me? And it came back to what I was doing here. And she is right, I am the one who has to do it (6)

Summary: The Change Process

Participants highlighted different aspects in describing how change occurred. It helped doing something about the problem such as structuring a home routine, setting boundaries or taking away privileges. Reflecting, processing and finding out solutions also helped. Reaching out for resources and accessing services were also ways to achieve change. It became apparent that changes occurred at different levels which involved behavioral action, insight and social support. Participants provided a rich description of the process of change, stressing the emotional intensity and the learning components of it.

NECESSARY COMPONENTS OF THE SERVICE

The way the service was structured and delivered was found to be quite helpful. Participants liked the family focus that the program had, and particularly, the fact that the children were included. Children's opinions were valid and their input contributed to improve the family functioning. Participants recognized that the workers focused on strengths, on the positive that the person brought to the discussion. All the respondents appreciated that the service was delivered at home and in the community; they valued the fact that the workers were available and accessible; for after hours, participants found it helpful to know that they could page the workers. These are some of the participants' words:

Including the Children

It was a family thing. The worker spent time with all of us, with the children and me. The children became part of the process. The P.A.C.T worker views you as a family unit. The worker can give you some insights by looking from inside your home at what things may need to be changed and what things may be helpful. The children knew that the worker was here to help all of us as a family to make things happen for everybody. The children have been included in our plans. We wrote a plan and we went over with the kids and we asked them, "hey! what do you think? Including the children was part of the plan. We had a written plan and it was what the children needed to accomplish, some specific things so that the home environment would work better (1)

Focusing on Strengths:

This program is more positive. They (workers) recognize you as a positive part of it and what positive things you bring to the table and how you can turn things around instead of focusing on every things that are negative. By looking for the good you start too feeling better and that helps the process for further changes (2).

Workers' Availability:

Time was never a concern for my worker. He would stay sometimes hours

here. My worker was actually coming here at seven o'clock, sticking around for hours. Just having someone in the home helped me go through bed time. It was very stressful when you have small children. He helped me with all kinds of things. He would come by at evening time for meal time and he helped me with the kids because I did not know what to say to them because they wouldn't eat. By having my worker here, he made me realize the way I was doing things and why I was doing those things (7)

24 Hours on Call Service:

The most important thing in the program is that you have 24 hours call service. It means that there are only two workers available for this and they know what's going on at home. If something went wrong, I could page them whether if it was night or weekends, it did not really matter what it was. That was very useful because there were some times in which I found that I couldn't do it when some issues came up so I had to use the pager (4).

Meeting in Alternate Environments:

I liked the way we were taking appointments outside. Me, my son and the worker went roller blading or for a picnic. It was an opportunity for an outing, an opportunity to help my son and be linked again, and it was refreshing. I think more opportunities like these, they are always welcome. I think that's the way to go. It is good that they are in your house and they can see what can help and what does not help and the family environment but not always. To alternate environments I think is helpful, it's refreshing (5).

Summary: Necessary Components of the Service

Mothers appreciated the non-traditional way in which the service was provided, particularly, in terms of site and scheduling. Participants reported that having the worker coming into their homes and in the community was more appropriate and meaningful. This approach provided to both, the worker and the mother, an in-depth view of the family dynamics and strategies to be implemented. Women valued the workers' presence in their lives. Participants recognized the worker's willingness and accessibility as very positive components of the service. Participants appreciated the fact that the workers alternated environments between home and the community because it was an opportunity for the family to go for an outing. Mothers also valued the family approach because it

helped the family to view changes as a collective family endeavor. Overall, the strength focused helped women reclaim their confidence and power.

SUGGESTIONS FOR IMPROVEMENT

Participants found the counselling program helpful. They commented about P.A.C.T as an ongoing support, as “my life line”, “a kind of life saver”. Overall, the majority of participants did not find anything which was not helpful or that could be done differently. A participant summarized:

You know what? there wasn't anything, nothing. I mean we tried suggestions and if it didn't work, it didn't. It was just a suggestion. It wasn't something that I was told to do type of thing. So I can't think of anything which could be done differently (1).

Nevertheless, there were suggestions for improvement, especially from two of the participants. One participant had several ideas :

A follow-up support program after P.A.C.T is terminated:

I guess the time is limited. They help you for a year and then you are on your own again. I understand that the workers have to be very careful so people would not be dependent upon them. However, being me the only person to take care of my son , I found it was too fast to let go of the services, considering that the problem with my son is on going. I think it should be some sort of support program that it may be not as intense as it was before but something you can access if there is a need (5).

An anger management kit for kids:

A survival kit for kids on anger management would be helpful. A visual guide for anger management or in the area that you find you have more difficulties like morning or homework, those times that are stressful. It may be cards on how to handle it so you can direct the child and it can be helpful for parents. Someone who is stressed out would have difficulties recalling things, like me, or things written down. The letters would be jumping in my face, it is

not like readable. Some people may find pictures childish but people have different ways and lets face it, a lot of people who are at Lynwood Hall, the children who get the services are A.D.D. [Attention Deficit Disorder] and we all know that it has a genetic component so a lot of parents have difficulties themselves (5).

A referral kit for the parents:

A package of information for resources. A referral kit. If the worker is not there, suggestions like if you don't want this path, you may use this or that path. Choices. It gives a sense of power for the person who receives the services. It is not like you are in the passenger seat but you are the driver. A survival kit for the parents like the cards of dominion. If I am totally puzzled so, where do I go now? It would be helpful to redirect the parent like, do I need to do this? If I have a kid with these needs so where do I go first ?, what do I do?, what is next?, the direction. That would be helpful. To have some visual help where to go, directions to take (5).

Another participant suggested that P.A.C.T could develop more outreach work for the cities which are outside of the perimeter of the larger city because the majority of recreation programs for children are located in the larger city.

The thing is that I thought that they [P.A.C.T] had more access to some services but they didn't. The thing is that I live in [name of the city] and there are a lot of access to stuff in Hamilton but it's work for me because I have to take the boys there. I have to stay there, I have to get them to their things, get organized, get back. It would be helpful if P.A.C.T could get more access to programs for other cities too (8).

