

Winter 1996, Volume 2, Number 1

Children's Services Practice Notes is a newsletter for North Carolina's child welfare workers produced four times a year by the North Carolina Division of Social Services and the Family and Children's Resource Program, part of the School of Social Work at the University of North Carolina at Chapel Hill.

*In summarizing recent research, we try to give you new ideas for refining your practice. However, this publication is not intended to replace regular supervision and peer consultation—only to enhance them.*

### Let us hear from you!

If you would like to comment about something that appears in this or any other issue of Children's Services Practice Notes, please do so! Address your comments to:

John McMahon  
UNC-CH School of Social Work  
Chapel Hill, NC 27599-3550  
State Courier Number: 14-24-11  
Tel: (919) 962-6484. Fax: (919) 962-3653.  
E-mail: jdmcmaho@email.unc.edu

### Newsletter Staff

Joanne Caye, MSW, Advisor  
Lane Cooke, MSW, Advisor  
Robert Leibson Hawkins, MPA, Writer  
John McMahon, MA, Editor  
Karen Randolph, MSW, Writer

## NEGLECT: SEARCHING FOR INTERVENTIONS

Child neglect is a serious problem—nationally, neglect occurs 50 percent more frequently than abuse, according to the latest figures from the National Center on Child Abuse and Neglect.

Neglect can be just as deadly as abuse. While the American Humane Association found 44.3 percent of maltreatment fatalities involved neglect, others have found that more children die from neglect than from abuse (Brown, 1987).

In North Carolina, the percentage of children reported as neglected has re-

mained at about 80 percent of all referrals for the last five years. Of these neglect referrals, about 90 percent have been substantiated (NCDSS, 1996).

This issue of *Practice Notes* looks at the factors that contribute to neglect and provides some insights into effective interventions for this problem.

### References

- American Humane Association. (1988). *Highlights of official child abuse and neglect reporting: 1986*. Denver.
- Brown, L. (1987). Seeking a national consensus. *Public Welfare*, 45(1), 12–17.
- National Center on Child Abuse and Neglect. (1988). *Study findings: Study of incidence and prevalence of child abuse and neglect: 1988*. Washington, D.C.: U.S. Department of Health and Human Services.

## CRACK COCAINE AND NEGLECT

Experienced and new social workers alike understand the negative effects crack cocaine has on the families of those who use it. Many have seen the desire for this drug grow so powerful that parents think of nothing else, failing to attend to even the basic needs of their children.

And yet what do we really know about the relationship between neglect and parental addiction to crack? More importantly, what interventions are effective for helping crack-addicted parents and their families?

### CRACK

Crack is a form of cocaine that provides an intense, short-lived euphoria, or high. This initial high is quickly followed by a "crash" that involves anxiety, depression, irritability, extreme fa-

tigue, paranoia, and a craving for another high (Pearce, 1997).

Although studies show that cocaine and its derivatives are not physically addictive, prolonged exposure to the drug does create a psychological dependence, especially for intravenous users (Nicholi, 1983). Cravings become so strong they seriously disrupt normal daily living behavior for extended periods of time. In time, the desire for crack can supersede an addict's concern about the care and safety of his or her children (Farrar & Kearns, 1989).

**Research paints a grim picture for the children of crack-addicted parents.**

## CRACK AND NEGLECT

### LINKS TO NEGLECT

Since the emergence of crack as a recreational drug, researchers have been examining its negative effects on families. For instance, Black and Meyer (1980) studied 200 families headed by a heroin- or crack-addicted parent. They found evidence of serious neglect in more than 30 percent of the families. In a national survey to determine the change in the number of children placed in foster care, Besharov (1990) noted that, as crack has become more widely available since the mid-1980s, there has been a corresponding increase in child foster care placements. While he showed no direct statistical relationship, Besharov concluded these increases were primarily due to crack-addicted parents' failure to care for their children.

