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A DESCRIPTIVE FOLLOW-UP STUDY OF 21 CHILDREN

FROM PARRY CENTER

by

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A report submitted in partial fulfillment of

the requirements for the degree of

MASTER OF
SOCIAL WORK

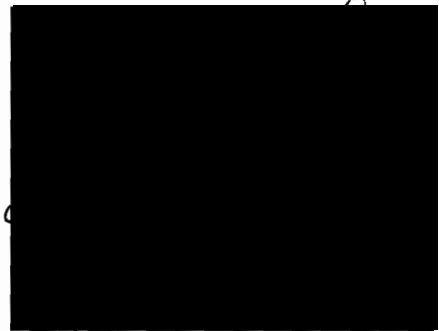Portland State University

1973

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I. INTRODUCTION

The age-old question persists: Does an agency-operated treatment program contribute significantly to a child's personal development and adjustment following release from the institution? Since it is the agency's responsibility to weigh the needs of the disturbed child and provide appropriate services according to those needs, their basic question--whether residential treatment or another mode of treatment is more effective--remains unanswered and, in many instances, uncontested. If residential child care benefits the disturbed child, which characteristics of that agency are conducive to the improvement of the child's behavior and re-adaptation? The following study will attempt to isolate such characteristics. We will provide behavior samples of twenty-one emotionally disturbed children before, during, and following treatment at The Parry Center. These behaviors are presented descriptively, and will relate to prior environmental influences (adjustment to home, school, etc.); treatment factors (those conducive to behavior change, those detrimental); and post-residential success. We will also compare these descriptions with The Parry Center's recent research study: <u>Eighteen</u>

Boys . . . A Descriptive Follow-Up Study (June 10, 1970.).

Fund-raising and re-allocation of monies for the Parry Center and other child-care facilities are dependent upon the agency's presentation of positive treatment results, available through researched follow-up studies. Accordingly, the Parry Center has recognized a growing need for objective data and continued research pointing to successful re-adaptation of their population to the community. According to administrative staff at the Parry Center, past research and statistical studies from other treatment agencies are either outdated or irrelevant to the Parry Center's setting.

Our study provides relevant, objective data through reference to and refinement of the aforementioned Eighteen Boys . . . A Descriptive Follow-Up Study. Specifically these criteria are:

 (1) a systematic description of the current life situation of twenty-one children who were in a specialized treatment program at Parry Center;

 (2) provisions for some guidelines for ongoing follow-up studies for all children who have been served by Parry Center;

 (3) contributions toward a method of assessing the agency's practices.[1]

A. History

The Parry Center (formerly The Home, and The Children's Home) is the oldest care facility for children in

Portland, Oregon It began in 1867 through the efforts
of a small group of women to care for the needs of
orphaned or neglected children in immigrant wagon trains
which had traveled across the plains. After four years
of this work--financed largely by entertainments, con-
certs, and bazaars--two lots and a small house were pur-
chased, establishing the facility then known as The
Home. The objective changed from an orphanage to pro-
viding care for children from broken homes in as unin-
stitutional an atmosphere as possible. It was then sup-
ported by concerned citizens and wealthy benefactors.
The first permanent facility was constructed in 1884.
The present facilities, relocated, are on a thirteen
acre plot bought by a generous benefactor, Mrs. P. J.
Mann. Facilities include cottages, administration build-
ing, auditorium, and gymnasium. The cottages provide
quarters for twenty-five children; a house mother and a
cook are in charge of each complex.

The Children's Home remained primarily a custodial
agency until the mid 1950's. Child Welfare studies,
growing needs, and staff concerns prompted the institu-
tion to look into adding to their agency professional
personnel. The year 1952 was the landmark for transi-
tion, as the institution hired its first social worker
who assumed directorship of the agency. During this

phase the institution began its metamorphosis from a cus-
todial to a treatment organization which in turn altered
agency philosophy, intake criteria, and staff hiring
practices.

In 1965 a significant transition took place, dur-
ing the residence of this study's population, in that
the policy of intake changed to providing services for
neurotic children and children with behavior disturban-
ces. The program required that the children have aver-
age intelligence and enough self-control to live in an
open setting.[2] At this time Parry Center provided resi-
dential care of children between the ages of six through
seventeen. A variety of complications arose from the
Parry Center staff with some of the children in the age
range of 13 through 17. Many exhibited dangerous acting-
out episodes: stealing, running from the institution,
physical assertiveness toward the other children, and
destruction of Parry Center property. Many of these
same children exhibited no remorse concerning these
actions, making it extremely difficult for the staff
to make the child aware of the unwanted behavior. Thus,
these behaviors continued with little positive change.
The above behavioral factors in particular should be
considered in terms of the effect treatment had on the
children (and also upon the successful readjustment fol-
lowing treatment) at the Parry Center.

Recently, the Parry Center has perceived their lack of facilities for children with acting-out, behaviors. They have also altered intake criteria and have restricted population to pre-adolescent children. The following study's population differs from the Parry Center's present population in the abovementioned ways.

B. Review of Literature

In our exploration of literature we have observed several general reasons given by other studies for undertaking a post-residential study. The following statements relate clearly to our study's rationale for a follow-up research of emotionally disturbed children.

According to Viola and Sanford Weiss, authors of A Follow-Up Study of Children Released From Residential Treatment Centers (Jewish Children's Home Service of New Orleans, Louisiana), there are three general reasons: (1) to explore, evaluate and seek a means of validation of residential child-care services; (2) to develop a clear conceptual practice which requires validation and isolates those that lend themselves to research; and (3) above all, to develop procedures for testing the results and sorting successes from failures.[3]

A study by Delores Taylor and Stuart Alpert entitled Continuity and Support Following Residential Treatment states:

"The primary purpose of a post-discharge study .
. . is to examine levels of adaptation achieved
by children who had undergone residential treat-
ment, and the environment, agency, and other pro-
fessional supports necessary to increase the op-
portunities of the youngsters' well being . . .
and to study those elements enhancing capacities
and behaviors."[4]

Whether to validate residential child care, to examine levles of adaptation following discharge, or to develop procedures for sorting successes from failures; whether for funding, obligation, or desire, we, with the Parry Center and other child-care agencies, are discovering an increasing urgency for informative, objective follow-up study.

The Bellfaire Follow-Up Study in Cleveland, Ohio, beginning in 1947, though inactive for many years, has impressed us with its methods of research and post-discharge observation of children. For example, the Bellfaire Study findings show that there is signifi-cance in combining many views of success into a compo-iste picture: ". . . and this does not preclude the importance of individual evaluation, such as a child's report about his own feelings of being helped, or in the parents' judgment of the child's improvement."[5] Our study tends to align itself with that of the Bell-faire research, giving greater attention to the child's self-report. Additionally, Bellfaire Study explores the success of the child following his residential treatment

in terms of his re-adaptation to society, parents, and school. For example, is the child able to perform adequately in school? Is his attention span short? Does his temper flare under academic stress? How well does he get along with his peers? From these adaptive behavioral descriptions, the Bellfaire Follow-Up Study was able to determine the results of treatment after release from the agency. Our study tends to confirm the child's success, also, in terms of adaptive behavioral descriptions.

There has been little research on the process and descriptive outcome of treating emotionally disturbed children. "Researchers as well as clinicians have repeatedly claimed that it is difficult to measure an elusive concept such as 'success'."[6] Our review of literature may appear brief; however, this is due to the fact that there is a lack of substantive research. "Few residential programs evaluate the outcome of their work in rigorously designed, well-controlled, scientifically objective studies."[7] (For further information pertaining to descriptive, short-term, and follow-up studies, see Chapter Note #8). We, in our study, attempt to move a step further towards providing a more objectively scientific, better controlled study of emotionally disturbed children following residence at the Parry Center.

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II.   METHODOLOGY
     a. Purpose
     b. Scope and Population
     c. Hypothesis: Collection of Data
     d. Method of Ranking Children
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II. METHODOLOGY

A. Purpose

This follow-up study represents an attempt to des-
cribe, systematically, the patterns of behavior and cur-
rent life situations of children placed in Parry Center
between July, 1963 and December, 1965, and serves as a
sequel to the initial study completed in June, 1970,
by Parry Center. As in the initial study, pre-, in-,
and post-residence data were collected to facilitate an
examination and an understanding of each child's progres-
sion in terms of his life situation and rate of behavior
change. The secondary aims for this study included
a continuation of an on-going evaluation of Parry Center
and to establish communication with its former residents.

B. Scope and Population

The first follow-up study completed June, 1970, had
a population of eighteen boys which represented all the
children who had been admitted to Parry Center's Treat-
ment Study Center between October, 1959 and June, 1962.
Due to a change in intake criteria from the initial
study, and to facilitate the comparison between the two
studies, the staff at Parry Center determined that the

population for this follow-up study should include all
those children admitted between July, 1963 and December,
1965. This population is composed of twenty-one child-
ren: nineteen boys and two girls, showing an age range
of twelve through eighteen years at the time of this
study. The age range at admission extended from five
years, eleven months through eleven years, four months,
with a mean of eight years and six months.

Pre-residence, in-residence, and post-residence
data were obtained on twelve of the total "n" of twenty-
one children.

Post-residence data was not available for nine
children due to:

1. An inability to locate four children.

2. Refusal to cooperate by two children.

3. Parents did not want child interviewed
in one case.

4. One child was located, but did not respond
to letter.

In other words, complete data was obtained on twelve
of the twenty-one children, and data on the remaining
nine children was limited to pre-residence and in-resi-
dence.

C. Hypotheses: Collection of Data

1. The first hypothesis of this study is that the
child's behavior improves from pre-residence to in-resi-
dence. Prior to being placed in a residential program,

the child because of his emotional and/or behavioral problems may be the subject of a chaotic and rejecting enfironment. A therapeutic community model such as Parry Center attempts to implement a total treatment program which consists of the blending of a day-to-day living experience with the formal treatment modalities. Inherent in this type of program are: environmental structure, consistency in response to his behavior so that he may be able to make predictions of consequences, expectations and limit-setting controls for creating a sense of security, a school and recreational program geared to his needs and abilities, and an opportunity to identify with warm and supportive adult models. Before placement it is assumed that the child does not have access to many of these environmental necessities. Consequently, the child, while attempting to grow and mature must often contend with inadequate parents and with an inadequate ego--in terms of his lacking a functioning self-regulation mechanism.

Regardless of whether the behavior change is due to the therapeutic community, a result of nautral growth and maturation, a moratorium from a pathological family enfironment, or a combination of these and others--the end result we hypothesize is a reduction in negative, self-defeating behavior.

2. It is also hypothesized that parental involvement in the child's treatment results in a positive

behavioral change. If the family is viewed as a system, it follows that any imbalance within that system will probably have some effect in the functioning of the other members. When this imbalance causes disruption or other pathological symptoms between the parents, there is strong clinical evidence that the children will also manifest emotional and/or behavioral symptoms. As the child, in a sense, learns his inappropriate behavior within the family system, it would seem to follow that if the parents were actively involved in their child's treatment and relatively motivated to work on their own problems, the child's overall behavior should improve.

The answers to the following two questions which could not be hypothesized were sought through inspection of the data:

1. Behavioral change is greater in what kinds of children?

2. In what ways do children who are placed in group homes differ from children who are not placed at a group home?

As in the initial study, interview by questionnaire was considered the most appropriate mode for collection of post-residence data. Four questionnaires were utilized in obtaining necessary data:

1. Pre-residence--data from Parry Center records (Appendix A)

2. In-residence--data from Parry Center records (Appendix B)

3. Post-residence follow-up--data obtained by interview with parent* (Appendix C)

4. Post-residence follow-up--data obtained by interview with child (Appendix D)

The Behavior Rating Scale (BRS) which was an integral part of the pre-, in-, and post-questionnaires was designed to rate on a scale of zero to three the child's degree of behavioral problem. A zero rating means "no problem" with respect to a particular behavior; a 1 rating means "mild problem;" a 2 rating means "serious problem;" and a 3 rating means "very severe problem." For the pre- and in-residence questionnaires, the record reviewers determined the score by a careful and thorough examination of each child's record. Although the rating was subjective in nature, the raters' method was to identify specific behavioral incidents and to rate their degree of severity according to frequency and quality of the particular behavior.