The same participant had another expectation which P.A.C.T could not meet:

One thing that I wanted was to be hooked up with a baby-sitter and I have not been able to do that. Because when they asked me what I needed, I said I need a parent relief and that is something that the program is lacking. I am here 24 hours seven days a week all of the time and that is a lot. That is why having a baby-sitter or someone who can volunteer time working with P.A.C.T or that can be part of the student training to actually work with somebody's kids (8)

Summary: Suggestions for Improvement

There were some aspects of the service in which participants suggested ideas for improvement. The one year time limitation was a constraint and one participant suggested a follow-up program. She also suggested that it would be helpful that P.A.C.T could develop informational kits for parents and children.

Participants Confirm the Findings

The process of constructivist inquiry requires the confirmation of the findings (Rodwell, 1995). Three respondents were contacted and individually invited to comment upon the findings. The result of these conversations was a confirmation that the findings represented the voices, experiences and feelings of the mothers who participated in the P.A.C.T program.

The respondents agreed with all the findings. They confirmed that the strategies to enhance and build parenting skills were helpful. Participants valued strategies in child behavior modification and home management. They also reported that learning strategies in problem solving, stress management and anger management for children was helpful. Participants valued the relationship developed with their workers. They felt heard, supported and empowered.

Participants also confirmed that it was helpful the way the service was structured and delivered. The worker's availability and accessibility were highly valued and appreciated. They liked the fact that the workers came into their homes and could get an impression of how the family was functioning and worked from that perspective. Participants also enjoyed having meetings in the community because it allowed them to

get out of the house and have some fun while they discussed issues with their workers.

It was interesting to confirm what the literature says about FPS intervention for families, i.e., interventions vary from one family to another as the family needs are different. Participants confirmed that the type of strategy and the amount of time dedicated to implement it varied. The three participants related the aspects that they found most helpful.

One participant reported that the parent support group had been particularly helpful for her. She said :

You don't feel so isolated, you feel more supported. The connection with other people, through that [parent group] it has been a real help. You can call them up and talk to them. In the same respect, they call you when they need somebody to talk too. You think that you aren't going to be judged and vice-versa because they have problems too and they know that it is not just about bad kids and bad parents. In the neighborhood, people think that the minute that you have difficulties, right away, they figure that I'm not doing what I should be doing and that they are bad kids. While at the group, all these parents have been there before. They know what is like to be judged. So they don't judge you (1)

Another participant commented how the conversations with the worker played a huge part in making her accept the fact the her son's problems and choices were beyond her or beyond what she could do about it. This is what she said:

My son's needs were just enormous. It wasn't about me. This kid had bigger problems than I could deal with. I had dreams for this kid and my worker never told me about this. I have to come to this conclusion. He kept leading me until finally I accepted the fact that all my wishes and dreams for this child just may not be materialized. That this child's choices play big time. That it wasn't going to be all my choices. That was hard for me because I wanted this kid's life to be good and if he wasn't going to make it good, I was going to make it good. My worker just finally let me conclude that it wasn't all up to me; it was up to my son. My worker never told me what to do. Ultimate, all the answers are in us and we have to find them out (3).

Overall, the participants' responses about the findings were connected with

different issues of parenting a difficult child. Respondents commented that more preventive programs for children with higher needs are needed in the community, especially when the children are younger “instead of when they are in jail. Children don’t need to be thrown in a cell when they hit 13 years old. They need help and the parents need help too“(1) .

The need for expanding programs like P.A.C.T was stressed, as well as public education in parenting a challenging child. Parents mentioned that even for professionals environment such as doctors, teachers, day care workers, there is a need for education about challenging children. According to the respondents, individuals with poor understanding of the stresses and demands that challenging children place upon the family, end up in blaming and judging the parents who in turn, end up believing that they must be bad parents.

The final comments above encourage me to reflect further on issues of raising a child with challenging behaviors. It makes me think about the dominant discourse that circulates in our society which blames the mother or the child and views them as incompetent or bad. I consider the participant’s accounts really valuable. Their stories not only provide information about what aspects of the counselling are helpful, but also inform us of the multiple contexts in which single parent families, headed by females encounter. The findings send a challenge for social workers because working with single mothers goes beyond implementing a set interventions. It invites us to examine the personal linked to the political. In the next chapter, I discuss the findings of the counselling approach used by P.A.C.T. and the women’s issues as single mothers

CHAPTER FIVE: Discussion

As I mentioned in the introduction, a good metaphor for the thesis is a journey. It implies not only dealing with the adventure of carrying out a qualitative research study, but also with the challenges of making sense of each step in the research process, from collecting the data to organizing the findings. My journey continued as I reached the discussion chapter. I arrived at the point where I viewed the findings as outlining a practice approach to family preservation.

Whalen (1996) states that qualitative inquiry “relies on the idiographic interpretations of the researcher, who uses his or her subjective stance with relation to the study to further his or her understanding of the data” (p.74). Hence, it is possible that different researchers can organize and interpret the same data differently, developing different conceptual models in order to explain the themes that emerge. According to Whalen (1996) the themes and categories emerge from the data, but the organization and the framing of the themes come from the researcher. Like an architect who plays with sketches and diagrams to design a building, I played with all the bits and pieces that emerged from the findings to organize the themes and develop a clinical approach as it was viewed by the participants.

In this research my goals were twofold 1) to contribute to the advancement of the understanding of the clinical aspects of the family preservation service, taking the P.A.C.T program as a case example; 2) to contribute to the general body of research on single parent, female-headed families.

The focus of my discussion is to unfold an approach to practice developed from the participants' accounts. I do not intend, nor is it possible, by using this research

approach, to generalize the findings to other family preservation programs or family preservation workers. However, the elements of this approach may generate further discussion and research around FPS. They may also provide an opportunity for counsellors and program managers to revise and enrich their family preservation approach.

Along with putting forward an approach to practice, I also examine the underlying conceptual models that support this approach. In the final part of my discussion, I explore how the women's experiences as single mothers can be better examined if a narrative stance is adopted.

An Approach to Practice in Family Preservation Services:

The Accounts of Single Parent Mothers

Through the process of collecting and analyzing data, an approach to clinical practice emerged from the respondent's accounts. The mothers' perspectives of the P.A.C.T program have been intentionally organized as a clinical approach. This approach comprises the following components: referral phase, introduction and goal setting, intensive phase, follow-up phase, the client-worker relationship, the change process and the following interventions: behavior interventions, problem solving, stress management, safety and social support interventions.

