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AN ABSTRACT OF THE THESIS OF Sandra M. Erickson for the Master of Social Work presented May 13, 1976.

Title: Post-Discharge Adjustment of Children Treated
at Edgefield Lodge.

APPROVED BY MEMBERS OF THE THESIS COMMITTEE:

Arthur C. Emlen, Ph.D., Chairman

Buell E. Goocher, Ph.D.

Morris Weitman, Ph.D.

The purpose of this study was to assess the adjustment of 157 children discharged from Edgefield Lodge in an effort toward accountability to both clients served and the public.

Level of adjustment of the children was determined by checking the records of various community agencies including the Police, Sheriff, Youth Service Centers, Juvenile Court, Children's Services Division, and the schools. Using the information gathered, the adjustment of each child was scored using the Community Adaptation Scale which was developed for that purpose. These adjustment scores were the main outcome variable in the study.

The results of the study show that adjustment is best

the first year after discharge and deteriorates until the end of three years, stabilizing after that point. Another finding is that children judged "ready to leave" at discharge adjust better than children judged "not ready to leave." Other findings showed that children admitted at a younger age adjusted better than children admitted when older. Type of treatment program and duration of treatment were not related to outcome. Treatment "success rate" found in this study is higher than what is reported by most studies in the literature, with over 2/3 of the children showing good adjustment one year after discharge and more than half still doing well after three years.

The findings suggest the need for follow-up programs that contact former clients at intervals up to several years after discharge. Also, an emphasis on treatment of younger children and increased efforts toward prevention by parent training are indicated. Another critical need suggested by the findings is the restructuring of the school system to better meet the educational and emotional needs of all children.

POST-DISCHARGE ADJUSTMENT OF CHILDREN
TREATED AT EDGEFIELD LODGE

by
SANDRA M. ERICKSON

A thesis submitted in partial fulfillment of the
requirements for the degree of

MASTER OF SOCIAL WORK

Portland State University
1976

TO THE OFFICE OF GRADUATE STUDIES AND RESEARCH:

The members of the Committee approve the thesis of
Sandra M. Erickson presented May 13, 1976.

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May 13, 1976

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CHAPTER I

INTRODUCTION

Midway in the present decade the literate public and practitioners in the behavioral and social sciences began to express doubt about the high cost and effectiveness of mental health services that were being provided. From these and other concerns there has emerged increasing demands for accountability in the form of measures of cost effectiveness, expressions of concern about the welfare of the human condition, and a broadening awareness in the professional community that it must more closely evaluate the outcome of treatment efforts.

Moreover, there is increasing competition for the available dollar both within human service delivery systems (i.e., child welfare vs. geriatrics) and across diverse public needs (i.e., mental health vs. highways). In the area of the therapeutic treatment of emotionally disturbed children it is not a matter of deciding whether such services are needed, but rather, who shall provide them. However, that decision, in part, involves a determination of who shall receive funds for which there is high competition. But the safeguard of marketplace competition, wherein the provider of the best services thrives, is not available because of the difficulty of

determining what is the "best" service for a child. Questions of proper placement, treatment of choice, and other problems have not been resolved by treatment agencies because of their failure to assess the results or effectiveness of their work.

Increased need for programs for children, scarcity of funds, and demands for measures of effectiveness may soon, however, characterize the market place environment in which service delivery systems must operate.

The present study, the assessment of children's adjustment after a period of treatment, was undertaken in response to the concerns mentioned, with the encouragement and support of Edgefield Lodge, a child treatment center already involved in program evaluation.

Edgefield Lodge is located in Troutdale, Oregon and offers services to 77 children and their families from the Portland metropolitan community. Both boys and girls between the ages of 6 and 12 are served in the residential and day treatment programs and children from infancy to age 18 are served in the outpatient program. Children served include those with a variety of behavioral disorders such as hyperactivity, aggressiveness or withdrawal, delinquency, school failure, etc. Placement of the children in a treatment setting is a function of several variables including an assessment of their level of functioning in the home, the community, and the public school setting. Referrals are received from a variety of sources including physicians, schools, parents, Children's Services Division and the Juvenile Court.

The purpose of the present study is to determine the post-discharge level of adjustment of all children discharged from Edgefield between December, 1970, and April, 1974. In 1974, Edgefield completed a follow-up study of children treated during the period 1965-1970. The present study is, in part, an extension of that earlier research but includes improved measures for data collection.

CHAPTER II

REVIEW OF THE LITERATURE

In reviewing the literature regarding follow-up studies of post-discharge status of treated clients, the difficulties of such efforts are immediately apparent. A common problem encountered is the difficulty in locating clients several years after discharge; many studies speak to the time and ingenuity required for this endeavor (Taylor & Alpert, 1973; Shyne, 1973; Robins, 1966; Garber, 1972; Allerhand et al., 1966).

Another crucial problem is the issue of confidentiality, especially in obtaining information from secondary sources such as records of various community agencies. The Family Privacy Act of 1974 created extreme difficulty in obtaining information in the present study (see Chapter VI); however, access to records was finally achieved after extensive negotiations with the relevant sources, reassurances to them that confidentiality would be maintained, and numerous delays while support was generated for the project.

One obstacle that is well recognized in implementing follow-up studies is choosing measures that are appropriate indicators of client status, i.e., the "criterion problem." One of the difficulties is the limited extent to which client

changes effected in the treatment setting generalize to post-discharge functioning in the community. Another related problem concerns the duration of the effects of treatment; that is, how long can the effects of treatment be expected to endure? This is one factor contaminating the search for relevant indicators of adjustment. There are a number of theories regarding this issue and the orientation of a particular treatment agency has powerful implications for both treatment and research because of the way it affects the selection of adjustment criteria. Edgefield's first follow-up study (Goocher & Weitman, 1974) adopted the analogy of inoculation suggesting that immunological failure will be revealed during a more or less specific time span following the end of treatment and that the absence of failure during this period can be taken as a reliable indicator of success with long-term duration. Another theory is that the effects of treatment are subject to continual attrition by uncontrolled forces in the environment.

With regard to the criterion problem, Shyne (1973) says;

That all of this is much easier said than done is obvious from the fact that, despite substantial effort over the last twenty-five years, social welfare researchers are still groping for satisfactory methods for describing and classifying problems, goals, and services input, and for measuring outcome (p. 109).

Garber also speaks to the problem of obtaining satisfactory measures of change, saying the measures must be "shareable, reliable, valid and multiple" (p. 49); Keniston et al., (1971) and Forsyth and Fairweather (1961) also discuss this issue.

A related problem is determining causality in regards to post-discharge adjustment. Taylor and Alpert (1973) and Lerman (1968) argue that follow-up studies typically struggle with problems that result from a failure to operationally define causality and predictability. The problem has been to come up with some predictor variables that would allow us to say that if X occurs (causality) then Y (prediction) will follow. The question is whether post-discharge adjustment, good or bad, is related to the institutional experience.