Regarding the Behavior Rating Scale with respect to the parents' post-residence questionnaire; the interviewers determined the rating subjectively after a brief discussion with the parent on each behavior category. The emphasis was to ask open-ended questions to allow

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*Due to the absence of many natural or step parents, other significant adults having sufficient awareness of child's current functioning were chosen to be interviewed as "parent" (i.e. group worker, parole officer, group home parent).

the parent to describe his child's functioning, rather than specific and often threatening questions which could result in a minimizing of the problem.

The six graduate Social Work students conducting the study were divided equally into a record reviewing team and an interviewing team. The record reviewers had the responsibility of completing questionnaires #1 and #2 from information obtained in each child's record at Parry Center. The interviewers had the responsibility of ensuring the completion of follow-up questionnaires #3 and #4 via interview with the child and parent. The research team determined that in two cases (#210 and #220), it would be acceptable to allow the surrogate parent to fill out the follow-up questionnaire (parent) at their convenience without being interviewed by one of the interview team due to logistical difficulties. The follow-up questionnaire (child) was administered, with one exception, by members of the interview team. The exception involved a child who refused to be interviewed by a member of the interview team; subsequently he agreed to being interviewed by a staff member of Parry Center.

The record reviewers met frequently to discuss record reviewing methods and read several sample records in preparation for their task. The interviewers conducted pre-test interviews and role-played to ensure a reliable

unifomity and consistency in interviewing approach.

These instruments (questionnaires) were designed to obtain:

1. A behavior description of each child before, during, and after residence. The data needed to describe the child's behavior was extracted primarily from theBehavior Rating Scale which is included in the pre-residence, in-residence, and follow-up (parent) questionnaires.

2. A description of the child's family situation, school functioning, relationship with others, and general life situation. For purposes of describing each child's previous and current life experiences, the following general categories were selected for data grouping:

   a. Living situation
   b. Socialization
   c. Self-awareness
   d. Authority
   e. Relationships
      (1) Peer
      (2) Adult
      (3) Parent
   f. School
   g. Parry Center impressions
   h. Follow-up services

D. Method for Ranking Children According to Behavioral Change (based on data from the Behavior Rating Scale)

Since describing the child's behavior patterns was considered a primary task for this study; it was decided that it would be worthwhile to rank each child with respect to the percentage of behavior change (Positive or negative) between two different time periods:

1. The percentage of behavioral change from pre-residence (time one)* to in-residence (time two)*.

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*It should be noted that subsequent reference to pre-, in-, and post-residence will generally be referred to as time one, time two, and time three, respectively.

2. The percentage of behavioral change from in-residence (time two) to post-residence (time three)*.

The percentage of behavior change from pre-residence (time one) to in-residence (time two) was determined by totaling the scores for each child for each time period. The difference between these two periods was converted into a percentage of behavioral change and the children were ranked from the highest percentage of positive behavioral change down to those children with the lowest or negative percentage of behavioral change.

The same method was used for determining the behavioral change from in-residence (time two) to post-residence (time three) except that only twelve of the total population of twenty-one were ranked.

E. Statistical Treatment

Since the purpose of this study was to obtain, organize and present data to Parry Center regarding former residents, the statistical method chosen was primarily descriptive in nature (i.e. tables, figures) rather than inferential. However, a t test was utilized in our first hypothesis regarding behavioral improvement between

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*It should be noted that subsequent reference to pre-, in-, and post-residence will generally be referred to as time one, time two, and time three, respectively.

the three time periods.

Much data collected could not be treated in the time available and is stored for use of Parry Center Staff and investigators.

III FINDINGS

A. Descriptions

    1. Pre-Residence
       (Figures 1-5)

    2. In-Residence
       (Figures 7-8)

    3. Post-Residence
       (Figures 9-13)

III. FINDINGS

A. Descriptions

1. **Pre-residence Description:**

The study population was drawn from several major sources. Fifty-three percent of the children came from homes other than their own. Ten of the children came in to residence from their own homes, 8 came from foster homes, 2 from the Multnomah Juvenile Detention facility and 1 from Eastfield Childrens Home. Eleven of the residents were in the custody of their natural parents at the time of placement, 1 was in the custody of step-parents and 9 were wards of the court.

Fig. 3-1 Number of Prior Placements

Placements	Children
Eight	1
Five	3
Four	1
Three	1
Two	1
One	7
None	7
Total	21

Sixty-seven percent of the children had one or more placements prior to their residency at Parry Center. The disruptions characterizing the lives of these children is demonstrated by the high incidence of separation

from their parental homes. It is difficult to separate
the cause and effect relationship of these multiple
placements and behavioral problems exhibited by these
children.

Fig. 3-2 **Marital Relationship of Natural
Parents at Time One**

Marriage Intact	3
Separated	2
Divorced	12
Marriage Terminated By Death	1
Unknown	3
Total	21

Intellectual, School and Psychological Data

Intellectual functioning in children, particularly
children with severe emotional problems, is difficult to
measure. I.Q. scores were available for 17 of the 21
children in the study. These scores were obtained from
a variety of different tests administered under differ-
ing conditions, so the scores are presented as only a
rough estimate of intelligence.

Fig. 3-3 I.Q. Ratings

I.Q. Scores	Children
Below Average (90 or less)	8
Average (91 to 110)	9
Above Average (110 and Above)	0
Unknown	4
Total	21

School problems, both behavioral and learning,
were common presenting problems among these twenty one

children. Information in the case records was not adequate to give a break-down of age-appropriate grade functioning at time of placement. The learning demands, social expectations, the value placed on order and co-operation and the structured environment of the educational system make the emotionally disturbed child highly visible to adults in this setting.

The study population included a large number of children with histories of abuse or neglect suffered during the early developmental years. Case records revealed that 13 of the 21 children had experienced some form of abuse, neglect or both at some point in their history.

Fig. 3-4 Alleged Abuse and Neglect

Abuse or Neglect	Children
Abuse	4
Neglect	7
Abuse and Neglect	2
None	7
Unknown	1
Total	21

Seventy percent of the 20 children were found to have experienced some form of abuse or neglect.

The BRS was used to obtain a group score for each problem area at the time of placement. The group score allows for a ranking of problem areas in terms of their frequency and intensity. It was felt that this system

provided a more objective and descriptive measurement
of presenting problems than did formal psychiatric diag-
nosis.

Fig. 3-5 Ranking of Problem Areas at Time One

Problem Area	Group Score From BRS
1) Relationship With Parents	47
2) Relationship With Peers	46
3) Verbal Aggression	37
4) Relationship With Adults	36
5) Authority Problems	33
6) Physical Aggression	32
7) Motor Problems	29
8) Withdraw From Physical Contact	26
9) Sleeping Problems	15
10) Verbal Withdrawl	13
11) Eating Problems	13
12) Language Problems	8

In addition to the above twelve problem areas, 7
of the children exhibited some distortion of reality, 4
exhibited some form of ritualistic behavior and 6 exhi-
bited both ritualistic behavior and distortion of reality.

2. In-Residence

At the time the children were discharged from
Parry Center residence, time two, the average age for
all 21 in the population was 12 years, 2 months with a
range from 8 years, 10 months to 15 years, 10 months.
After release from residence the children were placed as
follows:

Fig. 3-6 Living Situation Following Residence

Returned to one or both parents	9
Parry Center foster home/group home	6
Placed directly in institutions (J.D.H., McClaren School for Boys, Dammasch State Hospital)	6

Discharges from Parry Center were planned in all but one situation. Fourteen children were discharged by staff plan having received maximum benefit from Parry Center. Six were staff planned discharges because the child was not able to respond or use Parry Center and needed other help. One child was discharged to a parent against agency planning.

The prior study revealed a positive relationship between the child's treatment progress and his parents' involvement with Parry Center staff in the treatment. At time two in this study parents were recorded as involved in treatment as follows:

Fig. 3-7 Parents' Involvement In Treatment

A.	Parents involved in treatment with goals of personal change and in support of child's treatment	8
B.	Parents in contact with staff in support of child's treatment	8
C.	Parents had no contact with staff regarding treatment	3
D.	Parent in contact with staff but didn't support treatment	1

E. Parent had no contact with staff
   regarding chid's treatment but
   sought help with another agency   1

At the time of release the parent-child relation-
ship was judged to have shown great improvement since
the time of placement at Parry Center for three child-
ren. For 13 the parent-child relationship continued to
be significantly problematic. Information was not avail-
able for judging in five cases and in most of these, the
reason stemmed from lack of parental contact. Follow-
up services were given by staff on behalf of 11 of the
21 children.

Parry Center Records indicate that for 17 children
medications were used in treatment to control behavior
during residence.

The problem behaviors at time two as measured from
the study's Behavior Rating Scale centered on the broad
area of relationships with others. The ranking of prob-
lems by group score in terms of their frequency and in-
tnesity is as follows:

Fig. 3-8 Rankings of Problem Area
At Time of Release

Problem Area	Group Score From B.R.S.
1) Relationship with Parents	29
2) Relationship with Peers	29
3) Relationship with Adults	28
4) Authority Problems	23
5) Withdrawal from Physical Contact	21
6) Physical Aggression	20
7) Verbal Aggression	19
8) Motor Problems	9
9) Sleeping Problems	7
10) Verbal Withdrawal	6
11) Toileting Problems	6
12) Language Problems	5
13) Eating Problems	3

In addition to the above, six children were recorded as exhibiting ritualistic behavior. Seven of the 21 exhibited some distortions of reality at this time period. Two showed both (#208, & #219), while ten children showed neither. Four showed total behavior scores that were worse at time two than their total behavior scores for time one. All others showed various degrees of improvement in their behavior scores.

3. Post-Residence:

Of the 21 children in the study's population described at time one and time two, only 12 appear in the study at time three. The nine absentees at time three are accounted for as follows:

Fig. 3-9 Cases Missing at Time Three

Unable to locate	5
Parent refused interview	2
Child refused interview	2
Located out of State with no response to inquiry	1
Total	9

The time three children present a complex picture and a reversal of behavioral improvement measured against their time two ratings and expectations. Several hypotheses are suggested for this reversal of trends and will be considered further on in the study.

At the time of the study, the 12 show an average age of 15 years 8 months, ranging from 13 years 0 months to 18 years 1 month. Eleven subjects are male, one is female.

At the time of the conclusion of the study, i.e., at the time of subject contact, half of the subjects were still tied indirectly to Parry Center by reason of their living situation, namely, a Parry Center group foster home. Descriptively, the 12 were classified as follows:

Fig. 3-10 Living Situation--Time of Interview

Own home	1
Parry Center foster group home	6
Other foster home	1
Institution	3
Other	1*

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*Subject was living alone, but under outside supervision of parole officer.

Enroute to their living situation at the time of contact with the study's interviewers, the subjects were traced from time of discharge from Parry Center treatment to their living situation at time of contact. At the time of discharge, six were routed directly to a Parry Center foster group home. Of these six, five remained there with no intermediate moves up until contact with the time three interviewer. One of the subjects who had been institutionalized upon discharge from Parry Center had experienced five different living situations since the original placement. At time three, the subject was living alone without constant supervision. A charted description, encapsulating individual case checks, appears as follows:

Fig. 3-11 Living Situations Since Discharge
(N = 12)

Case Number*	Discharged To	Number of Living Situations	Living Situation at Time of Interview
220	D	5	E
207	A	3	D
210	D	4	D
218	B	3	B
217	D	4	C
208	D	4	D
202	A	1	A
209	B	1	B
204	B	1	B
214	B	1	B
215	B	1	B
211	B	1	B

*Cases ranked according to time three B.R.S.