Referral Phase

Based on the comments that respondents made regarding the initial process, there

is an initial phase of referral. A respondent explained it as the time in which she had to provide some general information about her family, complete some forms and sign a consent form in order that her P.A.C.T worker could exchange information with other service providers.

Introduction and Goal Setting

In the early stage of the involvement with the P.A.C.T workers, participants described how the counselling process started. It involved an introduction of the worker, the program and goal setting. The worker introduced herself or himself and the P.A.C.T program. The information gathered in this research did not specify what information about the program was provided and/or how much information the client was able to assimilate at this stage of the counselling.

Goal setting is an essential function in social work practice since it identifies the client's problems, focuses the intervention and guides the change process (Heinonen & Spearman, 2001). Berg (1991) places goal setting at the center of the therapy process. According to Berg, failure or success in therapy depends largely on the goals that the client agrees to achieve and on the methods used to achieve them.

In this research study, a prominent theme for the mothers was goal setting. Mothers valued the fact that the worker asked them about their goals and needs. In this process, the client and the worker sat down and explored the clients' needs and goals. The worker asked questions like these: What do you want to see changed? What do you need to work on? While this discussion took place at the beginning of counselling, it continued and developed as counselling progressed.

The use of a set of cards to identify common goals and areas of concerns has been described in the literature of FPS as a common assessment tool used by family preservation workers (Sandau-Beckler, 2001). The findings indicate that the P.A.C.T workers assisted the mothers to visualize their needs through the use of a set of cards which reflected different areas of concerns or needs such as housing, health, financial, legal, family and others. Usually goal setting involves prioritization of goals and building family consensus regarding priorities (Sandau-Beckler, 2001). The findings of this study are congruent with the social work and FPS literature which identifies goal setting and prioritization of goals as essential components of social work practice (Heinonen & Spearman, 2001; Sandau-Beckler, 2001).

Intensive and Follow-up Phases

Participants described an intensive phase of involvement with the worker in which she or he went to the respondents' homes as many times as was required. The participants also informed me that after a period of intensive involvement, the worker did not go to their homes as often as before. The respondents did not explicitly provide information of the length of involvement in each of these phases.

Literature on FPS indicates that short-term, time limited of intensive involvement of usually three months characterize most of the FPS models (Pecora et al., 1995b). It is interesting to note that the P.A.C.T program extends the length of involvement beyond three months and is structured in two phases - intensive and follow-up phases. Participants appreciated that the P.A.C.T workers were involved with the families for a period of time of a year. They reported that they needed to be involved with the workers for the period of time of a year because their problems were very intense.

The Client-Worker Relationship

Essential to social work practice is the relationship developed between social workers and clients. In social work, the relationship is viewed as the means to provide a helping service (Heinonen & Spearman, 2001). Furthermore, the importance of the client-worker relationship in the counselling process has been emphasized by therapists from different orientations. To some therapists, it is only a means to achieve an end; to others, it is where the therapy effectiveness lies (Berg, 1991; Madsen 1999a; Barry et al, 1992).

The literature identifies common components in the client-worker relationship which have a significant impact on the outcome of the helping service such as empathy, respect, honesty, care, concern, acceptance, acknowledgment of people's competence for change and self determination among others (Heinonen & Spearman, 2001; Barry et al, 1992; Madsen 1999b). In this research, the following themes appeared to be common factors identified by the participants in their description of the relationship with their workers: personal connection/partnership, non-blaming/non-judgmental attitude, respect, trust, care, validation/acknowledgment and support.

My discussion focuses on the components of the relationship above since the participants identified these as important to achieve change. The research findings indicate that the participants described the relationship with the worker as a partnership. Madsen (1999b) maintains that the type of stance that a worker takes has a profound impact on the relationship between the worker and the client. According to Madsen, the position a therapist/worker takes in relation to others is a matter of choice. A worker can choose to position herself or himself in ways that invite respect, curiosity and connection. On the other hand, a worker can present himself or herself in ways that bring criticism,

disconnection and disapproval.

Madsen (1999a) states that service delivery can be done in two ways. In one instance, the worker acts upon the family and children to change them or fix the dysfunction. In the other instance, the worker works with the family and children to help them in changing their life situations. The latter mode advocates for collaboration between families and workers. Madsen contends that working in partnership means “working with families, not working on them” (1999a, p.4). In a collaborative approach, the worker finds ways to collaborate with the clients rather than expecting them to collaborate with the worker. In this research, participants perceived the worker as a collaborator, a facilitator in their work to achieve their goals. The workers brought ideas, suggestions, tapped into their resources, provided feedback and helped them to connect with the community while mothers provided the direction for the process. As a participant stated, the worker was “coordinating without taking the driver’s seat” (R.5).

The relationship with the worker was described as being a personal connection and not just a counsellor-client relationship. The participants felt treated as persons and the worker shared something about herself or himself as a person. In this regard, the literature in FPS describes various methods for forming and strengthening alliances in relationships with FPS families. . One of these methods involves instructing workers to decrease the emotional and personal distance between the client and worker by “talking about “positives”, sharing “neutral information” about oneself, and “relating person to person” (Dore & Alexander, 1996, p.354). It appears to me that the nature of the family-based services which entails intensive work and service provision in the home environment offers the possibility of developing a more personal relationship between the worker and the family. It also raises ethical considerations regarding boundaries and confidentiality. Sandau-Beckler (2001) identifies some of these considerations such as

how the worker may be identified and introduced to visitors coming to home or friends met when the worker accompanies the family for appointments and how the worker handles offers of gifts, food or invitations to social family events. Sandau- Beckler suggests that these issues be discussed with the family and the worker's supervisor, taking in consideration the family culture regarding relationships, the agency policies and ethical code for social workers.

The participants reported that they felt respected by the workers. Respect was identified and appreciated as an important component in the relationship with the worker. Henoinen and Spearman (2001) state that showing respect for people and valuing each person as a human being are central values in social work practice.

Furthermore, building trust is considered essential in the helping process and it implies having faith in the person's ability for self-determination (Compton & Galaway,1999). The findings indicates that trust was another important element in the working relationship. It was seen as fundamental to the women to share intimate details of their lives. Trusting the worker was especially emphasized by respondents who had experienced trauma in their lives and mothers who were dealing with child welfare. Trust was developed as the relationship between the worker and the participants progressed and grew.

