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A Descriptive Study of Five Child Day Treatment Centers

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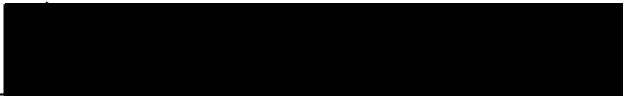
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AN ABSTRACT OF THE GROUP THESIS OF Virginia Spurkland and Joyce Edwards
for the Master of Social Work presented May 23, 1975.

Title: A Descriptive Study of Five Child Day Treatment Centers

APPROVED BY MEMBERS OF THE GROUP THESIS COMMITTEE:


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This thesis is a descriptive study of five child day treatment centers in Oregon. Its purpose was to generate hypotheses about the relationships between parent reactions to the day treatment center, the center's theoretical orientation toward treatment, and the organizational structure of the center.

The five centers involved in the study were: Poyama Land in Independence, Oregon; the Child Psychiatric Day Treatment Center in Portland, Oregon; Mid-Columbia Children's Center in The Dalles, Oregon; the Child Center in Eugene, Oregon; and Edgefield Lodge in Troutdale, Oregon. These centers were selected for this study because of their proximity to the Portland area and their requirement that parents be

involved in their child's treatment program.

Data were collected by a parent questionnaire, a staff questionnaire, and an interview with the executive director of each program. All three data collection instruments were designed specifically for use in this study.

Each of the (135) parents who had a child in one of the centers for at least one month and for whom the center had some expectations for involvement were sent questionnaires. All staff (51) in each of the five centers who were employed at least half-time were asked to complete questionnaires.

Data analysis varied with the instrument and the type of data collected. Questions on the staff questionnaire pertaining to staff role in decision making were factor analyzed as were the questions on the parent questionnaire pertaining to parent attitudes toward the day treatment center. Factor analysis simplified the interpretation of the data by reducing the number of variables on the staff questionnaire from nine to three, and on the parent questionnaire from twenty-four to five. Factor scores were computed for each respondent and factor score means were calculated by center for both parents and staff. Nominal data on the staff questionnaire were dealt with by the construction of contingency tables and inspection of differences between observed and expected frequencies for each cell. Data from the interview guide were descriptive and were synthesized and reported in narrative form.

It was found that parents of each center tended to respond favorably to the day treatment center with which they are associated. There

were trends in parent responses which, when evaluated in the context of descriptive data on each center, generated four hypotheses for further research. These hypotheses are:

- (1) the greater the consensus between director and staff on theoretical orientation toward treatment of a child and his family, the more favorable parent reaction to the day treatment program.
- (2) the more specific and clearly articulated the requirements for parent involvement, the more favorable parent reaction to the day treatment program.
- (3) the greater the number of parent-staff contacts, the more favorable parent reaction to the day treatment program.
- (4) the greater the use of parent groups, the more favorable parent reaction to the day treatment program.

A DESCRIPTIVE STUDY OF FIVE CHILD

DAY TREATMENT CENTERS

by

VIRGINIA SPURKLAND

JOYCE EDWARDS

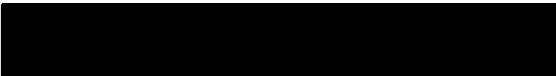
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TO THE OFFICE OF GRADUATE STUDIES:

The members of the Committee approve the thesis of Virginia
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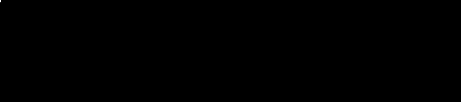

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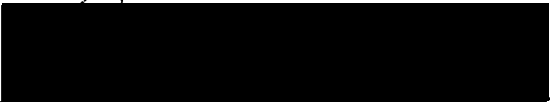

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The parents, staff members, and directors of the participating
child day treatment centers

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CHAPTER I

INTRODUCTION

Parent involvement in a child's treatment is frequently a requirement of day treatment centers for emotionally disturbed children. The underlying premise of this requirement is the belief that parent involvement facilitates the child's treatment and promotes more rapid and lasting improvement. Day treatment staff are often faced with the task of involving parents who are unresponsive. Lack of parent involvement then becomes an area of concern for day treatment programs.

A review of the literature reveals that very little has been written on day treatment programs and/or the involvement of parents in day treatment programs. There are articles that describe the approaches taken by individual programs to treatment of children and their families, but there has been no attempt to systematically uncover the variables related to the involvement of parents in child day treatment programs. While there are many researchable questions in this area, not all of them share the same degree of potential utility in the planning and delivery of services to children and their families. For example, a study might attempt an exploration of the parent personality traits associated with the successful involvement of parents in the day treatment programs. Such a study might prove interesting but it would have limited utility for use by the day treatment programs in improving the involvement of parents as the alteration of personality characteristics of uninvolved parents is

an unrealistic expectation. Another area of possible research around the question of parent involvement in child day treatment might focus on an examination of the day treatment programs themselves and the parent reactions to the programs. This approach seems more useful if the goal is to improve the level of involvement of the parents in the day treatment programs. Changes that can be made in the programs themselves are more accessible than effecting change in individual parent characteristics. This rationale directed the focus of this thesis which was designed to generate hypotheses about the relationships between elements of the day treatment programs and the parent reactions to the programs.

This thesis is a descriptive study focusing on the reactions of parents to five child day treatment centers in Oregon. Parent reactions include the types and number of contacts the parents have with the centers and their attitudes toward the centers. Parent reactions are evaluated in the context of descriptive data which focus on the center's theoretical orientation toward treatment and the organizational structure of each center. Theoretical orientation toward treatment means the basis by which staff determine the types of interventions used in treatment of children and parents. Organizational structure, in this study, refers to the decision making patterns within the center and the role relationships between administration, staff, and parents.

Theoretical orientation toward treatment, organizational structure, and client reactions to services are variables dealt with in

studies in the fields of social casework and clinical psychology. However, these studies have not been conducted in child day treatment programs nor has there been an attempt to evaluate client reactions in the context of organizational structure and theoretical orientation toward treatment. This thesis represents a departure from previous research by focusing on child day treatment programs and combining the variables of client reaction, organizational structure, and theoretical orientation toward treatment.

CHAPTER III

METHODOLOGY

I. INTRODUCTION

This study was designed to provide descriptive data focusing on parent reactions to child day treatment programs in the context of descriptions of the programs along the dimensions of theoretical orientation toward child treatment and organizational structure of the center. Data were collected by means of a parent questionnaire, a staff questionnaire, and an interview with the executive director of each program.

II. THE POPULATION

Selection of the respondents involved three discrete decisions: one for the agency sample, one for the staff respondents, and one for the parent respondents. The population of program directors was determined by the agency sample. Each of these selection processes will be described below.

The Agency Sample

Five child day treatment centers in Oregon were selected on the basis of two criteria. In order to be included in the sample it was necessary that the day treatment center have expectations for some type of parent involvement in the program. The other consideration in the selection of the agency sample was accessibility in terms of distance from the Portland area. This criterion was introduced due to cost limitations of the study and accompanying difficulties in administra-

ment in the following areas: achievement; affiliation; and influence or power. Frustration of role-takers within organizations occurs when the above desires go unsatisfied. Clarification of goals within the organization reduces confusion about desired results and enables various personnel to realize how their roles interrelate. Thus, means for achievement are made clear. Needs for affiliation can be fulfilled through a unified spirit of mutual support and respect. Finally, gratification of striving for power is achieved through allowing for influence at all levels of the organization (Schmuck, Runkel and Langmeyer, 1969).

Lewis (1969) described two discrete organizational models in his article, "The Organizational Structure of the Therapeutic Team." The hierarchical model is characterized by fixed role definitions, restriction of decision making to staff in leadership positions, and simple level to level communication. Group decision making, flexible role definitions, and open communication between all staff members are characteristics of the equalitarian organizational model. Some researchers have suggested that the equalitarian team is the more effective problem solving structure while the hierarchical team offers the better decision implementing approach. Lewis (1969) suggests a compromise model involving open communication and shared decision making but with the addition of a permissive leader who takes final responsibility for decisions. According to Lewis, it is also essential for role definitions to be neither rigid nor blurred. He suggests that professional identity should be maintained but that role defusion is permitted in the interest of the patients.

In other studies, decision making structure has been related to organizational size. Michels (Dunkerley, 1972) asserts, "As the size of a group increases, so does the extent of the leader's authority, his personal power, and the amount of delegation permitted in the decision making process."

Several studies have related the above feature of organizations to the attitudes of the people served by the organizations. It has been suggested (Schmuck and Schmuck, 1971) that in schools where power is more equally distributed between administration and staff, the quality of teacher-student relationships improve. Lewis (1969) states, "Team members' investment in therapeutic activity with patients is in direct proportion to their responsibility for making decisions about patient care." However, he goes on to say that "a team model with many equalitarian features tends to precipitate egocentric staff needs, and covert staff disagreement has a destructive impact on patients." Etzioni studied the relationship of patient involvement to the different types of sanctions used. He found that positive involvement is associated with persuasion, manipulation and suggestion. Neutral involvement is associated with remunerative sanctions and negative involvement with coercive power (Julian, 1968).

Early studies in theoretical orientation were predicated on the belief that one method of treatment would prove to be most effective in all cases. These studies focused on the form of treatment as it affected the individual client in psychotherapy. Interest in theoretical orientation as an organizational dynamic has developed only recently. One such study of patient attitudes towards staff roles and institu-

tional treatment methods resulted in findings pertinent to the present study. The researchers found that patient attitudes toward treatment were largely determined by the setting in which the treatment was received. "The institution may, to a large extent, condition the patient's attitude to his illness and the appropriate treatment for it" (Caine and Smail, 1968). Additionally, "the interactions between the orientation of those carrying out the treatment and the attitudes toward it of those receiving treatment may have important implications both for morale and prognosis" (Caine and Smail, 1968).

The concept of laterality as postulated by Rosengren and Lefton is relevant to the study of treatment orientation. Rosengren theorized that the "internal structure and dynamics of an organization are closely related to the manner by which organizations intervene in the life course of their clients" (Rosengren, 1970). Plus laterality as defined by Lefton (Rosengren, 1970) is the "extent to which client serving organizations take the whole person into account." Minus laterality is a "purposively restricted focus on specific or segmented features of clients." From the client's point of view, a plus laterality attitude is indicated when the client believes the organization ought to understand his total life situation. A minus laterality viewpoint is indicated whenever the "client perceives the organization's legitimate interest in him as limited" (Rosengren, 1970). Some researchers have suggested that the concept of laterality can be useful in the organization and development of therapeutic interventions that are relevant to the client's individual needs and personality patterns (Wolkon, Lanier, and Moriwaki, 1971).