In above figure:

A = Own home
B = Parry Center foster group home
C = Other foster home
D = Institution
E = Other

The numbers and types of ancillary services util-
ized by the 12 from the time of discharge until time of
contact with the interviewer is as follows:

Fig. 3-12 Follow-up Services Since Discharge

(N - 12)

	Time Two - Time Three	Time Three (Time of Interview)
Physician	10	2
Psychiatrist	5	
Psychologist	2	
Social Worker	10	
Religious Counselor	2	1
Other	2*	6**

*School Counselor; Parole Officer
**School Counselor; MacLaren Counselor; JDH Counselor;
  Welfare Social Worker; Parole Officer

Of the twelve retrospective impressions of Parry
Center, half of the group left with positive attitudes
toward Parry Center, perceiving their treatment as hav-
ing been beneficial. This information was abstracted
from time three questions dealing with dislikes and final
impressions. The other half of the group recalled nega-
tive aspects of the treatment program. These included
memories of rough physical treatment by house parents,

inequity of aggressive disciplinary measures discriminatively applied, the harrassment of younger children by older children, the impression of being 'put down' or being treated as 'crazy' by the staff, and a lack of experiences within the institution which would prepare the child for life outside of the institutional setting.

Time three contact found eleven of the twelve enrolled in school. Only one had dropped out, leaving school after the tenth grade. Of the eleven enrolled in school, five were enrolled in a formal elementary or secondary educational program. Of the remaining six, two were enrolled in special education programs (underachievers who did not expect to complete formal education), while four were in vocational training programs. One of these had completed high school and was attending a technical vocational program at a local community college.

Sumilar to time one and time two, the BRS was used to obtain a group score for each problem area, ranking the problem areas in terms of their frequency and intensity, using the same scale.

Fig. 3-13 Problem Area at Time of Interview

(N = 12)

Problem Area	Group Score From BRS
1) Relationship with Adults	11
2) Relationship with Parents	10
3) Authority Problems	9
4) Withdrawal from Physical Contact	9
5) Relationship with Peers	8
6) Verbal Aggression	7
7) Eating Problems	7
8) Motor Problems	5
9) Physical Aggression	5
10) Verbal Withdrawal	4
11) Language Problems	4
12) Sleeping Problems	3
13) Toileting Problems	3

In addition to the above thirteen problem areas, four of the children exhibited some distortion of reality, two exhibited some form of ritualistic behavior. One exhibited both ritualistic behavior and some distortion of reality, while six exhibited neither of these distrubances.

III FINDINGS

B. Data Analysis

    1. Behavior Improvement
        (Tables 1-3)

    2. Types of Children
        That Improved
        (Tables 4-5)
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B. Data Analysis

1. Behavior Improvement

One of the study's main hypotheses suggests that a child's behavior should improve over time from the pre-residence to the end of residence to the post resi-dence times of measurement. We can measure behavior improvement by examining the raw scores from the Behav-ior Rating Scale:

Table 1 Behavior Rating Scale Raw Scores

Subject Code	Time 1 (N=21)	Time 2 (N=21)	Time 3 (N=12)
201	13	4	
202	19	12	7
203	19	2	
204	24	7	7
205	22	1	
206	11	3	
207	9	14	4
208	13	11	6
209	17	7	6
210	18	15	7
211	18	5	10
212	15	14	
213	11	13	
214	19	8	9
215	14	10	14
216	18	23	
217	19	15	8
218	15	4	2
219	24	18	
220	19	23	5
221	18	5	

We observe that 17 of the 21 children did improve their behavior rating scores from time 1 to time 2. Four Children actually got worse, however. We also ob-serve that between time 2 and time 3, eight of the 12

children contacted showed improvement; three got worse; and one child scored the same.

For eleven of the twelve children interviewed the raw scores show improvement in behavior from the time 1 measurement to the time 3 measurement, a period of seven to eight years. The twelfth child improved at first by four points but then got worse by four points, ultimately remaining the same. None of the children interviewed, then, got worse overall. This leaves a net effect of improvement for the children interviewed.

The above rating doesn't account for specific behavioral improvements in identified problem areas, but the overall trend showed substantial improvement for almost every subject. In some problem areas a child may have improved while getting worse in others or developing new problems. This effect has been termed displacement or symptom substitution.

To analyze behavior improvement in another way we have computed the mean behavior score for each time period. Since a larger score indicates more severe problems, the decrease in the size of the means clearly implies improvement. The means and standard deviations of these distributions have been computed as follows:

Table 2

	Time 1 (N=21)	Time 2 (N=21)	Time 3 (N=12)
Mean Behavior Score	16.90	10.19	7.08
Standard Deviation	4.07	6.46	3.06

From these figures a t test was used to test the
one tailed significance of the difference between two
means, for time 1 and time 2 improvement, for time 2 and
time 3 improvement, and for time 1 and time 3 improvement.
These were computed with the following results:

Table 3 Tests of Significance

$t_{1,2}$ = 1.928 -- significant to .05 level

$t_{2,3}$ = 1.873 -- significant to .05 level

$t_{1,3}$ = 7.856 -- significant to .01 level

Behavior improvement is significant between time 1
and time 2 and between time 2 and time 3, but behavior
improvement is most significant over the longer period,
time 1 to time 3. These findings lend support to the
hypothesis: Behavior seems to improve over time from
pre-residence to in-residence to post-residence as meas-
ured by these instruments.

The next question that could be asked is, "Why?".
There could, of course, be a multitude of explanations.
One inference might be that Parry Center treatment shared

some of the credit, especially in view of the continued responsibility of the center for several of the subjects. However this assertion requires further examination due to the observation that those who went to Parry Center's Group Home did worse from time 2 to time 3 than the rest in Group Home children of the sample. This will be discussed in a later section. Another inference might view improvement as a function of expected growth in childhood. These sub-hypotheses might be subject for future investigation.

2. Types of Children that Improved

One of the major tasks of this study was to identify the variables that appear to account for the degree of success or failure experienced by the children during residence at Parry Center. This brings us to our second major research question: Behavioral change is greater in what types of children? The population was ranked in terms of improvement from time 1 to time 1 from their scores on the BRS. The difference between the total score for each child at time 1 and time 2 provided a raw score of behavioral change. The percent of change from time 1 to time 2 was computed for each child and this percentage was used to rank the subjects. A percentage score was used to allow for the differences in time 1 scores which serve as an upper limit on the amount of

numerical change possible for each child.

Table 4 Time 1-Time 2 Improvement Ranking From BRS

Code	T-1 BRS Score	T-2 BRS Score	Dif. T-1; T-2	% of Change
205	22	1	21	95
203	19	2	17	89
218	15	4	11	73
206	11	3	8	72
211	18	5	13	72
221	18	5	13	72
204	24	7	17	70
201	13	4	9	69
209	17	7	10	58
202	19	8	11	57
202	19	12	7	36
215	14	10	4	28
219	24	18	6	25
217	19	15	4	21
210	18	15	3	16
208	13	11	2	15
212	15	14	1	06
213	11	13	-2	-18
220	19	23	-4	-21
216	18	12	-5	-27
207	9	14	-5	-55

The following material represents our attempt to isolate the factors which appear to be highly associated with improvement and, in part, to describe what type of children experience the largest amount of behavioral change between Time 1 and Time 2.

The serious psychological ramifications of physical abuse and neglect suffered during the early development years has been well established by many studies and clinical cases. We had suspected that children from our

study population who had histories indicating experiences
of abuse and neglect would experience fewer successes
during treatment than would children who had not been
subjected to these abuses.

Comparison of the children who showed the most
improvement during residential treatment with those who
showed minimal improvement or deterioration during treat-
ment indicates that the association between improvement
and a history of abuse or neglect is stronger for neglect
than it is for abuse. Two of the children from the top
1/3 of the Time-2 Improvement Ranking had histories of
abuse and two from the bottom 1/3 of the population
had similar histories. However, only 1 child out of the
7 in the top 1/3 of the ranking had a history of neglect
but 5 out of 7 of the bottom 1/3 had experienced paren-
tal neglect during early childhoold.

Fig. 3-1a Association of Neglect and Improvement

	Top 1/3 of T-2 Improvement Ranking	Bottom 1/3 of T-2 Improvement Ranking
No Neglect	6	2
Neglect	1	5*

*1 suffered both neglect and abuse

With this particular population, histories of
early neglect appear to be positively associated with
little improvement or deterioration during residential

treatment.

Residential treatment, for many emotionally dis-
turbed children, constitutes only one of many treatment
experiences that they may encounter throughout their
childhood and adolescence. Of these 21 children, only
9 were returned to their parental homes after discharge
from Parry Center. Five of the 7 children in the bottom
1/3 of the Time-2 Improvement Ranking were discharged to
other institutions. Five of these same 7 children were
discharged because they were unable to respond to Parry
Center's treatment program. Only one of the other 14
children was discharged to another institution. Eight
were discharged to their own homes and 6 went to Parry
Center group homes for continued treatment in a less
controlled evironment.

An analysis of individual problem areas from the
BRS revealed that six of these problem areas seemed to
be significant separating the top 1/3 of the Time-2
Improvement Ranking from the bottom 1/3. In all six of
these problem areas most of the children in the top 1/3
of the Time-2 Improvement Ranking improved while the
children in the bottom 1/3 either remained unchanged
or deteriorated in these same six areas. There was no
such clear trend established for the other six scaled
areas of the BRS; verbal aggression, motor problems,
sleeping problems, verbal withdrawl, eating problems

and language problems.

Relationship with Peers

	Top 1/3 of T-2 Ranking	Bottom 1/3 of T-2
Improved	6	0
Same or Deteriorated	1	7

Authority Problems

	Top 1/3 of T-2 Ranking	Bottom 1/3 of T-2
Improved	6	0
Same or Deteriorated	1	7

Realtionship with Adults

	Top 1/3 of T-2 Ranking	Bottom 1/3 of T-2
Improved	5	1
Same or Deteriorated	2	7

Physical Aggression

	Top 1/3 of T-2 Ranking	Bottom 1/3 of T-2
Improved	6	1
Same or Deteriorated	1	6

Relationship with Parents

	Top 1/3 of T-2 Ranking	Bottom 1/3 of T-2
Improved	7	2
Same or Deteriorated	0	5

Withdrawl From Physical Contact

	Top 1/3 of T-2 Ranking	Bottom 1/3 of T-2
Improved	5	0
Same or Deteriorated	1	5

The treatment program at Parry Center relies heavily on the child's ability to build and utilize relationships with other people. The capacity to form a therapeutic relationship with adult staff members and members of the child's own peer group seem crucial in this structured, group living environment.

All 7 children in the bottom 1/3 of the Time-2 Improvement Ranking showed no improvement or deterioration of their relationship with adults, peers and with authority figures. This was also true for 6 of these 7 same children in the area of physical aggression. All 7 of the children from the top 1/3 of the Time-2 Improvement Ranking showed improvement in their relationships with parents, 6 out of 7 showed improvement in the areas of physical aggression, authority problems, and relationships with peers.

It was suspected that children who were identified on the BRS as having serious distortions of reality, psychotic activity, at Time-1 would have difficulty forming therapeutic relationships and as a consequence would

improve less than children who did not distort reality.
However, this assumption does not appar to be correct.
Six of the seven children in the top 1/3 of the Time-2
Improvement Ranking and only two of the children from
the bottom 1/3 demonstrated reality distortions at Time-1.

Future studies should attempt to approach the area
of relationship formation and its association with treat-
ment outcome in a more focused manner and attempt to
identify the characteristics of children who appear to
lack the capacity to form therapeutic object relation-
ships.

We were surprised to discover that many of the var-
iables which we thought would be highly associated with
improvement during residency actually showed little or
no association with the Time-2 Improvement Ranking.