### HOME ENVIRONMENTS

In a recent study, Hawley, Halle, Drasin, and Thomas (1995) looked at the home environments of children of crack-addicted mothers to see how

from page 1

they differed from the homes of children of nonaddicted parents.

Hawley and colleagues compared 25 mothers who were in chemical dependency treatment for crack addiction with 25 mothers who reported no addiction and were not in drug treatment. The focus of the analysis was on the effects of drug addiction on preschool-age children. All mothers were of lower socioeconomic status and between the ages of 20 and 43.

Ultimately, Hawley and colleagues found significant differences between the two groups. Women who used crack were more likely to suffer from depression, and their families were more likely to change places of residence. In addition, children in these homes were less likely to have contact with their fathers and more likely to have been involved in foster care.

In individual interviews, addicted mothers reported more emotional and physical neglect of their children than nonaddicted mothers. Types of physi-

cal neglect ranged from mild forms, such as poor meal planning, to serious neglect, including complete disinterest in the basic needs of their children.

A recurring theme expressed by mothers addicted to crack was the love and concern they felt for their children. At the same time, however, they acknowledged their inability to provide adequate parenting because of their addiction. Though they were emphatic about the fact that they were not physically abusive, they had a sense of the devastating effects their neglect had on their children. One mother said, "I think I was kind of using more regular at a very crucial time in her life, which was when she was learnin' things. She wasn't getting the attention that she should have been gettin' at that age. And I think that's why she has to kind of withdraw from a lot of stuff now" (Hawley et al., 1995, p. 372).

### INTERVENTIONS

What kinds of interventions are effective with parents who abuse crack and

continued on page 8

## INTERVENING WITH ADDICTED PARENTS

- Families must believe that they are being heard within a nonjudgmental framework. Be genuinely attentive to people; remember what they say and feel.
  - Involve as many family members as possible in interviews. Regard each family member as an opportunity for change, because he or she may be a key person to the dependent.
  - Talk about the drug use right away, treating it as an ordinary subject. Describe the behavior you have observed, and allow family members to share their observations. Remain low-key; do not sensationalize the issue.
  - Keep defining recovery for the family. Have them describe what it will be like when things get better. Stress that drug problems are treatable, and try to instill a sense of hope.
  - Do not get involved in power struggles—keep stating that you care, even when you are attacked.
  - Help the family achieve a "tough love" attitude with the dependent. "I love you, but I don't love your behavior."
  - Develop a plan with the family that addresses their concerns, including the substance abuse, and that builds on family strengths. Use this plan to guide your intervention.
  - Facilitate reduction of mistrust. Family members who have lived through an addiction learn to be suspicious of each other. Children tend to be especially mistrustful. Therefore, behave in a trustworthy manner; do what you say you will do.
  - Invite alcohol/drug treatment specialists to meet with the family (with the family's permission).
- Adapted with permission from DeeAnn Caudel and Marcia Allen's "Chemical Dependency in Parents and Caretakers" (1995). In B. Williams (Ed.) *Family Centered Services: A Handbook for Practitioners* (pp. 247–261). Iowa City: National Resource Center for Family Centered Practice.

## DRAWING A PORTRAIT OF CHRONIC NEGLECT

As she always did, Christine went over what she had learned during this initial visit. There had been clear signs of neglect in this family, and definite areas where she was sure she could help the family improve—if they were motivated to change.

Christine recalled some of the other neglecting families with which she had worked. Sometimes she was able to help them address the conditions that lead to the neglect in a short period of time. Then there were the other families, the ones she and her agency had been working with for years now. She wondered “Are these two types of families fundamentally different?”

In 1993 Kristine Nelson, Edward Saunders, and Miriam Landsman attempted to determine whether chronically neglecting families differ from those involved in shorter-term neglect. In their study, Nelson and her colleagues examined three types of families who had been referred to a metropolitan county child protection agency because of child neglect. Family types included those referred for neglect which had been known to the agency less than three years, those referred for neglect which had been involved with the agency for more than three years, and those referred for neglect that was not substantiated.