Henoinen and Spearman (2001) identify care and concern for clients and the issues which trouble them as fundamental aspects to social work values and practice. Care was perceived as the involvement the worker had with the whole family. It was described as the feeling of knowing that the worker had interest in the family and in the success of the family.

Social work literature distinguishes support as an important component in social work practice. According to Henoinen and Spearman (2001) the client's personal growth and ability to solve problems benefit greatly both from formal support, such as that of a professional worker, and also from informal support, such as family. Respondents described a supportive relationship with their workers. It involved emotional support such as listening, sharing, talking, reflecting, processing and venting emotions.

The approach taken by the P.A.C.T workers also involved instrumental actions to support the clients. This support was beyond the client's immediate family environment and reached social institutions and other service providers. It meant advocacy on behalf of the clients. Social work literature identifies advocacy as an intervention of long tradition in social work. Compton and Galaway (1999) affirm that advocacy is an ethical duty in social work practice. According to Compton and Galaway, social work advocacy is a "goal oriented activity carried out on behalf of clients and aimed at influencing systems that threaten, or impinge upon, clients' survival, freedom, equal opportunity, and/or dignity" (p.157). The research participants were very sensitive and aware of it what has meant for them to deal with the larger system. Some of the mothers reported being unheard, criticized and unsupported. Other women noticed that the attitude of service providers changed when they were accompanied to a meeting with their P.A.C.T workers. Service workers, teachers, school principals became more willing to listen and implement strategies to help the children when the P.A.C.T workers were present in the discussion and followed-up upon an agreed plan of action.

Acceptance was another component described by the participants in the client-worker relationship. According to Compton and Galaway (1999) acceptance is basic to social work values and practice. Acceptance is understood as the ability to communicate in a non-judgmental stance, separate between the person and his or her actions and

understand the person's behaviours as attempts to cope and survive. Participants felt that the workers were on their side. They felt understood, acknowledged and accepted. The participants reported that the workers were never judgmental. As a participant described, she always got the feeling of being held up and never put down.

These research findings are confirmed by the literature which emphasizes that the components of the client-worker relationship are crucial in social work practice. It is important to highlight that the respondents described a relationship characterized by partnership, support, care, among others.

Other Interventions

Pecora et al. (1995b) maintain that identifying and measuring interventions in FPS are persisting challenges in the social services. On one hand, FPS programs provide a wide range of services from family therapy, crisis intervention to financial and concrete aid. On the other hand, treatment plans and interventions vary from family to family. Interventions in social work include "all the activities and roles used to solve or prevent problems or to achieve agreed-upon goals" (Tracy, 2001, p. 158). The findings indicate that P.A.C.T workers implemented various interventions, including those related with the context of the work of home-based service.

In this research study, a wide variety of interventions were identified by the participants. They included interventions focused on skills-building such as parenting skills in child behavior, home management, problem-solving, stress management, safety, advocacy and social support strategies. The findings corroborate the FPS literature which indicates that FPS interventions comprise an ample provision of services (Madsen 1999a; Tracy, 2001).

It is important to note that this research does not elaborate upon which strategies were found to be more helpful or effective and which least helpful nor does it indicate the particular strategies used for specific problems or family situations. Not all the participants worked on the same strategies or spent the same amount of time implementing them. In discussion, participants expanded upon the interventions that they used more often, applied for the first time or that they struggled in implementing. As Coleman and Collins say about FPS interventions, "one size does not fit all" (1997, p. 275).

The interventions related to the features of the P.A.C.T program were found to be particularly helpful. These interventions comprised: 1) a family approach which included the children; 2) the home and the community were the primary setting in which interventions took place at times when they were most needed; 3) the 24 hour on call service, to support the mothers in times of crises; 4) and the strength approach taken by the workers. These findings are supported by the FPS literature which points out that consumers of family preservation services appreciate the non-traditional aspects of counselling of FPS in terms of site, scheduling, family and strengths focus (Tracy, 2001; Coleman & Collins, 1997).

The Change Process

The counselling process follows very closely the ideas developed in the solution focused approach to empower clients to achieve change (Berg, 1991). Empowerment is an idea embraced by social work and it is understood as a process by which the person uses her or his own inner strengths, resources and abilities to take charge of her or his life (Henoinen & Spearman, 2001). In this regard, Madsen (1999a) reminds us that a

commitment to empowerment means to support and help families to discover their own potential resources to solve problems and “not supplant family functioning” (p.3). Berg (1991) asserts that empowerment implies that the client knows what is best for him or her. Thus, the client is in charge of the counselling process through goal setting, choosing options to finding out the solutions to his or her problems. In this process, the worker and client work in a partnership toward achieving the client’s goals.

The respondents described counselling as an empowering process of finding out solutions that involved a lot of questioning, processing and trying things out. The workers guided the mothers in the search for solutions until the latter figured out how to solve the problems. The mothers related that this process also involved the discussion of the workers’ suggestions to implement techniques or ideas. The workers’ ideas were seen as suggestions to consider rather than as something imposed.

Counselling was experienced as an emotional process. Participants reported that at times they felt frustrated, angry and sad. These feelings were connected with intimate personal issues that included family of origin, past traumatic experiences and personal beliefs about themselves personally and as mothers. Emotional reactions appeared more evident when participants did not see changes in the family and problems with their children. Overall, the counselling process was experienced as a journey. Mothers reported that they realized that changes did not occur overnight. At times, it was discouraging to perceive that they could move two steps forward and one back. In this regard, Dore and Alexander (1996) suggest educating FPS clients about the challenges and emotions involved in the change process. They suggest that the workers with the highest client retention rates are those who openly discussed the structure and process of the counselling. Dore and Alexander also propose openly discussing with clients the difficulties inherent in their situations and their working relationships, especially if

there are any problematic feelings toward the workers such as anger and/or disappointment. The importance for education about the structure, process and expected relapses in the change process appears relevant not only for practice in family preservation but for social work practice in general.