Fig. 3-3a Variables Not Associated With T-2 Improvement Ranking

1) Number of Prior Placements
2) Length of Stay at Parry Center
3) Age at Admission
4) Number of Problem Areas at Time-1
5) Marital Status of Parents
6) Mental Health of Parents

Although our indices of the mental health of par-
ents was not associated with the direction of behavioral
change, this area could prove to be important in future
studies. For many children, the pre-placement informa-
tion in their case records was not complete enough to

a determination of parental mental health. If more com-
plete information can be obtained in future studies,
the impact of the parent's mental health on the child's
progress in treatment may become clearer.

The instability characterizing the lives of these
children has been established earlier in the study. In
Time 1 description this instability is evidenced by mul-
tiple placements before residence in Parry Center, the
high incidence of living away from and the disrupted
marital relationships of the majority of their parents.
The children from the top 2/3 of the Time-2 Improve-
ment Ranking appear to have gained a greater degree of
living stability than did the children from the bottom
1/3 of the population of Time-2. Of the 12 children
contacted at Time-3, 6 of the 8 children from the top
2/3 of the Time-2 Improvement Ranking had only 1 place-
ment since discharge from Parry Center. One of these
same 8 children had 3 placements and 2 had 4 place-
ments. Of the 4 children from the bottom 1/3 of the
Time-2 Improvement Ranking; 1 had 5 placements, 2 had
4 placements and 1 had 3 placements since discharge
from Parry Center.

The follow-up interviews (Time-3) revealed that
the Time-2 Improvement Ranking did not remain constant
through time. At Time-3 we found almost a complete

reversal of the Time-2 Improvement Ranking. In other
words, many of the children from the bottom of the Time-
2 Improvement Ranking were found to be at the top of the
Time-3 Improvement Ranking.

Table 5 Time-2 to Time-3 Improvement Ranking

(N = 12)

Code	T-2 BRS Score	T-3 BRS Score	Dif. T-2 T-3	% of Change
220	23	5	18	78
207	14	4	10	71
210	15	7	8	53
218*	4	2	2	50
217	15	8	7	46
208	11	6	5	45
202	12	7	5	41
209*	7	6	1	14
204*	7	7	0	0
214*	8	9	-1	-12
215*	10	14	-4	-40
211	5	10	-5	-100

*Group Home Children

Two hypotheses were formulated to explain this
surprising finding. It was surmised that adjustment to
an institutional milieu may involve entirely different
adaptational requirements than does adjustment to the
community setting. Children who progressed rapidly with-
in the structured institution may have experienced prob-
lems in adaptation once outside of this protective set-
ting. Conversely, those children who were unable to
respond to the expectations of the residential program

appear to have improved significantly since their discharge from Parry Center.

Our second hypothesis is that those children who improved significantly during their stay at Parry Center had a much smaller range of possible improvement from Time-2 to Time-3. It might be expected that the children from the bottom 1/3 of the Time-2 Improvement Ranking would experience some rather dramatic positive behavioral change. In addition, the normal changes resulting from maturation over time might be more visible in the children discharged at Time-2 as unimproved.

Perhaps the most surprising though inconclusive showing of the study was that the bottom 5 children from the Time-3 Improvement Ranking were all in the Parry Center group home at the time of the follow-up interview. This particular finding will be dealt with more extensively in a latter section.

3. Parental Involvement in Treatment

The prior study of Parry Center, "Eighteen Boys, A Descriptive Follow-up Study," reported the finding, "that the child whose parents support treatment has a much better treatment outcome." We have attempted here to look again at that relationship and have restated it in the following hypothesis: Parental involvement in treatment results in a positive behavioral change. Since this study has the more extensive quantitative tool, the

Behavior Rating Scale, an answer should be easily attainable.

In the in-residence questionnaire we have rated parental involvement in treatment while the child was living in Parry Center residence. Those results show:

Fig. 3-4a Parents' Involvement In Treatment

Parental Involvement	No. of Children
A. Saw Parry Center Social Worker with goals of personal change	8
B. Saw Parry Center Social Worker primarily in support of child's treatment	8
C. No contact with Parry Center or child	3
D. Saw Parry Center Social Worker but did not support child's treatment	1
E. Saw Social Worker or therapist not part of Parry Center staff	1

The record reviewers further defined these statements by establishing that a parent who saw Parry Center Social Worker with goals of personal change was typically supporting the child's treatment to a higher degree than a parent who saw Parry Center Social Worker primarily in support of the child's treatment. Personal change goals typically meant more frequent contacts and a qualitative difference in involvement. A parent, for example, who had contact two or three times during

a child's three or four year stay would be rated as
supporting treatment but not with goals of change, and
thus, the qualitative and quantitative difference in
rating involvement.

A factor which makes it most difficult to evalu-
ate parental involvement for some of the children is
that parental ties had long been disrupted by prior
placement in other settings, by family breakups via
separation and divorce, and the addition of step parents
into an already complicated social history. We do not
refer in every case to the natural parents' involve-
ment but to combinations of a natural parent and a step-
parent, to foster families, or to whatever parents the
child experienced just prior to Parry Center placement.
Information on natural parents never was available in
some cases.

By looking at the distribution of types of involve-
ment of parents with the population's overall ranking in
behavior improvement from time 1 to time 2, we can get
a picture of possible correlations:

Table 6 Parental Involvement & Improvement Ranking
Type of Parental Involvement
(N = 21)

Time 1-2 Improvement	A(8)	B(8)	C(3)	D(1)	E(1)*
top 1/3 of population	5	2	0	0	0
middle 1/3	2	4	0	0	1
lower 1/3	1	3	3	1	0

*letter designations from previous figure.

Though the trend is not pure and affirmative con-
clusions are uncertain, there is possibly a moderate
association. All three of those children whose parents
had no contact were in the lower 1/3 of time 1-2 improve-
ment scores, as was the one child whose parent had con-
tact but did not support treatment. Of the seven in the
top 1/3, five had parents supporting treatment with
goals of personal change and the other two had parents
who supported treatment. However, the distribution for
these two classes of parental involvement is too diverse
and therefore makes the correlation between quantity
and quality of parental involvement with possitive
behavior change tenuous.

In retrospect, a more precise statement of the
questions aimed at determining quality and quantity of
parental involvement would have produced a clearer
answer to this hypothesis. Frequency of parental con-
tact was rather roughly estimated by record reviewers
but the rating categories were not constructed to actu-
ally elicit exact number of contacts. For example, the
category, "saw Parry Center Social Worker primarily in
support of treatment," turned out to cover a broader
range of parental behavior than expected. More specifi-
city is recommended for future study of the question.

4. Group Home Children

The last major research question of this study asks, "In what ways do children who are placed in Parry Center group homes differ from children who are not?" This research question has particular importance and implication because Parry Center has recently opened up an entirely new home. There are now two such homes administered by Parry Center to serve the needs of the children for whom such placement has been deemed appropriate upon release from residential treatment. The decision to place children in these group homes has sometimes been based on treatment plan (for example, when a child is judged not ready to adapt to nuclear family life) and sometimes has been based on non-availability of a family or other resource. The needs of these children are still seen as specialized to a degree and in need of a specialized response:

One of the first observations that can be made from the data is that none of the six children** in this

---

**Only six children are figured into the data for this hypothesis. It should be noted that two other children in the sample also lived in the group home at one time, though not currently. Child #206 was released from Parry Center residence to his parental home but later was placed in the group home. He returned to his parental home and therefore is not counted in this data. Time 3 data was not obtained for him. Child #220 was placed in the group home for several months after one period of Parry Center residence, but returned to residence and was later discharged elsewhere. Time 2 data for him was measured at the time of his last stay in Parry Center residence. Since then he had no group home contact.

study who are now in Parry Center group homes rated in
the lower 1/3 on Time 1-2 Behavior Improvement Score.
(These include #218, #211, #204, #209, #214, & #215.)
There is, in fact, an equal distribution of these child-
ren between the top 1/3 and the middle 1/3 in this rat-
ing, three in each. This implies that the children who
were placed from residence to the group home had all
made some behavioral improvement and none were consid-
ered to have problems severe enough to require institu-
tionalization. All discharges were planned with the
children having received maximum benefit from Parry
Center residence.

The data analysis also shows that the parents of
all the six children supported their child's treatment
during placement, though only two saw staff with goals
of personal change.

The average age of these six boys was just under
8 years at the time of their initial placement in resi-
dence, time one, compared to the average age of the total
sample, 9 years. The children who went to group homes,
then, seem to be from the younger end of the age range
of the total sample. In fact, nine of the 21 children
in the whole sample were older at time 1 than the old-
est child who went to a group home. Apparently the old-
er a child was to start with, the less likely he was to
be considered for group home placement after residen-
tial treatment.

Neither the number of prior placements a child experienced prior to time 1 nor length of stay in Parry Center correlates strongly with the group home children though the figures are interesting. Of these children one had 5 prior placements, one had 4, and four had no prior placements to Parry Center. The average length of stay in residence for these six was 5 years, 1 month, compared to 3 years, 7 months for the total sample. The average stay, then, was longer for the group home children. All but one of these six had only the one group home placement from time 2 to time 3. The other (218) had two additional placements in this time.

The group home children were all progressing satisfactorily academically and cognitively. They were found to be progressing at age appropriate grade level in school with one exception. This was #214 who is still attending school in an ungraded classroom at Parry Center, though he lives in one of the group homes. Of the others several were near high school completion and one had begun to attend a community college. This compares favorably with academic progress of the total time 3 sample.

As previously indicated the behavior improvement rating between time 2 and time 3 did identify a trend among the group home children toward the lower end of the scale. The last five children in this ranking were

in group homes. The sixth child (#218) rated fourth out
of the 12 in time 2 to time 3 improvement. With this one
exception, then, the group home children did worse than
the total population after Parry Center residence. This
presents a peculiar picture and compels us to search for
explanation.

One possible reason for this finding suggests
that because the surrogate parents who served as paren-
tal raters of time 3 behaviors were, in fact, Parry
Center staff (by means of their positions as residential
parents) they might be more severe in their ratings than
other children's parents or parents surrogates. They
would have less personal need to bias the ratings fav-
orably than other children's parents or parent surro-
gates because of their training and experience. As it
developed, two persons were responsible for all 6 of
the group home children's ratings.

Another possibility is that since the group home
children were more "captive" for the purposes of inter-
viewing, their improvement is represented atypically
compared to the percentage of completed time 3 inter-
views for the entire population. Those who were not
located or were uncooperative may have lent a particu-
lar bias to the findings. A more likely answer is that

children who are in group homes are there because they
would be unable to adjust to a parental or foster home
satisfactorily. Their time 2-3 behavior improvement
rating merely reflects that the staff informally anti-
cipated this at time 2. Of course none of these explan-
ations satisfactorily explains this finding about the
group home children and it certainly could be a subject
for future study.

IV COMPARISON WITH PREVIOUS STUDY

OF EIGHTEEN BOYS

(Figures 1-12)

COMPARISON WITH PREVIOUS STUDY

OF EIGHTEEN BOYS

The original (1970) study had a total population
of 18, compared with the 'N' of 21 in the 1973 study.
Whereas the 1973 research team was able to locate only
12 of the population of 21 for completing all phases of
the program, the 1970 team was able to report on 17 of
their 18 cases through all phases of the research. Prior
to demonstrating further comparative data between popu-
lations, it will be necessary to differentiate signi-
ficant features utilized in the two studies.

The original study, initiated at the request of
the Parry Center Board Members, was designed and carried
through by Parry Center staff members who spearheaded
a team assembled from a number of other agency profes-
sionals involved directly or indirectly with children.
The 1973 study was conducted solely by a team of grad-
uate students, School of Social Work, Portland State
University, who were engaged by Parry Center through
the school's research program. The study served a dual
purpose, i.e., presentation of further follow-up data

to Parry Center and as a research project degree require-
ment for the students.

