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SECTION ON CHILD MALTREATMENT NEWSLETTER

A Note from the Section Newsletter Editor

We're delighted to launch the first edition of the newsletter for the new Section on Child Maltreatment! Many thanks to Seth Kalichman, Editor of the Quarterly, for his guidance and patience as we begin this new endeavor. As I noted in the last edition of the Quarterly, we hope that this newsletter will meet several needs of the Section: that it will be a useful source of information on emerging research, treatment, and legal/policy issues related to child maltreatment; that it will update members on activities of the Section; and that it will be a forum for discussion on critical issues facing researchers and practitioners in the field.

Typically, each newsletter will feature four columns: "The President's Column," "Applying Research to Practice and Policy," "Policy and Legal Issues," and Treatment Innovations." Column editors and I welcome readers' comments and suggestions for future editions.

If you are not already a member of the Section on Child Maltreatment, please consider becoming a member by completing the enclosed application. Your membership will help promote interest in the study of child maltreatment within psychology and will help the Section foster research, prevention, clinical work, and advocacy related to child maltreatment. Members will receive a letter within the next month asking you to renew your membership for next year. Thank you for your involvement in the Section!

—Sue Limber

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President's Column

Jeffrey Haugaard

Department of Human Development and Family Studies
Cornell University

The president of the Child Maltreatment Section, Jeffrey Haugaard, may be reached at: the Department of Human Development and Family Studies, Van Rensselaer Hall, Cornell University, Ithaca, NY 14853; phone: 607-255-2533; e-mail: jjh15@cornell.edu.

This first issue of the newsletter is an important milestone for the Section on Child Maltreatment. The newsletter allows for communication between members of the Section and provides a way for Section members to keep up-to-date on important research, intervention, and policy issues. Many thanks to Sue Limber, our first Editor, for all of the work that she has put into starting the newsletter.

One of the advantages of being Section President is that I have the opportunity to raise questions in the newsletter that are of interest to me, with the hope that members of the Section will communicate with me and each other about them. The question that I raise in this issue is whether interventions with all maltreating families should be based on the same tenets (I focus on families to limit the scope of the question). At issue is whether there are some families in which the type of maltreatment is so severe that interventions with them should be based on a different set of principles than those that guide interventions with all other maltreating families. Are we doing a disservice to the most severely maltreated children by using the same tenets for intervention with their families as we use for families in which there is less severe maltreatment? Conversely, are the guiding principles used with most maltreating families so important for the welfare of children and families that they should not be abandoned even in the most severe cases of maltreatment?

My interest in this question comes from involvement in a project to improve services to very severely maltreated children (we have started referring to them as catastrophically maltreated children). The project is sponsored by the New York State Office of Mental Health. Because of our concentration on catastrophic maltreatment, we have debated whether the severity of maltreatment is best thought of as lying along a continuum or whether there is a category of catastrophic maltreatment that is qualitatively different from the others.

Whether or not there are separate categories of maltreatment has important implications for policy and intervention. If differences in maltreatment are only quantitative, then principles underlying policy and intervention should be the same for all types of maltreatment. If nonaccidental burning of a child with cigarettes is at the far end of a continuum that includes spanking with one's hand and whipping with a belt, then one should use similar principles when dealing with all these cases. For example, the principle that a goal of intervention is to maintain a child in, or return a child to his or her birth family would apply in all cases (although there might be a lesser likelihood of reaching this goal in cases of catastrophic maltreatment). However, if there are qualitatively different categories of maltreatment, then a different set of principles might guide interventions in the various categories. For example, a guiding principle might be that a goal of intervention is to move toward successful adoption for catastrophically maltreated children, although return to the child's birth family could occur in some cases.

I have a strong tendency to see behaviors as lying along a continuum, but recent discussions with colleagues have begun to sway me to the qualitatively-different perspective. My colleagues have argued: Consider the parent who, when drunk, neglects all of his or her children's needs and/or slaps or spanks them vigorously for even slight misbehavior. This parent is qualitatively different from the one who, when drunk, ties a child to the bed and methodically burns or whips her. Consider the parent who leaves young children to fend for themselves at night so the parent can go out partying. This parent is qualitatively different from one who ties a 3-year-old into a crib for a week at a time, only providing the child with an occasional soda to drink. My colleagues argue that, even though intervention with parents and children is needed in all of these cases, a parent who acts sadistically toward a child is so different from one who does not, and the experiences of the sadistically maltreated children are so different from those who are maltreated in nonsadistic ways, that we need to deal with the two groups of families and children in fundamentally different ways.