Examination of the literature reveals that few studies have been done on client reaction to services. Most have been in the fields of casework and clinical psychology and have focused on the client's assessment of treatment outcome. One such study (Horenstein, Houston and Holmes, 1973) found "that contrary to the usual assumption clients may be good (or at least better than their therapists) at evaluating their therapy progress." Several other studies have found considerable discrepancy between client-worker assessment of treatment effectiveness. Researchers have questioned the meaning of this discrepancy and have stressed the need for further systematic studies of client reaction to services.

CHAPTER II

REVIEW OF THE LITERATURE

The literature review focuses on: theoretical orientation of treatment programs; organizational structure, particularly role relationships and decision making process; and the client's viewpoint on services they receive.

Organizational research is replete with studies on decision making process and role relationships among staff and administrative personnel. Early research was concentrated on industrial organizations with more recent additions in the area of social service organizations and schools. Numerous studies have associated staff job satisfaction with their perception of the degree of influence they have on decision making (Schmuck and Schmuck, 1971). While some investigators have suggested a direct relationship between satisfaction and influence, others have demonstrated that several factors effect the degree of decision making power one desires. Such factors include age, sex, job level, role conflict, and the degree of interest in the decision making issues in question (Alutto and Belasco, 1972).

Role relationships among administration, staff, and those served by the organization is a function of the organization's structure. Theoreticians postulate that role taking assumes an interaction between role-takers. A breach in the system of role interactions is remedied through correcting patterns of interaction. The emphasis is on the dynamics of the interactional system rather than on the functioning of individual role-takers. It is also hypothesized that an individual's functioning in an organization is influenced by his emotional invest-

tion of the research from greater distances. The five day treatment centers meeting these criteria and agreeing to participate in the study were: Edgefield Lodge in Troutdale, Oregon; The Child Center in Eugene, Oregon; The Mid-Columbia Children's Center in The Dalles, Oregon; Poyama Land in Independence, Oregon; and the Child Psychiatric Day Treatment Center in Portland, Oregon

The Parent Population

The relatively small size of the total parent population in all five centers made it necessary to include all parents who met the following specifications: 1) The parent's child had to have been in the program at least one month and 2) the day treatment program had to have expectations for some type of involvement in the program by that parent. The first of these specifications was used to determine the parent population since the study focuses on parent reactions to the day treatment programs. It was felt that less than a month's exposure to the program was inadequate for the parent to have much basis for reaction to that program. The second specification for inclusion in the parent population also arises directly from the purpose of the study which focuses on the issue of parent involvement.

There were 135 parents in the population. Twenty of them were participants in the Child Center, eighteen were from the Mid-Columbia Children's Center, forty were from Edgefield Lodge, twenty-three were from Poyama Land, and thirty-one were from the Child Psychiatric Day Treatment Center. One center noted that some parents involved at the time of population selection would no longer be active participants by

the time the questionnaires were administered. It was decided that these parents would be included in the population as they would still be in contact with the center through follow-up services. An additional coding category designating these parents was added and the other programs were notified of this decision and were asked to assign code numbers to these parents.

The Staff Population

Inclusion in the staff population was contingent upon at least half-time employment in the day treatment center. This definition excluded personnel such as consultants who spend only a few hours a week at the center. The rationale for this definition of staff population arises from the objectives of the study which focus on describing characteristics of the day treatment programs and parent reactions to those programs. It was felt that to be an integral part of the program required at least half-time employment. Staff employed half-time and more were considered to be those who would have the most contact with parents and who would most determine the character of the programs.

All staff members meeting this requirement were included in the population due to the small number of staff in all programs. The executive directors were considered to be in a separate category as they were the targets of a different data collection instrument than were the other staff members. There was a total of 51 staff in the population. There were eight staff from the Child Center, nine from Poyama Land, thirteen from Edgefield Lodge, fifteen from the Child Psychiatric Day Treatment Center, and six from the Mid-Columbia Children's Center.

III. CONSTRUCTION OF INSTRUMENTS

The Parent Questionnaire

The parent questionnaire was designed to measure parent reactions to the day treatment programs. Parent reaction was, for the purposes of this study, broken into two components. One of these components deals with the numerical frequency of parent contacts with the day treatment center and its staff. The first part of the parent questionnaire asks parents to record the number and type of contacts they had with the center the month prior to completion of the questionnaire.

There were twenty-four items on the parent questionnaire designed to measure parent attitudes toward various aspects of the center programs. Some of the questions were designed to measure parent laterality orientations to the program as defined by Rosengren (1970). Other questions were designed to measure parent feelings about staff communication with them. Others were geared toward measurement of general feelings of satisfaction or dissatisfaction with the program. Some of the questions were to measure the parents' feelings about their participation in decision making in the program, and some were to measure parent reactions to the center's requirements for parental involvement.

These questions were not pre-tested as they are specific to child day treatment programs and another group having the same characteristics as the sample was unavailable. The questionnaire was, however, factor analyzed on the twenty-four questions measuring parent attitudes toward the program. Factor analysis served two functions for this study. By condensing the twenty-four questions into five factors, data

analysis was greatly simplified, as without it each of the twenty-four questions would have had to be considered separately. Pertinent to the discussion of questionnaire construction is the other function served by factor analysis. The method of factor analysis gives a lot of information on the construction of the questionnaire and, in the absence of pre-testing, can lend some sense of validity to the questionnaire. The factor analysis resulted in five independent factors which were subsequently named: 1) Mutuality of the Relationship Between Parents and Staff; 2) Parent Laterality Orientations; 3) Staff Communication with Parents about their Child's Treatment Program; 4) Parent Satisfaction with Requirements for Involvement in the Program; 5) General Satisfaction with the Day Treatment Program.

Only three of the questions did not load on any of the factors. The distribution of questions over the factors matched closely the intent of the questions when the questionnaire was designed. The concept of parent role in decision making did not emerge as a separate category as planned but became a part of the factor "Mutuality of Relationship Between Parents and Staff". (See Appendix for a breakdown of questions into their corresponding factors and the factor matrix). Three of the questions loaded fairly equally on two factors. All of these questions involved Factor 4, Parent Satisfaction with Requirements for Involvement. Two of the three questions also loaded on Factor 2, Parent Laterality Orientation, and one of them also loaded on Factor 1, Mutuality of Relationship Between Parent and Staff. These are not illogical combinations, but indicate that some questions were related to more than one factor.

There are three other questions on the parent questionnaire, not yet mentioned, that deal with control variables intended to establish comparability between the day treatment centers.

The parent questionnaire was an objective one to facilitate analysis. Considerable attention was given to the format of the questionnaire as a major concern was the percentage of return on the questionnaire. This was particularly critical as the population was relatively small. The questionnaire was designed to require approximately fifteen minutes to complete and was professionally printed on a fold-out sheet that made the entire questionnaire visible at once. This design was to accentuate its brevity and increase the probability of return.

The Staff Questionnaire

The staff questionnaire was designed to provide information on three areas: the staff's theoretical orientation toward treatment as it relates to involving parents, staff ideas about parent roles in different phases of the center's operation, and staff feeling about their own role in agency decision making. This questionnaire, like the parent questionnaire, was objective with most of the questions being in the form of multiple choice. There were spaces for writing in alternative responses for some of the questions in order not to produce bias by forcing a choice not representative of a staff member's thinking on the subject. The questions on the staff member's role in decision making were adapted from a questionnaire from James L. Price, Handbook of Organizational Measurements (1972). The questionnaire in Price's

book dealt with large business organizations and changes were made in deleting those areas not applicable to a small social service agency and in changing the wordings of the questions to make them suitable to the day treatment center.

The nine questions on staff role in decision making were factor analyzed resulting in three factors which were named: 1) Integration into Overall Functioning of the Center; 2) Upward Communication; and 3) Alienation from Job Requirements. Distribution of questions across the factors was not very even with five questions loading on Factor 1, two questions on Factor 2, and one loading on Factor 3. One question did not load on any of the factors. (See Appendix for the factors and corresponding questions and the factor matrix.)

The staff questionnaire also contained three questions on staff positions, educational level, and field of training. These questions were added, not to distinguish one staff member's responses from another's, but to provide an overall description of each center's staff.

IV. ADMINISTRATION OF RESEARCH INSTRUMENTS

The Parent Questionnaire

Each parent who met the population criteria was assigned a code number by agency personnel according to printed coding instructions sent to each center. (See Appendix). Code numbers were used to insure the confidentiality and anonymity of the respondents. The code system incorporated some identifying characteristics of the respondents such as whether they were mothers or fathers; natural, foster, step or other parent figure; the length of time the child had been in the program; and

the parent's racial group. It was later found that, due to the time delay between coding and questionnaire administration, the code for length of time the child had participated in the program became meaningless. This information was then incorporated into the parent questionnaire to increase the reliability of data on the length of time the child had participated in the program.

The coded questionnaires were then mailed by the centers directly to the parents along with letters from the center directors asking for cooperation in completing the questionnaires and an explanatory letter from the researchers. Stamped, addressed envelopes were enclosed that provided for the questionnaires to be returned directly to the researchers. One center, Poyama Land, deviated slightly from this method of administration. Instead of mailing the questionnaires to the parents, they gave them to the parents at group meetings. The questionnaires were mailed directly to us, however, so it seems unlikely that precautions taken to insure confidentiality were injured. The variation in procedure by Poyama Land probably does account for their somewhat higher return than the other centers and may have had some other effect on the results. This possibility will be discussed in Chapter IV.

After approximately four weeks had lapsed, code numbers of questionnaires not yet received were reported to the centers and the centers were requested to re-contact those parents. It then became evident that this method of follow-up was inadequate as it did not take into account the fact that the original questionnaires might have been lost by the parents. A follow-up letter was prepared (See Appendix) and the centers mailed second questionnaires to all parents whose

completed questionnaires had not yet been received. Two weeks were allowed for return of follow-up questionnaires.

The Staff Questionnaire

Arrangements were made with the executive directors to visit each center at the time of a staff meeting in order to administer the questionnaire to the staff as a group. Administration as a group was deemed to insure greater validity of the results. It was felt that administration by mailing the questionnaires to the staff or asking the director to distribute questionnaires to the staff would contribute to the problem of discussion among the staff with the result that responses would tend to reflect group opinion and not individual staff opinions. Each group of staff was read a brief paragraph which gave instructions for completion of the questionnaire, asked the staff to complete the questionnaires, and indicated that there would be an opportunity to ask questions about the study after all the staff had completed the questionnaires. This was done to decrease bias which might have occurred had discussions and questions been allowed before completion of the questionnaire.

There were a few instances where staff included in the population were not present at the staff meeting. Questionnaires were left at the center for these staff members along with stamped addressed envelopes for return of the questionnaires directly to the researchers.