The data gathering instruments employed in the 1973
study (see Appendices) were modeled on those used in the
1970 study in order to maintain a continuity between
studies. Two significant differences were the exclusion
of a data gathering instrument for time three academic
achievement and the inclusion of a Behavior Rating Scale.
The former was excluded due to the difficulty presented
by lack of teacher-student contact within the time frame
alloted to the study. The latter (BRS) was designed
specifically in an attempt to gain an improved behavior-
al recording device. The motivating reason for con-
struction of this instrument was avoidance of diffi-
culties experienced by the members of the 1970 study in
describing their population. They reported:

> "We attempted to group children at admission into
> some rough diagnostic categories. We confirmed a
> hunch that diagnostic language tends to hide more
> than it reveals. (1970 Study, p. 11).

The Behavior Rating Scale gave more detailed data
than the diagnostic statements available in the records.
It was felt that the BRS provided a more accurate assess-
ment of the behavioral improvement (or impairment) than
did assessment based on the single-question rating
instrument from the In-residence questionnaire (see
Question 9.). The single question ratingwas used as a
measure of improvement/impairment in the 1970 study.

Beyond the numerical difference in population
(1970: N = 18; 1973: N = 21), other demonstrable dif-
ferences available for comparison are as follows.

Fig. 4-1 Age at Admission

	1970 (N = 18)	1973 (N = 21)
Range	6.75 - 11.42 years	5.92 - 11.33 years
Median	8.75 years	8.5 years
Mean	9.0 years	8.6 years

Fig. 4-2 Length of Parry Center Treatment

	1970 (N = 18)	1973 (N = 21)
Range	0.33 - 4.58 years	1.0 - 6.91 years
Median	2.7 years	3.7 years
Mean	2.4 years	3.6 years

Fig. 4-3 Age at Time of Follow-up

	1970 (N = 18)	1973 (N = 21)
Range	14.0 - 21.0 years	13.1 - 22.1 years
Median	17.7 years	16.7 years
Mean	18.1 years	17.0 years

Fig. 4-4 Placement Following Discharge

	1970 (N = 18)	1973 (N = 21)
To Parents	13	9
To Parry Center Foster Home	3	6
To Other Foster Home	1	0
Institutionalized	1	6

Fig. 4-5 Male - Female

	1970 (N = 18)	1973 (N = 21)
Male	18	19
Female	0	2

Fig. 4-6 Status of Natural Parents'
Relationship to Each Other

	1970 (N = 18)	1973 (N = 21)
Marriage intact	5	3
Separated	2	2
Divorced	10	12
Marriage terminated; death	1	1
Unknown	0	3

Fig. 4-7 Number of Pre-Admission Placements

	1970 (N = 18)	1973 (N = 21)
8 or more	3	1
7	0	0
6	1	0
5	0	3
4	3	1
3	1	1
2	2	1
1	5	7
0	3	7

Due to the incompleteness of some records, or due
to the fact that testing was either not given, or, if
given, not recorded, an attempt to classify the range
of I.Q. within the population was abandoned in the 1973
study, thus eliminating the possibility of I.Q. range
comparison between the two studies. Other areas reported
on in the 1970 study lacking sufficient data in the infor-
mation compiled for the 1973 study for comparison pur-
poses were medication records and school performance.
Responsibility in handling money, socialization and
self-awareness (see 1970 study) are not compared because
the 1973 study relied more on the BRS to measure improve-
ment/impairment.

Due to the difference in the age range at time 3

of the study, the 1970 population showed employment for some of their group while all of the 1973 population was still within the school-age range.

Fig. 4-8 School - Work

	1970 (N = 18)	1973 (N = 11)
Work	10	0
School	8	11
Neither	0	1

Fig. 4-9 Involvement with Law Enforcement Agencies

	1970 (N = 17)	1973 (N = 12)
No Known Violations	10	5
Minor Violations	3	7
Felony	4	0

Fig. 4-10 Type of Discharge

	1970 (N = 18)	1973 (N = 21)
A	7	14
B	3	6
C	8	1

Code:
A = Staff planned; maximum benefit received
B = Staff planned; client unable to benefit from further treatment
C = Discharged against staff advice

Fig. 4-11 Level of Improvement (Time 1 - Time 2)*

Significant improvement, major problem area	6
Improved some areas, little or no improvement other areas	9
Unimproved, or worse	3

* Based on single question rating, 1970 study, Question No. 8.

Although the 1973 study also contained a single question rating with an even broader assessment of improvement/impairment (see Appendix; In-residence data,

Question No. 9), neither of these instruments offered as fine a means of discrimination as did the BRS.

<u>Fig.</u> <u>4-12</u> <u>Parents</u> <u>Involved</u> <u>in</u> <u>Treatment</u>

	1970 (N = 18)	1973 (N = 21)
A	8	8
B	9	1
C	(5)*	8
D	(3)*	1
E	1	3

Code:
A = Parents supported treatment with Center contact
B = Parents did not support treatment; had Center contact
C = Supported treatment with goals of personal change
D = Saw other agency or therapist
E = Not involved

*Due to differences in reporting final tabulations, the 'C' (5) and 'D' (3) categories are a breakdown of the total shown in 'A' (8) in the 1970 study.

With regard to this particular factor, a replication of the 1973 study with the 1970 study is significant in that treatment with parental involvement is indicative according to both studies of increased behavioral improvement possibilities, i.e., "...that the child whose parents support his treatment has a much better treatment outcome." (1970 study, p. 18).

Consensus among the collaborators of the 1973 study noted this significance with a view toward possible further research of the parental involvement factor. Both the 1970 and 1972 studies manifested overall improved behavior for those children whose parents were involved in treatment, and more specifically, for those parents involved in treatment with goals of personal change.

This information was abstracted from and based on case records. However, as will be noted elsewhere, the records were sometimes kept neither accurately nor regularly. Perhaps further research could elaborate on the "parental involvement" as well as "with goals of personal change." More accurate measurement might investigate the program supplied parents involved with goals of personal change and the types of people comprising this group. Further research design could consider a specific data collecting instrument with these objectives in mind.

V CONCLUSIONS

V. CONCLUSIONS

Our major concern with this study has been to
describe in a systematic way, what this second treat-
ment population was like. We attempted to complement
and improve upon the first study done three years ago.
Our major addition to this first study was the addi-
tion of the Behavior Rating Scale. We developed this as
a tool for viewing children in a more objective way,
that is, on their actual observable behavior. Although
we feel we have accomplished this, we are also aware
that this is only a beginning in performing research
on these types of children. In adding another dimen-
sion with the scale, it became apparent to us how dis-
turbed these children were. The amount of previous
damage to these children gives impetus and rationale
for developing new, more specific and sophisticated
tools for viewing these children.

One of our goals was not to determine treatment
effectiveness of Parry Center, but to provide knowledge
concerning the children the agency had for clients at
that particular time period. Our findings seem to sup-
port our first hypothesis that behavior did improve

over the three time period measurements, according to
the instruments we used. This does lead us to the next
question which is "What were the significant differen-
ces in experiences between the children who did improve
and those who didn't?". To put this a different way,
if we assume that Parry Center had a positive effect
on these children, then given present behavior, how
much was effected by various aspects of Parry Center and
how much is attributable to normal growth and develop-
ment, or other factors? One way to begin to answer
this would be to study a population closer to the time
of discharge than our study encompassed. Since this
was not within the scope of the project, we leave this
to future researchers.

Our conclusions around parental involvement in
treatment is tenuous at best. The difficulty in defin-
ing parental involvement is probably the first and most
crucial area we neglected, as our data shows. This
question alone could provide a research project in the
near future. The crucial differences appear to be around
parents' supporting treatment, and parents' supporting
treatment plus seeking personal change for themselves.
For instance, a parent might be seeing his child in
Parry Center and this might be a large personal
change for the parent without seeking therapy for him-
self. It is an area that needs more specific detailed

research. As another example, the present study shows
a tenuous correlation between parents supporting treat-
ment and the amount of behavior improvement in the
child. What we did not answer is what types of paren-
tal involvement and programs could be offered that
would help both the child and his parents the most.
Another area still unclear at this time is that of
relationships. Each one of our population scored high
in the lack of ability to form a constructive relation-
ship. What then, specifically, did the treatment
program do towards improving or affecting the relation
potential of these children?

This leads us to some tentative recommendations as
a result of this study. Our primary tool, the Behavior
Rating Scale was used to measure the children three dif-
ferent times. The first two times our ratings were
made from actual case histories, done by Parry Center
staff. The third time, rating was made by actual obser-
vations done by the research team. We became aware of
both the limits of our tool and the limits of the records.
Specific areas we found limited were those of treatment
goals, periodic descriptions of cottage life and some of
the childrens' ongoing reactions to cottage life. We
have some information that Parry Center is presently
including this in childrens records. The limits of our

own tool center around the reliability of describing
and rating behavior from records versus data based on
actual observation. We suggest that a program of research
continue with emphasis being placed upon breaking down
factors into more specific, objective, behavioristic
categories to help isolate and control research vari-
albes. Additionally, we suggest that the implications
of this research be considered tentatively and not as
hard, conclusive facts. It would seem to us that more
needs to be known about how difficult these children
are to deal with and attempt to correct the traumas
of their early lives.

In conclusion, three things are very clear to us
from this study. The first is that the children Parry
Center deals with are children with what could be termed
different life experiences from that of normal children.
There is some evidence of abuse and/or neglect which
seems to characterize their lives the most. Second,
behaviorally, the predominant symptom of thse children
appears as an inability to form constructive relation-
ships possibly necessary for a successful treatment out-
come. Third, for this type of research to be of most
benefit to the Parry Center in the future, a study
might be conducted on a population more recently dis-
charged and in a more specific, focused way than the
broad demanding task of this project.

APPENDICES

1. Name_____
                              (coded)

2. Age at placement:_____   _____
                        years   months

3. Source of referral:_____

    _____

4. Custody:

    a. Natural parents_____

    b. Step-parent(s)_____

    c. Agency_____
                     (specify)

    d. Other_____
                   (specify)

    If "Agency" or "Other," give:

    Date of legal action:_____

    Ward of court: Yes_____   No_____

                      Permanent_____   Temporary_____

    Initial identification of problem(s) for which child was referred to
    Parry Center.

    _____

5. Last living situation prior to placement at Parry Center:

    a. At home_____

    b. Institution_____

    c. Foster family_____

    d. Other_____
                  (specify)

6. Previous placements:

Type of placement (foster care, relatives, institution, etc.)	Age at placement	Reason for move
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

7. Adopted: Yes_____   No_____

   a. If adopted, age at placement with adoptive parents:_____ _____
                                                years   months

   b. Age of parents at adoption: Mother_____   Father_____

8. Family:

   a. Marital history

       Present parents: Together_____

       Mother: Separate_____   Date_____
                 Divorced_____   Date_____

       Father: Separated_____   Date_____
                Divorced_____   Date_____

       Natural parents: Together_____

       Mother: Separated_____   Date_____
                Divorced_____   Date_____

       Father: Separated_____   Date_____
                Divorced_____   Date_____

   b. Age of parents at child's birth: Mother_____   Father_____

8. c. Reference mother: recorded, significant health problems (includes psychiatric problems, attitudes toward pregnancy):_____

_____

_____

d. Physical complications during pregnancy or delivery_____

_____

e. Evidence of early physical abuse or child neglect (includes periods of separation longer than one month in duration)_____

_____

_____

f. Age and sex of siblings: (specify "n" for natural sibling and "s" for step-sibling.)

_____ _____   _____ _____

_____ _____   _____ _____

_____ _____   _____ _____

g. Source of family's income:_____

_____

h. Specify type(s) of employment (occupation):

Father:_____   Mother:_____

9. Child:

a. Birth: Normal_____ Abnormal_____

If abnormal, explain:_____

b. Early illness(es) (type, duration and who cared for child):

_____

_____

_____

9.   c. Any early physical or psychological traumas:_____

_____

_____

d. First identification of problem(s)

By whom:_____

Problem(s) identified_____

_____

Age of child_____

Who initiated contact seeking help?_____

_____

e. Health: A summary statement concerning child's physical health.