I have responded that it is not possible to create a separate category of maltreatment because any act of maltreatment can be conceptualized as only slightly more severe than another act (e.g., burning a child with a cigarette is somewhat more severe than scalding a child, which is somewhat more severe than whipping child with a belt, and so forth). As a result, any categorization of maltreatment would require that an arbitrary line be drawn between two acts of maltreatment that are only somewhat different in severity. My colleagues have responded that the act of, and family environment surrounding, the purposeful, methodical inflicting of severe pain on a child is so

different that, if maltreatment does lie along a continuum, there is a large enough break between the most severe cases and the other cases to make categorization easy.

A model of maltreatment that may incorporate the strengths of both positions is one in which some maltreating acts are considered on a continuum (e.g., from punching a child to pummeling a child into unconsciousness) and others are considered qualitatively different (e.g., applying strong electric shock to a child is in a class by itself). Such a position may simply be a weak compromise, however.

A number of policies and clinical practices related to child maltreatment are currently being questioned. For example, the value of mandatory reporting of suspected child maltreatment is being debated. Important policy and clinical changes could follow a decision to categorize some forms of maltreatment differently from others. For example, the default goal of family reunification might not apply in cases of catastrophic maltreatment. In addition, children who experience catastrophic maltreatment could automatically qualify for additional or more immediate psychotherapy and/or may obtain a waiver of a limit on funding available for outpatient psychotherapy.

How should we conceptualize child maltreatment—as a continuum or as two or more qualitatively distinct categories that have some relationship to each other? This is an important issue that is at the foundation of much of how we interact with maltreating families. I would appreciate hearing a variety of views on this subject from members of the Section on Child Maltreatment. I would be especially grateful for citations to research that is relevant to this issue. I will compile these views and either discuss them again in our newsletter or send a separate letter about them to the members of the Section. Please engage in this debate by sending me your comments through the mail.

Training and Practice Related to Child Maltreatment

Pauline M. Pagliocca, Ph.D.
Mary Ann Simpson, M.S.
University of South Carolina

This column will focus on training and practice issues related to child abuse and neglect. Pauline Pagliocca, a faculty member in the Department of Psychology and the Institute for Families in Society at the University of South Carolina, will be the primary editor of this column. She can be reached at the Department of Psychology, University of South Carolina, Columbia, SC 29205; phone: 803-777-6189; e-mail: paulinep@garnet.cla.sc.edu. Mary Ann Simpson is a doctoral student in the Clinical-Community Psychology Program at the University of South Carolina.

Maybe it's the time of year — seeing the still-fresh faces of graduate students, eager to learn the skills of the child and family clinician. Maybe it's our recent experience with facilities providing assessment and treatment of abused and neglected children — seeking to integrate treatment, training, and research, in an effort to inform the field, as well as meet the needs of their young clients. Or, maybe it's remembering graduate training — learning so much, and yet not enough, about maltreated children and their families, offenders, and systems established to meet their treatment needs. Most likely, it's all of these experiences — reminding us how much trainers, practitioners, and researchers can tell each other about the knowledge and skills necessary to prevent and treat child abuse and neglect. Over the coming year, this column will be devoted to talking with—and listening to—one another about what each of us needs to know and be able to do if we are to increase our effectiveness in preventing and treating child maltreatment. While we often think of "training" as occurring at the graduate-school level, we would like to expand our focus to include education and training at the undergraduate, internship, post-doctoral, and professional/inservice levels, in order to provide an opportunity for trainers, practitioners, researchers, and policy makers across the intervention spectrum to communicate with one another.

In order to raise questions that might be addressed in future columns, this issue will briefly review a few recent surveys of practitioners regarding training and practice in the child maltreatment area, and then discuss recent recommendations for relevant undergraduate and graduate education in psychology. We invite you to assess your own level of preparation and that provided by your work/training site in light of the information presented.

