THE FUTURE OF AMERICAN FAMILIES: IMPLICATIONS FOR SOCIAL WORK RESEARCH, PRACTICE, AND EDUCATION

Karen Kayser

Abstract: *In this article I briefly describe the changing face of contemporary families in America, and in particular focus on four areas of social work practice in which a family-centered approach is needed. I then present future suggestions for social work research, practice, and education. This is not meant to be an exhaustive review of the literature nor is it an in-depth analysis of one particular area of families.*

Keywords: families, future, family-centered, social work

INTRODUCTION

There is little disagreement among researchers and practitioners that American families have changed quite dramatically over the last few decades. Demographic changes include a delay in getting married, a rise in unmarried heterosexual and same-sex cohabitation (with an increase of these households including children), a decrease in fertility, an increase in separating childbearing from marriage among minority group members with less education, and a steady increase of mothers working outside the home (Bianchi & Casper, 2005). Along with these changes in the structure of families, we have seen an increase in the cultural diversity of families, stemming from immigration and continued growth in income inequality between rich and poor in the U.S. Analyzing census data, sociologist Farrell Webb (2005) predicts that the new families will:

- experience severely limited economic growth and growth opportunities,
- be characterized by a semi-extended family form made up of nonbiological kin with some ties to the family members' countries of origin,
- more than likely live in households that have two primary languages for at least two generations,
- consist of people of color as a majority group,
- have social customs, beliefs, attitudes, and communication forms from cultures that researchers have not thoroughly studied,
- probably have some form of major involvement with governmental institutions (e.g., immigration, homeland security, criminal justice, public welfare, and social services), and
- be stigmatized and misunderstood in part because the scientific community will fail to adapt their research and theories in order to understand these families (Webb, 2005).

I would add a final characteristic: the new families will not be helped by our interventions because our current practices will fail to be sensitive and relevant to diverse cultures

Karen Kayser is Professor at the Graduate School of Social Work, Boston College, Boston, MA 02467.
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and varying forms of families. These social and demographic changes in families have broad implications for many areas of social work practice. While it is beyond the scope of this article to examine all of the challenges that contemporary families now face, I will address four issues related to families—family transitions, child welfare, chronic illness, and poverty.

FAMILIES IN TRANSITION: DIVORCE, SINGLE-PARENTING, AND REMARRIAGE

"Of all the changes in family life during the 20th century, perhaps the most dramatic—and the most far-reaching in its implications—was the increase in the rate of divorce" (Amato, 2000). Partly due to the high divorce rate, at least one-half of all children will spend at least one-quarter of their lives in female-headed households (Webb, 2005). Because there has been a shift from a dominant pattern of lifelong marriage to one of serial marriage, we no longer view divorce as a single, brief event but it is a long-lasting process of changing family relationships. This process begins in the failing marriage, continues through the often distressing period of the marital separation and divorce and its immediate aftermath, and extends often over many years of post-divorce adjustment (Wallerstein, 1998).

The postdivorce years can bring multiple economic, social, and psychological stresses as the single-parent family manages a lowered standard of living, changes in parent-child relationship, and the diminished physical absence of one parent, most often the father. Divorce pushes a significant percentage of families who were living on the threshold of poverty into the depths of poverty. On an emotional level, anger and conflict between the parents persist in an estimated one-third of divorced families (Wallerstein, 1998). Interparental hostility and lack of cooperation between parents during the post divorce phase is a significant predictor of poor outcomes among children (Buchanan, Maccoby, & Dornbush, 1996; Clark & Clifford, 1996; Silitsky, 1996; Vandewater & Lansford, 1998). If one or both parents remarry, there are new challenges of integrating previous children and a new spouse into a family. Because there is a higher rate of dissolution of second (and higher order) marriages than first marriages, it is very likely that the blended family will also breakup (Amato, 2000). As a result, about one out of every six adults experiences two or more divorces (Cherlin, 1992) and one out of ten children will experience at least two divorces of their residential parents before reaching the age of 16 (Hetherington, 1999). It is not surprising that in their adult relationships, children of divorce are at risk for a variety of "sleeper or developmental effects" when they face serious commitments to relationships in late adolescence and young adulthood. Longitudinal studies revealed that young people from divorced families anticipate disappointment in their own adult relationships (Wallerstein & Blakeslee, 1989; Kalter, 1987).