### CLEAR DIFFERENCES

Nelson and her colleagues found the families in their study differed significantly in the areas of demographic information, financial and housing status, psychological distress, and the quality of family relationships.

In general, chronically neglectful families had far fewer resources. When it came to demographics, they tended to have larger families—more children—and their children tended to be older. Chronically neglectful mothers had less education and employment experience, and they were more likely to suffer from poverty.

When they compared information, the authors discovered that referrals on newly neglectful families centered on their inability to manage a recent crisis effectively. Social workers identified many more serious problems for chronically neglectful families in their referrals, particularly as they related to family and environmental problems (e.g., parent-child conflict, inadequate housing).

In terms of financial and housing status, all families in this study were found to be considerably poorer than the average families in their neighborhoods. In addition, newly

neglectful families were more likely to report problems with drugs and feelings of social isolation.

When it came to psychological distress, mothers of chronically neglectful families reported more physical health problems than newly neglectful or nonneglectful families. These mothers had a history of chronic mental illness and depression. On the other hand, mothers in the newly neglectful group reported more confused thinking, loneliness, and feelings of dread than mothers from the other groups.

The final area of comparison was on the interactions both inside and outside the family. The authors found that chronically neglectful mothers had more inappropriate expectations of their children and lacked knowledge about parenting and child development.

**Chronically neglectful mothers lacked knowledge about parenting and child development.**

### INTERVENTIONS

The difficulty in intervening effectively in chronic neglect cases is that, in many instances, causes have more to do with environmental factors outside of the social worker's and family's control. Nonetheless, there are steps you can take to address the factors contributing to the neglect. The following are based on suggestions found in Kristine Nelson and Miriam Landsman's “Child Neglect” (1995).

- In addition to family therapy, day care, household management, family planning, and parenting skills training, the family may be greatly helped by referrals for job training or education.
- Foster a sense of partnership and respect between yourself and the family. Show faith in their ability to make choices by involving them in decisions.
- Emphasize the family's existing strengths.
- Provide intensive contact and outreach in the first months; follow this with less intensive contact.
- Serve these families in their own homes in order to influence their surrounding environment. ♦

### References

- Nelson, K., & Landsman, M. J. (1995). Child neglect. In B. K. Williams (Ed.) *Family-Centered Services: A Handbook for Practitioners* (pp. 184–200). Iowa City: National Resource Center for Family-Centered Practice.
- Nelson, K., Saunders, E., & Landsman, M. (1993). Chronic child neglect in perspective. *Social Work, 38*(6), 661–671.

The NC Department of Human Resources does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services. 2,600 copies printed at a cost of \$ or \$ per copy.

## NEGLECT AND CULTURAL SENSITIVITY

Figuring out child neglect is a multifaceted challenge. This challenge becomes even more complex when the cultural backgrounds of the family and the social worker are thrown into the mix.

Social workers working with a family of a different cultural background may be faced with family structures, sex roles, extended family situations, or discipline issues unfamiliar to them. In addition, workers may also be forced to address language barriers, culturally different communication styles, and social, economic, and political factors that affect child rearing (Lum, 1996).

In this article we want to call your attention to the importance of culture in intervening in neglect situations and provide you with a few ideas for developing interventions that recognize cultural differences. By way of illustration, we will describe some common traits shared by families from four minority groups. We will also discuss a study that discovered differences in the way social workers and mothers of various ethnic groups perceive neglect.

### ACCOUNTING FOR DIFFERENCES

How can workers account for cultural differences while they are investigating and providing ongoing services? One of the first steps is to better understand one's own cultural heritage. This includes a self-examination of racial and cultural attitudes and values (Davis & Proctor, 1989). Often personal biases run deep—stereotypic beliefs are subtle forces on our thinking. Many of the western values on which practice theories are based may conflict with the values of minority group clients. Workers can better relate to families if they are aware of their own racial or cultural stereotypes (Davis & Proctor, 1989).