Interview with Executive Directors

The time for the interview with the executive director was pre-arranged and generally occurred the hour preceding administration of

the staff questionnaire. All interviews were held in the office of the executive director. Both researchers attended each interview and took one of two roles. In each interview, one researcher took the role of primary interviewer asking all the questions and taking the major role in probing to obtain necessary information. The other researcher served as a safe-guard against inadequate response on any of the questions and asked additional questions when it seemed necessary to clarify the information obtained by the primary interviewer. The open-ended nature of the interview and the scope of the material covered in the interview made the use of two interviewers appropriate for insuring the adequacy of the data. The primary interviewer recorded all responses on the interview guide and the secondary interviewer was responsible for tape recording the interview as another check in assuring the accuracy of information recorded on the interview guide.

V. DATA ANALYSIS

The Parent Questionnaire

Each parent questionnaire was coded by assigning a numerical value to each response. The data were then key punched and a frequency tally program was run on each center. The frequency tally provided information on the distribution of responses on each question. It also provided the mean and standard deviation on each question. The latter was not too useful, however, because all questionnaires were used in the tally, including those with no response on some of the questions. Since "no response" was coded 9 or 90, depending on whether it was a one or two column code number, means and standard deviations were distorted

and had to be recalculated.

As mentioned in the section on questionnaire design the twenty-four questions on parent attitudes toward the center programs were factor analyzed. All centers were grouped together for the factor analysis because of the small size of the parent population. Any data card showing a "no response" on any of the twenty-four questions was omitted leaving 89 respondents of the 101 returned parent questionnaires. The factor analysis made the data more manageable by consolidating the twenty-four individual questions into five factors. Factor scores were computed for each respondent on each of the five factors and center means on the factor scores were computed.

It was originally planned that the factor scores would also be analyzed in terms of the educational level of the parent, the racial membership of the parent, and whether the parent was a natural parent, foster parent, step parent, or other parent figure. This proved to be impossible, however, due to the small size of the sample which yielded very unequal distributions in stratified categories.

The other questions on the parent questionnaire were analyzed by computing the center mean by question. These means were examined in terms of relative comparability between centers. Centers that were exceptional on any variable were noted.

The Staff Questionnaire

Each staff questionnaire was coded by assigning a numerical value to each response. The data were then key punched and a frequency tally was run. As in the parent questionnaire, the frequency tally provided

the distribution of responses on each question and the means and standard deviations for each question. Means and standard deviations on the first two parts of the questionnaire were meaningless as the response choices did not form equal intervals or have any numerical significance. Means and standard deviations on Part III of the staff questionnaire were also not used due to the maintenance of questionnaires with no response on some of the questions.

The results from the questions relating to staff ideas about the parent role in the center and the question dealing with staff reasons for involving parents were analyzed for deviations from calculated expected frequencies. Centers whose responses on a question varied considerably from the expected results were noted and trends in response across all of these questions were determined.

The nine questions dealing with staff feelings about their role in decision making were, as mentioned in a previous section, factor analyzed to make the data more manageable. All the centers were grouped together for the factor analysis due to the small size of the population. Any data card showing a "no response" on any of the nine questions was omitted leaving 45 of the 51 staff questionnaires. Factor scores were computed for each respondent on each of the five factors and center means on the factor scores were computed.

CHAPTER IV

FINDINGS

I. INTRODUCTION

The intent of the present study was to provide descriptive data on five child day treatment centers. The descriptions of the day treatment centers are not exhaustive, rather they focus on data dealing with the theoretical orientation of the program, the decision making process in the center, and the parents' attitudes toward the day treatment centers. Results from each of the data collection instruments will be presented separately for greater clarity. Not all data is reported in detail in this chapter. While all results are referred to, some of the less relevant tables are contained in the appendices.

II. THE INTERVIEW GUIDE

The data obtained on the interview guide were open-ended data. Descriptions of the programs derived from the interview will focus on basically four areas: the theoretical orientation toward treatment, the services offered to children and their families, the requirements for parent involvement and the center's decision making process in different phases of the center's operation.

Theoretical Orientation

All of the centers studied have milieu therapy as a primary component of child treatment. The theoretical orientation underlying the milieu, however, varies with the center. It is important to note that the orientation described for each center is a statement of emphasis

and does not imply the exclusion of other treatment considerations. The orientation listed for each program represents a paraphrase of the director's response to the question asking for theoretical orientation toward treatment. It is sometimes difficult to discriminate between programs on this variable due to idiosyncratic labelling of program orientation. In some cases the words used to describe the theoretical orientations to treatment are different, but it is not possible to conclude a corresponding difference in orientation.

Poyama Land, Independence, Oregon, is described as an eclectic approach to treatment resting heavily on the tenets of behaviorism in the sense that the child's behavior forms the basis for treatment planning. Inferences about the child's internal mental state are made on the basis of observed behaviors.

The Child Psychiatric Day Treatment Center, Portland, Oregon, was described as a developmental, psychodynamic approach. Developmental theory is used to guide treatment planning by setting, as treatment goals, points along a developmental continuum.

The director of the Mid-Columbia Children's Center, The Dalles, Oregon, described that program as psycho-educational. In this approach, education and therapy are seen as one process. This does not seem to be too different from the orientation described by the director of the Child Center, Eugene, Oregon. That program's orientation was described as behavioral. This approach is not to be confused with behaviorism or behavior modification. It is, rather, more consonant with a learning theory model. It is based on the idea that all behavior is learned. The interventions are considered to be educational. New behaviors are

learned and old behaviors are supplanted.

Edgefield Lodge, Troutdale, Oregon, is the only one of the five day treatment centers that has a behavioristic, data based, treatment orientation. Behavior is changed through the development and application of reinforcement techniques.

Services Offered to Children and Their Families

A listing of services offered to families by the day treatment centers indicated that Edgefield Lodge differs in this respect from the other four programs. At Edgefield Lodge services are centered around child management training for parents. This includes training in reinforcement techniques through the use of one way mirrors and video tape. In the other centers services offered focus on a combination of individual, group, and marital or family counseling. At Edgefield Lodge marital therapy is available, but it is rarely used. All of the centers provide some form of follow-up services. For example, the Child Center uses telephone interviews. Poyama Land has follow-up visitation of a child in the school for a ninety day period and Mid-Columbia offers intensive follow-up by the family therapist for three months and a more limited follow-up by the family therapist for another six months.

Requirements for Parent Involvement

While all the centers require parent involvement, the requirements for parents, as listed by the executive directors, vary in number, flexibility, and specificity. Analysis of requirements for parents at the five centers reveals that the Child Psychiatric Day

Treatment Center and the Mid-Columbia Children's Center have the fewest number and the least specific requirements. At Mid-Columbia parents are required to meet with the case manager and the family therapist every two weeks. They may also be required to attend a group session if there is a group that meets the needs of the parent. These groups are time limited groups formed around specific problem areas. The Child Psychiatric Day Treatment Center requires that parents express a willingness to participate in the program. The basis of participation is negotiable and varies from parent to parent.

The other three centers have more specific stated requirements. At Poyama Land parents are required to attend group meetings. There is a mothers' group, a fathers' group, and a foster parents' group. The parents must meet with the family counselor on a regular basis and with either the case manager or treatment coordinator. The frequency of these meetings is negotiable.

The Child Center requires that the parents attend intake staffing. The parents must also participate weekly in one or more family services. Which services are used is negotiated with the case manager. The parent is also required to attend staffing reviews of his child's progress every four weeks.

At Edgefield Lodge parents are required to participate in parent education groups. Parents must meet with the treatment team every nine weeks to review and plan the child's treatment program. Parents are also required to administer home programs. They must collect behavioral data on a regular basis and must demonstrate their application of reinforcement techniques.

The Decision Making Process

Interview questions dealing with the decision making process in four phases of the center's operations elicited, in most cases, a detailed description of the procedures associated with the intake process, the hiring of new staff, evaluation of child progress in treatment, and program change. The focus in this study is not on decision making process itself but on the individuals involved in these processes. Consideration of decision making involves making a distinction between those individuals making the final decision and those who have opportunity to contribute to or influence that decision.

The Intake Process. At Poyama Land and Mid-Columbia Children's Center the final intake decision rests with the program director. At Poyama Land the intake meeting includes a child care worker, a Children's Services Division liaison worker, and a Mental Health liaison person. These individuals represent a type of screening committee for the intake decision. Mid-Columbia Children's Center also has a screening committee that includes the psychiatrist who spends four hours per week working at the center, a liaison worker from Children's Services Division, and a psychologist from Mental Health. This group makes recommendations for intake which are usually, but not necessarily, followed by the director. The intake meetings at Mid-Columbia Children's Center may also include the child care worker or team leader, the family therapist, and the parents. These individuals do not have a say in the final decision, but contribute information and recommendations.

The Child Care Center includes in its intake process, individuals from Children's Services Division and from Mental Health as do Poyama

Land and Mid-Columbia Children's Center. At the Child Center, however, the participation of these representatives from other agencies is more formalized in that they are given votes. There are four votes in an intake decision, one from Children's Services Division, one from Mental Health and two from the Child Center. Individuals from the center who participate in the intake meetings are the director, the counselor, and the child care worker. Also the parents are present sometimes.

Edgefield Lodge and the Child Psychiatric Day Treatment Center seem to have what could be termed a more closed intake process in terms of community involvement. Edgefield Lodge, being a larger program of which the day treatment program is only a small part, has two intake workers who interview the parents. A commitment for treatment of the child is usually made in the first interview. Supporting and supplementary information is solicited from other agencies after this interview.

At the Child Psychiatric Day Treatment Center, the intake decision is made by Senior Clinicians, who serve as supervisors for the rooms, and rotating members of the treatment team. A decision for intake requires a 100% agreement within this group. Representatives from outside groups may be present at intake to give information, but they have no vote in the intake decision.

Hiring New Staff. There was little variation among the centers in their decision making procedures for hiring new staff. All the center directors claimed staff participation at all levels. In all cases prospective child care workers spent from one to three days working alongside the staff. Staff gave feedback on their performance. At the

Child Center, a decision to hire is based on the consensus of the staff. At Poyama Land, the director can veto a decision made by the assistant director and the child care worker. At Mid-Columbia Children's Center, the director and the child care supervisor have the final say. At Edgefield Lodge, the program manager makes the final approval on recommendations by the team. Poyama Land was unique in their inclusion of two parent representatives in interviewing prospective family therapists.

Child Evaluation. Evaluation of a child's progress in treatment is a step in decision making about the direction of further treatment. The frequency and form of child evaluation varied considerably among the centers. These approaches included various combinations of daily logs and review of the child at regular predetermined intervals. These reviews were, without exception, carried out by the treatment teams and family therapists. Edgefield Lodge and the Child Center were unique in their involvement of the parents in a formal way in the evaluation of the child by including them in staffing and/or treatment team meetings.