The results in the literature are inadequate, incomplete, often in conflict, and seldom replications of earlier studies. Part of the problem as Kogan et al., (1953) has indicated, is the need for control groups. However, the difficulties in establishing a control group in follow-up studies of treatment are well known. Firstly, of course, is the ethical question posed by providing no treatment to clients who need it or, accepting a group for treatment and providing something less. In the former situation, however, those not accepted for treatment by one agency could seek and receive it from another agency. In the latter case, offering any service destroys the "no treatment" condition. Because of these and related problems, follow-up studies rarely employ control groups and therefore the results are limited in validity and generalizability.

Moreover, there can be problems in the use of control groups as well. Shyne (1973) discusses the Highfield Study which used a control group from Annandale, another institution.

She feels that the differences between the two groups raises questions of validity. Shyne refers to another study done by the Youth Authority on the Community Treatment Project. The problem involved in this case was the more lenient approach in handling parole violations of the boys in the experimental group (they were less likely than the control group to have parole revoked) which affected outcome.

Another problem commonly shared by follow-up researchers is how best to collect the necessary information. A personal interview with former clients has frequently been used, but the material obtained is often unreliable when compared with information from other sources (Morris et al., 1956; Goocher and Weitman, 1974).

Because of the numerous problems usually encountered in conducting follow-up studies, few are done, especially in the area of evaluating treatment centers for children. However, there are several noteworthy studies in this area. The Bellefaire study (Allerhand et al., 1966) assessed 50 former clients age 6 to 16 of a residential treatment center 1 to 2 years after discharge. Personal interviews with the clients and information from records of community agencies were used to determine adjustment regarding intrapsychic balance and role performance. One of the most significant findings of the Bellefaire study was that the nature of post institutional milieu (i.e., stressful or supportive) is a critical factor in success rather than the child's adjustment within the institution. This study also concluded that duration of

treatment was not significantly related to level of adjustment after discharge.

Another relevant follow-up study was conducted by Davids and Salvatore (1968) on 27 preschool children discharged over a ten year period from the Emma Pendleton Bradley Hospital in Rhode Island. Post-discharge adjustment was determined by questionnaires given to parents or guardians seeking information regarding the child's functioning in areas such as school behavior, need for further treatment, and overall adjustment in the home and community setting. This study, like the present Edgefield study, categorized the level of adjustment as "good," "fair," and "poor." The findings showed no difference in the three categories as related to age at admission or discharge or to duration of treatment. Other findings showed that children in the "poor" adjustment category had problems in the area of police contacts whereas only one member of the "good" adjustment group had such difficulty. This study also concluded that there is no relationship between outcome and prognosis at discharge or between outcome and presenting symptoms.

The Taylor and Alpert (1973) follow-up study of 186 children discharged from the Children's Village in Connecticut shows results similar to the Bellefaire and Rhode Island studies. The adjustment of these children, whose mean age at admission and follow-up was 10.2 years and 18.5 years, respectively, was assessed by a revised version of Roen-Barns'

Community Adaptation Schedule which elicits feelings, perceptions, and actual behavior regarding the family, and work, school, and community activities. This study found that continuity of family support following discharge was related to good adjustment. Their findings also support the conclusion that post discharge adaptation cannot be predicted on the basis of presenting symptoms. They did find, however, that admission at a younger age is related to good adjustment after discharge. Other variables found related to good adjustment were parent child contacts during institutionalization and shorter time interval between parental identification of the problem and referral to the Children's Village. Variables found not to be related to outcome were degree of adaptation of the child while in treatment, number of previous placements, ordinal position in the family, I.Q. scores, sex, race and religion. According to a study by Brown (1960) of 40 preschoolers discharged from an outpatient clinic in Boston, the only historical variable related to outcome is the number of siblings. She also concluded that treatment variables are not related to outcome. Davids and Salvatore's (1968) study also supports this finding.

The findings of several other studies support the conclusions of the above mentioned studies. A study by Kogan et al., (1953) of 38 families 5 years after termination from social casework used personal interviews with family members to determine how they were getting along and what had happened to them since discharge. This study showed that progress

during treatment is unrelated to outcome. Another study supporting the finding that treatment at an earlier age makes a positive difference in outcome is that by Havelkora (1968). He studied 71 preschoolers 4 to 12 years after discharge from a day care center for disturbed children. In this study outcome was determined by observations and histories of the children regarding need for further treatment, school progress, and intellectual functioning. A study by Eaton and Menolaschino (1967) on 32 previously institutionalized preschool children 5 years after discharge found no correlation between type (residential vs. outpatient) or duration of treatment and outcome. This study utilized various tests and histories from the child's parents to determine whether psychotic reactions still existed at follow-up. Levy's (1969) follow-up study of 100 children discharged from the Menninger Clinic supports findings of others that diagnoses at discharge or admission are not good predictors of post-discharge adjustment. The children studied by Levy were between ages 5 and 15 at admission and had been discharged between 8 and 23 years at follow-up. Letters were sent to parents and guardians of the children seeking information regarding adjustment including marital status, need for further treatment, school and work experiences.

Several studies in the literature attempt to assess the long range effect of treatment by checking post-discharge adjustment level at several intervals. An example is the study

by Morris et al., (1956) of 90 children admitted to the psychiatric division of the Pennsylvania Hospital between the age of 4 and 15. Outcome 20 years after discharge was determined by interviews with the clients or family members and records from social agencies, courts, etc. The findings of this study showed that improved adjustment continued for approximately one year after discharge and then fluctuated until age 18. Another study assessing post-discharge adjustment over time is that by Jesness (1965) of 129 boys paroled by the Fricot Ranch. This is a five year follow-up study which employed an experimental and a control group, the former being placed in a smaller group living situation. The boys studied were admitted between the ages of 8 and 14. Outcome adjustment in the areas of school or work, community, and home was assessed by questionnaires sent to the boys' parole officers. The results of this study show a decline in adjustment after one year subsequent to discharge reflected by an increase in the number of boys whose parole was revoked. Parole revocations increased in both the experimental and control groups from 32% and 48% respectively after the first year to 76% and 78% after three years.

Most follow-up studies categorize the adjustment of former clients subsequent to discharge. As other studies, the Taylor and Alpert (1973) study used the trichotomy "good," "fair," and "poor." Their results showed that approximately 40% of their sample fell in the "good" category with 30% in both the "fair" and "poor" categories. The Garber (1972) study of 71 adolescents formerly institutionalized at Michael Reese

Hospital, showed similar results. Interviews with the former patients regarding their adjustment in the community showed 40% in the "high functioning" group and 40% and 20% in the "moderate functioning" and "low functioning" groups, respectively.