Social workers should also look for opportunities to learn about other cultures, either formally or informally. Colleagues and coworkers of a different culture can be an excellent source of information. Other methods of learning about other cultures include taking language classes, attending festivals and workshops, traveling, reading literature or cultural guides, or community involvement. It may also be helpful, though not always feasible, simply to ask clients specific questions about their culture in a non-threatening, honest manner.

Workers should be careful to keep an open mind when learning about other cultures, however. It is important to remember that while you may learn about the cultural ways of certain groups, because of the uniqueness of individu-

als and the diversity found within cultures, ascribing certain characteristics to specific groups may only create more stereotypes. There may, however, be trends or cultural traits common to some—but not all—families of similar cultural backgrounds.

### A LOOK AT FOUR GROUPS

Cynthia Crosson Tower (1996) examined roles and patterns often found in African American, Latin American, Native American, and Asian and Pacific Island families. She stressed that how a particular family functions may depend on the culture in which the family originated, the subgroup of that culture (e.g., India, Chad, etc.), the individual characteristics of family members, and the family's method of adapting to stress.

In her work, Tower points out several values that typify families from these cultures: strong kinship bonds, the important role of religion (although specific religions vary greatly), and expectations that may be unfamiliar to Anglo American-centered workers. Along with individual differences, American Indian cultures may vary from tribe to tribe, as well as from region to region. All groups may be influenced by different levels of acculturation.

Kinship bonds in African American and American Indian families, for example, may mean that families rely heavily on extended family members and friends for such things as child care, financial assistance, advice, and emotional support (Dykeman, Nelson, & Appleton, 1996; Lum, 1992; Tower, 1996). It is not unusual for aunts, grandparents, friends, or even siblings to be the primary care providers for children. It is also common for all members of an African American family, including children, to be expected to work. While social workers may see this as neglect, families may view it as the role of the child within the family structure (Tower, 1996).

Latin American and Asian/Pacific Island families also rely strongly on the extended family. Tower points out that Asian/Pacific Island and American Indian families may rely on a strict family hierarchy to make decisions. Decisions within Latin American families may greatly involve the male because of the strong belief that the family must respect his sense of pride and responsibility to his family. Shame is often used in Asian families as a tool for disciplining children, and should not be misconstrued by non-Asian social workers as emotional abuse (Tower, 1996).

## NEGLECT AND CULTURE from page 4

In Latin American cultures, extended families may include relatives, friends, godparents, and those who share a living space. Like African American, Asian/Pacific Islander, and American Indian families, the welfare of the group outweighs the welfare of the individual for Latin Americans. Social workers should consider the issues of extended family members not only when placing children, but whenever they are working with families. Likewise, it is important to consider the role that work, pride, and shame play in families.

Religion is important to members of the four cultures we are discussing. Catholicism, the predominant religion for Latin Americans, is an important source of support and comfort. The religions of Asian/Pacific Islanders greatly vary, but there can be a common belief in fatalism. American Indians may rely heavily on and have great respect for grandparents. In fact, grandparents often hold the final authority in child-rearing decisions (Tower, 1996). Children are taught to control their emotions, and noninterference is important to the Native American culture. Native Americans have strong respect for nature and believe they must live in harmony with it (Lum, 1992; Tower, 1996).

### PERSPECTIVES ON NEGLECT

When encountering families of different cultures, social workers should consider their perceptions of neglect. Rose and Meezan (1996) conducted a study that explored the differences in perceptions of neglect held by Caucasian, African American, and Latino mothers. She also compared the perceptions of these women to those of investigation and service caseworkers. All those involved had a middle-class life-style, so the responses reflect community perceptions, not individual perceptions.

### CULTURE AND YOUR PRACTICE

- If you have questions about a family's culture, ask them in a nonthreatening, honest manner.
- Look for opportunities to learn about other cultures, either formally or informally.
- Ask the family who should be involved, as this may include extended family members and friends.
- Look closely at your own racial and cultural attitudes and values—personal biases often run deep.
- Be careful when ascribing certain characteristics to specific groups—every individual is unique.
- Consider the role that work, pride, and shame play.