Program Change. The directors were asked to describe the decision making process involved in making a program change. The program changes described by the directors were: realignment of staff at Mid-Columbia Children's Center; a new grouping of children at Edgefield Lodge; an emphasis on involvement with the schools at Poyama Land; obtaining Title I funds to increase the family therapist to full-time at the Child Center; and formation of a community team at the Child Psychiatric Day Treatment Center. With the exception of Edgefield Lodge all of the centers described a group consensus decision making process. Some

directors described the process as one in which there was no distinction between the formal and the informal process. The directors of Poyama Land and the Child Psychiatric Day Treatment Center did point out their final responsibility for decisions made.

The Edgefield Lodge decision making process for program changes was similar but seemed to be slightly more formalized. Decision making around program changes involves the treatment director, the program manager, and the unit leaders. The rest of the staff is involved in the process, after a decision has been made, to discuss ramifications of that decision.

II. THE STAFF QUESTIONNAIRE

The three questions on the staff questionnaire dealing with the job titles of staff, the educational level of staff, and the field of interest of staff revealed some variation in composition of the staffs of the five day treatment centers.

Responses to the question asking for job title were classified as to whether the position reflected primary function as child care, family therapy, supervision, or education. For all centers the greatest percentage of staff was associated with child care. The Child Psychiatric Day Treatment Center revealed a somewhat larger percentage of staff whose primary function was education. Other differences in staff distribution by center were minimal among the centers. (See Appendix).

The centers also displayed some differences in the educational level of the staff. The Child Center had a larger percentage of staff

with masters degrees than did the other centers with 50% of the staff holding masters degrees. Mid-Columbia had a greater percentage of staff with no degree. The Child Psychiatric Day Treatment Center is the only center with an M.D. on the staff. (See Appendix).

There was also some variation among the centers in the predominant field of training of the staff members. At Poyama Land 55% were trained in the social sciences, while at the Child Center, 50% received training in special education. The distribution in the other three centers was more evenly represented across several fields. (See Appendix).

The first two parts of the staff questionnaire showed some differences between staff of the centers. For each of the five questions, a contingency table was constructed and expected frequencies were calculated. Differences between observed and expected frequencies in each cell of the table were calculated in order to characterize the staff responses by center to each question. Results on each question in the first two parts of the staff questionnaire will be reported separately.

Question one, Part I, asked staff if they felt involving parents in their child's treatment was important. All staff members in all day treatment centers responded, "yes" to this question.

Question two, Part I, asked staff to select a reason for involving parents in their child's treatment. Each choice given was intended to be representative of a treatment approach. One is considered to be representative of an ego-psychology approach, one is psycho-educational, and one is behavioristic. Frequencies of response by center are reported

in the following table.

TABLE I
CONTINGENCY TABLE: STAFF REASON FOR INVOLVING
PARENTS IN CHILD TREATMENT

Center	Ego Psychology	Psycho- Educational	Behavior- istic	None of the above	Total
Poyama Land	0	5	0	4	9
Child Psychiatric Day Treatment	1	11	0	3	15
Mid-Columbia	3	1	1	1	6
Child Center	1	3	4	0	8
Edgefield Lodge	1	5	6	1	13
Total	6	25	11	9	51

At Poyama Land a larger number of staff than expected chose the "none of the above" option. Their choice of "none of the above" seems to reflect an unwillingness to select one reason for involving parents at the expense of the other reasons. The write-in responses were combinations of the ego-psychology, the psycho-educational and the behavioristic choices with one staff member combining the ego-psychology response with the psycho-educational response, and one staff member combining the psycho-educational response with the behavioristic response. The other two staff selecting the "none of the other" response combined all three choices and qualified their statements by indicating

that the reason for involving the parents depends on the particular parent.

A greater number of staff at the Child Psychiatric Day Treatment Center than expected chose the psycho-educational response and fewer than expected chose the behavioristic response.

Among the staff at the Child Center there was a trend for staff to select the behavioristic reason for involving parents. The same was true for Edgefield Lodge.

Staff of the Mid-Columbia Children's Center also exhibited trends away from expected frequencies. A larger than expected number of staff selected the ego-psychology response and fewer than expected chose the psycho-educational response.

The next four questions on the staff questionnaire deal with staff opinion about what the parent role in different phases of center operations should be. Results are reported separately for each question.

TABLE II
CONTINGENCY TABLE: STAFF OPINION ABOUT
PARENT ROLE IN INTAKE

Center	a*	b*	c*	d*	Total
Poyama Land	0	0	3	6	9
Child Psychiatric Day Treatment	3	1	9	1	14
Mid-Columbia	0	0	4	2	6
Child Center	0	0	7	0	7
Edgefield Lodge	0	0	10	3	13
Total	3	1	33	12	49

*a - the parents should not be present at intake meetings

*b - the parents should be present at intake meetings only to give information about the child

*c - the parents should be present at the intake meeting and should participate in decision making and planning

*d - the parents should be present at the intake meeting to be made aware of the center's expectations of them

On this question, the cells showing deviation from expected frequencies are described below. At Poyama Land, a larger number of staff than expected felt the parents should be present at intake meetings to be made aware of the center's expectations of them while fewer than expected felt the parents should participate in the decision making and planning. At the Child Psychiatric Day Treatment Center, a larger number of staff than expected felt the parents should not be present at

intake meetings while fewer than expected thought parents should be present at intake meetings to be made aware of the center's expectations of them. Staff at Mid-Columbia did not vary significantly from the expected frequencies in any of the cells. Staff at the Child Center thought more often than expected that parents should be present at intake meetings and should participate in the decision making and planning. The same is true for Edgefield Lodge.

TABLE III
CONTINGENCY TABLE: STAFF OPINION ABOUT PARENT ROLE
IN THE HIRING OF NEW STAFF

Center	a*	b*	c*	Total
Poyama Land	3	0	6	9
Child Psychiatric Day Treatment	9	5	0	14
Mid-Columbia	4	1	1	6
Child Center	7	1	0	8
Edgefield Lodge	10	3	0	13
Total	33	10	7	49

*a - the parents should have no say in staffing decisions

*b - the parents should meet prospective staff and have the opportunity to share impressions with the staff

*c - the parents should share in interviewing prospective staff and should have a voice in the decision to hire

The staff at Poyama Land varied from expected frequencies in all cells with a large proportion of the staff feeling that parents should have a voice in the decision to hire new staff. Fewer than expected chose the other two options.

At the Child Psychiatric Day Treatment Center a larger number of staff than expected felt that parents should meet prospective staff and share impressions with staff members, while fewer than expected thought parents should share in interviewing and the decision to hire.

The staff of Mid-Columbia Children's Center did not vary significantly from the expected responses with most of them feeling parents should have no say in staffing decisions.

Staff at the Child Center chose the response indicating that parents should have no say in hiring of new staff more frequently than expected. Edgefield, once again, showed the same pattern as the Child Center.

TABLE IV

CONTINGENCY TABLE: STAFF OPINION ABOUT THE ROLE OF THE PARENTS
IN EVALUATION OF THE CHILD'S PROGRESS

Center	a*	b*	c*	d*	Total
Poyama Land	1	0	8	0	9
Child Psychiatric Day Treatment	8	1	5	0	14
Mid-Columbia	3	0	2	1	6
Child Center	2	0	5	0	7
Edgefield Lodge	1	0	9	3	13
Total	15	1	29	4	49

- *a - the parents should not be present at evaluation meetings, but the child's progress should be discussed with them at regular intervals
- *b - the parents should be present only to give information about the child's home behavior
- *c - the parents should be present at evaluation meetings to have an opportunity to express concerns, criticisms, satisfactions, and goals for the child's treatment.
- *d - the parents should be present at evaluation meetings and should participate in the actual preparation of the evaluation on the same basis as the staff members present.

There are variations from expected frequencies as described below. At Poyama Land, more staff than expected felt that parents should be present at evaluation meetings to have the opportunity to express concerns, criticisms, satisfactions and goals for child treatment. Fewer than expected thought the parents should not be present at evaluation meetings.

Staff at the Child Psychiatric Day Treatment Center tended to

think that parents should not be present at evaluation meetings. Staff at Mid-Columbia Children's Center also thought more frequently than expected that parents should not be present at evaluation meetings, while fewer than expected felt parents should be present to express concerns, satisfactions, criticisms, and goals for their child's treatment. Staff of the Child Center did not vary significantly from the expected frequencies. Edgefield Lodge staff chose responses c and d more frequently than expected while selecting the choice that parents not be present at evaluation meetings much less frequently than expected.

TABLE V
CONTINGENCY TABLE: PARENT ACCESS TO THEIR CHILD'S FILE

Center	a*	b*	c*	d*	e*	Total
Poyama Land	1	1	3	2	2	9
Child Psychiatric Day Treatment	0	9	3	2	1	15
Mid-Columbia Child Center	0	1	1	3	1	6
Child Center	1	0	0	3	4	8
Edgefield Lodge	0	2	5	4	2	13
Total	2	13	12	14	10	51

- *a - parents should not have access to their child's file
 *b - parents should have access to only certain parts of their child's file and then only when in the presence of a staff member
 *c - parents should have access to only certain parts of their child's file and should be free to see those parts without a staff member present
 *d - parents should have access to the entire contents of their child's file but only in the presence of a staff member
 *e - parents should have access to the entire contents of their child's file at any time

There are observable trends in staff response by center. Staff of the Child Psychiatric Day Treatment Center chose, more frequently than expected, the response which allowed parental access to only certain parts of the file and then only in the presence of a staff member. Correspondingly, they chose the other options less frequently than expected. The staff of Mid-Columbia Children's Center tended to favor access of the entire contents of the file to the parent in the presence of a staff member. The Child Center staff allowed parents greater access to the file in selecting more frequently than expected that parents could see the entire contents of the file without a staff member being present. Staff of Edgefield Lodge corresponded fairly closely with expected frequencies.

Nine of the ten questions on the staff questionnaire that have not yet been discussed, were factor analyzed. These questions deal with the staff role in decision making. Three factors were generated and were subsequently named: 1) Integration into Overall Functioning of the Center; 2) Upward Communication; and 3) Alienation from Job Requirements. Factor scores were computed for each respondent on each factor and center means on each factor were calculated.

TABLE VI
 MEAN STAFF SCORES ON FACTOR I: INTEGRATION INTO
 OVERALL FUNCTIONING OF CENTER

Center	Factor Score Mean
Poyama Land	-4.4594
Child Psychiatric Day Treatment	-4.8254
Mid-Columbia	-4.6400
Child Center	-4.7821
Edgefield Lodge	-4.1316

The range of possible factor scores on factor 1 is -5.0924 to -1.2253. The more negative the score the greater the degree of staff integration into overall functioning of the center. There is virtually no distinction between center mean scores on Factor 1. All the centers show a high degree of staff integration.