Issues Raised in Surveys of Practitioners

Selected findings from four practitioner surveys are discussed below, along with issues and questions relevant for education and training in psychology. Although the points raised are not exhaustive, they do represent areas of concern about psychology's response to child abuse and neglect.

Source of referral. *Most referrals to sexual abuse treatment programs come from child protection, court, and probation services* (Keller & Gardner, 1989). How does this factor into the training of clinical, counseling, and school psychologists? Do they receive classroom instruction and supervised training in

interagency collaboration and in legal aspects of evaluation and treatment?

Methods of assessment. *Sexual abuse treatment programs report limited use of standardized measures in evaluating need for treatment, progress in treatment, or readiness for termination of treatment* (Keller & Gardner, 1989). Given the prominence of assessment in the training of psychologists, how much influence do we have on professional practice? Are psychologists learning alternative means of assessing such treatment needs?

Location of services. *In-home treatment is a common practice* (Keller & Gardner, 1989)*and attendance is considerably higher for home-based, as compared to clinic-based, intervention* (Hansen & Warner, 1994). Are psychologists prepared to provide home-based services or is training still geared only toward the 50-minute office visit? Do graduate programs and internships offer any opportunity to provide home-based treatment under careful supervision?

Knowledge of Specific Victim and Offender Groups. *Specific to child sexual abuse, practitioners report limited training in working with offenders, as compared with victims* (Campbell & Carlson, 1995 and Working Group A, 1996). *They also learn little about specific groups, for example, gay/lesbian victims and offenders, and those with developmental disabilities.*[3] Do our academic and professional training programs allocate sufficient time to the treatment of offenders, or is most training focused on victims? Is clinicians' limited knowledge of gay and lesbian clients and those with developmental disabilities limited to the area of child abuse or is it more global? What opportunities are provided for practicing clinicians to expand their knowledge and expertise related to specific client groups?

Level of Training. *Some surveys indicate that a majority of practitioners in the field of child maltreatment hold master's degrees and report little or no relevant training in intervention* (Hansen & Warner, 1994 and Working Group B, 1996). Although the field of psychology holds the doctorate to be the entry-level degree, many "master's level psychologists" (including students) are providing services to victims and offenders. Given this situation, and given the movement towards master's level licensing in many states, should departments of psychology offer relevant training early in the graduate curriculum? Or, perhaps at the undergraduate level? Should we require specialized training for all students in clinical, school, and counseling psychology? Or, are programs viewing child maltreatment as a speciality area warranting post-doctoral training and, thus, not providing it at the graduate level?

Recommendations for Training

Earlier this year APA published guidelines for developing undergraduate, graduate, and professional education in child abuse and neglect (Working Group B, 1996). Included in each guide are outlines of courses on abuse and neglect, suggestions for including relevant topics in existing courses, and resources for obtaining relevant print and audio-visual materials. Many of the curriculum recommendations in these reports address the questions suggested by the results of the surveys cited above.

The undergraduate guide recommends the following topics for a course on child abuse and neglect: 1) definitional issues; 2) prevalence of child abuse and neglect; 3) consequences of child abuse and neglect; 4) theories about the development of abusive and neglectful behaviors in adults; 5) recognition and referral of abused and neglected children and adults; 6) responses to child abuse and neglect—the child protection system, medical intervention, legal involvement, mental health intervention; and 7) prevention of child abuse and neglect.

The graduate and professional guide recommends the same topics for a graduate course, with an expanded selection of readings. In addition to this basic course, it provides an outline for specialized training for clinical, counseling, and school psychologists, including the following topics: 1) ethical issues; 2) research methods; 3) involvement with other professionals; 4) identifying abuse and neglect victims; 5) assessment of child abuse and neglect victims and their families; 6) interventions with abused and neglected children and families—issues for the psychologist; 7) interventions with abused and neglected children and their families (mental health interventions); and 8) interventions with perpetrators of abuse and neglect.