_____

_____

_____

f. Psychological testing (names of tests, results)_____

_____

_____

_____

g. Neurological reports (include EEG's and past references to possibilities
of organic brain damage)_____

_____

_____

_____

h. Medications used: Type_____

Amount_____

_____

9.   i. Formal psychiatric diagnosis prior to placement:_____

_____

_____

_____

_____

j. Intake statement by Parry Center admission committee:

_____

_____

_____

_____

_____

_____

APPENDIX B

Schedule for in-residence data

SCHEDULE FOR IN-RESIDENCE DATA

1. Name_____
   (coded)

2. First descriptive-diagnostic statement by Parry Center staff:_____

   _____

   _____

   _____

   _____

   _____

3. Educational Program: Home teaching_____
                                              number of months

                         Part-time public school_____
                                                    number of months

                         Full-time public school_____
                                                    number of months

                         Highest grade placement_____

                         Age appropriate: Yes_____ No_____

4. Medication: Yes_____ No_____ If yes, specify types and amounts_____

   _____

   _____

   _____

5. Parents' involvement in treatment process during child's placement: (Circle
   letter of statement(s) that pertain to parent(s). Indicate whether circled
   statement refers to mother, father, step-parent, grandparent, etc.)

   a. Saw Parry Center Social Worker primarily in support of child's treatment.

   b. Saw Parry Center Social Worker, but did not support child's treatment.

   c. Saw Parry Center Social Worker with goals of personal change.

5. d. Saw Social Worker or therapist not part of Parry Center staff.

   e. No contact with Parry Center or child.

6. Type of discharge:

   a. Staff-planned discharge; child has received maximum benefit from Parry Center.

   b. Staff-planned discharge; child is not able to respond or use Parry Center, needs other type of help.

      Reason:_____

      _____

   c. Discharged against staff advice, that is, discharged because parent or referring agency initiated this action.

      Reason:_____

      _____

7. Final descriptive-diagnostic statement by Parry Center staff:_____

   _____

   _____

   _____

   _____

8. Level of improvement (Circle letter of statement that most closely describes child at time of discharge from Parry Center):

   a. Significant improvement in all areas of functioning.

   b. Improved in major problem area.

   c. Improved in some areas, but little or no change in other areas.

   d. Unimproved, not changed.

   e. Appears more disturbed.

9. Latest results of psychological testing while child was in residence (include name of test(s) and brief statement of results):

_____

_____

_____

_____

_____

10. Age at discharge_____ _____
                        years   months

11. Length of placement_____ _____
                            years   months

12. Did child remain in residence longer than recommended by Parry Center staff?

    a. Yes_____ No_____

    b. If yes, state the reason_____

    _____

    _____

    c. Number of months child remained in residence when another resource would have been more appropriate:_____

    _____

    d. What resource did Parry Center staff recommend:_____

    _____

13. Summary discharge statement about parent-child relationship_____

    _____

    _____

    _____

    _____

14. Child's living situation following discharge from Parry Center:

    a. Own home_____

    b. Parry Center foster home_____

    c. Other foster family care_____
                                   (specify supervising agency)

    d. Institution_____
                                   (specify)

    e. Other_____
                                   (specify)

15. If foster family care, who supervised the placement?

    a. Child's Parry Center Social Worker_____

    b. Other Parry Center Social Worker_____

    c. Social Worker from another agency_____
                                     (specify agency)

16. Did child receive other post-residential services from Parry Center?

    Yes_____ No_____ If yes, specify_____

    _____

17. If child was seen by Parry Center staff on an outpatient basis, give fre-
quency of contacts: Weekly_____ Monthly_____ Other_____
                                                               (specify)

18. Date case closed:_____

19. Number of months following discharge from residence to closure of case:_____

    _____

20. List agencies and persons who were provided with information about the child
following his discharge from Parry Center.

    a. Name of agency or person   b. Date of inquiry

    _____   _____

    _____   _____

APPENDIX C

Follow-up questionnaire--
    parent(s)

Code Name of Child_____

Person(s) Interviewed_____

Relationship to Child_____

Date of Interview_____

Place_____

FOLLOW-UP QUESTIONNIARE - PARENT(S)

PART I. **LIVING SITUATION**

If interviewee is same parent/guardian as at time of
admission of child to P.C.:

Marital status at time of release of child from P.C.:
married_____
separated_____
divorce_____

Present marital status:
married_____
separated_____
divorced_____

If applicable, frequency of marriage since time of
child's release from P.C.:_____

1. Child's first living situation after P.C._____
parents/relative/institution/other

2. Check if this is where child lives now.   Yes_____   No_____

3. If "yes", Has child lived at other places between P.C. discharge date and
now?   Yes_____   No_____

(TO INTERVIEWER: If "yes" to #3, i.e., if child has lived in
more than current home, get reasons for moves by question)

4. How did it happen that he moved from Home #1 to Home #2; from Home #2 to
Home #3, etc.

a. 2nd home_____   _____
relationship (to child)   reason for moving from former home

b. About how long did he stay in home #2?_____
months

Parent's Questonnaire

4. c. 3rd home_____   _____
                    relationship   reason

   d. About how long did he stay in home #3? _____
                                                              months

   e. 4th home_____   _____
                    relationship   reason

   f. About how long did he stay in home #4?_____
                                                              months

5. Who lives with your child now?_____
                                              members and relationship

   _____

           (TO INTERVIEWER: Adapt question to living situation,
           i.e., family, other people.)

6. How would you say he gets along with these persons?_____
                                                              description

PART II. ACTIVITY (SCHOOL/WORK/OTHER)

7. Is he attending school?   Yes_____   No_____

           (TO INTERVIEWER: If "no" to #7, i.e., if child is not in
           school, skip to #29)

STUDENT:

8. If "yes", what school?_____
                               name of high school/college/etc.

9. What grade is he in?_____

10. What do his favorite classes seem to be?_____ don't know_____
                                              name of subject

11. What grades does he get in those classes?_____ don't know_____

Parent's Questionnaire

12. What are his least favorite classes?_____ don't know_____
    name of subject

13. And what grades does he get in those classes?_____ don't know_____
    grades

14. Generally speaking, how is (child) doing in school? (problems with grades,
    attendance, motivation, teachers, etc.)

    Comments _____

    _____

    _____

15. Do you think your child will finish his (high school, college, etc.) education.

    Yes_____ No_____ Don't know_____

16. If "no", explain_____
    reasons

17. What vocational/occupational goals does the child have?_____

    _____

18. Does (child) have a part-time job? Yes_____ No_____ Don't know_____

19. Where does he work?_____
    employer

20. What does he do?_____

21. When does he work? (after school, weekends, evenings?)_____
    time

PART III.   USE OF MONEY (CHILD IN SCHOOL)

22. About how much money does he make at his part-time job?_____
    amount by week

Parent's Questionnaire

23.   How does he spend his money?_____
                                                    activity or use

       _____
                              other comments of parents

24.   Does your child get an allowance or spending money?   Yes_____   No_____

              (TO INTERVIEWER: If "no" to #24, skip to #28)

25.   How much does he get?_____
                                        amount by week

26.   How does the child earn allowance?_____

       _____

27.   How does he spend it?_____
                                        type of activities

28.   What do you think would happen, if today, someone gave your child $500 to
       spend any way he'd like? What do you think is the first thing he'd do with it?

       _____
                              first choice

              (INSTRUCTIONS: This is the end of section for children
              currently in school; now skip to #55)

PART II. ACTIVITY (CHILD NOT IN SCHOOL)

NONSTUDENT:

29.   Is your son working?   Yes_____   No_____   Don't know_____

              (INSTRUCTION: If "yes", skip to #35)

30.   If "no" to #29, what is he doing?_____
                                                    activity

31.   Has he ever had a self-supporting job?   Yes_____   No_____   Don't know_____

Parent's Questionnaire

32. When and what kind(s)_____
                                year and types of jobs

    _____

33. How is it that he's not working now?_____
                                              reasons

    _____

34. How far did he go in school?_____
                            last grade completed   name of school

    _____

35. Where is he working?_____ part-time_____ full-time_____
                          employing firm   circle one

36. What kind of work is he doing?_____
                                          type of work

37. Has he had other jobs before this one? Yes_____ No_____ Don't know_____

38. If "yes" to #37

        Can you recall his first job?_____

        Why did he leave it?_____

        _____

        Can you recall his second job?_____

        Why did he leave it?_____

        _____

        Can you recall his third job?_____

        Why did he leave it?_____

        _____

Parent's Questionnaire

39. Number of jobs held since leaving school_____
                                                    number

40. Now I'd like to come back to his current job. I'm wondering if you have
     any idea how he gets along there.

     Does he say his boss is easy to work for?   Yes____   No____   Don't know____

41. Does (child) like the people he works with?   Yes____   No____Don't know____

42. Why?_____
                                    comments

43. Has he ever talked about getting another kind of job?   Yes____   No____

     Yes____   No____   Don't know____

                    (TO INTERVIEWER: If "no" or "don't know", skip to #47)

44. If "yes", what kind?_____

45. Is he doing anything about getting the kind of job he talks about?

     Yes____   No____   Don't know____

46. If "yes", what is he doing?_____
                                              activities/planning

PART III. (continued) USE OF MONEY(CHILD NOT IN SCHOOL)

                    (TO INTERVIEWER: A redirecting comment like "I suppose
                    everybody who works does so for many reasons. One reason
                    we all work is for money")

47. Do you know what his take home pay is?_____don't know____
                                        amount/week/month

48. Is this enough for him to live on?   Yes____   No____   Don't know____

49. If "no", where is he feeling the pinch?_____
                                              food/rent, etc.

Parent's Questionnaire

50. How does he spend his money?_____
                                        activity or use.

51. During the past one month do you know if he has had to borrow money?

    Yes_____   No_____   Don't know_____

                (TO INTERVIEWER? If "no" or "don't know", skip to #54)

52. If "yes", do you know from whom?_____
                                        relationship to loaner

53. If "yes", do you know what for?_____
                                        reason

54. What do you think would happen if someone gave him $500 today; what is the
    first thing he would do with it?_____
                                        activity

_____

PART IV. INTERPERSONAL RELATIONSHIPS

            (TO INTERVIEWER: We've spent some time talking about work
            and money. Now I'd like to know a little about how your child
            spends his time.)

55. Does he own a car?   Yes_____   No_____   Don't know_____

56. Does he have a driver's license?   Yes_____   No_____   Don't know_____

57. When he wants to have a good time, what's he most likely do do?_____

    _____
                                activity

58. Does he belong to any clubs or organizations?   Yes_____   No_____   Don't know_____

59. If "yes", what are they?_____

_____

Parent's Questionnaire

60. Does he/she date? Yes_____ No_____ How often?_____
<u>frequency per month</u>

61. What kind of activities does your child have with your family?_____

_____

62. Now I'm going to ask you some questions about how he gets along with other.

From what you know and see of (child) and his friends, which <u>one</u> of the following three statements best describes (child's) relationship with his friends. (circle one)

a. He is a friendly person who tries to make friends.

b. He is a shy person who needs to be asked by others to do things.

c. He is a loner who'd rather be by himself/herself.

63. Now I'm going to ask you three questions about your child.

a. Does he find it easier to talk with boys or with girls?

Boys_____ Girls_____ No difference_____ Don't know_____

_____
<u>comments</u>

b. Does he find it easier to talk to his father or with his mother?

(foster)Father____(foster)Mother____No difference____Don't know_____

_____
<u>comments</u>

c. Does he find it easier to talk with adults older than himself or people his own age?

Older adults_____ Peers____No difference____Don't know_____

_____
<u>comments</u>

64. Now, I'd like you to tell me how your see your child. Which one of the following three statements best describes your child. (circle one)

Parent's Questionnaire

64. a.   He is very successful.

     b.   He is moderately successful.

     c.   He is not successful.