TABLE VII
 MEAN STAFF SCORES ON FACTOR 2: UPWARD COMMUNICATION

Center	Factor Score Mean
Poyama Land	-4.5456
Child Psychiatric Day Treatment	-5.3640
Mid Columbia	-5.3221
Child Center	-5.2613
Edgefield Lodge	-4.9596

The possible range of factor scores on Factor 2 is from -6.1987 to -1.0182. The more negative the score the greater the degree of upward communication perceived by the staff of the center. All centers show a high degree of upward communication with Poyama Land and

Edgefield Lodge showing a very slight tendency toward less upward communication.

TABLE VIII

MEAN STAFF FACTOR SCORES ON FACTOR 3:
ALIENATION FROM JOB REQUIREMENTS

Center	Factor Score Mean
Poyama Land	.4542
Child Psychiatric Day Treatment	.1427
Mid-Columbia	.5106
Child Center	.0417
Edgefield Lodge	.6668

The possible range of factor scores on Factor 3 is -1.4151 to +4.2186. The more positive the score the greater the degree of alienation from job requirements. Staff of all centers seem to feel relatively un-alienated from job requirements. There is a slight trend toward greater alienation in Poyama Land, Mid-Columbia and Edgefield Lodge.

Question 10 in Part III of the staff questionnaire deals with channels and sources of information within the day treatment center. Frequency and percentage of response to the question is given in the following table.

TABLE IX
CHANNELS OF COMMUNICATION IN THE DAY TREATMENT CENTERS

Center	a*	b*	c*	d*	e*	N
Poyama Land						
Frequency	7	1	0	0	1	9
Percent	77	11	0	0	11	100
Child Psychiatric Day Treatment						
Frequency	4	2	1	0	8	15
Percent	26	13	6	0	53	100
Mid-Columbia						
Frequency	0	1	2	0	3	6
Percent	0	16	33	0	50	100
Child Center						
Frequency	2	0	0	0	6	8
Percent	25	0	0	0	75	100
Edgefield Lodge						
Frequency	3	1	3	2	4	13
Percent	23	7	23	15	30	100

*a - staff meetings

*b - informal talks with other staff at my job level or lower

*c - informal talks with staff at a higher job level than my own

*d - memos and other written materials

*e - other

Staff members selecting the "other" category almost always wrote in a combination of the other four choices. The "other" categories at Edgefield Lodge more often include selections b and c while the staff of the Child Psychiatric Day Treatment Center most often said all of the above. One obvious trend is that the staff of Poyama Land much more frequently view the staff meeting as their major source of information.

IV. THE PARENT QUESTIONNAIRE

There were 135 parents in the total parent population. 102 parent questionnaires were returned. This is a percentage return of 75.6%.

Distribution of return by center is shown in Table X.

TABLE X
PERCENTAGE RETURN OF PARENT QUESTIONNAIRES BY CENTER

Center	Number in Sample	Number Returned	Percent Returned
Poyama Land	26	24	92.3%
Child Psychiatric Day Treatment	31	25	80.6%
Mid-Columbia	18	12	66.6%
Child Center	20	16	80.0%
Edgefield Lodge	40	25	62.5%

As mentioned in Chapter III, Poyama Land distributed and allowed parents to complete the questionnaires at parent group meetings. This undoubtedly accounts for the high percentage return from Poyama Land. Differences in administration may also explain the other variations in percentage returns from the centers, but there is no verifiable explanation.

Percentage returns in the sample were slightly higher for foster parents. Poyama Land and the Child Center have a larger percentage of foster parents among their parents. This may be one factor contributing

to their larger percentage of return. (See Appendix).

The questions on the parent questionnaire dealing with the number of contacts parents had with the centers the month prior to completion of the questionnaire are reported here as the mean number of contacts per center.

TABLE XI

NUMBER OF REPORTED TIMES PARENTS TALKED WITH A STAFF MEMBER
THE MONTH PRIOR TO COMPLETION OF THE QUESTIONNAIRE

Center	Center Mean
Poyama Land	8.29
Child Psychiatric Day Treatment	7.81
Mid-Columbia	5.43
Child Center	5.46
Edgefield Lodge	6.29

TABLE XII

NUMBER OF PARENT GROUP MEETINGS ATTENDED BY PARENTS
THE MONTH PRIOR TO COMPLETION OF THE QUESTIONNAIRE

Center	Center Mean
Poyama Land	2.09
Child Psychiatric Day Treatment	.84
Mid-Columbia	1.89
Child Center	.53
Edgefield Lodge	1.08

TABLE XIII

NUMBER OF PARENT VISITS TO CHILD'S CLASSROOM THE MONTH
PRIOR TO QUESTIONNAIRE COMPLETION

Center	Center Mean
Poyama Land	2.74
Child Psychiatric Day Treatment	2.68
Mid-Columbia	1.56
Child Center	2.26
Edgefield Lodge	.72

TABLE XIV

NUMBER OF BRIEF AND CASUAL CONVERSATIONS WITH A STAFF
MEMBER THE MONTH PRIOR TO QUESTIONNAIRE COMPLETION

Center	Center Mean
Poyama Land	8.52
Child Psychiatric Day Treatment	8.60
Mid-Columbia	5.78
Child Center	4.40
Edgefield Lodge	3.08

TABLE XV

NUMBER OF TIMES PARENTS PICKED UP OR TOOK THEIR CHILD TO THE
CENTER THE MONTH PRIOR TO QUESTIONNAIRE COMPLETION

Center	Center Mean
Poyama Land	5.64
Child Psychiatric Day Treatment	6.92
Mid-Columbia	5.22
Child Center	6.53
Edgefield Lodge	3.84

TABLE XVI

NUMBER OF TIMES PARENTS KEPT AN APPOINTMENT WITH A STAFF MEMBER
THE MONTH PRIOR TO QUESTIONNAIRE COMPLETION

Center	Center Mean
Poyama Land	4.09
Child Psychiatric Day Treatment	2.33
Mid-Columbia	1.56
Child Center	2.00
Edgefield Lodge	2.92

TABLE XVII

NUMBER OF OTHER REPORTED CONTACTS PARENTS HAD WITH THE CENTERS
THE MONTH PRIOR TO QUESTIONNAIRE COMPLETION

Center	Center Mean
Poyama Land	.34
Child Psychiatric Day Treatment	.92
Mid-Columbia	.00
Child Center	.13
Edgefield Lodge	2.52

The larger mean of "other" contacts at Edgefield is due to the parents reporting picking up or taking their children to the bus rather than directly to the center. The Child Psychiatric Day Treatment parents who filled in the "other" category, most frequently reported these contacts as being participation in a special therapy group.

The mean number of contacts for all types of contacts may reflect center requirements for parent participation or parent attitudes toward the programs. Poyama Land generally has the highest number of all types of center contacts by parents.

Results on the questions reflecting parent attitudes will be reported. The twenty-four questions were factor analyzed generating five factors which were named: 1) Mutuality of Relationship Between Parents and Staff; 2) Parent Laterality Orientations; 3) Staff Communication with Parents about their Child's Treatment Program; 4) Parent Satisfac-

tion with Requirements for Involvement in the Center; and 5) General Satisfaction with the Day Treatment Program. Factor scores were computed for each respondent on each factor and center means were computed.

TABLE XVIII

FACTOR SCORE MEANS: FACTOR I - MUTUALITY OF RELATIONSHIP BETWEEN PARENTS AND STAFF

Center	Center Mean
Poyama Land	.1656
Child Psychiatric Day Treatment	-.0379
Mid-Columbia	-.5071
Child Center	-.1319
Edgefield Lodge	-.0240

The range of possible factor scores on Factor 1 is -3.0444 to +.7433. The more positive the score the greater the mutuality of parent-staff relationships. All centers tend toward the higher end of the range indicating a large sense of mutuality in the relationship of parent with staff. Parents at Poyama Land tend to have the greatest sense of mutual relationship while Mid-Columbia tends to score the lowest on this factor.

TABLE XIX

FACTOR SCORE MEANS: FACTOR 2 - PARENT LATERALITY ORIENTATION

Center	Center Mean
Poyama Land	3.6132
Child Psychiatric Day Treatment	3.1508
Mid-Columbia	-0.5513
Child Center	2.3696
Edgefield Lodge	3.5192

The range of possible factor scores on Factor 2 is -8.7625 to +6.0344. The high positive scores indicate a plus laterality orientation. Parents at Mid-Columbia seem to have more minus laterality orientations than the other centers. The Child Center also tends to have a slightly more minus laterality orientation than the other three centers. However, parents at all five centers tend to have plus laterality orientations.

TABLE XX

FACTOR SCORE MEANS: FACTOR 3 - STAFF COMMUNICATION WITH PARENTS ABOUT THE CHILD'S TREATMENT PROGRAM

Center	Center Mean
Poyama Land	0.8651
Child Psychiatric Day Treatment	1.6657
Mid-Columbia	2.8749
Child Center	1.8046
Edgefield Lodge	1.3798

The range of possible scores on this factor is -1.5475 to +11.2312. The higher positive scores indicate a lower degree of staff communication with parents about child treatment. All center means indicate that the centers received relatively low scores on this factor indicating parents perceive satisfactory staff communication

with them about the treatment of their children. Mid-Columbia tends to have the highest positive score, indicating lower communication, while Poyama Land has a relatively low communication score indicating higher communication.

TABLE XXI

FACTOR SCORE MEANS: FACTOR 4 - PARENT SATISFACTION WITH THE REQUIREMENTS FOR INVOLVEMENT IN THE PROGRAM

Center	Center Mean
Poyama Land	-9.6835
Child Psychiatric Day Treatment	-9.0916
Mid-Columbia	-5.0476
Child Center	-8.4097
Edgefield Lodge	-9.2868

The possible range of scores on Factor 4 is -12.9692 to +6.8870. The more negative the score the greater the satisfaction with the requirements for involvement in the center. Parents in all centers seem to be satisfied with the requirements for involvement, but Mid-Columbia parents seem to be less satisfied with the requirements for their involvement than parents in the other centers.

TABLE XXII

FACTOR SCORE MEANS: FACTOR 5 - PARENT GENERAL SATISFACTION WITH
THE DAY TREATMENT PROGRAM

Center	Center Mean
Poyama Land	7.3378
Child Psychiatric Day Treatment	6.7067
Mid-Columbia	5.2809
Child Center	5.7650
Edgefield Lodge	6.2756

The range of possible factor scores on Factor 5 is -5.8514 to +11.1342. The higher positive scores indicate a high satisfaction with the program. Parents in all five centers seem to be relatively satisfied with the day treatment centers. Mid-Columbia tends to be less satisfied than the other programs while parents at Poyama Land tend to be most satisfied with the program. The other centers distribute evenly between the two extremes at about .5 intervals. They rank from most satisfied to least satisfied in the following order: Child Psychiatric Day Treatment, Edgefield Lodge, and the Child Center.