Another study by Beaver and Blumberg (1968) of 47 adolescents studied 1 to 5 years after discharge from a small residential center shows 62% significantly improved. In contrast, the Masterson (1958) study of 153 adolescents showed 62% still having moderate or severe impairment. The adjustment of these children followed up 5 to 19 years after discharge from the Payne Whitney Clinic, was assessed according to marital adjustment, school and/or work achievement, and need for further treatment. A study by Warren (1965) of 175 adolescents 6 or more years after discharge from an institution, categorized adjustment according to diagnosis. The results show 2/3 of those diagnosed as neurotic adjusting well as compared to 1/2 of the mixed neurotic and conduct disorders and only 1/4 of the psychotic group.

A study by Silver (1961) of 54 children placed in Belleaire and Hawthorne-Cedar Knolls over a 15 year period assessed success as a function of durability of treatment defined as involvement for sufficient time to complete treatment. This might be comparable to the variable of "ready" or "not ready" to leave treatment used in the present Edgefield study. Silver found that 54% of the sample completed treatment; 79% of this group had a positive outcome as compared with only 36%

showing positive outcome in the group not completing treatment.

Similarly, Levy (1969) categorizes outcome according to reasons for discharge which included completing treatment, termination by the program, and withdrawn by parents. The results showed that 85% of those completing treatment fell into the ordinary or marginal adjustment group. In contrast, only 33% of those who were terminated by the program were in this positive outcome group, and 58% of those withdrawn by parents were in the positive adjustment group. Additional findings were that out of the group considered not helped by treatment, 30% were in the program less than 6 months, 30% were terminated by the program, and 30% were withdrawn by their families.

In examining the results of these various studies, it is clear that "success" rates are not as high as one would hope. Lerman (1968) says that regardless of the type of program, residential centers for children are characterized by high rates of failure. He feels that because of this fact researchers interested in evaluating programs should focus on whether and how failure rates are reduced rather than whether an institution can claim success. It is a common practice for institutions to exclude from research samples those children who do not complete treatment often including those treated less than six months. Lerman berates this practice pointing out that weeding out the "untreatables" will 'deceivingly' increase success rates. An example cited by Lerman is a study

of a New York institution whose failure rate was 34% as compared to 54% when only children completing treatment were considered versus all the children served. Lerman says, "Social welfare institutions are too heavily subsidized, indirectly and directly,....not to take responsibility for knowing what has happened to the people they served" (p.64). A good start can be made by keeping track of all clients served whether they completed treatment, discontinued service, ran away, or whatever, even if discomforting facts about success result.

In summary, the follow-up studies of treatment centers for children cited from the literature concur on several findings. Allerhand et al., (1966) and Taylor and Alpert (1973) both found the nature of the post-discharge milieu to be an important factor in adjustment. A positive relationship between young age at admission and good post-discharge adjustment was found in studies by Taylor and Alpert (1973) and Havelkora (1968). A lack of relationship between historical variables such as sex, race, religion, ordinal position in the family, etc., were among the findings of Brown (1960), Davids and Salvatore (1968), and Taylor and Alpert (1973). Completing treatment was found to be related to positive outcome by Silver (1961) and Levy (1969). The results of both Davids and Salvatore (1968) and Eaton and Menolascino show no relationship between duration of treatment and outcome. Studies by Kogan et al., (1953) and Taylor and Alpert (1973) found no relationship between prognosis at discharge and outcome or between presenting symptoms and outcome.

Although it must be noted that these studies are not directly comparable because of differences in populations, time intervals studied, and measures used, there were wide agreements in findings among them. For example, although Taylor and Alpert (1973) and Havelkora (1968) employed samples which differ in size and age, both found a relationship between age at admission and outcome. Despite these differences, the fact that many investigators reported the same findings inspires confidence in the relationship of these variables to outcome.

CHAPTER III

STATEMENT OF THE PROBLEM AND HYPOTHESES

Most of the studies cited in the previous chapter measured outcome at one point in time, for example, one year or more following discharge. However, the results of the earlier Edgefield study indicate a deterioration in level of adjustment for the first 3 years after discharge. A purpose of the present study is to attempt to replicate these findings and to extend the assessment of post-discharge adjustment by measuring attrition effects in levels of adjustment over time.

Therefore, Hypothesis I states that:

Children who have been discharged three years or more will show better adjustment at the end of one year than at the end of three years.

One of the primary concerns of the Edgefield program has been how to determine when a child in treatment is ready for discharge. Historically, these decisions have rested on clinical judgements about the child's current adjustment within the program and parental reports about the child's degree of adjustment in the home and neighboring surrounds. Furthermore, since children are sometimes discharged for other reasons, for example, moving away, or parental withdrawal against staff's advice, there is a question as to whether these children have more difficulty in adjustment. Therefore, Hypothesis

II states that:

Children judged "ready to leave" at discharge will show a better adjustment one year after discharge than children judged "not ready to leave" at discharge.

CHAPTER IV

METHODS AND PROCEDURES

Subjects

The one hundred and sixty four children discharged from Edgefield Lodge between December 12, 1970, and April 1, 1974, constitute the subjects in this study. The children discharged prior to December 12, 1970, were followed up in a previous study. April 1, 1974, was chosen as the cut-off point for the present study in order to provide at least one year of post-discharge adjustment for purposes of follow-up evaluation.

Seven children were excluded from the present study because one could not be located, one had died, and the remaining five were not involved in the program long enough to be considered in treatment (less than one month).

Of the remaining 157 children, 132 (84%) were male and 25 (16%) were female. Mean age at admission was 8.8 years with a standard deviation of 2.3 years; mean age at discharge was 9.5 years with a standard deviation of 1.1 years. Mean duration of treatment was 9 months with a standard deviation of 6.6 months; mean number of years since discharge was 2.6 with a standard deviation of 1 year.

Edgefield Lodge offers three treatment programs: a five

day residential program, a day treatment program, and an outpatient program. For purposes of data analysis the children were classified according to program. Those children who were in the residential program at any time were classified as Residential. Those who were in day treatment, but not residential, at any time, were classified as Day Treatment. Only those children who were solely in the outpatient program were classified as Outpatient. Using these criteria, 59 (37%) of the children were Residential; 44 (28%) were Day Treatment; and 54 (35%) were Outpatient. In some cases the children were transferred from one of the three programs to another. Fifty one (32%) of them were in more than one program; 5 (3%) of the children were in all three programs (these are included in the 51 who were in more than one program).

Instruments and Procedures

Public Schools A follow-up data school form was developed for the abstraction of behavioral data from official school records. The form included the following headings: "Record Entry" with sub-headings "School," "Date," "Reason," and "Result or Action Taken." Other headings were "This Child has been Expelled" with sub-headings "School" and "Date" for each.