Study participants responded to a questionnaire that listed nine dimensions of neglect. These dimensions included inadequate food, clothing, medical care, shelter, supervision, emotional care, and education; unwholesome circumstances; and exploitation. Responses related specifically to the care of a six-year-old child.

Rose and Meezan found that mothers from different cultures perceived neglect differently. In general, they found that Caucasian mothers tend to rate certain items related to child neglect as less serious than African American or Latino mothers. For example, African American and Latino mothers felt that raising a child in unwholesome circumstances was a very serious threat to the child's well-being, while Caucasian mothers rated this threat as less serious. This study seems to confirm that "minority group mothers, contrary to popular belief, continue to hold members of their communities to somewhat more stringent child-rearing standards than mothers in the dominant Caucasian culture" (p. 157).

The study also found differences in the way child welfare workers and mothers perceived neglect. Mothers from the three groups rated all dimensions of neglect as potentially more serious to a six-year-old's well-being than did the child welfare workers. However, both groups agreed in the way in which they ranked each dimension from most serious to least serious. Both mothers and child welfare workers considered exploitation and inadequate supervision as the most serious, and inadequate clothing and shelter as the least serious dimensions.

Factoring cultural differences into your work with neglectful families may seem overwhelming, but these differences really do affect child-rearing practices. For professionals highly committed to improving the well-being of children and their families, developing culturally sensitive interventions for neglectful families is not only a necessary skill but an ethical responsibility. ♦

### References

- Davis, L. E. & Proctor, E. K. (1989). *Race, gender, & class*. Englewood Cliffs, NJ: Prentice Hall.
- Dykeman, C., Nelson, J. R., & Appleton, V. (1996). Building strong working alliances with American Indian families. In P. L. Ewalt, E. M. Freeman, S. A. Kirk, & D. L., Poole (Eds.) *Multicultural Issues in Social Work* (pp. 336–349). Washington, DC: NASW Press.
- Lum, D. (1992). *Social work practice & people of color*. Brooks/Cole Publishing Company.
- Rose, S. & Meezan, W. (1996). Variations in perceptions of child neglect. *Child Welfare, 75*(2), 139–160.
- Tower, C. (1996). *Child abuse and neglect*. Boston: Allyn & Bacon.



## IN PURSUIT OF PERMANENCE: N.C.'S FAMILIES FOR KIDS COUNTIES

As part of their efforts to improve outcomes for the families and children involved in the foster care system, North Carolina's *Families for Kids* (FFK) counties are asking families to play a bigger role in determining their futures. In all of the FFK counties (Buncombe, Catawba, Cleveland, Edgecombe, Guilford, Iredell, Richmond, and Wayne) families are becoming more involved. In this article we'll look at some of the efforts Buncombe, Catawba, and Wayne counties are making to get parents involved to *prevent* foster care placement.

### BUNCOMBE COUNTY

Four or five times a week, Tracy Engh finds herself in a remarkable position. As facilitator for precustodial staff meetings and FFK program coordinator, she often finds herself in a room full of people whose sole purpose is to help a family prevent its children from coming into care.

To these precustody staffings, Engh says, "we invite the family and ask them to bring along whomever they feel supports them." This sometimes includes their attorney, friends, community or church members, and people from other agencies. The social worker working with the

family also invites representatives of DSS—usually someone from CPS and placement services—and people from any other agency with whom the family might be working. This sometimes includes people from the developmental evaluation center, the program for victims of perinatal substance abuse, mental health, schools, juvenile court, even private therapists.

"Then we lay it on the table for them—custody is our last resort. Then we ask them: 'What are you willing or

able to do to rectify the situation?'" Engh says.

Buncombe combines this directness with a strengths-based approach. As Engh puts it, "We ask the family to focus on the strengths—what skills and resources they can bring to the situation—and we talk about the strengths of the agencies present."