Current Status of Training

Topics and readings presented in the APA guides were recommended by psychology faculty teaching in this area. Additional topics are suggested by the results of the surveys cited. We invite faculty and trainers to provide examples of educational efforts at the undergraduate, graduate, and professional levels, especially those that offer comprehensive cover-

age of child maltreatment and related topics. We also invite you to submit specific questions related to training that we might pose to experts in the area for coverage in future issues. We would like this column to serve as a forum for trainers, practitioners, and trainees to exchange information on models for training and supervision in all aspects of child maltreatment.

References

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Child Abuse and Neglect Working Group and Section on Child Maltreatment of the Division of Child, Youth, and Family Services - *B* (1996). A guide for including information on child abuse and neglect in the undergraduate curriculum. Washington, DC: APA.

Hansen, D.J., & Warner, J.E. (1994). Treatment adherence of maltreating families: A suryvey of professionals regarding prelvalence and enhancement strategies. Journal of Family Violence, 9, 1-19.

Keller, R.A., Cicchinelli, L.F., & Gardner, D.M. (1989). Characteristics of child sexual abuse treatment programs. Child Abuse & Neglect, 13, 361-368.

Policy and Legal Issues

Charles Barone

Public Policy Office
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This column will provide a forum for discussion of current federal, state, and local legal and policy issues related to child maltreatment. Charlie Barone, Senior Legislative and Federal Affairs Officer in the Public Policy Office of APA, will serve as editor of this column and welcomes your suggestions and input. He can be reached at the Public Policy Office, American Psychological Association, 750 First St., N.E., Washington, D.C. 20002; phone: 202-336-5945; fax: 202-336-6123; e-mail: cxb.apa@email.apa.org.

Good News and Bad News for Child Protection

Congress Unanimously Passes Child Abuse Prevention and Treatment Act (CAPTA) in the Final Days of Session

Congress Unanimously approved S. 919, the Child Abuse Prevention and Treatment Act (CAPTA) in the final days of the 104th Congress. President Clinton signed the legislation on October 3rd. The agreement, a result of bipartisan negotiations between Senators Dan Coats (R-IN), Christopher Dodd (D-CT), Nancy Kassebaum (R-KS), and Edward Kennedy (D-MA), and Representatives William Goodling (R-PA) and Dale Keldee (D-MI), continues federal funding for CAPTA state grants, discretionary grants, children's justice grants, and community-based family resource prevention services.

The bill authorizes $221 million for child abuse prevention and treatment programs, most of which goes for state grants. Part of the funding, $20 million, would be used to support adoption and foster care. Another $35 million will assist agencies that serve abandoned infants and children. New provisions will require that within two years states:

create a method of accelerating termination of parental rights when an infant has been abandoned;

not mandate reunification of surviving children with parents found to have committed murder, voluntary manslaughter, or serious bodily injury of their children;

create an appeals process for cases where charges of neglect or abuse are challenged.

The Senate had passed CAPTA on two occasions earlier in this Congress. However, the House had originally favored a Child Protection Block Grant which would have replaced programs under CAPTA and several other small related programs with two broad block grants. Most federal guidelines, including those requiring that states conduct activities to prevent child abuse and neglect, would have been eliminated. The House attempted to attach its block grant proposal to the welfare overhaul bill but opponents, including APA, eventually succeeded in convincing Congress to remove it.

Welfare Overhaul Poses Potential Problems for Child Protection Efforts

Measures taken in the recently passed welfare overhaul bill will pose many potential problems for child protection efforts. Overall, state child welfare agencies estimate that the national foster care caseload many increase by as much as 20% for each one percent decrease in the welfare caseload. Also, the Social Services Block Grant (SSBG; also known as "Title XX"), which is used by states primarily as a source of funding for child care and child protection services, was cut by 15%. In addition, the bill allows states to use SSBG to provide vouchers to families who lose eligibility for cash assistance under the new welfare rules. Thus, there will

now be fewer SSBG dollars and new pressures for SSBG to offset deep cuts in other programs.

At the urging of child advocates, the welfare bill does require that the Department of Health and Human Services conduct a national study of children at risk for child abuse or neglect. This study is expected to include an analysis of the impact of the new welfare changes.