After prior clearance with school officials, each school in which a child was currently enrolled was visited by the investigator or an assistant. The cumulative record of each child was searched for entries of any social or behavioral problems in the school setting subsequent to the child's

discharge from Edgefield. If such entries were in the form of teacher or counselor comments, they were recorded verbatim on the Follow-Up form. Entries in the form of grades (S - satisfactory, U - unsatisfactory, N - needs improvement) for personal development such as often found on report cards also were recorded. Academic performance was not recorded as it was not considered relevant for purposes of this study.

In some cases the information in the records was so scant that a determination of the child's school adjustment was impossible. In these cases the child's current teacher or counselor was consulted.

Twenty-two children were residing out-of-state or outside the metropolitan area at the time the study was conducted. In these cases school information was obtained through telephone conversations with principals of the schools the children were attending. The Follow-Up forms were used for recording the information.

Level of school adjustment was not checked for those children who had been attending school only in residential facilities since the time of discharge from Edgefield. These children were counted among those experiencing many problems in school because children who are placed in residential centers and attend on-grounds schools are usually incapable of functioning in a public school. School information was sought on each child who attended school in the community at any time subsequent to discharge.

County Juvenile Court The records of the Multnomah Juvenile Court were searched by the investigator to ascertain which of the 157 children were known to juvenile authorities at any time either before or after treatment at Edgefield. For each child known to the court, the date and reason for each instance were recorded on a form developed for that purpose. Information regarding the outcome of such contacts (i.e., formal charges, adjudications, etc.) was not recorded because it was not pertinent to the purposes of the study.

The investigator visited the Juvenile Courts in Multnomah, Washington, and Clackamas counties and Salem. Cases in which the children were residing out-of-state or outside the metropolitan area were handled through telephone contacts with juvenile authorities having jurisdiction over the child's place of residence.

Portland Police The central card files of the Youth Division of the Portland Police Department were searched to ascertain which of the 157 children were known to the police. Access to the case files could not be authorized, but the card file contained the desired information; namely, dates and reasons for contacts. These data were recorded for each instance, before and after treatment, for every child found to be known to the police.

In some instances a contact recorded in the police files was the same incident as recorded in the Juvenile Court records. This occurs because of referrals between police and the Juvenile Court. These cases were noted so

an offense would not be counted twice in any data tabulations.

The Columbia Region Information Sharing System (CRISS)

The CRISS computer was used to ascertain which of the 157 children were known to the Multnomah County Sheriff's Department since discharge from Edgefield. Information was recorded regarding reasons and dates of any contacts. The computer contains reports from Multnomah County as well as Washington and Clackamas counties and Vancouver, Washington. Computer entries that were duplicate of other law enforcement agency records (i.e., Juvenile Court, Police) were not counted in data tabulations.

Youth Service Centers/City of Portland The files of the four Youth Service Centers organized under the City of Portland were checked to ascertain which children were known to them. The purposes of these community based facilities is the diversion of youth from the juvenile justice system. The centers had been operating only two years at the time they were contacted for purposes of this study. Individual records are destroyed after nine months if the youth has no further contact during that time period so in some cases the reasons for contact could not be ascertained. Records are available regarding instances and approximate dates of referrals, even if the individual records are destroyed so at least this information was obtained. The reasons for the contacts were recorded when available.

Multnomah County Children's Services Division The central files of Multnomah County Children's Services Division

were checked to ascertain which of the children had been involved with the agency subsequent to discharge from Edgefield. The appropriate districts were then contacted and the records searched for the reasons for referral and services offered. The information most specifically recorded dealt with out-of-home placements including foster care, child care centers, and institutions and the dates and duration of such placements. Involvement with Children's Services alone was not tabulated.

The Children's Services offices in Multnomah, Washington, Clackamas counties, and Salem were visited by the investigator. In the cases of clients residing outside the jurisdiction of these offices, the appropriate CSD office (or its counterpart) was contacted by telephone and the same information obtained.

Edgefield Lodge Edgefield's case records were searched randomly to determine reasons for discharge. These data were categorized into four reasons: 1) ready to leave, 2) withdrawn by parents, 3) referral by Edgefield Lodge to another treatment setting, usually a 7-day residential program, 4) moved out of Edgefield's jurisdiction. A staff person who was familiar with all the children in the study then categorized the children according to this criteria. This information was then checked against Edgefield's files to determine validity.

Community Adaptation Scale In order to combine all the data collected from the schools, law enforcement agencies, and Children's Services Division into one adjustment

score for each child, a Community Adaptation Scale was developed.

The data collected from the records of the various agencies fall into three areas: school, which includes information from the accumulative school record of each child and/or interviews with school personnel; law enforcement, which includes data from records of the Police, Juvenile Court, Youth Service Centers, and the Sheriff's Office (C.R. I.S.S.); placement, which includes information usually obtained from Children's Services records regarding foster care or institutional placements. These three areas or categories were assigned a weight according to level of adjustment in each. The weighting is as follows for the school adjustment information: (0) no behavior problems in school, (1) minimal behavior problems in school, (2) many behavior problems in school. The information collected from the schools was weighted according to the following criteria: (0) no behavior problems, if the record contained mostly positive remarks and/or no mention of problems or negative remarks regarding the child's behavior and/or reportcard marks in areas such as "personal development" were all or mostly satisfactory or better. The information was weighted (1) minimal problems, if there were no, or only a few incidences, of minor problems mentioned or only initial adjustment problems but no serious problems as to warrant suspension or expulsion and no chronic problems or need for special programs. A weight of (2) many problems, was assigned if the record

contained remarks regarding chronic problems such as continuous disruptions, etc. or absenteeism or expulsion or several suspensions, or placement in a special program for behavioral problems, or referral to a treatment center.

The weighting for the law enforcement category is as follows: (0) no contacts with law enforcement agencies, (3) 1-2 contacts with law enforcement agencies, (4) 3 or more contacts with law enforcement agencies. Contacts made with law enforcement agencies because of child neglect or abuse were not counted. If a contact (same incident) was duplicated by one or more law enforcement agencies, it was counted only once.

The placement category is weighted as follows: (0) living at home, no out-of-home placements, (5) foster care placement, (6) institutional placement.

A total adjustment score was obtained by adding the weights in each of the three categories; school, law enforcement, and placement. For example, if a child had minimal problems in school (1), one contact with a law enforcement agency (3), and was placed in a foster home (5), his score on the Community Adaptation Scale (CAS) would be 9. The CAS is a 12 point scale with each score representing a combination of adjustment weights in the three areas. The scale is further reduced to three adjustment categories of: "good," "fair," and "poor." The "good" category includes CAS scores from 0 to 2. In this category a child could be experiencing school problems only. The "fair" category includes points

3 to 7 on the CAS which could include problems in two of the areas but not in all 3. The "poor" category includes points 8-12 which could include problems in all three areas. See Table IV.I for the complete scale and adjustment categories.

Using this scale it was possible to get a single composite adjustment score for each child in the sample at intervals subsequent to discharge. The CAS score was the major dependent or outcome variable in the study which was analyzed according to its relationship with other independent variables.