The three control questions on the parent questionnaire indicate minor differences in the composition of the parent groups in age, educational level, and the number of months their children have been in the program.

There was little variation in parent educational level although parents in the Child Psychiatric Day Treatment Center tend to be slightly

more educated and parents in Mid-Columbia tend to be slightly less educated. (See Appendix).

Parents in the Child Psychiatric Day Treatment Center tended to be slightly younger than the other parent groups while parents at the Child Center tend to be slightly older. (See Appendix).

The number of months the children of the parents in the population had been in the day treatment was higher for the Child Psychiatric Day Treatment Center and lower for Edgefield Lodge. The other three centers had nearly identical means for the number of months the children had been in the program. (See Appendix).

CHAPTER V

DISCUSSION AND CONCLUSIONS

Discussion of the results of the present study will be concentrated on those findings which relate to the differences in parent reactions among centers. Though all five parent populations tended toward more favorable than unfavorable reactions, there are some general trends across centers that merit discussion. These trends and possible relationships between variables will be discussed, but no one explanation can be postulated to explain all the observed differences among centers.

The parents from Poyama Land had higher positive scores on all five factors than any other parent group in the present study. Mid-Columbia parents reacted the least favorably on the parent questionnaire. Discussion will focus on Poyama Land and Mid-Columbia as representatives of the most extreme scores. However, it is noteworthy that the other three centers tended to maintain the same respective positions on all five factors of the parent questionnaire.

The observed differences in parent reactions to the day treatment centers might relate to several variables included in this study. One such variable is the number of parent-staff contacts. Parents at Poyama Land recorded the highest average number of contacts on the question asking for the number of times they talked with a staff member in the preceding month. Mid-Columbia parents recorded the lowest number of contacts on the same question. This finding is suggestive of a possible relationship between number of contacts and parent reactions to the programs.

The number of staff-parent contacts might to some degree be a function of the extent and specificity of the center's requirements for parent involvement. Poyama Land is one of the centers which required more specific types of involvement from parents as compared to centers which allowed for staff-parent negotiations of types of involvement. Perhaps parent reaction to the programs is influenced by the manner and degree in which parents are involved in the center's program.

Poyama Land is unique in its requirement that all parents must attend group meetings. Most researchers assume that parents of emotionally disturbed children commonly feel guilty about their child's problems (Noland, 1971; Des Lauriers, 1969). Guilt can be a contributing factor in lack of parent involvement. Poyama Land's use of groups may help to alleviate guilt feeling by providing the opportunity for parents to gain support by sharing their mutual concerns.

Treatment orientation, as espoused by the directors, seemed to correspond with staff choice of reasons for involving parents in the program, with the exception of Mid-Columbia. The director of Mid-Columbia articulated a "psycho-educational" approach to treatment in which education and therapy are viewed as one process. However, the majority of the staff chose as their treatment focus, "helping the parents to understand their hidden problems and unconscious processes." This is the approach reflecting an ego psychology orientation to treatment. Mid-Columbia was the only center in which a majority of the staff picked the ego psychology approach. Some of the differences between the expressed orientation of the director and his staff might be accounted for by the fact that the staff question referred to reasons for involving parents

while the director was asked to define or categorize his treatment program by a descriptive label.

Poyama Land's staff selected the "none of the above" category more frequently than expected on the questions relating to reasons for involving parents. This category was chosen at a frequency significantly higher than statistically expected. The staff who chose this category indicated a preference for different combinations of the other three options. The director of Poyama Land described the program as eclectic though resting on the tenets of behaviorism. Thus, it seems that a significant number of the staff also indicated a preference for an eclectic approach. These findings support the suggestion that parent reaction is influenced by the degree to which there is staff consensus on treatment approach.

Some aspects of staff response on the questionnaire merit discussion though they did not seem to be related to parent reactions. There was little difference among the center staffs in their responses to the questions relating to their role within the organization. Of interest is the fact that Edgefield Lodge's staff scored somewhat higher than the staffs of the other centers on factor 3, the degree of alienation from job requirements. The highly favorable responses of the staff members of all five centers toward their role within the organization may be due to the relatively small size of all the centers. Mid-Columbia, the smallest center, has six staff members while the Child Psychiatric Day Treatment Center, the largest center, has fifteen staff members. Size might also be a factor in the higher degree of alienation felt by the staff of Edgefield Lodge as the day treatment program is only one

facet of a large organization offering a variety of other programs.

Staff from Edgefield Lodge and the Child Center responded in very similar ways to the questions related to parent roles in the center. Both centers are described as behavioristic by the staff. This fact suggests that there is a relationship between theoretical orientation and staff views on the legitimate parent role within the program; (ie. parent role in intake, hiring of new staff, child evaluation, and access to files). Both groups of staff favored a more active role for parents at intake and in the child evaluation process than did the staffs of the other centers. Additionally, staff of these two behavioristic programs generally felt parents should have freer access to their child's file than was thought appropriate by staff from the other centers. In actual practice, both Edgefield Lodge and the Child Center require active participation by parents in the intake process and in periodic evaluations of their child's progress. These requirements are not common to any of the other centers.

The fact that parents are involved in evaluation in the Child Center and in Edgefield Lodge may have influenced staff response to the question relating to the parents' access to their child's file. It seems that what staff members of Edgefield Lodge and the Child Center view as the legitimate parent role correlates highly with what the center is doing in actual practice.

The findings of this thesis suggest some hypotheses for further research. They are:

- (1) the greater the consensus between director and staff on theoretical orientation toward treatment of a child and his family, the more favorable parent reaction to the day treatment program.

- (2) the more specific and clearly articulated the requirements for parent involvement, the more favorable parent reaction to the day treatment program.
- (3) the greater the number of parent-staff contacts, the more favorable parent reaction the day treatment program.
- (4) the greater the use of parents groups, the more favorable parent reaction to the day treatment program.

The purpose of this thesis was to describe parent reactions to five child day treatment programs in the context of descriptive data on theoretical orientation toward child treatment and organizational structure of the center. It was expected that variance in theoretical orientation and organizational structure would be reflected in different parent reactions to the programs. The differences in parent reaction among centers described in this study lend some support to this expectation. However, further research is necessary to clarify the relationships between theoretical orientation, organizational structure, and parent reactions.

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APPENDIX

INSTRUCTIONS FOR CODING SYSTEM
FOR PARENT QUESTIONNAIRES

This coding system is being used to insure confidential responses on the questionnaire. Please assign a code number to each parent for whom you have some expectations for involvement in your program. It should be noted that the term "parent" includes natural, foster, step parents and both mothers and fathers. Please return a list of just the code numbers to us and retain the parent names and the corresponding code numbers in your files. Instructions for assigning code numbers are as follows.

1. Your program has been assigned the letter () to designate the parent respondents from your program. Please place this letter first in each code number.
2. Assign each child who has been in your program at least one month, a 2-digit number beginning with 01, 02, 03, and so on until each child has been assigned a number. Place that number immediately following your program letter.
3. The next digit is a crucial one and is somewhat difficult to explain. The end result of the coding system is that there should be a code number for each parent figure for whom you have some expectations for involvement in your program. This digit, in combination with the following digit, serves to identify those individuals. This digit indicates whether there are expectation for the mother and/or the father to be involved. Write a 1 following the child's identification number if the mother figure is to be involved. Write a 2 if the father figure is to be involved. If you have expectations for both the mother and the father to be involved, you will be creating two separate code numbers for each parent will be completing a questionnaire. For example, if child 01's mother is to be involved you would write () 011....If you also expect child 01's father to be involved you would have a code number beginning 012.... The following digit indicates whether the parent is a natural parent, a foster parent, a step parent, or some other status.

If the parent is a natural parent write N

If the parent is a foster parent write F

If the parent is a step parent write S

If the parent is other than the above write 0

(this last group might include a grandparent who is the legal guardian for a child)

If we were to expand the sample code numbers used above, we might have () 011 N and () 012 N if both parents were the natural parent.

It is possible that there could be a situation where you might expect involvement from both a natural parent and a foster parent. For example you might expect child 02's natural and foster mothers to be involved. The code numbers would begin () 011 N and () 011 F.

The rule is that a code number should be created for every parent figure for whom you have some expectations for involvement in the program.

4. The next digit refers to the time the child has been in the program. Remember that children who have not been in the program at least one month are not to be included in the assignment of code numbers. For this digit, write:

- 1 - if the child has been in the program 1, 2 or 3 months
- 2 - if the child has been in the program 4, 5 or 6 months
- 3 - if the child has been in the program 7, 8 or 9 months
- 4 - if the child has been in the program 10, 11 or 12 months
- 5 - if the child has been in the program over 12 months

If a child falls between categories, place him in the one which is closest. For example, if a child has been in the program 6 months and 11 days give him a 2. If a child has been in the program 6 months and 24 days give him a 3.

5. The last digit in the code number is to indicate the parent's membership in a racial group. Write:

- F - if the parent is white
- G - if the parent is black
- H - if the parent is Indian
- 0 - if the parent is other than the three above groups

6. Below are a few sample code numbers:

A 03 1 N 3 F

This is the mother of child 03. The mother is a natural parent whose child has been in the program 7, 8 or 9 months. The mother is white. The child's father might have the number A032N3F

The following number A042F1G indicates a foster father of a child who has been in the program 1, 2 or 3 months. The foster father is black.

If you have any questions about the coding system, please call us collect at either of the following numbers: Virginia Spurkland 503-287-5605, Joyce Edwards 206-695-2748.

We appreciate the time you spend in coding the parents in your program. Thank you.

PORTLAND STATE UNIVERSITY
P. O. Box 751
Portland, Oregon 97207
School of Social Work

Dear Parent:

The day treatment center in which your child is enrolled has agreed to participate in a study of the services offered to children and their families by day treatment centers. Five day treatment centers throughout Oregon are participating in the study. Staff members and parents of all the centers are being asked to complete questionnaires. It is hoped that the information received will be useful to your center and the other centers in planning services for you and your child. If the study is to provide helpful information to the centers it is very important that each staff member and each parent returns a completed questionnaire. The study will be completed in the spring and copies of the results will be made available to each of the participating centers.

The questions in the questionnaire will be used to get an overall description of each center's program. We are not interested in how each person answers the questions, but in the ways that parents and staff as a group answer the questions. In keeping with this intent, efforts have been made to assure the confidentiality and anonymity of your answers. In other words, no one will know how you answer any of the questions. For this purpose, a coding system has been developed. The number you see on the lower right hand corner of the questionnaire is your code number which has been assigned to you by the staff of your center. Your questionnaire is to be returned directly to us and will not be seen by the staff of the center. We do not know to whom the different code numbers have been assigned. In this way, your answers will be confidential and anonymous.

We appreciate your prompt completion of the questionnaire. When it is completed, seal it in the enclosed stamped envelope and drop it in the mail. Thank you.