Effects of the new welfare bill on abused and neglected children will continue to be monitored in this column. Readers are encouraged to report their own experiences as the changes are implemented.

Natacha Blain, JD, APA Public Policy Office Intern, Assisted in Preparing this Column

Applying Research to Practice and Policy

Susan P. Limber
University of South Carolina

This regular feature will include a list of recent and/or classic citations and abstracts focused on policy and practice issues. Typically, the column will be thematic, focusing on one such issue per newsletter. This initial column is an exception, however; it highlights several particularly interesting and timely papers presented at the Eleventh International Congress on Child Abuse and Neglect, a Biennial meeting of the International Society for Prevention of Child Abuse and Neglect (ISPCAN), which was held in Dublin, Ireland, August 18-21.

The primary editor of this column, Sue Limber, is Assistant Director at the Institute for Families in Society at the University of South Carolina, where she also is Research Assistant Professor of Neuropsychiatry and Behavioral Sciences. She can be reached at the Institute for Families in Society, University of South Carolina, Carolina Plaza, Columbia, SC 29208; phone: 803-737-3186; fax: 803-737-3193; e-mail: slimber@ss1.csd.scarolina.edu.

Highlights from Dublin, Ireland

Initial Findings from the National Incidence Study of Child Abuse and Neglect (NIS-3). *Sedlak, A. J. (August, 1996). Early findings from the third national incidence study of child abuse and neglect in the U.S. (NIS-3). Workshop presented at the Eleventh International Congress on Child Abuse and Neglect, Dublin, Ireland.*

These data represent the first glimpses of results from NIS-3, the Third National Incidence Study of Child Abuse and Neglect in the United States. Data from NIS-3 were collected in 1993 and 1994 and currently are being analyzed and prepared for release. Data were obtained from over 50,000 data forms completed by 5,612 CPS sentinels and 5,612 non-CPS sentinels (including medical, law enforcement educational, and mental health professionals among others). Preliminary NIS-3 estimates of the number of maltreated children were 2,815,6000 (a rate of 41.9 per 1,000 children), including 614,100 children who were physically abused (rate of 18.2 per 1,000 children), 300,200 children who were sexually abused (4.5), 532,200 children who experienced emotional abuse (7.9), and 1,961,300 children who were neglected (1,335,100 children were physically neglected; 584,100 were emotionally neglected, and 397,300 experienced educational neglect). The total estimated number of maltreated children has nearly doubled since the NIS-2 estimates (collected in 1986) from 1,424,400 to 2,815,600. Significant increases were observed from NIS-2 to NIS-3 for all maltreatment categories, with the exception of educational neglect.

Analysis of the severity of outcomes for maltreatment included an estimated 1,600 children who died as a result of abuse (rate of .02 per 1,000); 569,900 who experienced serious abuse (8.5); 986,100 who experienced moderate abuse (14.7), 226,000 whose abuse was "inferred" (3.4); and 1,032,000 who were considered to be endangered but not yet harmed (15.4). No significant differences were observed between NIS-2 and NIS-3 estimates of fatal abuse, moderate abuse, and inferred abuse. Estimates of the number of children who were thought to be seriously abused rose dramatically (143,300 children from NIS-2 estimates to 569,900 children from NIS-3 estimates), as did estimates of the number of children who were endangered (245,000 from NIS-2 versus 1,032,000 for NIS-3). Additional preliminary results from NIS-3 will be released in September, 1996, at the Eleventh National Conference on Child Abuse and Neglect in Washington, D.C.

Copies of the handouts from the workshop may be obtained from Dr. Sedlak at Westat, Inc., 1650 Research Blvd., Rockville, MD 20850; (301) 251-4211; e-mail: sedlaka1@westat.com.

An Evaluation of Hawaii's Healthy Start Program

McCurdy, K., Daro, D., & Cohn Donnelly, A. (August, 1996). Intensive home visitation: A randomized trial of Hawaii's Healthy Start Program. Paper presented at the Eleventh International Congress on Child Abuse and Neglect, Dublin, Ireland.