TABLE IV.I

THE COMMUNITY ADAPTATION SCALE

<u>Adjustment</u>	<u>Weight</u>	<u>School</u>	<u>Law Enforcement</u>	<u>Placement</u>
Good	0	No problems	No contacts	None
	1	Minimal problems	No contacts	None
	2	Many problems	No contacts	None
Fair	3	No problems	1-2 contacts	None
	4	No problems	3 or more contacts	None
	4	Minimal problems	1-2 contacts	None
	5	Minimal problems	3 or more contacts	None
	5	Many problems	1-2 contacts	None
	5	No problems	No contacts	Foster care
	6	Many problems	3 or more contacts	None
	6	No problems	No contacts	Institution
	6	Minimal problems	No contacts	Foster care
	7	Many problems	No contacts	Foster care
	7	Minimal problems	No contacts	Institution
Poor	8	No problems	1-2 contacts	Foster care
	8	Many problems	No contacts	Institution
	9	No problems	3 or more contacts	Foster care
	9	Minimal problems	3 or more contacts	Foster care
	9	No problems	1-2 contacts	Institution
	10	Minimal problems	3 or more contacts	Foster care
	10	Many problems	1-2 contacts	Foster care
	10	No problems	3 or more contacts	Institution
	10	Minimal problems	1-2 contacts	Institution
	11	Many problems	3 or more contacts	Foster care
	11	Minimal problems	3 or more contacts	Institution
	11	Many problems	1-2 contacts	Institution
	12	Many problems	3 or more contacts	Institution

CHAPTER V

RESULTS

At the end of the first year after discharge, of the 157 children studied, 109 (69%) were making a good adjustment and only 19 (12%) were adjusting poorly (Table V.I). Separate profiles were made of the three areas of adjustment after one year using the criteria discussed in the Methods chapter. The profiles show that 121 (77%) children had no contacts with law enforcement agencies during their first year after discharge. Even more impressive is the finding that 134 (85%) of the children remained in their own home with no foster care or institutional placements. They did not fare as well in the school setting, however, with only 43 (27%) having no problems in school the first year (Table V.I).

It is obvious from these profiles that the school setting is the area causing most difficulty in adjustment for the children the first year after discharge. The significance and implications of this finding will be dealt with in the following Discussion chapter. For a complete distribution of adjustment after one year see Appendix A.

Moving to a comparison of the first year after discharge to the second and third years, the separate profiles

TABLE V.I

ADJUSTMENT AT ONE YEAR AFTER DISCHARGE AS
MEASURED BY THE COMMUNITY ADAPTATION SCALE

<u>Total Adjustment</u>				<u>School</u>			<u>Law Enforcement</u>			<u>Placement</u>		
<u>Level</u>	<u>Weight</u>	<u>N</u>	<u>%</u>	<u>Weight</u>	<u>N</u>	<u>%</u>	<u>Weight</u>	<u>N</u>	<u>%</u>	<u>Weight</u>	<u>N</u>	<u>%</u>
Good	0-2	109	69	0	43	27	0	121	77	0	134	85
Fair	3-7	29	19	1	61	39	3	25	16	5	4	3
Poor	8-12	19	12	2	53	34	4	11	7	6	19	12
		<hr/>	<hr/>			<hr/>			<hr/>			<hr/>
TOTALS		157	100			157	100			157	100	100

show a slightly poorer adjustment in all areas at the end of the third year. Whereas 157 children were examined for the first year adjustment, only 53 of the sample can be used for the comparison of the second and third years because, only this number have been discharged long enough. It can be seen that this group of 53 children showed a level of adjustment in all areas the first year similar to that of the 157 children after one year. However, a gradual but steady decline in adjustment level is seen over the three years after discharge with 35 (66%) of the children in the "good" category after one year, decreasing to 29 (55%) in this category at the end of three years (Table V.II).

Adjustment in each year after discharge is scrutinized as a separate unit. Therefore, it is possible for a child's adjustment to be poor during the first year and good during the third year. For a complete distribution of adjustment after years 1, 2, and 3 see Appendix B.

A trend analysis comparing adjustment scores at the end of the first, second, and third years after discharge shows a difference ($F = 3.18$, $P < .05$, Table V.III). The Newman - Kuels test for multiple comparisons shows this difference to occur between the first and third year, with no significant difference between year 1 and 2 or between year 2 and year 3. Therefore, these findings support the hypothesis that children who have been discharged three years or more will show a better adjustment after one year than after three years.

TABLE V.II

CHANGES IN ADJUSTMENT DURING THE THREE YEARS AFTER DISCHARGE
AS MEASURED BY THE COMMUNITY ADAPTATION SCALE

	<u>Weight</u>	<u>1st Year</u>		<u>2nd Year</u>		<u>3rd Year</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
School	0	14	27	14	27	12	23
	1	15	28	15	28	15	28
	2	<u>24</u>	<u>45</u>	<u>24</u>	<u>45</u>	<u>26</u>	<u>49</u>
	Totals	53	100	53	100	53	100
Law Enforcement	0	39	74	36	68	34	64
	3	9	17	13	24	14	27
	4	<u>5</u>	<u>9</u>	<u>4</u>	<u>8</u>	<u>5</u>	<u>9</u>
	Totals	53	100	53	100	53	100
Placement	0	44	83	38	72	36	68
	5	0	0	4	7	5	9
	6	<u>9</u>	<u>17</u>	<u>11</u>	<u>21</u>	<u>12</u>	<u>23</u>
	Totals	53	100	53	100	53	100
Total Adjustment	0-2 good	35	66	30	57	29	55
	3-7 fair	9	17	9	17	9	17
	8-12 poor	<u>9</u>	<u>17</u>	<u>14</u>	<u>26</u>	<u>15</u>	<u>28</u>
	Totals	53	100	53	100	53	100

In order to determine whether adjustment stabilizes after the third year, or continues to decline as shown between the first and third years, a trend analysis was done on the comparison of adjustment of years 1, 2, 3, and 4. Because only 14 children had been discharged four years, this number only could be used in this comparison. The trend analysis shows that there is a difference between the four years ($F = 3.25$, $P < .05$, Table V.III). The Newman-Keuls test and the t - test of correlated means failed to detect specific differences even though the overall trend is significant. However, visual inspection of the mean adjustment scores of years 1, 2, 3, and 4 (2.8, 3.4, 4.2, 4.3, respectively) shows that there is a difference in level of adjustment between years 1 and 3, with a stabilizing in year 4. A similar leveling off of adjustment after the third year was reported in the first Edgefield study.

The second hypothesis of this study states that children judged "ready to leave" at discharge will show a better adjustment after one year than children judged "not ready to leave." The 101 (64%) children who were judged "ready to leave" had a mean CAS score of 1.6 for the first year after discharge while the 56 (36%) children who were judged "not ready to leave" had a mean CAS score of 4.5 for the first year after discharge. The better adjustment of the "ready to leave" group was statistically significant ($F = 37.0$, $P < .001$, Table V.III), providing support for the second hypothesis.