The stresses associated with these various postdivorce phases do not always result in unhappy relationships or psychiatric disorders but the child of divorce is confronted with a set of difficult challenges in addition to the normative tasks of growing up (Wallerstein, 1998). Because of the negative outcomes of divorce and its subsequent stresses, social workers need to actively advocate for the children, especially in the area of court decisions. The courts make decisions regarding custody arrangements and visitations that purport to be based on notions of what is in the best interests of the children. However, many of

the decisions are not based on evidence. For example, there is no empirical evidence that either the sole frequency or the amount of contact between noncustodial parent and child is related to a good outcome in the child. What may be more important is the quality of the relationship between the child and parent and the ability of parents to work together for the good of the child after the divorce.

During the 1990s, as the rate of divorce increased, school-based programs for children of divorce became common and in many states, mediation and education courses for divorcing parents became mandatory (Emery, Kitzmann, & Waldron, 1999). Social workers have been playing a major role in these programs. Although there is evidence that compliance with a visitation schedule and provision of child support payments are positive outcomes of these programs, there is no empirical evidence supporting better psychological outcomes for children as a result of them (Amato, 1999; Wallerstein, 1998). Research, using sound methodology, is needed to evaluate these interventions and to develop innovative approaches that support the interests of the children.

CHILD WELFARE: PROMOTING RESILIENT FAMILIES

The social work profession has had a long-standing commitment to the well-being of families. But it is only in the past decade that in the field of child welfare family-based services have emerged as a renewed effort to achieve the goal of a "secure and loving family" (Maluccio, 1991). Indeed, the paradigm of practice in child welfare has shifted from primarily *child rescue* to *family preservation.* This shift is in part due to long-term social and psychological effects of out-of-home placements, including academic, emotional and social adjustment problems and lack of sense of belonging (Rutter, 2000). The financial cost of foster care has also grown.

Federal legislation in the recent decade has supported a family-centered approach to public child welfare. Family-inclusive legislation included PL 96-142, the Adoption Assistance and Child Welfare Act and in 1993, the Family Preservation and Support Act. The subsequent Adoption and Safe Families Act (PL105-89) of 1997 further emphasized the safety of all family members, and not just children. This legislation has lead to the emergence of various family-centered programs which involve a family resilience or competency-based approach to protective services. This perspective refers to an attitudinal, behavioral and organizational approach to families encountering the protective service systems and has the following characteristics: 1. focusing on the family as the unit of attention and as the central context for individuals; 2. maximizing family choice and informed decision-making; 3. assessing with a strengths-perspective versus a pathology perspective; and 4. ensuring culturally and diversity-sensitive interactions and services (Walter and Petr, 2000; Allen and Petr, 1998). Social workers using this approach view themselves as agents of families, strengthening the family's existing skills, promoting acquisition of new skills, and helping families access external resources (Dunst, Boyd, Trivette, & Hamby, 2002). A family-centered approach places social workers in a less adversarial role with the families. Workers are viewed as advocates who will help them keep their children rather than take them out of the family (Byrne, 2003). Research on family-centered practice in child welfare has produced some promising results, including more treatment compliance from families; reduced placement rates; decreased rates of recurring maltreatment (Littell, 2001); more

family engagement and families' use of a broader range of services (Walton, 2001).

There are several types of interventions that fall under the rubric of family-centered practice in child welfare. Probably the best known and most controversial among them are the Intensive Family Preservation Services (IFPS). These interventions provide an alternative to removing children from families accused of child abuse and neglect by providing intense services in their homes. These services need to confront problems such as poverty, domestic violence, poor housing, and lack of transportation. Hence, they may include job skills training, finding a local food pantry, applying for Medicaid, obtaining after-school care for their children, teaching positive parenting skills, or scheduling a job interview. The early studies on IFPS in the late 1980s and early 1990s yielded impressive results with fewer out-of-home placements among families utilizing the services. However, many of the studies had weak methodological designs that lacked control groups and relied on only one outcome measure (Blythe, Salley, & Jayaratne, 1994). More recent studies using comparison groups in their designs have produced lower rates of out-of-home placements but the difference between the two groups has not been as great as originally reported in early studies. Some practitioners are questioning if this approach would be considered best practice for these high-risk families and question what we are actually preserving.