Although a number of studies have suggested that Hawaii's Healthy Start program provides substantial benefits to families who exhibit risk factors for child maltreatment, this study conducted by researchers at the National Committee to Prevent Child Abuse represents the first comprehensive evaluation of this model of home visitation. Three components of the study included: (1) an assessment of risk assessment procedures that are used to determine a family's eligibility for the program; (2) a controlled evaluation of the immediate effects of home visitation; and (3) an assessment of the long-term effects of the program. Findings from the study indicated that early and intensive home visitation

by paraprofessionals resulted in significant benefits for participants during the course of services. Participants in the program fared better than families in the control group in terms of parental attitudes toward children, parent-child interaction, and rates of child maltreatment. The program had limited short-term effects in areas of social support, child development, and child health outcomes. Follow-up assessment of a group of families who had terminated home visiting services an average of 20 months prior to the study indicated that participating families fared well on measures of parental functioning, parent-child interaction, social support, and risk for physical child abuse. The analysis of risk assessment procedures revealed the importance of using multiple assessment points and instruments to accurately identify families at risk for child maltreatment. The authors discuss several challenges in effectively serving and engaging all at-risk families with the Healthy Start model.

At Executive Summary of the project prepared by Deborah Daro and Karen McCurdy may be obtained from the first author at the Center on Child Abuse Prevention Research, National Committee to Prevent Child Abuse, 332 S. Michigan Ave., Suite 1600, Chicago, IL 60604.

Child Fatalities

Bonner, B. L., Thigpen, S. M., & Testa, J. A. (August, 1996). Child fatalities from abuse and neglect: A longitudinal study. Paper presented at the Eleventh International Congress on Child Abuse and Neglect. Dublin, Ireland.
Rates of child abuse related fatalities continue to rise in the United States, and increased attention is being placed on identifying factors that place children at risk for fatal maltreatment. This longitudinal study examined circumstances surrounding the abuse-related deaths of 243 children in Oklahoma between 1987 and 1995. Results revealed that 60% of the fatalities were due to child abuse, while 39% were caused from neglect (figures that are similar to national rates). Most commonly, the child was killed by a biological father, step father, or mother's boyfriend acting alone (32%); in 27% of the cases, the child was killed by a biological mother, stepmother, adoptive mother or father's girlfriend acting alone. Babysitters were very rarely perpetrators of fatal child maltreatment (1%). The most frequent cause of child abuse fatalities was head trauma, while unintentional drowning and smoke inhalation were the most common causes of deaths due to neglect. Forty percent of families had previously been involved with CPS; 6% had been reported to CPS within 3 months prior to the child's death.

For more information about the study, contact the first author at: the Center on Child Abuse and Neglect, University of Oklahoma Health Sciences Center, Department of Pediatrics, Children's Hospital of Oklahoma, PO Box 26901, Oklahoma City, OK 73190; phone: 405-271-8858; fax: 405-251-2931

World Perspectives on Child Maltreatment
Browne, K. & Bonner, B. (August, 1996). Methodological Problems with International Research & Cross Comparative Studies: A Research Briefing.
Speakers discussed advances and challenges in conducting international research on child maltreatment, focusing on a new publication, World Perspectives on Child Abuse: The Second International Resource Book. This publication, which was prepared for ISPCAN by Deborah Daro and her colleagues at the National Committee to Prevent Child Abuse, presents the results of a survey of representatives from 37 countries regarding the scope of child maltreatment in each country, existing intervention systems, public awareness, and methods of policy development. The authors note that "the impetus for this project grew out of a concern in 1991 over the absence of comparable international data on the incidence of child abuse and methods of addressing its treatment and prevention." This effort represents a move toward building an international information system. Authors note that no country currently has an adequate system for documenting child maltreatment reports and services provided to children and families, and they call upon professionals worldwide to make commitments to overcome barriers to developing these systems. Results from the survey suggest that developed and developing countries alike are employing increasingly broad networks of service providers to address problems of child maltreatment. Although none of the respondents felt that services were sufficient, they perceived significant improvements in capacities to prevent and respond to child abuse. Authors cite improvements in public awareness and engagement as one of the greatest challenges facing child abuse professionals worldwide.