Sincerely yours,

Virginia Spurkland and Joyce Edwards

PORTLAND STATE UNIVERSITY
SCHOOL OF SOCIAL WORK

January 8, 1975

Dear Parent:

Not too long ago you were mailed a questionnaire by the treatment center in which your child is enrolled. A letter accompanying that questionnaire indicated that you were being asked to complete the questionnaire as a part of a study of five day treatment programs in Oregon.

Our records show that the code number of your questionnaire has not been received. We have asked your center to send you another questionnaire in the event that you have misplaced your copy. Please complete the enclosed questionnaire, put it in the enclosed, stamped envelope, and drop it in the mail as soon as possible so that your center will be more accurately represented in the study.

As mentioned in the previous letter, your answers are both confidential and anonymous. The results of the study will be made available to your center in the spring.

Thank you for your cooperation.

Sincerely yours,

Joyce M. Edwards
Virginia Spurkland

CHILD DAY TREATMENT CENTERS

Guide for Interview with Executive Directors

Name of Center _____

General description of facility (by observation) _____

1. Most treatment programs can be characterized in terms of theoretical orientation to treatment. How would you characterize this program?

Probe: Can you label your program in a word or two? For example, Lutheran Family Services could be characterized as an agency based on Transactional Analysis.

2. What services are available to the children and families you work with?

3. What are the goals of this program for working with children and their families?

Probes: Can you be more specific?

4. Are parents required to be involved in your program?

Yes ___ No ___

If yes, are both parents required to be involved? Yes ___ No ___

Comments _____

5. What are parents required to do? _____

Are there any exceptions to these requirements? Yes ___ No ___

If yes, what are these exceptions and under what circumstances are the exceptions made?

What is the purpose for each of the requirements of parents?

6. This is a list of the staff positions you indicated on the information. Are there any other people involved in your program such as volunteers, consultants, students, etc.?

Yes ___ No ___ If yes, who are they?

(Instructions to interviewer - hand director a list of all positions and say, "This list should make it easier for you to answer the following questions.")

7. Who of these people make the final decision that a child should enter the program?

(if two or more persons are indicated ask the following)

- a. Is this decided in a meeting? ___yes ___no

if no: What is the procedure for making intake decisions?

if yes: Is anyone else present at the decision making meeting?

___yes ___no

Who and for what reason? _____

8. Who of the people listed participate in the selection of new staff members?

Please describe the process of selecting new staff members.
(What roles do the specified people play in the process)
Probe: Who does what?

9. What is your procedure for evaluating a child's progress in the program?

Who on the list participates in the evaluation process?

What do they do? _____

Do all the participants meet together at a specified time
and place? yes no

10. Think of a recent change that has been made in your program, for
example a realignment of staff, a change in treatment emphasis,
expansion of services, etc.

What was the change? _____

From the list of people, who was a part of the decision making
group for this change?

Is this generally the decision making group program changes?

yes no

If no, how is it different? _____

CHILD DAY TREATMENT CENTERS

Staff Questionnaire

I. 1. Do you feel that involving parents in their child's treatment is important? Please circle the letter of your response.

a. yes

b. no

if no, please explain your reason _____

2. People involved in child treatment have given different reasons for involving parents. Please circle the letter of the reason below which most closely fits your reason. (Circle only one response)

a. to help parents understand their own hidden problems and unconscious processes which may consistently frustrate and hinder attempts to assist their child.

b. to give parents both intellectual and emotional understanding of their child, his conflicts, and the accompanying defenses, and to help the parents in handling of the child in specific situations and difficulties.

c. to help parents to focus on specific problem behaviors, and to provide them with techniques to use in changing those behaviors.

d. none of the above (please explain your reason for involving parents in the space provided)

II. The following questions are to determine what roles you think the parents should play in your center. Please circle the letter of the response which most closely describes the role you think the parent should play. Read all the responses before deciding on your answer. Circle only one response for each question.

1. What role should the parent(s) play in intake?
 - a. the parent(s) should not be present at intake meetings.
 - b. the parent(s) should be present at intake meetings only to give information about the child.
 - c. the parent(s) should be present at intake meetings and should participate in the decision making and planning regarding the child.
 - d. the parent(s) should be present at intake meetings to be made aware of the center's expectations of them.

2. What role do you think the parents should play in the hiring of new staff?
 - a. parents should have no say in staffing decisions.
 - b. parents should meet prospective staff members and should have an opportunity to share impressions with the staff.
 - c. parents should share in interviewing prospective staff members and should have a voice in the decision to hire.

3. What role do you think the parent(s) should play in the evaluation of their child's progress?
 - a. the parent(s) should not be present at evaluation meetings, but the child's progress should be discussed with them at regular intervals.
 - b. the parent(s) should be present at evaluation meetings only to give information about the child's home behavior.
 - c. the parent(s) should be present at evaluation meetings to have an opportunity to express concerns, criticisms, satisfactions, and goals for the child's treatment.
 - d. the parent(s) should be present at evaluation meetings and should participate in the actual preparation of the evaluation on the same basis as the staff members present.

4. How much access do you feel a parent should have to his child's case file?
- a. parents should not have access to their child's file.
 - b. parents should have access to only certain parts of their child's file and then only when in the presence of a staff member.
 - c. parents should have access to only certain parts of their child's file and should be free to see those parts without a staff member present.
 - d. parents should have access to the entire contents of their child's file but only in the presence of a staff member.
 - e. parents should have access to the entire contents of their child's file at any time.

IV. The following ten questions deal with your view of your place in the center's organization. The questions are multiple choice. Read each statement and circle the letter of the appropriate answer. Circle only one response for each question.

1. How often do you tell your immediate superior your own ideas about things you might do in your work?
 - a. never
 - b. rarely
 - c. fairly often
 - d. very often

2. Do you feel free to suggest to your superiors a different or better way of doing something in your work?
 - a. never
 - b. rarely
 - c. fairly often
 - d. very often

3. Do you feel that your suggestions about different or better ways of doing things are given serious consideration?
 - a. none
 - b. hardly any
 - c. some
 - d. a lot

4. How often does your job require that you do things that make little sense to you?
 - a. never
 - b. rarely
 - c. fairly often
 - d. very often

5. Do you have any say in decisions to adopt new treatment approaches at the center?
 - a. none
 - b. hardly any
 - c. some
 - d. a lot

6. Do you have any say in the decisions to adopt new operating procedures? (for example - new record keeping procedures, new intake procedures, etc.)
 - a. none
 - b. hardly any
 - c. some
 - d. a lot

7. How much say or influence do you have on the way the center is run?
 - a. none
 - b. hardly any
 - c. some
 - d. a lot

8. Do you feel free to try out your own ideas on your job?
 - a. never
 - b. rarely
 - c. fairly often
 - d. very often

9. Do you feel well informed about things that are happening which effect the center's functioning? (For example - funding changes, reorganization of staff, personnel changes, change of facility, program changes, etc.)
 - a. never
 - b. rarely
 - c. fairly often
 - d. very often

10. How do you usually hear about what is happening at the center?
- a. at staff meetings
 - b. in informal talks with other staff at my job level or lower
 - c. in informal talks with staff at a higher job level than my own
 - d. memos and other written materials
 - e. other (please specify) _____

- V. 1. What is your job title? Please write your title in the space provided.
- _____

2. What is your educational background? Please indicate your degree and the field of your concentration. (For example -B.A. in Psychology, M.S.W., PhD. in Clinical Psychology etc.)

Degree _____ Field of Concentration _____

CHILD DAY TREATMENT CENTERS

Parent Questionnaire

Please be sure to answer every question.

1. How many times have you talked with a staff member at the center this past month, either in person or by telephone? Please circle below the approximate number of times you have talked with a staff member.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 & over

2. Approximately how many times have you done each of the following at the center this past month? Write the number of times in the blanks provided. For example:

If you visited your child's classroom three times in the past month you would write - 3 visited my child's classroom

If you had also attended a parent group meeting in the past month you would also write - 1 attended a parent group meeting

- _____ attended a parent group meeting
- _____ visited my child's classroom
- _____ picked up or took my child to the center
- _____ talked briefly and casually with a staff member
- _____ kept an appointment with a staff member
- _____ other (please specify) _____

3. The following questions are to get some idea about how parents feel about various aspects of the programs at child care centers. For each of the following statements, decide whether you strongly agree, agree, have no opinion, disagree, or strongly disagree with the statement.

- If you strongly agree, circle the letters SA
- If you agree, circle the letter A
- If you have no opinion, circle the letter N
- If you disagree, circle the letter D
- If you strongly disagree, circle the letters . . SD

Circle only one answer for each question

STRONGLY AGREE
AGREE NO OPINION
DISAGREE STRONGLY DISAGREE

- | | | | | | | |
|----|---|---|---|----|------|---|
| SA | A | N | D | SD | (1) | It is important for the staff at the center to know how my child is behaving at home. |
| SA | A | N | D | SD | (2) | The program at the center has helped me to handle my child better. |
| SA | A | N | D | SD | (3) | I feel like I do not have enough say in what happens to my child at the center. |
| SA | A | N | D | SD | (4) | The staff explains my child's treatment program to me. |
| SA | A | N | D | SD | (5) | The staff understands when other obligations prevent me from participating fully in the center's program. |
| SA | A | N | D | SD | (6) | It is important for the staff at the center to know about my personal life. |
| SA | A | N | D | SD | (7) | I am pleased with the job the staff is doing with my child. |
| SA | A | N | D | SD | (8) | Personal problems that occur in the home should stay in the home and should not be the concern of the staff. |
| SA | A | N | D | SD | (9) | When I am concerned about something that is happening to my child, it helps to talk with someone at the center. |
| SA | A | N | D | SD | (10) | The staff should be concerned about all members of my family, not just my child in the center. |
| SA | A | N | D | SD | (11) | Often I feel confused by what the staff is doing. |
| SA | A | N | D | SD | (12) | I do not think the staff understands my way of thinking. |
| SA | A | N | D | SD | (13) | I do not think my involvement at the center is important to my child's progress. |
| SA | A | N | D | SD | (14) | The staff always seems to have time to talk with me. |
| SA | A | N | D | SD | (15) | I feel free to offer suggestions and state my opinion about the way the center's program is being run. |
| SA | A | N | D | SD | (16) | The staff listens to my suggestions and gives them serious consideration. |
| SA | A | N | D | SD | (17) | My child should be the concern of the treatment center only during school hours. |
| SA | A | N | D | SD | (18) | The center should <u>not</u> require that I be involved in the program. |

STRONGLY AGREE
AGREE NO OPINION
DISAGREE STRONGLY DISAGREE

- | | | | | | | |
|----|---|---|---|----|------|--|
| SA | A | N | D | SD | (19) | The staff does not seem interested in my ideas about the program. |
| SA | A | N | D | SD | (20) | The staff and I agree on which of my child's behaviors need changing. |
| SA | A | N | D | SD | (21) | The program requires too much involvement on my part. |
| SA | A | N | D | SD | (22) | I have given serious thought to taking my child out of the center. |
| SA | A | N | D | SD | (23) | The staff asks for my opinion on matters relating to my child's treatment. |
| SA | A | N | D | SD | (24) | The staff is careful to keep me informed of any changes in my child's treatment program. |

The following two questions are to get some general information that is needed for the study.