An Eclectic Approach to Practice

As was stated in chapter two, a conceptual framework for FPS integrates ideas from various models and theories. The literature indicates that FPS contends with theoretical description since no single theory or set of interventions can be applied to all the models and families (Pecora et al.,1995b; Dore & Alexandre, 1996). Likewise, P.A.C.T does not embrace solely one theory but rather it combines ideas and notions from systems theory, developmental theory, crisis intervention, solution focused and narrative therapy (P.A.C.T Orientation Manual, 1998). Barry et al. (1992) assert that increasingly practitioners are more inclined to integrate theories in an eclectic manner. According to Barry et al., an eclectic approach is sustained by three premises: it does not support the idea of a single orientation; it integrates two or more theories and it is supported by the belief that the current theories do not provide an appropriate explanation of human behaviors. This research findings illustrate that the P.A.C.T approach combines interventions which are derived from the following models: behavioral, solution focused and the ecological models. Thus, P.A.C.T workers integrate techniques and ideas, in an eclectic form.

Eclecticism can occur at two levels, technical or empirical and theoretical. Technical eclecticism selects the most useful techniques without connecting theory and techniques. Theoretical eclecticism strives for the development of a conceptual

synthesis of theories in therapy, a metatheory (Barry et al., 1992). Barry et al. (1992) suggest that an eclectic therapist combines the best of the models chosen in order to invite the client to reconceptualize his or her problems and experiences. These authors assume that the use of alternative views in therapy will assist the client to develop new meanings and possibilities for solving problems.

Based on the respondents' accounts, it appears that the P.A.C.T workers take an eclectic stance which is empirical rather than theoretical. The pragmatic idea of doing more of what works and not doing what doesn't work was frequently brought up by the respondents.

Several observations can be drawn from the findings and from the ideas of eclecticism. It is evident that the P.A.C.T workers use a wide variety of interventions in their work with families. It appears that the interventions emerge from different conceptual models. For instance, time out, taking away privileges and behavioring chart are techniques derived from the behavioral approach (Pecora et al., 1995b). Searching for solutions and doing what works are techniques used in solution focused approach (Berg 1991). Further, this study showed that P.A.C.T workers implemented a variety of ecological interventions which included strengthening social support in the family and advocacy (Mannino & Shore, 1982). This finding is confirmed by the literature of FPS which indicates that FPS models rely heavily on behavioral theories, solution focused and crisis intervention theories to develop their interventions (Madsen 1999a; Berry, 1997; Dore & Alexander, 1996). Thus, the research findings encourage me to embrace the idea that the approach described by the participants seems to be eclectic. On one hand, an eclectic approach brings different possibilities in practice. On the other hand, it implies that the worker should know how to apply different techniques and have a good understanding of different theories. In this research study, the workers were described by

the participants as knowledgeable and experienced not only in applying techniques but also in life and work experience dealing with children with challenging behaviors.

Tomm (1998) contends that the focus of intervention in therapy is a matter of perspective. He views therapy interventions in terms of perspectives - first and second order perspective. First-order perspective is a theoretical position that views families as "observed systems" (p.409). The therapist acts as an observer and stays outside the system, interacting with the system as it is viewed by her or his eyes. Therapeutic strategies are aimed to intervene in family interactions to enable changes. Second-order perspective suggests that therapists intervene in the ways they "see things and into ways in which family members see themselves, each other, and their relationships" (Tomm, 1998, p. 410). From a second-order perspective, changes in interactional patterns take place as a result of changes in the patterns of viewing and ascribing meanings.

The use of various interventions suggests that the P.A.C.T workers may take a first-order perspective and a second -order perspective when they work with families. This movement in perspectives allows the worker to make choices about his or her preferred way of intervening; however, it may have implications for the stance that the worker takes. Behavioral interventions place the therapist/worker as an expert. The worker offers guidance and directs the client towards the interventions that he or she thinks may be more productive or effective. On the other hand, solution focused and narrative therapists tend to work from a second-order perspective. The posture is different. The therapist/worker acts much more as a facilitator who invites families to explore meanings and stories and generate alternative stories (Tomm,1998).

This situation opens space for discussion and possibilities about how the worker chooses to position herself or himself in relation to families such as an expert or as a

facilitator. It also raises questions about how workers use the knowledge and power in their work with clients. The research findings indicate that P.A.C.T workers relate to the respondents and work with their families in very distinctive ways. These ways reflect a preference for partnership and empowerment within an atmosphere of mutual respect. It is important to note that P.A.C.T 's preferred ways of working mirror the philosophical principles of family-based services and the narrative framework which P.A.C.T advocates in its practice.

To this point of my discussion, I have been focused on the findings viewed from an eclectic approach, and the issues of therapeutic perspectives and the worker's stance. Now, I would like to expand my comments further and explore how I see that the narrative approach may be helpful when working with single parent female headed families.

I believe that the research findings provide a point of entry to examine the women's stories when they talk about their experiences as single mothers, raising a child with challenging behaviors and dealing with services and the community. To support my discussion, I briefly mention two key assumptions from the narrative approach: 1) beliefs about oneself, about others and about relationship are socially constructed and thread through narratives or stories; 2) people are embedded in a larger culture and are influenced by it; this is reflected in people's individual stories (Tomm, 1998; Madsen 1999a).

Individual stories emerge from a context that is larger than oneself. Stories are rooted in the family of origin and mirror broader cultural narratives. These cultural narratives have been called discourses. Hare-Mustin (1994) defines discourse as "a system of statements, practices and institutional structures that share common

values”(p.19) Dominant discourses become very familiar to us to the point that they are taken for granted and go unquestioned. Madsen (1999a) says that over time dominant discourses become so embedded in our culture that they shape not only our identity, behaviors and attitudes but prescribe how “we should be and against which people compare themselves” (p.9). On the other hand, the non-dominant discourses are marginalized and “excluded from influence” (Hare-Mustin 1994, p.21).

In this study, women told their stories of raising their children on their own; they shared stories of struggles and triumphs parenting their children with challenging behaviors. Some of the stories were about being blamed and judged by people in the community including friends, neighbors and helping professionals. Other stories were about not being heard by professionals in the child welfare, school, justice and health systems. The stories about blame, disapproval, judgment and not being heard reflect the dominant discourse in our society about single mothers.