Because these meetings occur when a case nears the point where children will have to be removed from their homes, one meeting is usually enough. However, for chronic cases where there is a persistent, low-level risk to

a child, they might have up to four staffings with just one family. In these chronic cases, they often find it necessary to remove the children.

The results for the majority of families have been positive. Often, when they are confronted with the gravity of the situation and given a chance to participate in making a plan, parents can avoid having their children placed with DSS. For example, when the problem is neglect because of substance abuse, a mother may decide to place her child with relatives until she can complete a treatment program. DSS is there throughout to support her.

When they began in January 1996, social workers and people from various agencies were sometimes uncomfortable with the kind of direct communication with families that goes on during these meetings. Now, Engh says, they see the value of this openness and feel more comfortable with it. "Social workers have become better at collaborating with families to solve problems."

### CATAWBA COUNTY

Catawba County began having similar community-based assessment meetings, which they call "action meetings," last February. The objective of these meetings is to pull together as many resources as possible to help the family prevent placement of their children. To reinforce this idea, the family is encouraged to bring anyone—minister or landlord, mental health counselor or grandparent—who can give them support.

Each meeting has two phases. In the first, the facts are put on the table. The family is asked to explain, from their point of view, why this meeting is being held. The human services professionals in the room are then given a chance to present their view of the situation.

The second phase of the action meeting focuses on solutions. As Deborah Nealy, Catawba's FFK program coordinator explains it, "We turn to the family and ask them 'What are the things that are working well in your current situation? What's worked in the past for you? How can we help you to reproduce your past successes?'"

If parents don't show up for these meetings—and this happens quite often—they cancel the meeting. Nealy explains, "Parents fail to show up for a number of reasons, but we feel that if they're not part of the plan, how can they be charged with the solution? We rescheduled one meeting four times until the parents could finally make it."

**"When you have all the players there, the family can see how serious the situation is. Sometimes that's all it takes for them to start taking the steps they need."**

**Sara Anderson Mims,  
NC Division of Social  
Services**

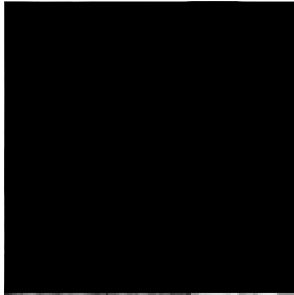
## FAMILIES FOR KIDS

from page 6

The following is an example of the kind of results Catawba's *Families for Kids* has achieved using action meetings. A couple had substance abuse and other problems, and so became involved with DSS and their children's services staff. When the situation became very serious, DSS called an action meeting during which the parents talked about their strong ties to their own parents, who lived in another state. As the meeting progressed, the family said they felt they needed to have these extended family members present to resolve the current crisis.

Together, the people at the meeting saw a way to bring the grandparents down to North Carolina. *Families for Kids* paid for the grandparents' gas mileage and hotel accommodations en route. At a second action meeting, this time with the grandparents in attendance, DSS and the other agencies involved put all the facts on the table and then left the room, leaving the parents, grandparents, and children to come up with a plan.

Ultimately the parents decided to place their children with the grandparents out of state, giving them physical custody and informal guardianship and establishing their own visitation policy. This arrangement was made possible in part through close collaboration between Catawba DSS and social services in the county in the state where the children went to live. Because there was no court involvement, the children were "placed" with their grandpar-



**"If they're not part of the planning, how can families be charged with the solution?"**

**Deborah Nealy,  
Catawba County**

ents over the weekend. Had there been formal court involvement, they would have been placed in a foster home or homes within North Carolina for at least six months.

At last check, the family has had mixed progress. Although the children are thriving under their grandparents' care, their parents have not made much progress in dealing with their substance abuse.

### WAYNE COUNTY

Wayne County has "preplacement committees." Unlike Catawba's action committees, Wayne's preplacement committees meet to consider every intake. Because they must make a speedy determination about the

safety of the situation at hand, they do not have time to involve members of the community or other agencies. These committees usually consist of the worker who conducts the intake, his or her supervisor, two FFK staff members, and, when they attend, the family involved.

