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**Family crisis intervention**

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The present dissertation aimed to evaluate the Family Crisis Intervention Program, FCIP, and to establish the effectiveness of intensive family preservation programs. A general introduction to family crisis intervention is provided in Chapter 1. Chapter 2 consists of the meta-analytic study that has been conducted to establish the effectiveness of intensive family preservation programs. Chapter 3 focuses on the phenomenon of family crisis and its role in family crisis intervention. The evaluation of the Family Crisis Intervention Program is presented in Chapter 4, addressing crisis change, safety change, changes in family functioning and child behavior problems. In this evaluation, associations between program characteristics and the positive changes were explored and clients' perceptions of out-of-home care were examined, which was expanded to the relative contribution of the Big Four factors of therapeutic change (client factors, therapeutic alliance, expectation and the specific method) and to the role of families and FCIP workers in therapeutic change in Chapter 5. Chapter 6 is the general discussion.

The results of the meta-analysis showed no overall effect on prevention of out-of-home placement. Concerning improved family functioning, a medium positive effect was found. Intensive family preservation programs were effective in preventing placement for multi-problem families, but not for families experiencing abuse and neglect. Moreover, the effect on out-of-home placement proved to be moderated by client characteristics (sex and age of the child, parent age, number of children in the family, single-parenthood, non-white ethnicity), program characteristics (social worker caseload), study characteristics (study design and study quality), and publication characteristics (publication type, publication year and journal impact factor (Chapter 2).

The results showed that the families that were referred to FCIP and their FCIP workers generally identified a crisis situation, in accordance with the intake criterion of the occurrence of a crisis, although some perception differences were found between respondents, and some clients indicated they were not in crisis or only a little bit. A substantial need for help was found that was diverse and was also related to crisis experience. The assumed sudden start of a crisis and the time limited character (4 to 6 weeks) was not confirmed in our study (Chapter 3).

After FCIP, crisis had decreased and safety had increased according to families and FCIP workers, and improvements were found in parenting stress, parental competence (for mothers), child behavioral problems (according to parents) and parent-child interaction (according to mothers). The solution-focused approach, the therapeutic alliance, extended

intervention duration and the analysis of the situation were associated with the improvements that were found. The families who experienced out-of-home care of a child during FCIP generally reported that they agreed with the out-of-home care and indicated a positive role of such care (Chapter 4).

Concerning the contribution of client factors, therapeutic alliance, clients' expectations and the specific intervention method (the Big Four) to crisis and safety change, the specific method explained most of the variance. The solution-focused approach, the network-approach and safety assessment contributed uniquely to crisis or safety change. The therapeutic alliance explained as much variance as the specific method did in crisis change, and was the second most important contributor to safety change. Client factors and expectation accounted for far less variance in therapeutic change. Simultaneously with the specific method and the therapeutic alliance contributing most, differences between clients explained most of the variance compared to differences between FCIP workers. The Big Four components were found to be substantially interrelated (Chapter 5).

Strengths and limitations of the studies and implications for research, policy and practice are discussed, addressing family crisis, family crisis intervention, the therapeutic process and evaluation (Chapter 6).