Walters (1988) states that society’s predominant messages about single mothers have a history of negative consequences such as having a child who is a social pariah or illegitimate. Some of the cultural messages or dominant discourses for single mothers when the child’s behaviors are problematic are: this is the consequence of a single-parent or broken home; mothers have failed in their parenting; the children are at risk; and mothers are pitied. In this research study, the stories of women as single mothers and the impact of the dominant discourse were briefly narrated; however, the possibility to further explore the theme may generate a whole new area of research.

The findings of this study do not elaborate upon how the P.A.C.T workers use the narrative ideas in their work with the mothers. At this point, I can only speculate about how the narrative worldview could be helpful for women to expand their stories and

develop more possibilities. I wonder whether there might be a difference if the P.A.C.T workers unpack or deconstruct the beliefs that mothers have about their roles and about their experiences as single mothers? Would this create space for alternative stories? Would it make a difference in consistency in parenting as mothers were uncertain about applying consequences because they did not want to be mean, bad or bullying? What difference could it make on women's descriptions as mothers if P.A.C.T workers externalize the challenges in raising a child with difficult behaviours?

Walters (1988) affirms that single mothers enter therapy feeling invalidated, blamed, judged and disapproved of. She states that these feelings and the dominant discourses that create them need to be addressed as an important part of therapy. I wonder, how pervasive is the dominant discourse in women's lives? How have they stood up against societal blame and disapproval? How important is the parent support group as an instance of support and validation for women? These questions make me wonder about the possibilities that the narrative approach could bring to the work with the mothers and also about ways to assist the P.A.C.T workers to facilitate this process.

In the narrative approach, the untold stories offer possibilities to generate alternative meanings that may be less problematic or oppressive. Walters (1988) offers a different view of the single-parent family. She frames the context of single parent female-headed families, as a challenging reality for many, a rewarding family life for others, a considered matter of choice for a growing number and a common variety of family life in our contemporary society. She talks about the strengths that characterize single mother families such as: a single line of authority which makes family decision making easier; mothers combine nurturing and executive functions instead of having these functioning divided by gender defined roles; family structure is less hierarchical in relation to household organization and management which brings more opportunities for

sharing family tasks; and increased awareness of interdependency in the family, among others.

In this study, the findings indicate that P.A.C.T workers approached women from a strengths perspective. It is important to note that a strength stance is embedded in the principles of social work practice (Henoinen & Spearman, 2001). The strengths approach highlights empowerment, “not to returning power to the people but discovering the power within the people” (Walton, 2001, p.85). I was honored to hear the women’s stories about reclaiming their voices, taking charge of their family life and managing their children’s behaviors. The strengths approach in social work as with the narrative therapy in counselling offers possibilities to work in partnership towards empowerment. Moreover, narrative therapy provides the opportunity for mothers to reflect on their stories and how the stories have been shaped and maintained, and to develop other stories which offer them more choices and possibilities. It is important to note that this study did not explore how the narrative techniques such as externalization, deconstruction, unique outcome and thickening the alternative story were used in practice. However, the women’s stories of reclaiming their voices and power after their involvement with the P.A.C.T workers allows me to speculate about the possibility that the P.A.C.T workers might have used narrative techniques in their work with families. Mothers reported being more aware of the impact of the societal discourses of blaming and criticizing single mothers, as well as being able to get connected with the community and advocate for their families. My findings show that women describe their experiences with FPS counselling as positive. They describe two levels of changes: more effective parenting and feeling more empowered. Dore’s (1993) research claims that FPS is not enough effective for single parent mothers living in poverty. Although the women in this study were not necessarily poor, they were all single parents. The research methodology was not focused on effectiveness, however women all reported positive changes. Therefore,

further efficacy research is suggested.

The participants' accounts indicates that the P.A.C.T workers use an eclectic approach to practice with a strong emphasis on empowerment, using various types of interventions. The issues of single parent female-headed families invite us to go beyond the educational strategies in parenting and explore the broader context of women's stories. At the same time, the narrative therapy approach invites workers to adopt a preferred way of being with families; one which invites partnership, empowerment and resourcefulness. I believe that the P.A.C.T program would be enormously enriched if narrative ways of working are strengthened.

The conclusions and implications of these findings and issues raised in this discussion are presented in the next chapter.

CHAPTER SIX: Conclusions and Suggestions

This thesis report presents the experiences of single parent mothers with a family preservation service. There are three sections in this concluding chapter. The first section presents the results of this research and the implications for social work practice. The second section focuses on the limitations and strengths of this study. The final section suggests areas for further research and recommendations.

Summary of the Results of the Study

Women provided a description of their family functioning before and after their involvement with the P.A.C.T workers. Mothers reported that before they got involved with P.A.C.T, their families were characterized by tension, anger, unsafe situations and difficulties in parenting. After their involvement with P.A.C.T., women noticed that they were able to parent their children more effectively, able to advocate for their families. They reclaimed their voices, strength and power.

The practice approach described by the participants points to a model with a defined structure which includes the following phases: referral, introduction, goal setting, intensive work and follow-up phases. The ensuing theories provide the conceptual framework and the techniques/ approaches to practice . ecological, systems theory and behavioral. The clinical approaches utilized are solution focused, crisis intervention and behavioral therapy. The interventions are applied to child behavioral management, home management, stress management, problem solving and safety. Ecological strategies are

used to build social support and provide advocacy. The approach described by the participants appears to be strongly strengths oriented.

The client-worker relationship is described as an important component of the process of change. The relationship is characterized by a partnership, a personal connection, a non-blaming/non-judgmental attitude, care, trust and respect. The women interviewed feel that the workers hear, acknowledge, validate their experiences and provide support. Different forms of support are described such as listening, instilling hope, being persistent, [not giving up] talking through and venting emotions. Support is also offered through advocacy, accompanying the family for meeting or appointments, writing letters and reports and connecting the mother and children with the community and services.

The process of change is experienced as long, hard and emotional work. It is metaphorically described as a journey. It is experienced as an empowering process in which participants reflect on their issues or problems, search for solutions and try them out. The counselling process helps women to reclaim their power and voices.