Daro, D., Migley, G., Wiese, D., & Salmon-Cox, S. (1996). World perspectives on child abuse: The second international resource book. National Committee to Prevent Child Abuse. For information on how to obtain the document, contact the first author at the National Committee to Prevent Child Abuse.

ANNOUNCEMENT

This issue focusing on the Institute for Families in Society is the first in a series of Quarterly issues. Watch for upcoming issues of The Quarterly featuring other centers that focus on children and families.

BOOK REVIEWS

Book title: Children in Families at Risk: Maintaining the Connections

Combrinck-Graham, Lee (1995). New York, New York, The Guildord Press

Reviewer: Martha Morrison Dore

Some edited volumes read as though the editor compiled contributions at random with little thought given to an overall framework or how the disparate materials would meld together. Occasionally a gem of a chapter can be found among such works but the reader is mostly left wondering at the crazy quilt assembled before her. Not so with Lee Combrinck-Graham's edited works. Her precious book, Children in Family Contexts, was a rich compendium of material on the dynamics of child/family/environment interaction and the effects of this interaction on the developing child. Her most recent edited volume, Children in Families at Risk: Maintaining the Connections, continues this tradition of skillful compilation. As noted in her introductory remarks to this volume, Combrinck-Graham prepares her works with a vision of the powerful force families exert on their members. It is this vision that guides her in identifying sources for her chapters and the concepts and practices reflected therein

As Children in Family Contexts laid a foundation for understanding dysfunctional processes in families and negative psychosocial consequences for children, Children in Families at Risk focuses on the therapeutic response. A wide range of clinical interventions aimed at preserving, restoring, or repairing the child-family connection are presented. Each chapter is rich with ideas and information on addressing problems presented by families at high risk of dissolution and disaffection. Each chapter also reflects on current clinical practice and offers innovative alternatives to conventional methods of treating children in emotional distress.

Combrinck-Graham notes in her Preface that she began Children in Families at Risk as a reflection on family preservation practice, but as her thinking progressed, she recognized the fundamental importance of family connectedness in any interventive approach, whether focused on the family as a whole or on the child in an institutional context. As a result, the first three chapters in this book challenge readers to reconceptualize their thinking about families, including the embeddedness of families in community and cultural systems. In this fascinating, though occasionally abstruse, first chapter, "Working with inner-city tribes: Collaborating with the enemy or finding opportunities for building community," James Nelson calls on the reader to rethink conventional notions of street gangs and their meaning to members. He posits an alternative approach to family work that expands the concept of family and offers new ways of envisioning family-community connection.

Subsequent chapters are grouped according to their focus on the context of the child-family connection. The three chapters in the book's second section look at different interventive models designed to prevent child placement and preserve the integrity of the family system. The models presented are characterized by flexibility and responsiveness to unique family needs. Hardly traditional office-bound, once-a-week clinical models, each of these innovative approaches to family preservation offers individualized responses within programmatic boundaries that respond to a unique presenting confluence of child, family, and community factors.

Particularly informative are the four chapters contained in the section on children in institutional settings. As the norm in such settings has been to keep families at arm's length, it is gratifying that each author offers ideas and methods for not only maintaining but also enhancing the child-family connection. Two additional chapters explore ways of involving families whose children are placed in therapeutic foster care; again, a setting that is usually more destructive than restorative of family ties. Patricia Minuchin's chapter on developing collaboration between biological and foster families should be read not only by those interested in mental health services to children and their families, but by all who work in foster family care, particularly in the child welfare system. Traditional dichotomous methods of envisioning biological parent/foster parent roles are inherently hierarchical and establish an environment of contempt for the bio parent and competitiveness with the foster family that serve both to distance biological parents and to place pressure on children to declare loyalty. Minuchin identifies ways of interrupting these dysfunctional institutional patterns so destructive to the children the purport to benefit.

Reunifying families whose children are returning from out-of-home placement is the focus of the book's fifth section. Methods for reintegrating the returning child into the family system as well as for enhancing the ability of child welfare workers to support the reintegration process are addressed by three different authors. The two final chapters in this book describe ways of facilitating family connectedness of mothers returning from prison and of the family-school connection for school aged children, both illustrating well systemic interventions designed to benefit high-risk families.