TABLE V.III
ANALYSES OF VARIANCE

<u>Relationship Investigated</u>	<u>Source of Variation</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F Ratio</u>
Comparison of adjustment during 1st, 2nd, and 3rd, year after discharge	Years	27.4	2	13.7	3.18*
	Subjects	1946.9	52	37.4	
	Years X subj. (error)	447.3	104		
	Total	2421.6	158		
		***significant at .05 level			
Comparison of adjustment during 1st, 2nd, 3rd, and 4th year after discharge	Years	53.8	3	17.9	3.25*
	Subjects	506.2	13	38.9	
	Years X subj. (error)	215.8	39	5.5	
	Total	775.8	55		
		*significant at .05 level			
Comparison of 1st year adjustment and client readiness for discharge	Discharge Readiness	307.1	1	307.1	37.0***
	Within (error)	1301.4	155	8.3	
	Total	1608.5	156		
		***significant at .001 level			
Comparison of 1st year adjustment and treatment program	Treatment Program	35.7	2	17.8	1.7****
	Within (error)	1572.8	154	10.2	
	Total	1608.5	156		
		****not significant at .05 level			
Comparison of 1st year adjustment and age at admission	Age	93	1	93	9.5**
	Within (error)	1515.5	155	9.7	
	Total	1608.5	156		
		**significant at .01 level			

It appeared useful to examine the relationship between adjustment and other variables known to be important in the treatment of distressed youth, apart from the main hypotheses examined in this study. The relationship between first year post-discharge adjustment and the kind of treatment program experienced by the child (residential, day treatment, and outpatient) shows no difference in adjustment across treatment ($F = 1.7$, $P > .05$, Table V.III). This finding indicates that intensity of treatment per se is not associated with post-discharge adjustment. The issue will be dealt with further in the Discussion chapter.

To determine whether age at admission makes a difference in adjustment, the relationship between first year adjustment and age of admission was examined using the median age of 9 as a cut-off for determining "younger" and "older" children. The results were statistically significant ($F = 9.5$, $P < .01$); that is, children admitted at a younger age (below the median) show a better adjustment score (mean of 1.8) than those admitted at an age above the median (mean of 3.3, Table V.III). These findings support the clinical conviction that children referred for treatment at a younger age, before their problems increase or become "hard-core," have a better chance of being helped. This issue will be discussed further in the Discussion chapter.

A product moment correlation was done to determine whether age at admission is significantly related to length of time in treatment (duration). The results showed no

relationship ($r = -.00$). Similarly there was no relationship between first year adjustment and duration of treatment ($r = -.049$, $P > .05$).

In summary, the major findings of this study show that level of adjustment is highest the first year after discharge, declines over the second and third years, but stabilizes after three years. Also, adjustment during the first year after discharge is better for those children who were discharged because they were judged ready to leave treatment rather than for other reasons such as being withdrawn by parents, relocation of the family, etc.

Another significant finding of this study shows that children admitted for treatment at a younger age have a better chance of being helped.

Other findings show that neither type of treatment nor duration of treatment are related to outcome. It also was found that age at admission is not related to length of time in treatment (duration).

CHAPTER VI

LIMITATIONS AND OBSTACLES OF THE STUDY

As discussed in Chapter II, follow-up studies in general have many problems inherent in them, one major weakness being the retrospective nature of the data that form the bases for tests of significance. Cumulative record entries such as those used almost exclusively in the present study are frequently known to be incomplete and often suspected of failing to contain information which may be critical to the subject matter of the investigation. Moreover, there is a lack of control over the behavior of those who enter data on the records and the judgement criteria they use in making entries, variability in decisions about what data are selected for entry, and the absence of standard procedures by which the information per se is recorded. It is acknowledged that reliance on retrospective data creates a possibility that not all the relevant information is recorded and thus obtained. However, retrieval of the information was somewhat "standardized" by the use of one person, the author, for all data collection. Future research efforts would be more systematic and thorough if treatment agencies adopt on-going measurement systems for tracking later outcome, much as the Edgefield program is now doing. This procedure would ensure a systematic data base and data collection at pre-determined

intervals, thus avoiding the need for later reliance on historical records to find out what must have happened.

Access to appropriate records can be another problem which may affect the strength and generalizing value of retrospective studies, especially since incomplete data, or failure to obtain information from a relevant source can be expected to alter outcome results and therefore the conclusions that can be drawn. In the present study, a major obstacle was experienced in achieving access to school records because of the effects of the newly implemented Family Privacy Act of 1974, and the stringent restrictions it places on the disclosure of school files. As is the case with many new laws, uncertainty in interpretation caused undue delays while school administrators consulted with legal advisors and negotiations were conducted between the school, the researcher, and supporting institutions such as the Children's Services Division to clarify the purpose of the study and to assure the school that confidentiality would be maintained. This problem was compounded by the wide distribution of the children in the study in schools both out-of-state and out-of-town, as well as in numerous school districts in the Portland metropolitan area, thus necessitating authorization from many school officials.

When access to school files was gained, many of the records contained little or no information. Obviously, "house-cleaning" had been done to remove negative information because of the provisions in the new law and the consequent

fear of many school officials that recording incidences of problematic behavior or poor school performance would somehow expose them to aversive legal retaliation by angered parents. Although the intent of the Family Privacy Act is indeed legitimate and laudable, the interpretation and implementation of it appears to be yet another case of "throwing the baby out with the bath water." While the intent of the law was to ensure that those who have a right to know can know, and thus force some measure of accountability, the result has been an obstacle to accountability in the form of record entries that are not made in order to avoid a possible later challenge as to their accuracy, intent, or disclosure, if the entries are made.

Similar problems were encountered in seeking access to the Multnomah County Sheriff's records because they are filed in the Columbia Region Information Sharing System (C.R.I.S.S.) computer which has also been the subject of much controversy regarding who shall have access and which purposes are legitimate. Negotiations were held with senior officers in the Sheriff's Office and with middle management personnel, all of whom required restatements describing the study, its purposes, the people involved, what information was being sought, and how it would be used. In addition, members of the thesis committee intervened at strategic points in the negotiation process to provide leverage when it appeared that a circular pattern was developing in terms of next persons to whom the researcher was referred in the bureaucratic hierarchy.

The problem of record access has serious implications for future field studies of the type conducted here. Robbins (1966, p. 289) spoke of this problem ten years ago: "Rather than abandoning the use of records, medical and social scientists should work for laws that contain a clear statement exempting research restrictions in the interest of privacy." Such an exemption clause is, in fact, contained in the Family Privacy Act of 1974, but it appears not to be clearly understood. Conversations with school and police authorities revealed a continuing fear that the exemption clause may not apply to them for some unspecified reasons, or even if it was felt to apply, they could not be certain that someone would not raise a question. Frequently, authorities and/or their subordinates did not seem to be familiar with the exemption clause or know that it was a part of the Act.