          (TO INTERVIEWER: Give clarifying example of life areas
          appropriately to the child's age, i.e., school friends.)

65. When (child) has a decision to made and needs to discuss it with someone,
     whom do you think he would go to first?_____

66. Are ther others to whom he would go?   Yes_____   No_____ Don't know_____

67. If "yes", to whom?_____
                                          relationship

     _____
                                           comments

68. Since your child left Parry Center, has he been in any trouble with the
     juvenile authorities or police?   Yes_____   No_____   Don't know_____

          (TO INTERVIEWER: If "no" to #68, skip to #71)

69. If "yes", what kind of trouble?_____
                                                         kind

70. Is he on probation/parole now?   Yes_____   No_____   Don't know_____

71. In your estimation, what would you say is the best thing your child had going
     for him now?_____

     _____

72. What is the biggest problem(s) he has? _____

     _____

PART V. HEALTH

          (INSTRUCTIONS: A comment like "we're more than halfway
          through. We've talked about your son's education, work
          and money. This next section deals with his health. But
          before we go into that, do you have any questions/comments?")

Parent's Questionnaire

PART V. HEALTH (continued)

_____

_____
comments

73. I'm going to ask you to give me an estimation of your child's health accord-
ing to one of three statements. Which of the three best describes him?

   a. He is healthier than most children of his age.

   (circle one)

   b. He is about the same as most children his age.

   c. He has more health problems than most children his age.

74. Since January 1, 1972, has he missed any days of school/work because of
sickness? Yes_____ No_____ Don't know_____

75. If "yes", what did he have?_____
illness

76. If "yes", how many days?_____

77. Is (child) taking any medication or drugs now? Yes_____ No_____ Don't know_____

78. If "yes", what and why?_____
name of medication and reason

_____

79. If "yes", is the medication/drug helping? Yes_____ No_____ Don't know_____

80. Has the child missed work/school for reasons other than sickness? Explain_____

_____

81. Since (child) left Parry Center, has he gone for help to any of the following
persons?

Parent's Questionnaire

81.   (INTERVIEWER: Read each and ask parent.)

		Yes	No	Don't know
a.	physician			
a.	physician	___	___	___
b.	psychiatrist	___	___	___
c.	psychologist	___	___	___
d.	social worker	___	___	___
e.	minister, priest, rabbi	___	___	___
f.	other (identify)	___	___	___

82. Is he going now?   Yes_____   No_____

83. Did (or does) it seem to be helping?   Yes_____   No_____   Don't know_____

PART VI. IMPRESSIONS OF PARRY CENTER (#84 through #89 for parents only)

84. Can you remember how you first learned about Parry Center?

_____
who informed you and circumstances

85. When did you first talk with a staff member at Parry Center?

Before admission_____   At admission_____   After admission_____

86. Can you recall your first impression of Parry Center?_____

_____
recollection

87. What did you want from Parry Center for your child?_____

_____

88. Who told (child) that he was going to Parry Center?_____
                                                    relationship

Parent's Questionnaire

89. If answer to #38 is "parent(s)", how did your child respond to the news
     that he was leaving home for Parry Center?_____

     _____
                                child's responses

90. While he was at Parry Center, were you able to visit him?   Yes____   No____

     _____

     _____
                                     comments

91. As you look back on your child's stay at Parry Center, what did you find most
     helpful?

     _____

     _____
                                     comments

     _____

92. As you look back at your child's stay at Parry Center, what about the place
     did (child) like best?_____

     _____

93. And what did he like the least?_____

     _____

94. What did you find the leat helpful?_____

     _____

     _____

Parent's Questionnaire

95. If you knew a child who had troubles, would you suggest to the parents that they send him to Parry Center?

Yes_____ No_____ Can't say_____ Comments_____

_____

_____

96. Well, we've finished all of the questions; I'm wondering if there is anything more you think the Parry Center staff could do to help kids and and their parents...

(INTERVIEWER ends by thanking parents, asking if they have other questions or comments.)

APPENDIX D

Follow-up questionnaire--
child

FOLLOW-UP QUESTIONNAIRE - CHILD

Part 1. LIVING SITUATION

"So why don't we get started by your telling me what's happended since you left Parry Center."

1. Why don't you start by telling me where you went to live when you left Parry Center?

   _____
   own family/relative/institution/other

2. Is that where you are living now?   Yes_____   No_____

3. (If "yes") Have you lived there all the time until now?   Yes_____   No_____

   TO INTERVIEWER: If "Yes", skip to #8

4. If not, where?_____
                   relative/institution/other

5. (If no", to #2) Tell me where you went next.

   _____
   relative/institution/other

6. (If "no", to #2) How did it happen that you moved?

   _____

7. (If child has lived in more than two places, a comment like) "Let's see how many times you've moved since you left P.C." (Alternate statement): "Can you remember which places you lived since you left (parents, institution - answer to #1)?

   _____   _____
      number of places   type of places (family/institution/other

   _____   _____

   _____   _____

Child's Questionnaire

8. Who are the people who live in your house now?

_____

_____

(TO INTERVIEWER: Some reassuring comment. Lead into next section
with explanatory comment like, "That gives me a good idea of where
you have been; now I'd like to know what you've been doing.")

PART II: ACTIVITY (SCHOOL/WORK/OTHER)

For Students:

9. What are you doing now? Are you in school?   Yes_____   No_____
                              If child is not in school skip to #28

10. If "yes", what school do you do to?_____
                                            name

11. What grade are you in?_____
                                    grade/class

12. What is your favorite class?_____
                                    name of subject or area of interest

13. What class did you get your best grade in?_____
                                    name of class

14. What grade do you get in your favorite class?_____
                                    grade (from last report card)

15. Now, what class do you like least?_____
                                    name of subject

16. Why?_____
                    reasons

17. What grade do you get in your "worst" subject?_____
                                    grade(from last report card)

Child's Questionnaire

18. Do you have a part-time job?   Yes_____   No_____

                    TO INTERVIEWER: If "no", skip to #21a

19. What is it?_____
                        type of job

20. When do you do it?_____
                        after school/weekends, etc.

21. a. Do you have an allowance? Yes_____   No_____

    b. How do you earn your allowance?_____

    c. Do you have other spending money?   Yes_____   NO_____

       Source_____
                        list and describe

       _____

    d. How do you spend the money?_____
                                        activity or use

       _____

22. If someone gave you $500 today, what is the first thing you'd do with it?

    _____

23. Are you in any school activities, like athletics, music, service clubs, etc.?

    Yes_____   No_____

24. If "yes", what kinds?_____
                        names or kinds of activities (participant or observer)

25. Do you think that you will finish (HS/college/trade school?)

    Yes_____   No_____

26. If "no", what will prevent you from completing?_____

    _____
                        reasons

Child's Questionnaire

27.   What vocational/occupational goals do you have?_____

_____

                    TO INTERVIEWER: Now go to Part IV "Interpersonal
                                     Relationships, #58

PART II. (continued)

For Non-students:

28.   What school did you last attend?_____
                                                    name

29.   What grade had you completed when you left school?_____

30.   What class did you like most?_____
                                        Name subject or area of interest

31.   What class did you like least?_____
                                            name of subject

32.   Are you working?   Yes_____   No_____

                        If yes, skip to #34

33.   If you are not working, how do you spend your time?_____

_____

                    TO INTERVIEWER: For a child who is not currently
                                    working add this question:

       Have you ever worked?   Yes_____   No_____

       If "yes" go to #38 through #44   If "no" go to #48

34.   Where are you working?_____
                                            name of organization

Child's Questionnaire

35. What kind of work are you doing? (Alternate question: What is the title of your job?)_____
   _____job title or kind of work_____

36. If in armed forces, did you have a choice of job assignment?   Yes_____   No_____

   Comments_____

   _____

                    TO INTERVIEWER: If there has been part-time employment,
                    complete #37 through #44 indicating which jobs are part-time.

37. Have you had other jobs before this one?   Yes_____   No_____

                    TO INTERVIEWER: If answer to #37 is "no", skip to #45

38. If "yes", I'd be interested in knowing about the jobs you've had.

39. What was your very first full-time job?_____

   _____employer/kind of job_____

40. Can you remember how it happened that you left your first job?_____

   _____circumstances for leaving (explore)_____

41. After your first job, what did you do next?_____

   _____

42. How long did you stay there?_____
                    _____months or years_____

43. Why did you leave?_____
                    _____reasons_____

   _____

Child's Questionnaire

44.   Where did you work next?_____
                                                   employer/type of job

           (TO INTERVIEWER: Hopefully this will bring us to
           presentjob so a comment like, "so that brings us up
           to where you're working now. You said you were doing
           so-and-so.)

45.   Is your employer an easy person to work for?   Yes_____   No_____

       _____
                                    explain answer

46.   Do you like the people with whom you work?   Yes_____   No_____

47.   Explain why_____

48.   Do you see yourself staying for another year in the job you have? Yes____ No____.

49.   What kind of job would you like to have?_____
                                                           describe

       _____
                                    comments

PART III. <u>USE OF MONEY</u>

           (TO INTERVIEWER: A redirecting comment, like "I suppose
           everybody who works does so for many reasons but one
           reason we all work is for money")

51.   About how much money do you make after taxes_____ $ _____
                                                         circle one--hr., week, month

52.   Is this enough for you to live on?   Yes_____   No_____

53.   If "no", where do you feel the pinch?_____
                                                   i.e. rent, fund and games, food, etc.

54.   Have you had to borrow money in the last month?   Yes_____   No_____

Child's Questionnaire

55. If "yes", Who from?_____
                                            relationship

56. If "yes" to #55, What for?_____
                                            reason

57. If someone gave you $500 today, what is the first thing you would do with it?

_____
                                    explain

                TO INTERVIEWER: Get a sense of priorities

PART IV: INTERPERSONAL RELATIONSHIPS

                        (TO INTERVIEWER: Now a reassuring-redirecting comment
                        like, "We've spent some time talking about work and money;
                        now I'd like to know a little bit about how you spend your
                        time when you're not working - and the first question
                        is about "how you get around.")

58. Do you have a driver's license?   Yes_____   No_____

59. Do you own a car?   Yes_____   No_____

60. When you want to have a good time, what do you do?_____

_____
            kinds of activity; solitary or with others

61. Do you belong to any clubs or organizations? (INTERVIEWER suggests,
    "like a church group or hobby class, or hot rod club," etc.)

Yes_____   _____
                                    describe

No_____   _____
                                    comments

                TO INTERVIEWER: If no, probe for use of time.

Child's Questionnaire

62. Do you date?   Yes_____   No_____   How often?_____Frequency per month___

_____

63. When you were telling me about how it is working on the job (going to school) and what it is you do with your spare time, I was wondering how you'd think your friends see you. Which one of the following statements would best fit how your friends see you. I'll read all three and then go back over them.

   "My friends would say...   (Circle one)

   a.   (Child's name) is a friendly person who tries to make friends.

   b.   (Child's name) is a shy person who likes people but needs to be asked to do things.

   c.   (Child's name) is a loner who'd rather be by himself.

                    TO INTERVIEWER: (After reading all three): "I'm going to read each of those again and you try to tell me which one of the three statements is most like you."

_____

_____
comments
_____

64. What kind of activities do you do with your "family"?_____

_____

65. Now, a similar kind of question but this time about how you think your parents (or substitute parents) see you. I'll read three sentences and then reread them for you to tell me how you think your parents (substitute parents) most often see you. The first sentence:

                    TO INTERVIEWER: Give examples of life areas appropriate to child's age, such as, school, friends.

   a.   I think my parents see me as being very successful.

   b.   I think my parents see me as being moderately successful.

   c.   I think my parents see me as being not successful.

                    (INTERVIEWER might say, "While we're talking about how people see things, how does your future look to you.)