Another innovative intervention in child welfare that uses a strengths-based, family-centered model is the family group conferencing. Family conferencing is based on Maori cultural practices in New Zealand and is similar to practices in many other indigenous cultures (Waites, Macgowan, Pennell, Carlton-LaNey, & Weil, 2004). It is a partnership-building model that emphasizes the importance of the family's cultural knowledge for safeguarding children and other family members. The conference provides the larger family group with an opportunity to develop a plan to resolve the child welfare concerns. Checks-and-balances are built in by having the family group formulate a plan that had to be approved by the protective authorities before implementation (Waites, et al., 2004). Following New Zealand's lead, social workers in other countries, including the United States, have adopted the model. Initial outcome studies show that the model is effective in keeping children with their families, kin, or cultural group, stabilizes children's placements, decreases child maltreatment, and increases family pride ("Promising Results," 2003).

A family-centered approach to child protective work may have additional benefits for workers in this highly stressful area. Child welfare traditionally has involved a high level of stress for staff, problems with recruiting and retaining staff, and burnout (Ellett, 2000). It has been suggested that changing the role of workers from an adversarial role to a strengths-based approach with families may have positive outcomes for social workers in terms of their job satisfaction and burnout (Byrne, 2004).

FAMILIES COPING WITH CHRONIC ILLNESSES

Nearly 90 million people in the United States live with a chronic illness (National Center for Health Statistics, 2004). Moreover, as survival rates from life-threatening, chronic illnesses have risen, they are living with illness for a longer period of time. For example, the five-year relative survival rates, for all cancers, have risen from 53% in 1983-85 to 63% in 1992-99 (American Cancer Society, 2004). Individuals with chronic illnesses do not cope with their illness in isolation but, instead, within the context of their interper-

sonal relationships. Family members are faced with additional caregiving responsibilities, economic stress when the patient is unable to work or has inadequate health insurance, emotional distress such as anxiety and depression, and marital distress (Akamatsu, Stephens, Hobfoll, & Crowther, 1992; Veach, Nicholas, & Barton, 2002). These stresses can negatively affect family members' well-being, but at the same time, family members can positively influence a patient's psychological adjustment and management of illness, including adherence to a treatment regimen, pain management, and facilitating healthy behaviors (Burg & Seeman, 1994).

With the emphasis on managed care and shorter hospital stays, our healthcare system is placing more responsibility on families to care for patients in their homes. This shift in care to the family is occurring at the same time that most women are entering the workforce and are less available to provide care at home. Also, the structure of families is changing due to grandparents and parents beginning to outnumber children. This so-called "beanpole"structure of the American family means that a greater responsibility for caregiving will be placed on fewer people (Bengston, et al., 2005). Especially among some ethnic groups, such as African Americans, family members rely extensively on informal caregivers (Chadiha, Adams, Biegel, Auslander, & Gutierrez, 2004).

The connection between physical illness and family relationships has led researchers to develop psychosocial interventions that include the patient's family. A recent meta-analysis of seventy randomized studies comparing family psychosocial interventions with traditional medical care found positive effects for patients and family members (Martire, Lustig, Schulz, Miler, & Helgeson, 2004). For patients, interventions that included the spouse had positive effects on depression and, in some cases, on mortality. Positive effects were found for family members in decreasing caregiving burden, depression, and anxiety. These effects were strongest for nondemanding illnesses and for interventions that targeted only the family member and addressed relationship issues.

Social workers in healthcare settings rely heavily on peer support groups to help patients adjust to illness. However, given the frequency and intensity of interaction that a patient has with his or her family members, psychosocial interventions within the family context may be more effective than peer group work (Radjovic, Nicassio, & Weisman, 1992). As current changes in the patterns of medical care transfer greater responsibility from health care professionals to the spouse and the couple, it is all the more important to deal with a couple as a unit and include the partner in treatment plans.