An equally serious consequence to the problem of record access is the dollar cost of the time delays and repetition of effort required to break the logjam of resistance to record searches. If the problem of record access continues to become more difficult, the value of records as depositories of historical events will be seriously reduced and their utility for research purposes potentially ended. Other means will need to be found for measuring long range effects of human service programs such as the one studied in this research.

CHAPTER VII

DISCUSSION

The present study is comparable to some previous studies in terms of population studied, research methods used, and findings. For example, research literature on the adjustment of children subsequent to discharge from a treatment environment has commonly demonstrated that children admitted at an earlier age adjust better than their older counterparts (Taylor & Alpert, 1973; Havelkora, 1968). In addition, the results of this study showing that children judged "ready to leave" at discharge adjust better than children judged "not ready to leave" are in support of previous studies (Silver, 1961; Levy, 1969). As in other studies, this study provides no support for the commonly held clinical view that length of treatment is predictive of later adjustment (Allerhand, 1973; Davids & Salvatore, 1968; Eaton & Menolascino, 1967). The finding of this study regarding the absence of a relationship between type of treatment program and outcome of treatment is similar to the results obtained in previous studies (Eaton & Menolascino, 1967).

Direct comparability of results must be viewed with caution, however, because differences are found between specific studies on certain independent variables. For example,

although both this study and research by Levy (1969) found support for the positive effect of completing treatment on later adjustment, there are differences in outcome measures (records searches vs. questionnaires). Furthermore, caution is indicated in interpreting the effects of treatment experiences on later adjustment because of a lack of commonly held standards for defining what constitutes a treatment environment.

Typically, follow-up studies attempt to assess level of adjustment at one point in time following discharge. The present study extended this strategy by measuring level of adjustment at increasing time intervals from the date of discharge, i.e., at years 1, 2, 3, and 4. These data demonstrate that while adjustment appears "good" for a majority of the children in the sample after one year, there is a deterioration effect until three years after discharge. Since these results are similar to an earlier Edgefield follow-up study on a previous but similar population, they lend support to the notion that future research should assess level of adjustment at multiple intervals to determine the long term effects of treatment experiences.

Of importance also are the implications of these results for treatment agencies in planning and developing follow-up programs for the clients they serve. The results suggest that treatment agencies should maintain contact with discharged children and their families for a period of three years after termination in order to minimize the deterioration

of adjustment that seems to occur. These contacts could consist of periodic checks by phone or letter to determine how the former client is getting along. If indicated, the agency could then offer the appropriate service (family counseling, a brush-up parent training course, etc.) that could enable the client to maintain maximum adjustment.

In the course of the study, conversations with other child treatment agencies in the area revealed that only a few offer follow-up services, and then only for a couple of months after discharge until the child is thought to be settled back into the community. Most agencies appeared not to offer follow-up services at all. The findings of the present study indicate that a period of time subsequent to a year after discharge may be the critical period, rather than immediately post-discharge as has commonly been held to be the case. It is clear that research is needed on the effects of follow-up services, although it was not possible to do so in this study because Edgefield's formalized follow-up program had not been operating long enough to be evaluated. This activity should be included in their next study, currently in the planning stage.

The findings of this study hold other implications for the future planning and delivery of therapeutic treatment services to distressed youth. The results show a lower level of adjustment for children who are judged not ready to leave at the time of discharge. For the majority of these children, the reasons for discharge included withdrawal by parents,

a family move out of the area, or referral by Edgefield to another treatment setting, usually a seven-day residential program. Knowing that children who are discharged when they are judged ready to leave have a better chance of doing well, there is the issue of how to deal with parents who withdraw their child prematurely and thus reduce his or her chance for optimum adjustment. Perhaps the initial treatment contract with the parents should include an agreement that the child will remain in treatment until the staff judges him or her ready to leave. The findings of this study could help to persuade parents that treatment staff can accurately determine their child's readiness to leave and that he would have a better chance of adjusting well if discharge occurs at the appropriate time. However, parents who breach their contract by withdrawing their child pose another dilemma. Many in child welfare feel that the courts should then determine the best interests of the child and, in fact, many residential treatment centers in the Portland area require court wardship before a child is admitted, to guard against what they consider to be such parental interference. Whether this approach can be effective in an agency such as Edgefield where the parents are part of the client group is unclear. The battle for custody may be won but at an unacceptable cost to treatment effectiveness.

The situation becomes even more difficult for those children who are discharged because they need a different treatment setting at that point in their rehabilitation

program. Often in these cases the parents are not amenable to further treatment or the child is incapable of functioning in a family environment that requires the ability to give and take in close emotional relationships. A program such as Edgefield in which the child lives at home part of the time may not be feasible or appropriate for these children. This situation appears to have implications for intake policies because some of these children may not have been appropriate for Edgefield in the first place. Closer scrutiny at intake may avoid some of these admission errors. However, it is likely that errors of this sort would occur, in any event. Perhaps, then, a fourth program should be added which would offer seven-day residential treatment. Edgefield attempted to develop a treatment group home setting which would accommodate these children, but a funding source could not be secured. A facility such as Edgefield proposed would have provided continuity of care rather than another placement for the youngsters whose family resources had failed. In summary, it would appear that the knowledge that discharge without readiness is detrimental to the child is just a starting point for more research and thoughtful planning by treatment agencies as well as by legislatures and other policy-making bodies.

Another finding of this study that supports the need for further planning is the higher level of post-discharge adjustment of children admitted for treatment at a younger age. One possible interpretation is that parents who seek

help with their children sooner (i.e., when the child is younger) are more sensitive to and uncomfortable with problematic behavior than parents who live with the problems until they are out of hand and the child is older. Concurrently, these parents who seek help sooner are more responsive to treatment and change and consequently their children achieve a better adjustment. Also, children referred at later ages are usually experiencing difficulties in settings other than the home and may be referred by the school or court rather than by their parents. Generally, clinicians believe that people who voluntarily seek help are more likely to cooperate in treatment efforts than those who are forced into treatment.

The finding that children who are admitted younger adjust better suggests the need for increased efforts to identify potential problems in youngsters before they need intensive and expensive treatment. Perhaps systematic screening should be done in the early primary grades and in nursery schools and day care centers. An established center such as Edgefield could develop an outreach program to serve this function and at the same time could document the need for additional treatment programs to serve younger children. What is really indicated is increased efforts to prevent even potential problems from occurring in young children. One solution might be to increase parent training programs. If the time, effort, and money now expended in centers for adolescents, which nevertheless, show limited success were applied

instead to widespread parent training programs, it may become possible to reduce the need for intensive remedial programs, and to contribute to the personal growth of our youth. The old adage "An ounce of prevention is worth a pound of cure" surely fits this situation. What appears to be needed is a focus on potential parents rather than on potential or real problems in children. A logical beginning point might be at the high school level by using already established and funded education systems to educate these young adults for perhaps the biggest responsibility they will ever have.