Child's Questionnaire

65.   (INTERVIEWER might say, "While we're talking about
                                 how people see things, how does your future look to you?)

    1) For example, if I were to ask you, "what's the best thing you
       have going for yourself, what would you say?"

_____

_____

    2) And if I asked you, "What's the biggest problem you have, what would
       you say?"

_____

_____

66.   Now I'm going to ask you three questions about which I'd like your own ideas.

    1) Do you find it easier to talk to fellows or girls?

       fellows_____   girls_____   no difference_____

_____
                         comments

    2) Do you find it easier to talk to older adults or people your age?

       older adults_____   peers_____   no difference_____

_____
                         comments

    3) Do you find it easier to talk to your father or your mother?

       father_____   mother_____   no difference_____

_____
                         comments

67.   When you have a problem or a decision on which you want help, to whom would
   you go first?_____
                          relationship

_____
       (INTERVIEWER: "Most people have some trouble in their
       lives.")

Child's Questionnaire

68. Since you left P.C. have you ever been in trouble with the juvenile authorities or police?   Yes_____ No_____

69. If "yes", what kind of trouble?_____

_____
describe

> TO INTERVIEWER: Also get the number of times.

70. If "yes", Are you on probation or parole now?   Yes_____ No_____

PART V: HEALTH

> (TO INTERVIEWER: A re-focusing "stretch time" comment needed - like "We're more than halfway through. We've talked about jobs, money and how you spend your time. Now, I'm going to ask you some questions about your health and then about Parry Center itself. But before we do that, do you have any questions or comments about what we have talked?")

_____

_____

_____

> (O.K. the next questions have to do with how you see your own health.)

71. If someone asked you to rate your physical health, which of the following best describes your health?

   a.   I am healthier than the average person my age.

   b.   My health is about the same as other persons my age.

(circle one)

   c.   I have more health problems than most persons my age.

> (INTERVIEWER: Interviewee may read questions if this is helpful.)

72. Since the first of this year have you missed any days of work/school because you were sick?   Yes_____ No_____

Child's Questionnaire

73. If "yes", about how many days have you missed? _____
                                                       days

74. If "yes", what did you have?_____

75. Were you sick in 1971?   Yes_____   No_____

76. If "yes", How often?_____
                                  (INTERVIEWER - describe frequency and type)

77. Are you taking any medication now?   Yes_____   No_____

78. If "yes", What are you taking?_____
                                       name of medication

79. If "yes", Why are you taking it?_____
                                       medical reasons

80. If "yes", Do you think it is helping?   Yes_____   No_____

81. Have you missed work/school for reasons other than illness?   Explain_____

_____

82. Since you left P.C., Have you gone for help to any of the following persons?

	Yes	No
Physician?	_____	_____
Psychiatrist?	_____	_____
Psychologist?	_____	_____
Social Worker?	_____	_____
Minister/priest/babbi?	_____	_____
Other? (Identify)	_____	_____

83. Are you going now?   Yes_____   No_____   (If yes)_____
                                             identify profession

84. Did (or does) it help?)_____

_____

Child's Questionnaire

PART VI: <u>IMPRESSIONS OF PARRY CENTER</u>

> (TO INTERVIEWER: "We're near the end and now I'd
> like you to think about how it was when you were at
> Parry Center.)

85. Can you remember who first told you that you were going to P.C.?

_____
relationship to child

86. Can you remember what they told you about P.C.?_____

_____
comment

87. And now, think back about your first impressions of P.C. What do you remember?

_____

_____
comments

88. Now I'd like you to tell me who was most important to you at Parry Center.

_____

89. Were there others who were important to you?_____

_____

90. In what way was <u>each</u> of these people important to you?_____

_____

_____

91. When you look back at your P.C. days, what did you like best?_____

_____

Why?_____

92. What significant thing helped you most?_____

_____

Child's Questionnaire

93. What did you dislike most?_____

     Why?_____

94. In what ways do you think you changed at P.C.?_____

     _____

95. Can you say how the changes happened?_____

     _____

96. If you knew a boy or girl who had troubles, would you advise their parents
     to send them to P.C.?   Yes_____   No_____

     _____comments_____

97. We've just finished all of the questions I have about P.C., I'm wondering
     if there is something more you think the staff could do to help kids at
     Parry Center?_____

     _____

     _____comments_____

         INTERVIEWER says that's the end of the questions, thanks him very
         much, asks if he has any more questions and says that if the child
         wants to read the final report he should call Parry Center in about
         two months.

10-72

Child's Questionnaire

DO SHORT PARAGRAPH COMMENT ON AFFECT AND APPEARANCE OF INTERVIEWEE.

APPENDIX E

Criteria for Behavior
Rating Scale (BRS)

CRITERIA FOR RATING BEHAVIOR DESCRIPTION

The following is a behavior rating scale designed to provide a picture of common behavior difficulties and an estimation of the severity of these problems. Under each behavior area is a scale ranging from zero to three, which provides for an estimation of the degree of behavior difficulty. Under each behavior area, please circle the number which most accurately describes your assessment of the subject, using the behavior description provided with each number as a guideline for your rating. Please bear in mind that probably no child will exhibit all of the traits described in each category. In addition to circling a number, please add a brief summary (in the blank space provided in each area) which will best describe the behavior as you have observed it.

VERBAL AGGRESSION

0   no problem - polite, respectful, appropriate

1   mild problem - profanity, threats, over assertiveness, mildly offensive, uncontrollable

2   serious problem - shouting, screaming, yelling, offensive to everyone, most difficult to control

3   very severe problem - yelling to exhaustion, requires restraint or isolation, hysterical spells, institutionalized because of threats or screaming, uncontrollable

Summary:

_____

_____

_____

PHYSICAL AGGRESSION - TOWARDS OTHERS, SELF, OBJECTS

0   no problem - (others) contact sports, rare fight; (self) accidental bruise; (objects) kicks tire in frustration

1   mild problem - (others) pushing, occasional bullying, shoving, slapping, hitting, use of size superiority, some fighting; (self) picking at body, scratching, inflicting blood wounds near skin surface; (objects) breaking or throwing inanimate objects

2   serious problem - (others) frequent fights resulting in school or work ejection, involvement of authorities (misdemeanor) kills or maims animals; (self) burns self, masochistic, may require medical treatment; (objects) vadalism, tearing or destroying clothes, furniture, toys

PHYSICAL AGGRESSION - TOWARDS OTHERS, SELF, OBJECTS (continued)

3   very severe problem -(others) assault and battery, rape, murder, gang wars, planned cruelty, sadism; (self) suicide attempts or gestures, cutting wrists, overdose; (objects) arson, vast destruction, bombing

Summary:

_____

_____

_____

WITHDRAWAL ACTIVITY - PHYSICAL CONTACT

0   no problem - normal affectionate response or very affectionate even if problematic

1   mild problem - minimal physical affection or rare

2   serious problem - reaction to physical contact, crying, hiding, runaway

3   very severe problem - severe reaction, frequent runaways, fears touching, autism-withdrawal to a place, room, corner, for long periods of time

Summary:

_____

_____

_____

WITHDRAWAL ACTIVITY - VERBAL INTERACTION

0   no problem - converses normally or very loquacious

1   mild problem - very quiet, must be urged to speak, requires patience of others

2   serious problem - rarely says anything but that which necessary for minimal daily needs

3   very severe problem - doesn't speak at all

Summary:

_____

_____

_____

LANGUAGE PROBLEMS

0   no problem - age appropriate vocabulary ana phrasing

1   mild problem - stutters, slurs occasionally

2   serious problem - work usage totally out of context, severe stuttering, slurring, blocking

3   very severe problem - doesn't talk, word salads

Summary:

_____

_____

_____

RELATIONSHIPS WITH PEERS

0   no problem - has several friends, makes friends easily

1   mild problem - has few friends, abuses friendships but still able to keep them, gossips about friends

2   serious problem - manipulative, threatens friends, rejects friends or annoys them

3   very severe problem - has no friends, carries out threats, physically abusive, maximizes distance between self and peers

Summary:

_____

_____

_____

RELATIONSHIP WITH PARENTS

0   no problem - good relationships, support, love

1   mild problem - surface tension, excessive arguing, limited verbalization, little ability to share feelings with parent

2   serious problem - constant hassle or constant avoidance

3   very severe problem - "war", relationship is in constant conflict parents exhibit no control, outright rebellion

RELATIONSHIP WITH PARENTS (continued)

Summary:

_____

_____

_____

RELATIONSHIP WITH ADULTS

0   no problem - able to talk easily to significant adults

1   mild problem - timid, shies away from adults, or challenging of adults, few adult contacts

2   serious problem - into constant hassles, or constant fear of adult contact, authority

3   very severe-difficulty with any kind of authority figure, constant rebellious or annoying attitude, total lack of trust in any adult, withdrawal, avoidance

Summary:

_____

_____

_____

DAILY ACTIVITY - EATING PROBLEMS

0   no problem - normal intake, manners, control

1   mild problem - plays with food, messy, excessive or limited appetite, binges of candy consumption

2   serious problem - throws food, makes messes often, must be regularly urged to eat enough or not to overeat, requires involvement of physician, stealing of candy, food

3   very severe problem - excessive gorging, overeating, or undereating, malnourished tube or bottle fed

Summary:

_____

_____

_____

MOTOR ACTIVITY - POSTURE, ROCKING, HYPERACTIVITY, BIZARRE MOVEMENT

0   no problem - good posture

1   mild problem - rigid posture, blinking, nervous compulsion, mild tics

2   serious problem - severe body tic, rocking, tapping, twiddling of objects

3   very severe problem - catatonic posture, hysterical movements of body or limb, spinning, severe head banging

Summary:

_____

_____

_____

AUTHORITY PROBLEMS

0   no problem - routine response to limits, some testing, angelic

1   mild problem - frequent violation of family rules, use of foul language as weapon, minor stealing, minor verbal rebellion to authority figures, occasional driving tickets, mild drug or alcohol usage

2   serious problem - stealing, runaway, driving record, vandalism, gang activity, misdemeanor, severe drinking and drug abuse

3   very severe problem - institutional involvement, felony, endangers others

Summary:

_____

_____

_____

RITUALISTIC ACTIVITY - COMPULSIVE

Puts shoes certain way before bed, walks to a certain place or path, compulsion to eat in a certain order, hand washing ritual, arrangement, order, frequent showering, sleeping mannerisms, head banging

Some of the above:

Exists:_____   Does not exist:_____

If "exists", give brief summary:_____

_____

_____

DAILY ACTIVITY - TOILETING HABITS

0   no problem - regular, clean

1   mild problem - nervousness causes inappropriate voiding occasionally, un-careful about self-cleanliness, occasional body odor, severe acne due to uncleanliness, occasional body rash

2   serious problem -- frequent loss of control over bladder and bowels, fails to shower/bathe unless frequently reminded, constant constipation or irregularity

3   very severe problem - requires help of other person in daily habits, or needs forcing to attend to self, severe dermatological problems

Summary:

_____

_____

_____

DAILY ACTIVITY - SLEEPING HABITS

0   no problem - regular, normal amounts of rest

1   mild problem - occasional sleep walk, nightmares, hard to get to sleep, sleeps too little, oversleeps

2   serious problem - sleep walks often, requires restraint, constant nightmares, needs medication to sleep, stays up late frequently, drinks self to sleep, cries self to sleep

3   very severe problem - needs someone in attendance to assure safety, requires medication to sleep

Summary:

_____

_____

_____

DISTORTION OF REALITY

Feeling omnipotent, talks with God, delusions f grandeur, hallucinations,
misinterpretation of obvious messages, believe that demons or snakes live
in the attic, paranoid, alcoholic and/or drug nduced hallucinations and delusions

Some of the above:

    Exists:_____   Does not exist:_ _____

    If "exists", give brief summary:_____ _____

    _____ _____

    _____ _____

10-31-72