FAMILIES IN POVERTY: FAMILY VALUES VS VALUING FAMILIES

In 2002 the overall percent of Americans living in poverty increased to 12.1 percent, up from 11.7 percent in 2001 and 11.3 percent in 2000, reflecting the recession that started in the spring of 2000 and the economic fallout from the September 11, 2001 attacks (National Center for Health Statistics, 2004). These were the first increases in the poverty rate since 1993. Whereas increases in the past were primarily among children and persons 65 years of age, in 2002 the poverty rate increased for all ages (National Center for Health Statistics). Poverty is disproportionately experienced by nonwhites, children, and families head by single-parents. Using data from the Panel Study of Income Dynamics, Rank and Hirschl (1999) found that 34% of children overall will have spent at least one

year in poverty; however, for Black children the rate was 69%, for children in single parent households 81%, and for children whose head of household had not completed 12 years of school 63%. While the welfare reform program, Temporary Assistance for Needy Families (TANF) of 1996, demanded that mothers participate in the paid labor force, it has not been successful in lifting their families out of poverty.

By ending the entitlement to welfare benefits, the United States removed a safety net for families, supporting the belief that women and children do not deserve any form of special protection (Hays, 2003). The only indication of concern for the children was the provision of temporary subsidies for paid childcare. Because many politicians view poverty as stemming from the erosion of "family values," policies were created to promote abstinence and decrease out-of-wedlock childbearing. Marriage is promoted as a central path to lifting women and children out of poverty. Recently President Bush has proposed a new model program, Healthy Marriage Initiative, to promote marriage as a part of welfare reauthorization. The proposed program seeks to improve marriages by providing individuals and couples with 1) "accurate information on the value of marriage in the lives of men, women, and children; 2) marriage-skills education that will enable couples to reduce conflict and increase the happiness and longevity of their relationship; and 3) experimental reductions in the financial penalties against marriage that are currently contained in all federal welfare programs" (Rector & Pardue, 2004). Some aspects of this initiative are commendable: First, it is preventative, with emphasis on teaching relationship skills and budgeting skills in high school and, second, it provides low-income individuals and couples with counseling that they may not otherwise be able to afford. At the same time, the Initiative may be shortsighted and inadequate, given the scientific evidence that shows marital breakdown and marital distress are also the *result* of the chronic stress of poverty.

The states with the highest divorce rates in the country also rank near the bottom of the 50 states in terms of employment rate, annual pay, household income, and health insurance coverage and have among the highest rates of poverty in the nation (Karney, Story, & Bradbury, 2005). Empirical investigations by Conger, Rueter, and Elder (2003) reveal that economic pressures increase the risk for emotional distress which, in turn, increases risk for marital conflict. These researchers conclude, "To the extent that these findings have causal implications, we conclude that economic pressure likely has its most significant impact on marriage through its exacerbation of wives' and husbands' emotional problems" (Conger et al, 2003). These findings are further supported by a longitudinal study in which the authors found that during the first years of marriage couples experiencing higher levels of chronic stress experienced steeper declines of marital satisfaction compared to couples who were not experiencing chronic stress (Karney, Story, and Bradbury, 2005). Karney et al. (2005) conclude "it seems that it is harder to maintain even moderate levels of satisfaction when the context of the marriage makes constant demands on a couple's resources (p. 29)." The authors suggest that while skills training and education about relationships may be a valuable beginning, policy makers might consider supporting programs aimed at raising standards of living. If provided with an external context that supports the relationship, couples may be better equipped to maintain their relationships on their own (Karney, et al., 2005).

The Initiative also does not attend to some of the social and demographic characteristics

of poor families. For example, at least among poor black women, the high rates of joblessness among poor black men may be the single most significant factor causing high rates of unwed parenting (Wilson, 1987). Hence, poor women face a marriage market composed largely of unemployed, underemployed, or only intermittently employed men. Furthermore, many African American families in poverty consist of multigenerational families composed of young mothers, grandmothers, and children (Chase-Lansdale, Gordon, Coley, Wakschlag, & Brooks-Gunn, 1999). The multigenerational household structure was promoted by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 when it mandated that unmarried, minor parents live with their mothers or mother figures. The Healthy Marriage Initiative does not offer these types of families much assistance in coping with the stresses that young parents face. Another type of family that will likely be excluded from this Initiative is the family headed by a same-sex couple.