The primary advantage of these fast-moving groups is that they bypass the "traditional" routing of a case from CPS to foster care. As Bonnie Gillenwater, Wayne's Families for Kids program coordinator explains, "With pre-placement committees we avoid the time lag we had before. Now we can have services in place for the family almost immediately."

Gillenwater tracked the success of these groups for their first month of operation and found that they were able to keep as many children at home as they placed.

When asked about family involvement with these committees, Gillenwater is both realistic and optimistic. "Transportation seems to be a real barrier," she says. "So far only a small number of families have shown up for pre-placement committee meetings." She conjectures that part of this may be the newness of this type of meeting—pre-placement committees just began meeting in August 1996.

"Our vision is to get to the point where each family comes knowing that they are welcome and they do have a say. We hope to get to where each family comes up with its own plan" Gillenwater says. "I don't think we're far from that point." ♦

### BENEFITS OF "ACTION MEETINGS"

- They can clear up miscommunication and dispel feelings of resentment among agencies.
- Meeting in a supportive atmosphere where everything is clearly stated can help parents see social workers as advocates, not adversaries.
- Social workers sometimes realize that they don't have all the responsibility for making decisions and implementing solutions to a family's problems.
- The collaborative atmosphere of the meeting often leads a family to volunteer to do some of the footwork (e.g., having their house sprayed for pests); it also leads to closer cooperation among agencies.

## CRACK AND NEGLECT from page 2

neglect their children? Unfortunately, the research literature has little to say on this subject—perhaps crack has not been around long enough to develop and test successful interventions.

However, there are some general guidelines you can apply when working with families in which one or more members is involved with crack. The suggestions in the box on page 2 are excerpted from “Chemical Dependency in Parents and Caretakers.” ♦

- Besharov, D. (1990). Crack children in foster care: Re-examining the delicate balance between children's rights and parent's rights. *Children Today, 19*, 21–25.
- Black, R., & Meyer, J. (1980). Parents with special problems: Alcoholism and heroin addiction. *Child Abuse and Neglect, 4*, 45.
- Caudel, D., & Allen, M. (1995). Chemical dependency in parents and caretakers. In B. Williams (Ed.) *Family-Centered Services: A Handbook for Practitioners* (pp. 247–261). Iowa City: National Resource Center for Family Centered Practice.
- Farrar, H. & Kearns, G. (1989). Cocaine: Clinical pharmacology and toxicology. *Journal of Pediatrics, 115*, 665–675.
- Hawley, T., Halle, T., Drasin, R., & Thomas, N. (1995). Children of addicted mothers: Effects of the ‘Crack Epidemic’ on the caregiving environment and the development of preschoolers. *American Journal of Orthopsychiatry, 65*(3), 364–379.
- Nicholi, A. (1983). The non-therapeutic use of psychoactive drugs: A modern epidemic. *New England Journal of Medicine, 308*, 925–933.
- Pearce, D. (1997). Crack cocaine. The Hedonistic Imperative [On-line]. Available: <http://www.pavilion.co.uk/david-pearce/confile.htm>.

### Children's Services Practice Notes

Family & Children's Resource Program  
UNC–School of Social Work  
Campus Box 3550  
Chapel Hill, NC 27599-3550  
State Courier # 14-24-11

## FOSTERING PERSPECTIVES

This Spring, foster parents, foster children, and child welfare social workers across North Carolina will receive a publication just for them.

Called *Fostering Perspectives*, this publication will be a forum in which readers share ideas for handling the difficulties of foster care and celebrate the rewards of this challenging work. Each issue will also publish drawings, poetry, short stories, and letters from children and teens who have lived or are living in foster care.

Please spread the word among the foster or adopted children you know about this opportunity to be published. ***Fostering Perspectives* pays children and teens \$25 for published articles longer than 250 words and less for shorter articles. We also pay \$15 for poems and artwork.**

Send submissions to John McMahon at the address listed on the front of this issue.