Although a range of voices from the field are represented in this collection, all are unified in calling for recognition of the powerful role of families in the emotional lives of children and the necessity of responding to that power in

developing therapeutic systems. They are also united in building on family strengths in planning and executing family-focused interventions as well as the necessity of collaborating with families to effect change in child functioning. The interventive models described in Children in Families at Risk are innovative and inspirational, challenging the reader to think creatively in envisioning efforts to establish and enhance child-family connections.

Book Title: The New Uprooted: Single mothers in urban life.

Mulroy, Elizabeth A. (1995).
Westport, Connecticut: Auburn House.

Reviewer: Christine Waanders, Research Associate
Department of Individual and Family Studies
University of Delaware

Elizabeth Mulroy's latest book, The New Uprooted: single mothers in urban life, addresses a population that has grown significantly in the last decades. By focusing on basic family needs, Mulroy contributes in a valuable way to our understanding of this much-criticized group. In the process of exploring both the social and physical environments of single mothers today, Mulroy effectively refutes the argument that women on welfare are to blame for their plight. She presents a theoretical framework for understanding single parent families and provides a thorough exploration of the many factors affecting the lives of single mothers in the nineties.

The book is organized into three parts: in Part One, Mulroy examines the most recent census data, and explains the changing demographic composition of our country; in Part Two, she presents case-level data from her study of a diverse group of single mothers in New England, documenting the everyday realities of single mothers from a range of different backgrounds; and in Part Three, Mulroy describes the transition from housing instability and financial crisis to a more stable family situation. She also proposes ways that communities can more effectively foster family stability.

In Chapter One, Mulroy discusses her theoretical orientation and outlines the goals of her study and of the book. She puts forth an adaptation of Maslow's hierarchy of needs, in terms of the single mother. Her model uses nested circles to show that basic needs are interrelated rather than purely hierarchical. For example, a woman who fears for her own safety may choose to give up shelter and material resources in order to escape an abusive partner, thereby putting safety before her physiological needs. In Chapter Two, the author provides an important overview of the historical and societal factors leading to the current prevalence of single parent families, as well as recent changes in the labor market that affect the well-being of single mothers. In Chapter Three, the author documents the decreased availability of affordable housing and how this affects the economic well-being of single mother-headed households (e.g. a typical single mother pays 70% of her income for housing). Mulroy underscores the negative effects of housing problems on children: residential mobility leads to the destabilization of the family.

In Part Two, Mulroy presents the results of her qualitative interviews with single mothers. In Chapter Four, the author describes how domestic violence contributes to single motherhood, using examples from her respondents. Chapter Five explores single mothers' experience of work. The author reports that several women in her study found work more costly than beneficial, because of their low earning power and the difficulties of arranging child care and transportation. High residential mobility also creates employment problems for single mothers. In Chapter Six, the author presents her data on teen mothers. She uses several individual cases to point out how financial issues, level of family support, and the threat of violence interact to determine whether a teen mother will be able to continue living at home or will seek independent living arrangements. Again in Chapter Seven, she shows how housing is a central factor in the discussion of single motherhood. Mulroy uses case examples to illustrate how separated and divorced mothers often fall into poverty because of the limited housing options available to them.

Part Three focuses on family stability and how it can be achieved. In Chapter Eight, the author cites McGoldrick and Brown's (1989) stages of family development after marital dissolution, and presents the stories of several women who succeeded in stabilizing their family situations. In Chapter Nine, the author points out weaknesses in existing family policy and makes recommendations for the creation of a more caring society, through the restructuring of our cities, and the improved availability of affordable housing and family services.

Mulroy uses her study of urban single mothers to initiate a thoughtful examination of the complex factors influencing the well-being of single parent families. The author uses individual stories to illustrate how economic trends and policy shifts interact with personal circumstances in determining family outcomes. She successfully broadens and informs our understanding of the single mother's experience. The strengths of the book lie in Mulroy's expertise in housing issues and her incorporation of concrete examples from her research to illustrate the issues that single mothers face. The New Uprooted is a very timely and valuable analysis of the context of single mother-headed families, and it will be a valuable tool for policymakers, as well as service providers and researchers.

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