DIRECTIONS FOR FUTURE RESEARCH, PRACTICE, AND EDUCATION

In the human services, social workers are often the practitioners who do the lion's share of direct practice with couples and families. However, we have turned over the work of knowledge-building to psychologists and sociologists. For example, out of the 44 articles in last year's volume of *Research on Social Work Practice (2004)*, only four articles contained family or families in their titles. Nine articles dealt with a family role (e.g., mother, father, child) or an issue specific to family (such as domestic violence or child abuse). It is also noteworthy that of the 70 studies included in the meta-analysis of interventions with families and chronic illness (Martire, et al., 2004), not one of the studies appeared in a social work journal. Clearly, social workers are not producing the best scholarship in the area of family science. One area of research where social workers could take more leadership is intervention research. By developing innovative interventions with families or evaluating our current practices with families, we would contribute valuable information on evidence-based practice.

Furthermore, the published social work research on families has methodological shortcomings and weak designs. The most common problem is that data are collected from one family member and therefore, the family or couple is not the unit of analysis. We now have statistical techniques that allow us to analyze data from more than one family member or from more than one setting (e.g. school, parents, community). The use of hierarchical linear modeling (HLM) has several advantages in that it analyzes longitudinal trajectories and allows for family members' trajectories to be estimated simultaneously in a model in which the dependencies in family members' data are controlled for. In addition, HLM uses all available data from each individual, even though participants may not have data at every time point.

Our research with families must include longitudinal designs. Families are not static; they change over time with various developmental tasks, stages, and normative and non-normative transitions. To examine the family at one point in time does not allow us to understand fully such things such as the predictors of divorce, consequences of interpersonal violence, or how families cope with acute stress from trauma, violence, death, or other major stressors.

A common theme that runs throughout our research and work with families is that

families face numerous stresses on a daily basis. Balancing work and family roles, dealing with caregiving of children and elderly parents, managing economic pressures, resolving marital conflict, and negotiating family transitions are just few of the types of stresses. Therefore, I strongly suggest that social work researchers, practitioners, and educators focus on applying models of family stress and coping to their research and practice (see Boss, 2002, 2003; Revenson, Kayser, & Bodenmann, 2005). These models are based on the transactional theory of individual stress and coping pioneered by Lazarus and Folkman (1984) but are expanded to include systemic and process-oriented concepts. Boss (2002) describes family stress theory as "an umbrella-like theoretical framework of many ideas to help us understand family stress and crisis within a broader, more culturally sensitive context" (p. 1). She developed a family stress management theory that incorporates the family's external context--its culture, history, economic status, development, heredity, and chronic discrimination--as well as the family's internal context which consists of structural, psychological, and philosophical dimensions (Boss, 2002). This theory offers great potential to inform practice, therapy, advocacy, and public policy.

Finally, there is a trend for students in our graduate schools of social work to pursue an M.S.W. in order to work in private practice. A recent study found that students' interest in working with the poor can actually decrease during graduate school (Perry, 2003). As educators, we should not provide students with clinical training only suitable for work with white, middle-class families. Course content should include theories and practice methods that are also applicable to nonwhite, non middle class families, living in diverse circumstances. For example, theories that focus on resilience instead of dysfunction may provide us with a theoretical lens for understanding the strengths and adaptation of families of color. Furthermore, doctoral-level courses on family theory and research methods are critical to preparing social work scholars who are interested in family research.

Since families are the building blocks of every society, our future depends on the future health of our families. To promote societies that foster the well-being of all people, we need to support and empower our families. To this end, the social work profession must be committed to ensuring that families (however they are defined) are valued, supported, and empowered to have the resources to raise healthy, moral, responsible, and caring members of society.

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Author's Note

Address correspondence to Karen Kayser, Ph.D., at Boston College, Graduate School of Social Work, Chestnut Hill, MA 02467. Email address: Kayserk@bc.edu.