In point of fact, an ancillary finding of the present study was that children experience their greatest difficulty adjusting to the public school setting. It can be argued that "normal" children, too, have problems in school, but that statement appears to add emphasis to the problem of how schools can be utilized so that they are no longer a problem area for their student clientele. The availability of a range of classroom experiences structured to meet the behavioral and academic needs of children who have problems of adjustment would enhance the school's ability to match the child's needs with the required resources to enrich his formal education.

CHAPTER VIII

SUMMARY AND CONCLUSIONS

The purpose of this study was to assess the adjustment of 157 children discharged from Edgefield Lodge in an effort toward accountability to both the clients served and the public.

Level of adjustment of the children was determined by checking the records of various community agencies including the Police, Sheriff, Youth Service Centers, Juvenile Court, Children's Services Division, and the schools. Using the information gathered, the adjustment of each child was scored using the Community Adaptation Scale which was developed for that purpose. These adjustment scores were the main outcome variable in the study.

There are two major hypotheses: 1) children discharged for three years will show a better adjustment after one year than after three years; and 2) children judged "ready to leave" at discharge will show a better adjustment one year later than children judged "not ready to leave." The results of the study support both hypotheses. Other results showed that children admitted at a younger age adjusted better than older children. Type of treatment program and duration of treatment were not related to outcome. The findings also

show that although level of adjustment declines between the 1st year after discharge and the 3rd year after discharge, it stabilizes after the 3rd year.

Aside from the stabilization of adjustment after the 3rd year, all the findings of this study are similar to and lend support to results reported in the literature. The difficulties encountered and probable future inaccessibility of agency records indicate the need for new sources of information. The findings suggest the need for follow-up programs that contact former clients at intervals up to several years. Also, an emphasis on treatment of younger children and increased efforts toward prevention of childhood disorders, for example, through parent training are indicated. Another critical need suggested by the findings is the restructuring of the school system to better meet the educational and emotional needs of all children.

Treatment "success rate" found in this study is higher than what is reported by most studies in the literature, with over 2/3 of the children showing good adjustment one year after discharge and more than half still doing well after three years.

Beyond the satisfaction achieved from a recognition of the effectiveness of treatment experiences, there is a value in maintaining a concerned contact with those in whom one has invested time and commitment.

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APPENDICES

A

DISTRIBUTION OF SCORES ON COMMUNITY ADAPTATION
SCALE FOR THE 1ST YEAR

<u>Weight</u>	<u>N</u>	<u>%</u>
0	38	24
1	45	28
2	26	17
3	3	2
4	1	.6
4	11	7
5	1	.6
5	5	3
5	1	.6
6	4	2.6
6	0	0
6	3	2
7	0	0
7	0	0
8	0	0
8	8	5
9	0	0
9	0	0
9	0	0
10	0	0
10	0	0
10	0	0
10	0	0
10	1	.6
11	0	0
11	0	0
11	5	3
12	5	3
Totals	157	100

B

DISTRIBUTION OF SCORES ON COMMUNITY ADAPTATION
FOR YEARS 1, 2, AND 3

1st Year			2nd Year		3rd Year	
Weight	N	%	N	%	N	%
0	14	26	12	23	11	21
1	11	20	12	23	10	19
2	10	19	6	11	8	15
3	0	0	2	4	1	2
4	0	0	0	0	0	0
4	3	6	3	5	2	4
5	0	0	0	0	0	0
5	3	6	2	4	4	7
6	0	0	0	0	0	0
6	3	6	1	2	0	0
6	0	0	0	0	0	0
6	0	0	0	0	1	2
7	0	0	1	2	1	2
7	0	0	0	0	0	0
8	0	0	0	0	0	0
8	4	7	5	9	4	7
9	0	0	0	0	0	0
9	0	0	0	0	0	0
9	0	0	0	0	0	0
10	0	0	0	0	0	0
10	0	0	2	4	3	6
10	0	0	0	0	0	0
10	1	2	0	0	2	4
11	0	0	1	2	0	0
11	0	0	0	0	0	0
11	2	4	4	7	2	4
12	2	4	2	4	4	7
Totals			53	100	53	100

C

FOLLOW-UP DATA FORM - SCHOOL

Child's Name: _____ Date of check: _____
Birthdate: _____ Discharge Date: _____
Sex: _____
School presently attending: _____ Grade: _____
Parent's Name: _____ Address: _____
Phone No. _____

Record Entry

School: _____
Date: _____
Reason: _____

Result or action taken: _____

Record Entry

School: _____
Date: _____
Reason: _____

Result or action taken: _____

FOLLOW-UP DATA FORM - SCHOOL -2-

Record Entry

School: _____

Date: _____

Reason: _____

Result or action taken: _____

Record Entry

School: _____

Date: _____

Reason: _____

Result or action taken: _____

This child has been suspended:

School: _____

School: _____

Date: _____

Date: _____

This child has been expelled:

School: _____

School: _____

Date: _____

Date: _____

D

FOLLOW-UP DATA FORM - CSD

Child's Name: _____ Date of check: _____
Birthdate: _____ Discharge date: _____
Parent's Name: _____ Sex: _____
Address: _____
Telephone: _____

District Contacted: _____

This child was referred to CSD:

Date: _____

Reason: _____

Action Taken: _____

Is case still open? _____

Caseworker involved: _____

Date: _____

Reason: _____

Action Taken: _____

Is case still open? _____

Caseworker involved: _____

E

FOLLOW-UP DATA FORM - YOUTH SERVICES BUREAU

Child's Name: _____ Date of check: _____
Parent's Name: _____ Discharge date: _____
Address: _____
Telephone: _____

This child was referred to Youth Services:

Date: _____

Reason: _____

_____Action Taken: _____

Is case still open? _____

Counselor involved: _____

Date: _____

Reason: _____

_____Action Taken: _____

Is case still open? _____

Counselor involved: _____

F

FOLLOW-UP DATA FORM - JDH

Child's Name: _____ Date of check: _____
Birthdate: _____ Discharge date: _____
Parents: _____ Sex: _____
Address: _____
Telephone: _____

This child was known to JDH:

Date of Admission: _____
Reason: A. Activity _____

B. Charge _____

Date of Discharge: _____

Date of Admission: _____
Reason: A. Activity _____

B. Charge _____

Date of Discharge: _____

Date of Admission: _____
Reason: A. Activity _____

B. Charge _____

Date of Discharge: _____

FOLLOW-UP DATA FORM - JDH -2-

Has this child been made a ward of the court?

Yes _____ No _____ Date: _____

Special problems: _____

Comments: _____

Reporting Counselor(s) _____

A. Affiliation (JDH or other agency) _____