The way the service is structured and delivered is experienced as remarkably helpful. The fact that children are included and everyone has a voice and opinion makes counselling a family matter. Family members feel heard and make changes in the family as a collective endeavor. Mothers experience a service that focuses on the positive things that the family brings. The positive outlook is perceived through the attention that the worker gives to people's resources and strengths. The service is delivered in the environment of both home and community. Mothers indicate that having the worker coming into their homes allows the worker and the family to work collaboratively and

more effectively. Interventions are delivered while the family is interacting; workers provide feedback, cue the mothers on certain behaviors and reinforce the work done. Mothers find the worker's intensive involvement with the family, the worker's availability and the 24 hours on call service especially helpful.

Overall the service is described as helpful. Mothers experience the service as a positive additional resource and support in their lives. Some participants provide suggestions for improvement which include the need to develop a follow-up program after their termination with P.A.C.T. This follow-up program may be helpful for consultation, feedback and support. Other suggestions include developing a kit for anger management in children and a kit for mothers to help access and deal with community resources. More outreach work from P.A.C.T staff in recreational programs and other community resources is needed, especially in cities outside their service boundaries. As well, advocacy for a parent relief service would be beneficial for mothers who have no support from extended family or friends.

Implications for Social Work Practice

The findings from this study highlight the variety of interventions and theories that underlie this model of family preservation service as practiced with the women interviewed. The findings provide a glimpse into the complexity of the family dynamics and the struggles of the single parent mothers in parenting their children with challenging behaviors who may be at risk of out-of-home placements. The pressure of the larger system manifested through child welfare, social services, the school system and other institutions adds to the tension in these families. The above issues and the need for an effective parenting approach and efficient ways to organize the family have several clinical implications for social work practice in family preservation.

It is important to note that this study is based on a small sample of white single mothers who have children with challenging behaviors; they are from urban centres in Southern Ontario. Further studies are required to ascertain whether the FPS model described in this research study may be applicable to other families such as single mothers of colour, single mothers from ethnic groups, two parent families, single fathers or rural families. Nevertheless, the findings suggest some clinical implications for social work practice.

Family preservation workers must possess a good understanding not only of family functioning and interactional patterns in the family, but also a good knowledge of the community, its organizations and dynamics. They also need to have a solid knowledge of child development and mental health issues for children and adolescents. Moreover, workers need to be able to articulate this knowledge in order to apply the appropriate interventions when working with families.

The findings indicate that family preservation workers use interventions that are based on behavioral theories. They also utilize techniques from the solution focused approach, crisis intervention and ecological models. This implies that family preservation workers need to be very well trained in theory and clinical practice in various approaches (Tracy, 2001).

The findings show that family preservation social workers are flexible and can assume a variety of roles such as a counsellor, advocate, mediator, case manager and educator (Tracy, 2001; Mannino & Shore, 1982). The findings also provide important information about the process of change, allowing us to draw some implications. The metaphor of journey reflects the ideas of a long, challenging and emotional process. It

may be useful that workers inform families during the first interview that the process will be hard work, challenging and emotional. Discussion with families about these emotions as normal emotions in relationships, as well as expected emotions in the change process might be helpful in maintaining collaboration and an open relationship. It would also be helpful to share with the families the structure of the counselling program and its limitations (Dore & Alexander, 1996).

The findings demonstrate that the client-worker relationship plays an important role in the process of change. The worker's personal qualities appear to be important in forming relationships with families. These qualities include the ability to relate person to person and not just as an impersonal professional; willingness to share the power and authority to develop a partnership with families; honesty; sense of humor; hopefulness; patience, persistence and commitment to work with families in the different environment and beyond regular day hours (Tracy, 2001; Dore & Alexander, 1996).

Limitations and Strengths of this Study

The intention of this work was to explore the experiences of single mothers with a family preservation program. The nature of the work was qualitative which illustrated the practice and process of a particular PFS program. The small sample size and the sample composition limit the generalizability of these findings. Certainly, this research does not reflect a view of diversity as the women were all white, heterosexual and able bodies. The women involved in this research study came from urban centres of a region in Ontario which is significantly populated by different ethnic groups including First Nations people; however, no minority families were included in this study because they were not part of the P.A.C.T's clientele. Although the women's past and current

economic status may have affected their families and their access to services, the impact of the financial stress and the issue of class were not explored.

Another limitation is that this research was solely from the perspective of the mothers, leaving out the participation of children, workers and program managers.

The mothers' accounts are unequivocally the strength of this thesis and they provide a rich description of a family preservation counselling program. Given the fact that there are not many studies on family preservation done from a qualitative perspective, this research provides an "insider's point of view while maintaining the analytic perspective or distance of an outsider" (Tutty et al., 1996,p.4). The voices of women are privileged and their personal stories add depth and life into the issues of single parent mothers. The description of the practice approach as it was describe by the participants and the women's experiences as single mothers provide valuable information in family preservation and single parent female-headed families.

Finally, another strength in this study is the fact that the results were confirmed by three participants.

Based on both, the limitations and the strengths of this research, recommendations are provided.

Suggestions for Further Study

Certainly, the limitations of this study as outlined above, provide fodder for future research endeavors. The findings of this study stimulate the following research possibilities:

1. This thesis did not match the most and least helpful interventions with different kinds of problems and families. Thus, research exploring these differential aspects would provide further enlightenment.
2. The issues of diversity were not explored in this study. Definitely, marginalization or privilege derived from class, race, sexual orientation and ability influence the women's experiences within the service context and larger systems; however, this study only explored Caucasian women. Hence, research exploring how culturally different single parent mothers experience the service would enhance the understanding of family preservation social work practice with diverse families.
3. The present study was concentrated on understanding a family preservation service solely from the point of view of the consumers. To enrich the view of the family preservation service, it would be useful to carry out a process evaluation which would include the perspective of all stakeholders.
4. The data of this thesis did not expand upon whether and how the narrative approach was implemented in the work with families. More research on examining the use of narrative ideas in family preservation service is necessary.

5. This research did not thoroughly address the single mothers' issues as women. Single mothers' stories and the impact of the dominant discourses on women's self-concept and self-confidence as mothers need to be given more attention in research. Further research in this area will provide further understanding of these issues.