4. Please circle below the approximate number of months your child has been at the center.
1 2 3 4 5 6 7 8 9 10 11 12 13
14 15 16 17 18 over 18
5. Please circle below the last year of school that you completed.
1 2 3 4 5 6 7 8 9 10 11 12 13
14 15 16 over 16
6. Please circle below your age group.
under 20 20-24 25-29 30-34 35-39 40-44 45-49
50 and over

Thank you for completing this questionnaire. Please put it in the envelope provided and mail to:

Virginia Spurkland
6036 N.E. 24th
Portland, Oregon 97211

TABLE XXIII
 FACTOR ANALYSIS ON PARENTS: ORTHOGONAL FACTOR MATRIX

Variable	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
1	-0.2659	-0.6457	-0.0820	0.1675	-0.1266
2	-0.3881	-0.4678	0.0829	0.2919	-0.1567
3	0.0523	0.1164	-0.1620	-0.5438	0.3264
4	-0.3354	-0.1023	0.7869	0.1609	-0.0708
5	-0.7105	-0.0981	-0.0365	0.0556	-0.1775
6	-0.1946	-0.7036	0.1849	-0.0564	-0.0569
7	-0.3160	-0.0896	0.1444	0.6328	-0.3923
8	-0.1047	-0.7081	-0.1729	-0.1681	0.2028
9	-0.4816	-0.6518	-0.0483	0.0213	0.0773
10	-0.2452	-0.6370	0.2181	0.3535	0.1182
11	0.1478	0.0398	-0.0722	-0.0412	0.8209
12	0.4598	0.4803	-0.1176	-0.1804	0.4945
13	0.0617	0.5173	-0.0376	-0.5625	0.1116
14	-0.6768	-0.1434	0.1754	0.1187	-0.1587
15	-0.7536	-0.1769	0.1606	0.2251	-0.1945
16	-0.7027	-0.3949	0.2290	0.1019	-0.0722
17	0.1269	0.6750	0.0411	-0.5179	-0.0912
18	0.2039	0.2757	-0.2366	-0.7527	-0.0812
19	-0.6325	0.3499	-0.1913	-0.3851	-0.0083
20	-0.5546	-0.0571	0.2870	0.4338	0.0048
21	0.5621	0.1726	-0.0296	-0.5547	0.0976
22	0.3738	0.0745	-0.0308	-0.4407	0.5859
23	0.0138	-0.1089	0.8225	0.2493	-0.0209
24	-0.4967	-0.0880	0.5706	-0.0521	-0.2353

TABLE XXIV

PARENT QUESTIONNAIRE: DISTRIBUTION OF QUESTIONS
OVER THE FIVE FACTORS

Factor	Question
1	<p>5. The staff understands when other obligations prevent me from participating fully in the center's program.</p> <p>14. The staff always seems to have time to talk with me.</p> <p>15. I feel free to offer suggestions and state my opinion about the way the center's program is being run.</p> <p>16. The staff listens to my suggestions and gives them serious consideration.</p> <p>20. The staff and I agree on which of my child's behaviors need changing.</p> <p>21. The program requires too much involvement on my part.</p>
2	<p>1. It is important for the staff at the center to know how my child is behaving at home.</p> <p>6. It is important for the staff at the center to know about my personal life.</p> <p>8. Personal problems that occur in the home should stay in the home and should not be the concern of the staff.</p> <p>9. When I am concerned about something that is happening to my child, it helps to talk with someone at the center.</p> <p>10. The staff should be concerned about all members of my family, not just my child in the center.</p> <p>17. My child should be the concern of the treatment center only during school hours.</p>
3	<p>4. The staff explains my child's treatment program to me.</p> <p>23. The staff asks for my opinion on matters relating to my child's treatment.</p> <p>24. The staff is careful to keep me informed of any changes in my child's treatment program.</p>

continued

TABLE XXIV

PARENT QUESTIONNAIRE: DISTRIBUTION OF QUESTIONS
OVER THE FIVE FACTORS
(CONTINUED)

Factor	Question
4	7. I am pleased with the job the staff is doing with my child. 13. I do not think my involvement at the center is important to my child's progress. 18. The center should not require that I be involved in the program. 21. The program requires too much involvement on my part.
5	11. Often I feel confused by what the staff is doing. 22. I have given serious thought to taking my child out of the center.

TABLE XXV

FACTOR ANALYSIS ON STAFF: ORTHOGONAL FACTOR MATRIX

Variable	Factor 1	Factor 2	Factor 3
1	-0.0397	-0.8561	0.1423
2	0.0957	-0.8363	-0.9473
3	-0.5541	-0.2743	-0.4046
4	-0.0592	-0.0825	0.9199
5	-0.7623	0.1142	-0.1665
6	-0.8257	-0.0460	0.0698
7	-0.7989	0.1296	0.2897
8	-0.4203	-0.4530	-0.1354
9	-0.7663	-0.1781	-0.0136

TABLE XXVI

STAFF QUESTIONNAIRE: DISTRIBUTION OF QUESTIONS OVER
THE THREE FACTORS

Factor	Question
1	3. Do you feel that your suggestions about different or better ways of doing things are given serious consideration? 5. Do you have any say in decisions to adopt new treatment approaches at the center? 6. Do you have any say in the decisions to adopt new operating procedures? 7. How much say or influence do you have on the way the center is run? 9. Do you feel well informed about things that are happening which effect the center's functioning?
2	1. How often do you tell your immediate superior your own ideas about things you might do in your work? 2. Do you feel free to suggest to your superiors a different or better way of doing something in your work?
3	4. How often does your job require that you do things that make little sense to you?

TABLE XXVII

JOB CLASSIFICATIONS OF STAFF MEMBERS BY CENTER

Center	Child Care	Family Therapy	Super- vision	Education	Total
Poyama Land					
Frequency	5	2	1	1	9
Percent	55	22	11	11	100
Child Psychiatric Day Treatment					
Frequency	6	2	2	3	13
Percent	46	15	15	23	100
Mid-Columbia					
Frequency	4	1	1	0	6
Percent	66	16	16	0	100
Child Center					
Frequency	6	1	1	0	8
Percent	75	12	12	0	100
Edgefield Lodge					
Frequency	11	4	0	0	15
Percent	73	26	0	0	100
Total					
Frequency	32	10	5	4	51
Percent	63	20	10	8	100

TABLE XXVIII
EDUCATIONAL LEVEL OF STAFF MEMBERS BY CENTER

Center	a*	b*	c*	d*	e*	f*	Total
Poyama Land							
Frequency	0	0	6	2	1	0	9
Percent	0	0	66	22	11	0	100
Child Psychiatric Day Treatment							
Frequency	0	0	8	5	1	1	15
Percent	0	0	53	33	6	6	100
Mid-Columbia							
Frequency	1	1	2	2	0	0	6
Percent	16	16	33	33	0	0	100
Child Center							
Frequency	1	0	2	4	1	0	8
Percent	12	0	25	50	12	0	100
Edgefield Lodge							
Frequency	1	0	9	3	0	0	13
Percent	7	0	69	23	0	0	100

*a - no college degree

*b - no college degree but some training

*c - Bachelor's degree

*d - Master's degree

*e - PhD

*f - MD

TABLE XXIX

FIELD OF EDUCATIONAL CONCENTRATION OF STAFF MEMBERS BY CENTER

Center	a*	b*	c*	d*	e*	f*	g*	h*	Total
Poyama Land									
Frequency	2	5	0	0	0	1	1	0	9
Percent	22	55	0	0	0	11	11	0	100
Child Psychiatric Day Treatment									
Frequency	4	3	1	0	1	2	2	2	15
Percent	26	20	6	0	6	13	13	13	100
Mid-Columbia									
Frequency	0	0	0	1	0	1	0	2	4
Percent	0	0	0	16	0	16	0	33	100
Child Center									
Frequency	1	0	0	4	0	0	0	2	7
Percent	12	0	0	50	0	0	0	25	100
Edgefield Lodge									
Frequency	1	4	0	3	0	2	0	1	11
Percent	7	30	0	23	0	15	0	7	100

*a - education

*b - social sciences

*c - nursing

*d - special education

*e - child development

*f - social work

*g - clinical psychology and psychiatry

*h - other

TABLE XXX

PERCENTAGE RETURN OF QUESTIONNAIRES BY PARENT CATEGORY IN POPULATION

Parent Category	Number in Sample	Number Returned	Percent Returned
Natural parents	97	72	74.2%
Foster Parents	26	21	80.8%
Step Parents	8	5	62.5%
Other	4	3	75.0%

TABLE XXXI

DISTRIBUTION OF PARENT CATEGORIES IN THE DAY TREATMENT CENTERS

Center	Natural Parent		Foster Parent		Step-Parent		Other	
	N	%	N	%	N	%	N	%
Poyama Land	15	57.7	9	34.6	2	7.7	0	0
Child Psychiatric Day Treatment	25	80.6	4	12.9	0.0	0.0	2	6.5
Mid-Columbia	16	88.9	2	11.1	0.0	0.0	0	0
Child Center	11	55.0	7	35.0	2	10.0	0	0
Edgefield Lodge	30	75.0	4	10.0	4	10.0	2	5.0
Total	97	71.8	26	19.3	8	5.9	4	3.0

TABLE XXXII

MEAN NUMBER OF MONTHS THE CHILDREN OF THE PARENTS
IN THE POPULATION HAVE PARTICIPATED
IN THE DAY TREATMENT PROGRAMS

Center	Center Mean
Poyama Land	11.57
Child Psychiatric Day Treatment	15.40
Mid-Columbia Children's Center	11.56
Child Center	11.46
Edgefield Lodge	9.48

TABLE XXXIII

LAST YEAR OF SCHOOL COMPLETED BY THE PARENTS IN THE POPULATION

Center	Center Mean
Poyama Land	12.55
Child Psychiatric Day Treatment	13.28
Mid-Columbia Children's Center	11.67
Child Center	12.00
Edgefield Lodge	12.56

TABLE XXXIV
AGE GROUP OF THE PARENTS IN THE POPULATION

Center	Center Mean
Poyama Land	35-39
Child Psychiatric Day Treatment	30-34
Mid-Columbia Children's Center	35-39
Child Center	35-39
Edgefield Lodge	30-34