Recommendations for Social Work Practice

1. The women participants have experienced being blamed and judged by their children's behaviors, especially if the child's behavior is challenging. The need for public education on issues of children with challenging behaviors should be addressed. Considering that women are being blamed and judged by members of the community, including helping professionals, this education program should be targeted to both professionals and the public in general .
2. Since families dealing with children with challenging behaviors have a long history of struggle, the need to develop early support programs for parents and children is necessary, as well as to develop a respite program, for mom 's.
3. Given the fact that all mothers indicated that parenting a child with challenging behaviors required parenting skills beyond the standard for regular children, parenting programs with appropriate parenting strategies need to be developed.
4. The complexity and demands of social work practice in family preservation require various skills and a vast understanding of theories, interventions and communities. These issues have implications for training and supervision, as well

as for educators and social work curricula. Social workers need to be trained in a variety of counselling approaches such as behavioral, solution focused, family therapy, crisis interventions and ecological model, among others. Supervisors need to be aware of the demands of the work and be able to provide support and training. Social work programs at Bachelor and Master Levels should include classes about home-based family preservation approaches.

5. Finally, to avoid stress and burnout of FPS workers, more skill based training and peer consultation groups should be instituted.

FINAL WORDS

A good metaphor for this thesis would be a journey. It finally emerged after a lot of traveling, and certainly not without any challenges.

The challenges involved not only working from a distance with my thesis advisor as I reside in Ontario and she is in Manitoba, but as a newcomer in Ontario. It meant learning about services and programs, exploring potential areas of study that interested me, and most importantly, finding a relevant topic of study and a place to implement it.

Now that I am at the end of the journey, I have a sense of accomplishment. All the work I have done has taken on the shape of an approach to practice. I learned about the qualitative methodology which allowed me to put all the women's stories into a larger one. In addition, I learned to appreciate the courage and strength that women who raise difficult children have. This goes beyond book learning.

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APPENDICES

Appendix A: Guideline for Interviews

Prior to starting the interview, the consent form and the letter of invitation will be reviewed. The nature of their voluntary participation will be emphasized.

These questions are intended to be broad and open ended in order to invite the participants to a conversation. Questions in italic represent a guide or probes for myself during the interview if needed

1. What do you believe that has been helpful and not helpful during the time you have been involved with your worker ? *For example, to be listened to, to talk about yourself, family or specific issues, to improve or learn more about communication skills, anger or conflict management skills, parenting skills, to get help with child care, better housing etc. Basically, anything that you remember that helped you or did not help you with the problem that brought you to this service.*
2. What did the worker do that helped you bring about change in your personal or family life ?
3. How did that help you or did not help with your family ?
4. Can you tell me about specific situations that you had with your worker that have had an impact on you?. *In other words, they left you thinking or feeling differently about you, your relationship with your daughter/son and/or the situation that brought you*

here.

5. Can you tell me what was happening to you at the time you think most changes were accomplished?

6. Can you tell me what was happening to you at the time you think very little or nothing was accomplished?

7. Are there any constraints/difficulties that are affecting you and your family such as financial, employment, housing, health or family relations?

8. How understood do you feel by your worker about the struggles and challenges that you have as a woman, and as a mother or as a single mother?

Appendix B:**Letter of Invitation to Participate in a Study of a Family Counselling Program**

You are invited to participate in a study of the P.A.C.T program. The purpose of this study is to learn from you what has been helpful and not helpful about this service that you and your family have received.

If you decide to participate, the interviewer, Adela Meneses who is a graduate student in social work will contact you or if you wish you can contact her to arrange a meeting. She will ask you to tell her about your experiences with the counselling workers and the service program. The conversation between you and the interviewer will be audio-recorded or written, however, your name will not be attached or associated with the research findings in any way. In addition, the interviewer will contact you for a second time and she will ask you to comment on her understanding of your ideas and opinions and those of others. This is your opportunity to make changes, add new ideas or support what other people may have said about the topic. You will also be sent a summary of the report if you wish one.

If you wish to participate in the present study, you need to be aware that you are free to participate, not participate, refuse to answer any question, stop the interview or withdraw at any time from this research. Your decision will in no way affect the services you receive from any of the agencies that you or your family have been involved in nor

affect the relationship that you or your family have with your worker(s). Your worker(s) will not know whether you are participating unless you inform them.

A benefit of your participation in this study will be that you will be able to talk about your experience with the services received and your voice will be helpful in shaping a better service for families and youth.

There are no known risks and/or discomforts associated with this study, but some of the issues that you will be asked to comment on may be very personal. You may decide not to answer these.

You also should be aware that the law requires the interviewer to report if any evidence of child abuse or neglect in your family, if shared in the interview.

You can reach the interviewer, Adela Meneses, at her office phone number #.

Hoping that you agree to participate in this study,

Sincerely,

Adela Meneses

Appendic C:**INFORMED CONSENT FORM****Faculty of Social Work, MSW Program, University of Manitoba****Study Title: Interventions in a Family Preservation Service: The Narratives of****Single Parent Mothers**

The purpose of this study is to build knowledge on family preservation counseling. I understand that the researcher, Adela Meneses is interested in listening to my experiences with the counselling workers and the service P.A.C.T program. I also understand that she is particularly interested in listening to what has been helpful and not helpful in my experience with counselling.

The information that I share will be kept confidential and neither my name nor the worker's name will be identified in any reports. My participation in the study is completely voluntary. Therefore, I may choose to not answer any questions asked and may withdraw from the study at any time without prejudice to me either now or in the future. The interview will be audio-recorded with my permission and I can ask to stop the recording any time. The tape will be kept in a locked safe inaccessible to others. Within a year of the final publication, all consent forms, tapes and notes will be destroyed.

I know that if I withdraw my consent, any information already obtained will be

destroyed. I know that there will be no advantages or disadvantages for me depending on my decision. I also know that the university and the researcher conducting this study subscribe to the ethical conduct of research and to protecting at all times the dignity, rights, interests and safety of participants. I understand that if I have any concerns or comments regarding my participation in this study, I can address, anonymously if I wish, to the Ethics Committee of the Faculty of Social Work at the University of Manitoba at (telephone no.).

I have read this form and I understand the nature and procedure in full. I agree to participate in this study and I consent to have the information used for purposes of the study.

Hereby consent to participate in this study:

Signature of participant. Date: _____

Signature of witness _____ Name of Witness Date: _____

(Informed consent form adapted from Dr. A. Matsuoka's form, Atkinson College, York University, and used with her permission)